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Journal of the History of Sexuality, Volume 23, Number 1, January 2014, pp. 79-95 (Article)

Published by University of Texas Press
DOI: [10.1353/sex.2014.0015](https://doi.org/10.1353/sex.2014.0015)



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Oscar Wilde, Sodomy, and Mental Illness in Late Victorian England

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SINCE HIS DEATH IN 1900 OSCAR WILDE has been many things to many people, from a pariah to a postmodern saint. Frederick Roden, in *Same-Sex Desire in Victorian Religious Culture*, presents Oscar Wilde as a “queer theologian” by arguing that if “his early Catholicism may be denigrated as ‘aesthetic,’ his later soul-searching is decidedly not.”¹ The case for Wilde as being spiritually as well as stylistically inspired by the Gospels relies most powerfully on the letter, styled by Robert Ross as “De Profundis,” that Wilde wrote to his lover Lord Alfred “Bosie” Douglas in the early months of 1897. In this work Wilde struggled to make positive sense of his recent experience of humiliation. He sought, through the Christian discourse of martyrdom, to elide the inscription of criminality that had been placed on him by worldly authority just as it had similarly been placed on Jesus Christ. The most substantial piece of prose that Wilde wrote in prison in the preceding months, however, was a petition for release, sent on 2 July 1896, in which he attempted to use the conceptual realm of mental illness, rather than spiritual illumination, to escape from the constraints of legal classification as a criminal.

This choice might be seen as purely opportunistic, since an appeal via the conception of lunacy did provide a recognized legal route out of prison, but it can also be regarded as an act of desperation. After all, those found not guilty by virtue of insanity might be released to the care of a private doctor, as Wilde requested, but they were more likely to be detained in an asylum for the rest of their lives.² Reports were obtained—from the prison doctor, from a board of four visitors, and from the superintendent of the

I would like to thank Dr. Colin Gale, archivist, Bethlem Hospital, Hayes, Kent, UK, and the staff of the Berkshire County Record Office, Reading, UK.

¹ Frederick S. Roden, *Same-Sex Desire in Victorian Religious Culture* (Basingstoke, UK: Palgrave Macmillan, 2002), 125, 137. See also Guy Willoughby, *Art and Christhood: The Aesthetics of Oscar Wilde* (Rutherford, NJ: Fairleigh Dickinson University Press, 1993).

² Ralph Partridge, *Broadmoor: A History of Criminal Lunacy and Its Problems* (London: Chatto and Windus, 1953), 86.

Journal of the History of Sexuality, Vol. 23, No. 1, January 2014

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DOI: 10.7560/JHS23104

Broadmoor Hospital for the criminally insane—that failed to endorse Wilde’s self-diagnosis. The failure of this petition and of a second attempt sent on 10 November 1896 seems to have impelled the prisoner to search for religious meaning in order to cope with his situation, but the resulting appeal to Douglas did not enable Wilde to shed the fear that illness had led him into criminality and that he was, in the language of the time, a “criminal lunatic,” since in that letter he came to conclude that “desire at the end, was a malady, or a madness, or both.”³

In this article I will seek to contextualize Wilde’s understanding of his mental state in 1896 and its relationship to his sexual history by exploring the surviving medical records of men who were found not guilty of sodomy by reason of insanity and, therefore, sent not to prison but to Broadmoor and to its predecessor, Bethlem Hospital. The history and workings of the system for the care of criminal lunatics will first be examined. Wilde’s testimony and the official reaction to it will then be considered in relation to cases of those certified as insane after the commission of “unnatural acts.” Finally, the case notes of John Gocher, an inmate of Broadmoor, will be explored in detail. These cases provide unusual and striking evidence of personal affect that enables us to assess not only the actions of the legal and medical systems of control and classification but also the personal self-constructions and emotional responses of someone understood to have committed what then was widely seen as abhorrent sexual behavior.

Wilde had been convicted of “gross indecency,” but the legal assumption was that any homosexual act was an attempt to commit “sodomy.” All such crimes were categorized as “unnatural offences.”⁴ The law, therefore, did not recognize “homosexuals” but only particular acts. The defense of lunacy was formalized by the Criminal Lunatics Act (1800), and the key test on the question of responsibility was established in McNaughton’s case (1843): “It must be clearly proved that, at the time of committing the act, the party accused was labouring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or if he did know it, that he did not know he was doing what was wrong.”⁵ In other words, what was to be determined was capability (and thus culpability), since “in English law, insanity was not intrinsic to the individual but was determined by the abilities of the individual in the context of the specific situation.”⁶

Bearing in mind that certain doctors held that physical examination of the anus could reveal evidence of penetration, it might be assumed that

³ Oscar Wilde, *The Letters of Oscar Wilde*, ed. Rupert Hart-Davis (London: Rupert Hart-Davis, 1962), 423–511, at 466.

⁴ H. G. Cocks, “Trials of Character: The Use of Character Evidence in Victorian Sodomy Trials,” in *The Trial in History*, vol. 2, *Domestic and International Trials, 1700–2000*, ed. R. A. Melikan (Manchester, UK: Manchester University Press, 2003), 36–53, at 49n1.

⁵ Quoted and discussed by Peter Barlett, “Legal Madness in the Nineteenth Century,” *Social History of Medicine* 14, no. 1 (2001): 107–31, at 115–16.

⁶ *Ibid.*, 109.

expert medical evidence on such matters would have played a crucial role, yet the courts showed little enthusiasm for doctors' opinions in sodomy cases. *R v. Boulton and Others (Park)* (1871) was one of the few instances in which both defense and prosecution placed heavy stress on medical opinion, but even in this case the attorney general, John Duke Coleridge, summed up the medical evidence presented by saying that it is "fortunate [that] there is little learning or knowledge upon this subject in this country; there are other countries in which I am told learned treatises are written as to the appearance to be expected in such cases. Fortunately Doctors in England know very little about these matters."⁷ One way to understand this response is by recourse to the idea that law and medicine were, in some senses, antagonistic discourses in the nineteenth century insofar as they competed for authority over the bodies of those who had committed a range of deviations from societal norms.⁸ In the absence of reliance on physical medical evidence, psychiatrists could be called to give their opinion as to whether the accused was delusional. Nonetheless, the perception that such testimony was inclined to be subjective led defense barristers frequently to bolster their arguments by reference to matters of social standing. The logic of this was that if the accused was a gentleman (that is, of the middle or upper class), he might be given the benefit of the doubt, since the "better classes" were thought to possess greater powers of moral self-control, thus making their criminal guilt seem more doubtful in the minds of a socially impressionable jury. The related issue of family respectability could also be raised, thereby invoking the likelihood or otherwise of inherited "degeneration."⁹

During the nineteenth century a considerable body of statute and case law developed on the subject of "crimes committed by lunatics."¹⁰ The main

⁷ *Regina v. Boulton and Others (Park)*, 9 May 1871, DPP4/6, National Archives, London, UK (hereafter cited as NA), quoted and discussed in Ivan Crozier, "The Medical Construction of Homosexuality and Its Relation to the Law in Nineteenth-Century England," *Medical History* 45 (2001): 61–82, at 68; and Ivan Crozier, "Nineteenth-Century British Psychiatric Writing about Homosexuality before Havelock Ellis: The Missing Story," *Journal of the History of Medicine and Allied Sciences* 63, no. 1 (2007): 65–102, at 65.

⁸ Crozier, "The Medical Construction," 64.

⁹ On degeneration and mental illness, see Harry Oosterhuis, *Stepchildren of Nature: Krafft-Ebing, Psychiatry, and the Making of Sexual Identity* (Chicago: University of Chicago Press, 2000), 100–112. Moral character could be used to suggest the likeliness or otherwise of sodomitical propensities but not, after 1864, to adduce mental states. See Cocks, "Trials of Character," 37; and H. G. Cocks, "Making the Sodomite Speak: Voices of the Accused in English Sodomy Trials, c. 1800–98," *Gender and History* 18, no. 1 (2006): 87–107, at 99–100.

¹⁰ See Leonard Shelford, *Practical Treatise of the Law Concerning Lunatics, Idiots, and Persons of Unsound Mind*, 2nd ed. (London: S. Sweet, 1847), 585–601; H. M. R. Pope, J. H. Boome, and V. de S. Fowke, *A Treatise on the Law and Practice of Lunacy*, 2nd ed. (London: Sweet and Maxwell, 1890), 384–406; and John Frederick Archbold and Stephen Lushington, *Archbold's Lunacy*, 4th ed. (London: Shaw and Sons, 1895), 721–42; see also Roger Smith, *Trial by Medicine: Insanity and Responsibility in Victorian Trials* (Edinburgh: Edinburgh University Press, 1981), esp. 20–24.

categories of those found to be “criminal lunatics” consisted of (1) those found unfit to plead, (2) those found not guilty by reason of insanity, or (3) those sent from a prison having been found insane subsequent to their incarceration. It was the third of these categories into which Wilde might have fallen. The main destination for criminal lunatics in the early nineteenth century was Bethlem Hospital (popularly known as “Bedlam”), which had been asked to provide suitable space in 1810. Following the hospital’s move to Southwark in south London in 1815, sixty beds were made available for such individuals, and in 1837 another thirty were added. It was quite clear, however, that this was still insufficient. In 1844, for example, the metropolitan commissioners in lunacy found about 350 criminal lunatic patients scattered across a variety of asylums and jails.¹¹ The passing of the Insane Prisoners Act (1840), which formalized procedures for the transfer of insane prisoners to asylums, including those awaiting trial, revealed concerns for the treatment of criminal lunatics in nonspecialist units but did nothing to alleviate the lack of specialist facilities.¹² In 1849 the government arranged with Fisherton House, an asylum near Salisbury, to build additional wards for criminal lunatics. By 1856 these were also full, and so the Criminal Lunatic Asylum Act (1860) authorized the construction of the first purpose-built criminal lunatic asylum in England at Broadmoor in Berkshire (see fig. 1).¹³ The new mental hospital opened in 1863, and criminal lunatic patients were transferred to it from Bethlem over the following months. Annual reports on the location of criminal lunatics were provided by the returns of the officers, who were called commissioners in lunacy.¹⁴ The number of criminal lunatics in ordinary prisons was substantial because Broadmoor never had enough places. A hint as to why the hospital was comparatively starved of funds is provided by an anonymous American commentator on the British criminal lunatic system, writing in 1882, who argued that the reason that substantial numbers of criminal lunatics were kept in prison, rather than in asylums, was precisely because “it is thought desirable to keep them where life is most like

¹¹ Louis Blom-Cooper, “The Criminal Lunatic System before and after Broadmoor,” in *The Health of Prisoners: Historical Essays*, ed. Richard Creese, W. E. Bynum, and J. Bearn (Amsterdam: Rodopi, 1995), 151–62, at 155.

¹² Smith, *Trial by Medicine*, 21.

¹³ Jonathan Andrews et al., *The History of Bethlem* (London: Routledge, 1997), 381–531.

¹⁴ In 1869, for instance, there were 747 criminal lunatics on record, of which 497 were in Broadmoor, 181 in county asylums, 14 in city and borough asylums, 8 in hospitals (including 1 in Bethlem), 3 in metropolitan licensed houses, and 44 in their provincial equivalents. In terms of offenses, the returns showed that 159 had committed murder and 5 concealment of birth and infanticide; 135 manslaughter and wounding; 34 rape, indecent exposure, and unnatural offenses; 148 larceny and petty theft; 43 burglary and housebreaking; 61 arson; and 9 vagrancy. There were 153 “others.” See “Criminal Lunatics,” *Law Times*, 28 January 1871, 236. These numbers are, in fact, distinctly on the low side, since that year saw the smallest number of criminal lunatics as recorded in the annual returns, which, between 1863 and 1897, reported a peak in numbers at 1,309. See “The Treatment of the Criminal Insane,” *Boston Medical and Surgical Journal* 106, no. 14 (1882): 329–30.



Figure 1. Photograph of the terrace, Broadmoor Asylum, ca. 1885. D/H14/C6/13. Reproduced by permission of the Berkshire Record Office.

punishment, and to prevent as far as possible attempts at simulation.”¹⁵ In other words, even in the presence of a clinical finding of insanity, the criminal justice system was unwilling to absolve lunatics from its disciplinary regimes.

The first superintendents of Broadmoor were Dr. John Meyer (1863–70), William Orange (1870–86), Dr. David Nicolson (1886–95), and Richard Brayn (1895–1910). They, along with two others, were the only medically trained staff (see fig. 2). This information alone should alert us to the fact that the key activity of the criminal lunatic system was the safe containment, rather than the treatment or cure, of patients. Both Bethlem and Broadmoor Hospitals possess extensive collections of patient case notes. Such records were indexed in a series of *Criminal Lunatic Admission Books*.¹⁶ Many of these books were printed with a list of possible crimes in order of (or, at least, in the order of the contemporary perception of) seriousness, ranging from murder at one extreme to vagrancy at the other. “Unnatural offences” were placed as less serious than murder and rape but more serious than sedition and assault. Accordingly, criminal lunatics were categorized, and thus to a degree conceptualized, in the medical environment by reference to legal offenses rather than by diagnoses. This creates a particular complication for the study of homosexual behavior insofar as the records are not always clear in distinguishing between sexual acts between men and cases of bestiality (which were also frequently referred to as sodomy); however,

¹⁵ “The Treatment,” 330.

¹⁶ Bethlem Archive, Bethlem Hospital, Hayes, Kent, UK (hereafter cited as Bethlem), ARD-01 and ARD-02; and Broadmoor Archive, Berkshire Record Office, Reading, UK (hereafter cited as Broadmoor), d/h14/d1/1/vi.



Figure 2. Photograph of the male staff at Broadmoor, 1885. D/H14/B6/1. Reproduced by permission of the Berkshire Record Office.

thirteen cases clearly, or almost certainly, referred to the former.¹⁷ In addition, details of a further eight individuals classified under the category of “unnatural acts” could not be checked either because the file was missing or because of the closure rule of one hundred years from the death of the patient that is applied to these records.¹⁸

Only small numbers of those convicted for homosexual offenses found their way into the main institutions of the criminal lunacy system during the nineteenth century. The level of detail provided by the case notes is not always impressive, nor can they be matched conveniently with more than very cursory records of trials. Therefore, the quality of the surviving

¹⁷ Richard Colpus, alias John Collings (aged thirty on admittance to Bethlem in 1817); Joseph Hull (aged twenty-eight, Bethlem, 1819); Gideon Hanson (aged twenty-six, Bethlem, 1820); John Henry (aged twenty-two, Bethlem, 1829); Thomas Whitaker (aged eighteen, Bethlem, 1854); John Harris (aged twenty, Bethlem, 1856); James Todman (aged twenty-seven, Bethlem, 1857, transferred to Broadmoor in 1864); George Turner (aged thirty-three, Bethlem, 1857); John Swindells (aged forty-four, Bethlem, 1858); George Hardy (aged thirty-eight, Broadmoor, 1866); Robert Ray (aged seventeen, Broadmoor, 1867); John Gocher (aged fifty-three, Broadmoor, 1885); and John Campbell (aged thirty-five, Broadmoor, 1885).

¹⁸ John Chandells (aged fifty-one, Broadmoor, 1865), file missing; William Langdon (aged forty-one, Broadmoor, 1865), file missing; Thomas Williams (aged fifty, Broadmoor, 1865), file missing; Henry Ball (aged sixteen, Broadmoor, 1872), file closed until 2017; Charles Turner Fox (aged fifty-one, Broadmoor, 1878), file missing, but noted as “indecent assault on a male”; Henry Marshall (aged twenty-one, Broadmoor, 1884), file closed until 2024; Frederick Pfaff (aged twenty-seven, Broadmoor, 1893), file closed until 2027; and James Hall (aged forty, Broadmoor, 1894), file closed until 2015.

evidence does not allow the researcher to put together a detailed record of precisely why these sodomites and not others were found not guilty by reason of insanity. Still, these materials, written by the medical staff, do give considerable insights into medical attitudes toward those understood to be both sodomites and suffering from mental illness. This evidence also presents us with a remarkable opportunity to examine the report on the mental state of Oscar Wilde written by the superintendent and deputy superintendent of Broadmoor in 1895 in the light of the evidence of other surviving patient records so as to provide a contextualization that is as detailed as possible for their assessment of the sanity of the man who was, at that time, England's most notorious prisoner.

PRISONER C33

That Oscar Wilde fully understood the depersonalizing effect of being a prisoner is clear from his use of "C33," his cell number, as the pseudonym under which the "Ballad of Reading Gaol" was first published in 1897. But it was in fact at Wandsworth Prison that he seems to have reached the greatest depths of despair. This was partly because the first year of a custodial sentence customarily consisted of solitary confinement and partly because his custodial conditions were only relaxed subsequently as a result of his deteriorating condition. On 10 October 1895, as the result of a "serious representation" of Wilde's mental condition, a report from Nicolson and Brayn was requested. They visited Wandsworth on 22 October and sent in the lengthy document now in the National Archives, London, a week later.

The report summarized the prisoner as having enjoyed the advantages of a gentlemanly upbringing and as being of high intellectual abilities. As a result of his "childish vanity," however, he had been led to foolish extravagances, including having "posed as the 'apostle' of art and culture." Moreover, he had indulged in odious sexual practices, not merely "with one or two individuals of a better station in life, but apparently with the most casual acquaintances of comparatively low social position." Having made clear their disgust at such a state of affairs, the doctors then proceeded to describe Wilde's behavior during their visit. They highlighted the fact that "when we first saw him he was unaware of our presence and he was smiling and conversing apparently in a friendly and cheerful way with the other inmates of his ward." That notwithstanding, he cried during the course of his interview and displayed "some amount of emotional depression." Yet they concluded that "remorseful and bitter thoughts . . . we do not regard as being either unnatural or as indicating neural derangement." They found "no indication of disease or derangement" and added that "we have explained that any tokens of mental depression which manifested themselves were up to the present at least, due to natural and not unhealthy operation of circumstances."¹⁹

¹⁹ NA, HO/24514, 79–91, quotations at 81, 80, 81, 83–84, 84–85, 86–87.

Depression and bitterness were, from their point of view, perfectly rational responses to prison. Their finding Wilde's behavior as evidence of sanity might be contrasted with the comments on two Bethlem patients: John Swindells, admitted to hospital in 1858, who "without the slightest appearance of shame . . . owns to his crime and says it is not an individual offence," and John Harris, admitted in 1856, who "speaks of the crime for which he is charged without a blush and while he denies his guilt he does not at all recognize its hideousness."²⁰ Such lack of shame was presented as evidence of their insanity. In contrast, Wilde's cheerfulness prior to the doctors' arrival suggested to them that his distress was to some degree feigned, and this they read as the response of a rational mind attempting to engage their sympathies. As they put it, his "display was possibly accentuated" by his interviewers' sympathetic mien and his knowledge of his supporters' efforts, "a fact which he is quite capable of taking advantage of."²¹ This suspicious reading of Wilde as manipulative performer might seem surprising in a report by specialist doctors whose ostensible concern was mental health, but it reveals a characteristic reflex of dismissal toward perceived criminality on the part of mental health professionals.

John R. Lord's *Criminal Types in a County Asylum* is very illuminating in this respect. Lord was medical superintendent of Horton Asylum, Epsom, Surrey, which opened in 1902. His assistant medical officer aided his boss by supplying a summary of the eighty-nine criminal lunatic cases admitted to the asylum. The tone of this contribution can be illustrated by case 11: "One conviction: alcoholic; degraded, criminal type, lacks moral sense, partly an imbecile, part knave. Died."²² An anonymous reviewer in the *Journal of Mental Science* shared the apparent disgust for criminal patients, saying that "the instincts of the criminal are anti-social. . . . Not uncommonly his mental disorder fails to mask or vary his criminal propensities. He is often an inveterate grumbler, malingerer, and persistent petitioner for things he cannot hope to obtain, and a centre of disaffection."²³ Bearing in mind Nicolson and Brayn's comment that Wilde was of "indolent and lethargic temperament," it is perhaps not surprising that he could be dismissed as a grumbler and malingerer and that his petition for release should be seen as something he could not hope to obtain.²⁴ His case might be compared with that of Thomas Whitaker, who had been admitted to Bethlem in 1850 and who, having been initially very nervous and angry, was then put in solitary. On being brought out to work on the ward, he became fat and lazy and refused to do anything.²⁵ Similar dismissive scorn was applied to Wilde's standard of physical cleanliness, since the doctors wrote that the prison

²⁰ Swindells, Bethlem, cbc4, fol. 53; Harris, Bethlem, cbc4, fol. 77.

²¹ NA, HO/24514, 79–91, at 85.

²² Anonymous review of John R. Lord, *Criminal Types in a County Asylum*, *Journal of Mental Science* 59 (1913): 343–52, at 347.

²³ *Ibid.*, 344–45.

²⁴ NA, HO/24514, 79–91, at 86.

²⁵ Bethlem, cbc3, fol. 22.

medical officer had informed us that he is “very careless and slovenly in his habits and unwilling to take exercise.”²⁶ This again was seen as a sign of a moral failing rather than poor mental health.

It was not normal to place sodomite lunatics automatically into solitary confinement, but it was certainly considered important as a means of preventing them from expressing themselves sexually. For example, Alexander Morison, in *The Physiognomy of Mental Diseases*, described a man identified only as “TJD,” a man of previously “excellent character” who had to be kept isolated; as had “JTD,” a day laborer who was so addicted to vice that “it was necessary to seclude him from other patients, whom he continually annoyed: on one occasion the mouth of an idiot boy was the recipient.”²⁷ In Bethlem five of those guilty of unnatural crimes were specifically mentioned as requiring solitary confinement: Richard Colpus, admitted in 1817, who had been detected in several indecent attempts with other patients; John Henry, admitted in 1829, who had murdered a boy for refusing his advances and who had attempted such an offense again while a patient; James Todman, admitted in 1857, who needed to be kept apart from “other patients with the same inclinations as his own; for he owns no objection to such a crime being committed on him”; George Turner, admitted in 1857, who says he “never cared for women”; and John Swindells, admitted in 1858, who “requires much watching on account of his propensity to repeat the offence.”²⁸

In their report on Oscar Wilde, Nicolson and Brayn likewise asserted the importance of close supervision, because it would not “be right to allow a man with his proclivities and with his avowed love for the society of males, to be in association [with other men] except under the continuous supervision of a warder.”²⁹ The reviewer of Lord’s book expressed his concern for the careful surveillance of criminal lunatics so that “no effort is ever spared to prevent patients having an evil effect, one on another,” because such a person “cannot be given any liberty and often requires constant supervision.”³⁰ And in the list of cases at Horton, it was specifically those who were violent, masturbated, or were sodomites who were mentioned as being under permanent scrutiny, as with case 52: “Two convictions; indecent assault and sodomy; moral imbecile; excitable, nosey, querulous and full of grievances; malicious, untruthful, treacherous, threatening; no moral sense; continuous observation.”³¹

²⁶ NA, HO/24514, 79–91, at 86.

²⁷ Alexander Morison, *The Physiognomy of Mental Diseases*, 2nd ed. (London: Longman, 1843), text opposite plates 59 and 65. See also Andrew Scull, Charlotte MacKenzie, and Nicholas Herve, *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade* (Princeton, NJ: Princeton University Press, 1996), 141.

²⁸ Colpus, Bethlem, cbc2, fol. 7; see also Morison (1843), plate lix, 160–61; Henry, Bethlem, cbc2, fol. 26; Todman, Bethlem, cbc4, fol. 19; Turner, Bethlem, cbc4, fol. 18; Swindells, Bethlem, cbc4, fol. 53.

²⁹ NA, HO/24514, 89.

³⁰ Review of Lord, *Criminal Types*, 343, 344–45.

³¹ *Ibid.*, 350.

It is notable that the report on Wilde does not (at least explicitly) discuss the issue of masturbation, since it can be speculated that one of the reasons for official concern for the prisoner's condition was the accusation made on 11 September 1895 by the prison chaplain, W. D. Morrison, that "I fear from what I hear and see that perverse sexual practices are again gaining the mastery over him. This is a common occurrence among prisoners of his class and is of course favoured by cellular isolation. The odour of his cell is now so bad that the officer in charge of him now has to use carbolic acid in it every day."³² Around the same time, Wilde was complaining bitterly of suffering from diarrhea as a result of the poor prison diet. The prisoner appears to have regarded the prison as the source of his physical pollution, while the chaplain appears to have located the cause firmly within Wilde's own self. Morrison's disgust might usefully be compared with that recorded by Frederic P. Header in his "An Analysis of 131 Male Criminal Lunatics Admitted to the West Riding Asylum, Wakefield, during the Years 1884–1896, Inclusive," a thesis submitted in 1898 to the University of Edinburgh. Header found "thirteen cases [that] were exceedingly dirty in their habits, throwing their urine and excrement about, and at times painting the walls with excrement. A case, who still remains in the asylum after three years, has needed special supervision to prevent him practicing sodomy. He has been found teaching the imbecile lads to masturbate, and has incited them to commit sodomy in order to blackmail them afterwards. He practices masturbation to an excessive degree."³³ Such testimony seemed to corroborate such opinions as those of one leading American authority on masturbation, Edgar J. Spratling, who had warned in 1895 that such solitary vice goes "hand in hand with its boon companion, sodomy, it stalks through every ward, entangling its victims more hopelessly with each passing night."³⁴

The cultural history of the fear of masturbation has recently been examined in a number of important publications, notably those by Thomas Laqueur, and it is now understood that the panic was the product of changes in cultural and medical attitudes during modernity.³⁵ A particular anxiety was attached to the notion that masturbation was a practice of boys that led to physical enervation and mental collapse. T. S. Clouston, in his *Clinical Lectures on Mental Diseases*, advanced the view that doctors might play a crucial role, since "we are about the only persons who can help a youth to strike the happy mean between blissful but dangerous ignorance and prurient suggestive knowledge. We are the only persons who can judge from

³² Wilde, *The Letters*, 405.

³³ Frederic P. Header, "An Analysis of 131 Male Criminal Lunatics Admitted to the West Riding Asylum, Wakefield, during the Years 1884–1896, Inclusive," thesis, University of Edinburgh, *Journal of Mental Science* 44 (1898): 64–74, at 71.

³⁴ Edgar J. Spratling, "Masturbation in the Adult," *Medical Record*, 28 September 1895, 442–43, at 442.

³⁵ Thomas W. Laqueur, *Solitary Sex: A Cultural History of Masturbation* (New York: Zone Books, 2003), 255.

the constitution of an individual how much he ought to know, and what risk he runs.”³⁶ Those who had not received the appropriate information might head for disaster, as witnessed, he tells the reader, by the forty-six cases of masturbational insanity that he notes as having been sent to the Royal Edinburgh Asylum.³⁷ Moreover, certain individuals were understood to possess inherited mental and physical weakness and were thus peculiarly vulnerable to such spirals of degeneracy, leading, in the worst cases, not simply to madness but to death.

In the Bethlem and Broadmoor records, masturbation is typically noted in relation to the young and the enfeebled, as in the case of James Kirby, aged nineteen, who was admitted to Bethlem in 1862, having stolen a coat and waistcoat, and who was very pale and emaciated. He was diagnosed with masturbation as the “exciting cause” of his insanity.³⁸ A similar case was John McNalty, aged twenty, admitted in 1857, whose delusion was that he thought himself a great man and who was also an inveterate masturbator. While Wilde might justly be noted as fancying himself a great person, he was decidedly neither a youth nor, even after his illness, remotely thin. Nor did he have the cranial profile of imbecility that might be associated with feeble-minded bestial weakness, as was identified in the case of James Todman, admitted to Bethlem in 1857, who had a low forehead and “ears precisely similar to a monkey’s.”³⁹

Nicolson and Brayn duly played down the issue of bodily pollution by concluding that Wilde’s bodily health was fine now that he was in the infirmary and was being given better food. They concluded the report by saying that he might, as a treat, benefit additionally from the occasional administration of “Admiralty cocoa.” One possibility for the sidelining of Morrison’s concerns was simply that the chaplain was not taken seriously, but if Nicolson and Brayn felt that sodomy should be seen as a medical matter rather than a criminal one, there was a good reason for them to ignore the accusation of masturbation, given that self-abuse was widely linked with insanity. In fact, Wilde himself had based his argument for his insanity precisely on his masturbatory tendencies, as shown in the petition for release he addressed to the home secretary on 2 July 1896. In this document he argued that he should be understood as an example of societal degeneration, referring to the then recent book of Max Nordau.⁴⁰ Moreover, Wilde argued that he had in

³⁶ T. S. Clouston, *Clinical Lectures on Mental Diseases* (London: J. & A. Churchill, 1883), 483.

³⁷ *Ibid.*, 491.

³⁸ Bethlem, cbc4, fol. 249.

³⁹ Bethlem, cbc4, fol. 19. For later use of photographs in eugenic contexts from Bethlem, see Colin Gale and Robert Howard, *Presumed Curable: An Illustrated Casebook of Victorian Psychiatric Patients in Bethlem Hospital* (Petersfield, UK: Wrightson, 2003), 12.

⁴⁰ In Nordau’s work Wilde was presented as a key example of an alleged link between artistic expression and moral and societal decline at the fin de siècle (Max Nordau [pseud. of Max Suedfeld], *Entartung*, 2 vols. [Berlin: C. Duncker, 1892–93]).

particular been suffering for years from “erotomania” and should be released into the care of a private physician. He asked the reader to reflect on “what would be the inevitable result of solitary confinement in silence and isolation on one already suffering from erotomania of a terrible character.”⁴¹

Erotomania was first conceptualized by the French psychiatrist Jean-Étienne Esquirol in the early nineteenth century. It was understood to refer to the delusion in a woman that she was loved by a male who was unobtainable due to marriage or social status. It was believed that, very rarely, it might be suffered by a man who was deluded about the attitude of a woman, but Pamela Taylor, B. Mahendra, and John Gunn, writing in 1983, were only able to identify two such cases in the medical literature from the English-speaking world.⁴² Wilde, therefore, was appealing to a diagnosis that was hardly recognized in Britain and that even in France was understood to refer to heterosexual relations. Moreover, it was a condition thought to be characterized by chastity, since it was the result of delusion. Joseph Williams had published on the subject in 1852, saying that erotomania was “found in the virtuous and disappointed; there is frequently the most fervent devotion and attachment, possibly to a concealed object, and the intensity of the feeling is such, that often the finest form is gradually reduced to the merest shadow.”⁴³ Wilde, by contrast, seems to have associated erotomania with uncontrollable sexual urges, whether sodomitical or onanistic.

The Home Office papers show officialdom’s response to Wilde’s repeated fears on the subject of madness. On 10 July 1896 a visiting committee was sent to see him and reported that he was sane but afraid of becoming insane. Wilde sent a second appeal to the home secretary for release on 10 November 1896, and in it he complained of thoughts of madness; prison, he said, “was an ill physician.” Three days later the Home Office responded by turning down his petition on the grounds that the “prisoner’s fear of mental break-down or a decay of his literary capacity is expressed in too lucid, orderly and polished a style to cause apprehension on that point.”⁴⁴ His petition was, in essence, too persuasive to be persuasive. If these petitions were ineffective in a legal sense, they can, nevertheless, be read as literary, stylistic, and spiritual precursors of “De Profundis.”

By referring to madness and erotomania, Wilde appears to have been appealing to nineteenth-century notions of “moral insanity,” which were rooted in Christian thought. Thus, for instance, the Scottish physician and moralist John Abercrombie wrote in 1830 that “in the language of common life, we sometimes speak of a moral insanity, in which a man rushes headlong

⁴¹ Wilde, *The Letters*, 404.

⁴² Pamela Taylor, B. Mahendra, and John Gunn, “Erotomania in Males,” *Psychological Medicine* 13 (1983): 645–50.

⁴³ Joseph Williams, *Insanity, Its Causes, Prevention, and Cure; Including Apoplexy, Epilepsy, and Congestion of the Brain*, 2nd ed. (London: John Churchill, 1852), 72.

⁴⁴ NA, HO/24514, quotations at 52, 41, and 35.

through a course of vice and crime regardless of every moral restraint, of every social tie, and of all consequences.”⁴⁵ The strongest proponent of “moral insanity” in mid-nineteenth-century America was Isaac Ray, who developed the notion of a defense of “irresistible impulse” in which the defects of the “affective” functions might lead to the commission of terrible acts even by those who remained otherwise fully rational.⁴⁶ Related ideas were advanced at about the same time by C. P. Pritchard, a Bristol doctor who was aided in his research by John Addington Symonds.⁴⁷ Such a concept of moral insanity, however, was not enthusiastically embraced by the English legal system, since it was widely suspected by lawyers as representing an attempt to excuse criminal behavior on the grounds of moral weakness. The effect of the McNaughton test was to make cognitive rather than emotional faculties central to judgments of lunacy.

Some accepted that somatic disturbances, such as sleepwalking, might create delusional states of “partial insanity” in which otherwise rational persons might not be responsible for their actions.⁴⁸ But this defense was not extended to include sexual behavior, even though “Sodomitic acts” were often thought of outside the court as a species of derangement.⁴⁹ According to Roger Smith, allegations of moral insanity only tended to be effective when there was supplementary “evidence of idiocy, delusion or character change; where the accused was dramatically shocked or distressed; or (sometimes) where the crime seemed to transcend the bounds of intelligibility.”⁵⁰ Having the upbringing of a gentleman, Wilde was not understood to be from degenerate stock. His claim to being a victim of contemporary degeneration of the race was ignored. Nor was he held to be idiotic, or delusional, or to have changed his character; nor were his crimes unintelligible; and, as we have seen, his level of distress was seen as appropriate for his situation. He remained at Reading Gaol, but as a result of his appeals and those of his supporters, he was allowed books, paper, and writing equipment. Bosie Douglas, and the world, received “De Profundis” as the result.

⁴⁵ Quoted and discussed in Smith, *Trial by Medicine*, 114.

⁴⁶ John Cleman, “Irresistible Impulses: Edgar Allan Poe and the Insanity Defense,” *American Literature* 63, no. 4 (1991): 623–40, at 628–29.

⁴⁷ Hannah Franziska Augstein, “J. C. Pritchard’s Concept of Moral Insanity: A Medical Theory of the Corruption of Human Nature,” *Medical History* 40, no. 3 (1996): 311–43, at 311–12.

⁴⁸ A process explored in Joel Peter Eigen, “Delusion in the Courtroom: The Role of Partial Insanity in Early Forensic Testimony,” *Medical History* 35 (1991): 25–49; “Sense and Sensibility: Fateful Splitting in the Victorian Insanity Trial,” in Melikan, *The Trial in History*, 2:21–35; and *Unconscious Crime: Mental Absence and Criminal Responsibility in Victorian London* (Baltimore, MD: Johns Hopkins University Press, 2003), esp. 6–8.

⁴⁹ Cocks, “Trials of Character,” 37.

⁵⁰ Smith, *Trial by Medicine*, 123.

PATIENT NO. 1249

The rehabilitation of Oscar Wilde's reputation during the twentieth century was dramatic. For Ellis Hanson, writing in *Decadence and Catholicism*, without irony or quotation marks, he was Saint Oscar.⁵¹ Wilde himself in "De Profundis" claimed a position of heroism when he wrote that "I gave what is false no less than what is true its rightful province, and showed that the false and the true are merely forms of intellectual existence."⁵² He was undoubtedly exceptional, but was he incomparable? The authorities with whom he was dealing made every effort not to regard him as beyond their understanding or expertise. The evidence of case notes from Bethlem and Broadmoor also helps us to contextualize the attitude of Nicolson and Brayn to Wilde's condition through comparison with others. And while it is true that none of those in Bethlem or Broadmoor after the commission of an "unnatural offence" has left us any remains that bear literary comparison with "De Profundis," there is one set of patient case notes that suggests that Wilde's struggle to establish a sexual and emotional identity beyond those ascribed by the legal and medical systems of his day was not unique.

On 22 April 1885 John Gocher (Broadmoor patient no. 1249), born in 1832, single and a gentleman, appeared before Justice George Denman and the Hertfordshire assizes charged with several counts of incitement of William Charles Prime to commit an unnatural offense and of publishing an obscene libel.⁵³ Gocher had replied to the following newspaper advertisement in the *Daily Chronicle*: "MAN (young). Wants a situation; strong, active and willing, and will make himself generally useful; special good references; age 24. Address W. C. Prime, in care H.V. 22 Exeter-st, Brompton-rd, SW."⁵⁴ A letter from the chief constable of the Colchester Police Station, now in the Broadmoor records, explains what happened next.⁵⁵ In his written reply, Gocher asked Prime to put a line in the *Chronicle* such as "z to z—yes, I like the idea—arrange," upon which he would come to Liverpool St. Station in London, where he would stand with a pipe in his mouth and a red handkerchief in his hand. There is no way of determining Prime's motivation. Graham Robb has identified the appearance of homosexual contact advertisements in British newspapers from the beginning of the 1880s and has argued that even obliquely written ones were understood.⁵⁶ Yet there were many young men seeking

⁵¹ Ellis Hanson, *Decadence and Catholicism* (Cambridge, MA: Harvard University Press, 1997), 229–96. Cf. Roden, *Same-Sex Desire*, 127: "Oscar Wilde was a 'saint' for twentieth-century readers."

⁵² Wilde, *The Letters*, 423–511, at 466.

⁵³ Broadmoor, d2/2/1/1249; NA, ASSI 31, 40, 75; and "Current Topics," *Ipswich Journal*, 28 April 1885, 2.

⁵⁴ *Daily Chronicle*, 13 January 1885, 7, situations and employment wanted column.

⁵⁵ Letter dated 5 June 1885, Broadmoor, d2/2/1/1249/5.

⁵⁶ Graham Robb, *Strangers: Homosexual Love in the Nineteenth Century* (London: Picador, 2003), 147.

employment in similar ads. Gocher himself appears not to have been tremendously wealthy, and he had lost an eye and had a bad leg, so if Prime was in search of a partner, he might have been disappointed by the person he was to meet.⁵⁷ Yet it is quite clear that Gocher was not. He wrote a series of impassioned letters to Prime, which the young man, either out of horror or out of prudence, turned over to the police. Only one of these letters survives in the Broadmoor archive, and it is only a transcription, but the surviving text nevertheless makes startling reading.

Gocher explained in his letter that he is a gentleman with a small income (“enough for two”), that he is single, and that he has a kind, “affected” disposition. Hitherto a man of virtue, some indecent books had come his way that horrified and yet fascinated him. He told Prime: “I speedily devoured them. . . . I wanted to do as the books said, I wanted to partake of strange joys.” He says that he yearns to “love a young man . . . to suck his c..k that fearful alluring thing that hangs between his legs with hair around it.”⁵⁸ He then goes on to describe fantasies of kneeling before hulking youths and being beaten such as he had read in those depraved books. He wanted to be Prime’s “kneeling slave for life.” He dreamed of being able to “glue my lips to the hole, and shake with fear as I smell it coming.” Albeit at a considerably higher level of literary achievement, very similar sentiments appear as art in Jean Genet’s acclaimed novel *Pompes funèbres* (*Funeral Rites*, 1948), as, for instance, when we read that “Paulo’s behind was just a bit hairy. The hairs were blond and curly. I stuck my tongue in and burrowed as far as I could. I was enraptured by the foul smell. My moustache, brought back, to my tongue’s delight, a little of the muck.”⁵⁹ The opinion of the chief constable was, however, that such desires were clear evidence of lunacy. At his trial, the defense argued for Gocher’s insanity and called a certain Dr. Chevallier who was the proprietor of a private lunatic asylum in Ipswich. It was suggested that Gocher had been injured when young and that this might have “affected his head.” This testimony, the evidence of the letters, and the “unconcerned manner” of the accused led him to be found insane, since it was clearly thought that the rational response to such a charge was to display symptoms of great anxiety.⁶⁰

Even if Prime had been looking for a same-sex relationship, Gocher’s letter shows, at the very least, considerable recklessness in the face of the legal realities of the time. Moreover, and touchingly, it concludes with

⁵⁷ Broadmoor, d2/2/1/1249/6.

⁵⁸ As this is a transcription of the letter we cannot be sure it is entirely accurate. For instance, it seems unlikely that Gocher would have prudishly avoided writing out “cock” in full, bearing in mind the contents of this letter. Rather, official transcripts regularly did such things, as in the official record of Gocher’s trial, in which the secretary wrote in “b—y” rather than “buggery” (NA, ASSI 31, 40, 75).

⁵⁹ Genet, quoted and discussed in Leo Bersani, *Homos* (Cambridge, MA: Harvard University Press, 1995), 157.

⁶⁰ “Current Topics,” 2.

evidence of extraordinary wishful thinking in the form of a set of putative domestic expenses that the two men would share if they lived together:

Cottage 2/6 per week
 Firewood 2
 Food for me 8/6
 Food for you 9
 Tobacco for you 5
 1/7/0 total

In E. M. Forster's *Maurice* (written in 1913 but unpublished until 1971), the hero goes to an urban mission to work with boys after he is rejected by Clive, but the ultimate expression of his same-sex desires was imagined as taking place deep in a mythic countryside where, in Forster's words, "Maurice and Alec still roam the greenwood."⁶¹ Forster maintained that *Maurice* was directly inspired by visiting Edward Carpenter, Britain's most prominent campaigner for sexual law reform, at his rural home at Millthorpe, Derbyshire.⁶² Gocher's letter suggests that the dream of a country cottage where a same-sex couple could live undisturbed was probably a more widespread aspiration in later Victorian England.

There is more: Gocher, on entering Broadmoor, appears to have fallen in love. His patient file contains a letter that he sent to Dr. William Orange on 24 October 1892. In it he explained that he had been in the habit of bathing the wounds of a certain young man named Marshall, wounds that the youth had obtained through "exercising himself on the cross-bars." There was no harm in this activity, Gocher contended, "but our fault was 'not avoiding the appearance of evil.' I and Marshall had been for years together, his poor kind simple ways won on me with that good love which shall not be taken away." Nicolson had separated them, and so Gocher was appealing to Orange to get them placed together again and so "cast a sunbeam on our captivity."⁶³ It seems most unlikely that his request was successful, and the records contain a string of further references to sexual misdemeanors. On 3 March 1902 Gocher was reported as having given another patient a note asking him to "act improperly" and "to come to the closet with him." On 5 February 1905 he was denounced for having followed a fellow patient to the toilet.⁶⁴ These incidents fit neatly into the official inscription of sodomitical promiscuity, but the relationship with Marshall does not.

The archival materials for John Gocher help to contextualize the ways in which the legal and criminal lunatic systems failed to engage with the

⁶¹ Quoted and discussed in Colin Toibín, "Roaming the Greenwood," review of Gregory Woods, *A History of Gay Literature: The Male Tradition* (New Haven, CT: Yale University Press, 1998), *London Review of Books*, 21 January 1999, 12–16, at 14.

⁶² E. M. Forster, *Maurice*, ed. P. N. Furbank (London: Penguin, 2005), 219.

⁶³ Broadmoor, d/h14/d2/2/1/1249/30.

⁶⁴ Broadmoor, d/h14/d2/2/1/1249/32–35.

complexity of motivations, dismissing forms of affect as evidence of either delusion or crime. Both realms of discipline focused their concern upon the commission of specific sexual acts rather than on the notion of sexual identity. Before Havelock Ellis and John Addington Symonds's *Sexual Inversion* (1897), there was limited knowledge of recent Continental sexology in the United Kingdom and hence of the emerging notion of homosexuality.⁶⁵ The insistence on "delusion" in both the medical and legal regimes also meant that a good deal of what inmates said was heard but not listened to. John Hume, who was a private patient at the Royal Edinburgh Asylum for the Insane from November 1886 to September 1887, claimed to have seen two attendants sodomize a male inmate, but his story was simply dismissed as evidence of his delusional madness.⁶⁶ Similarly, John Barr, aged thirty-eight, who was admitted to Bethlem in 1860 after being tried for rape, was recorded as having the delusion that "the other prisoners have committed unnatural crimes upon him."⁶⁷ It is quite possible that further research into the files of those tried for an unnatural offense will reveal evidence of other, similar cases. Such evidence would help us to understand the ways in which Oscar Wilde was more typical of his peers than he might hitherto have appeared. The evidence of John Gocher and the other inmates of Bethlem and Broadmoor implies strongly that, with further research, we will find increasing evidence not only of sodomitical sex but also of the emergence of homosexual love *in carcere et vinculis* at the end of the nineteenth century.⁶⁸

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⁶⁵ Crozier, "Nineteenth-Century British Psychiatric Writing."

⁶⁶ M. Barfoot and A. W. Beveridge, "Madness at the Crossroads: John Home's Letters from the Royal Edinburgh Asylum, 1886–8," *Psychological Medicine* 20 (1990): 263–84, at 269. Note that attendants were not normally medically qualified, and their main requirement was to be strong enough to overpower "difficult" patients.

⁶⁷ Bethlem, cbc4, fol. 128.

⁶⁸ "In prison and chains": Wilde suggested this phrase in a letter of 1 April 1897 to Robert Ross as the title of the text that was to be published as "De Profundis" (Wilde, *The Letters*, 513).