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Historians of psychiatry and crime are familiar with the fraught cases of parents who murdered their children, or men and women who murdered their spouse, who were subsequently found insane and committed to an asylum such as Broadmoor. Questions about what constituted insanity in medico-legal discourse, the role of the medical witness in insanity trials, and the increasing acceptance of homicidal mania in insanity cases, drive *Mad-Doctors in the Dock*, which completes Joel P. Eigen's three-volume survey of all insanity trials held at the Old Bailey between 1760 and 1913.<sup>1</sup> Founded upon almost 1000 Old Bailey Sessional Papers, this meticulously researched book adds to our understandings of the relationship between medical and legal conceptions of insanity, and authority in the courtroom.

Medical men increasingly participated in trials between 1760 and 1913. This, Eigen observes, was facilitated by the adoption of defense lawyers - who could call medical witnesses - combined with the State's placement of medical men into police stations and prisons over the nineteenth century. Defendants were thus more likely to encounter potential medical witnesses. Consequently, who gave medical testimony changed over time: the defendant's neighbours or private surgeon, who might have described his usual behavior in earlier trials, were displaced by police or prison surgeons who could testify to his health and demeanour shortly after the crime. Eigen highlights that it was these non-experts, rather than eminent alienists (psychiatrists), who provided the bulk of medical opinion in insanity cases. Eigen traces the development of the medical profession, observing that, particularly before the 1850s, these practitioners had gained their expertise through experience with patients and prisoners rather than education and training.

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<sup>1</sup> J. P. Eigen, *Witnessing Insanity: Madness and Mad-Doctors in the English Court* (New Haven: Yale University Press, 1995); Eigen, *Unconscious Crime: Mental Absence and Criminal Responsibility in Victorian London* (John Hopkins University Press, 2003)

When taking the stand medical witnesses had to persuade juries that they were better able to identify insanity than the jury themselves. They emphasised that their experience of dealing with numerous prisoners or patients enabled them to distinguish between sanity, insanity, feigning, and temporary insanity, the latter being particularly troublesome to laymen. They also stressed their ability to establish the existence of delusions.

Delusions were judges preferred evidence of insanity throughout the period, and the most frequent medico-legal term in medical testimony. Some medical witnesses actively incorporated legal understandings into their testimony. Yet even after the M'Naghten Rules of 1843, others continued to challenge legal understandings of insanity by proffering diagnoses in which the accused was not thought to be deluded but did not know the character of their actions or intend to cause harm, such as moral insanity and irresistible impulses. Such explanations – which minimized defendants' potential to exercise volition - were initially given short shrift. Yet from the 1860s, when greater emphasis was placed on physical causes of insanity and amid broader societal concerns of degeneration, judges accepted diagnoses that explained behavior as the result of uncontrollable impulse rather than defective cognition or delusions. This is best illustrated by the increasing acceptance of diagnoses of homicidal mania; it appeared in 43 Old Bailey cases between 1857 and 1913. Although sometimes paired with delusions or suspended consciousness, homicidal mania explained murder as the result of an uncontrollable impulse; judges accepted that the will was not necessarily controllable. Moreover, the act could be the only evidence of the impulse, and thus the insanity; the crime explained the crime.

The State's patronage of mental medicine and installation of medical care into the prison and judicial systems created circumstances whereby medical men could gain

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experience and claim expertise. That expertise was given public acknowledgement by their role as medical witnesses. Yet, Eigen convincingly shows they were unable to impose ideas upon the court. Judges could direct juries to reach particular verdicts, and shaped the reception and scope of medical testimony. Eigen argues that the judiciary's initial tendency to dismiss diagnoses involving irresistible impulses was exceptional; they did not wish to challenge the authority of medical witnesses or of psychiatry. They were inquisitive more often than dismissive, and could ask questions designed to ensure defendants benefitted from medical testimony. Witnesses were challenged and pushed to speak to the issue of defective cognition and the accused's understanding of right and wrong but this resulted from the necessity to make medical testimony speak to the legal needs of the court and to focus juries on guilt fastening. Trial narratives sometimes reveal medicine and law collaborating to reach what they felt was the 'right' outcome. Still, medical testimony did not consistently determine verdicts. Reflecting on the impossibility of establishing why juries reached particular verdicts, Eigen highlights juries were, in essence, a law unto themselves.

Eigen's findings will be of great interest to scholars of the histories of crime, insanity, medicine, and jurisprudence.