



BENJAMIN BRANDT CHRISTIANSEN



Managing *furious insanity*

Hospital cell confinement and its alternatives in eighteenth-century Denmark

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in eighteenth-century Denmark**

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*The defence will take place Wednesday 4 June 2025, at 13:15
in the Kierkegaard Auditorium (room 9A-0-01) at the Faculty of Theology,
University of Copenhagen, Karen Blixens Plads 16, 2300 København S.*

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Hospital cell confinement and its alternatives in eighteenth-century Denmark

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PhD Thesis

Section for Church History

Faculty of Theology

University of Copenhagen

2025

Managing *furious insanity*: Hospital cell confinement and its alternatives in
eighteenth-century Denmark

Publikationer fra Det Teologiske Fakultet nr. 104

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ISBN-nr 978-87-93361-82-9

Trykning og indbinding:

Campusprint

Københavns Universitet

Udgivet af:

Det Teologiske Fakultet

Københavns Universitet

Karen Blixens Plads 16

2300 København S

www.teol.ku.dk

*Cover page illustration: Section of “Vorstellung der Albernheit, des Wahnsinnes
und der Raserei an verschiedenen Exempeln” by Daniel Chodowiecki.*

*Printed in Johann Bernhard Basedow and Daniel Chodowiecki, Kupfersammlung
zu J. B. Basedows Elementarwerke für die Jugend und ihre Freunde (Berlin,
1774), 61. Scan provided by the Staatsbibliothek zu Berlin (PD).*

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List of translated terms

bailiff	foged
bishop	biskop
county governor	amtmand
county manager	amtsforvalter
Danish Chancellery	Danske Kancelli
diocesan authority	stiftsøvrighed
diocesan governor	stiftamtmand
Directorate of Poor Relief	Direktionen for de Fattiges Væsen
High Court	Landsting
hospital manager	hospitalsforstander
mayor	borgmester
police court	politiret
poor relief inspectorate	fattiginspektion
Supreme Court	Højesteret
town	købstad
town authority	magistrat
town court	byting
town hall court	rådstueret

Acknowledgements

This PhD thesis is a study of individuals and institutions in the eighteenth century. Before delving into these, however, a few twenty-first-century individuals and institutions merit mentioning.

At the outset, I would like to mention and thank my PhD supervisor Tine Reeh and co-supervisor Rasmus Dreyer for their spirited critique and even more spirited encouragement. Having their intellect, experience and creativity to draw on has been an absolute privilege. In addition, Tine has together with Ralf Hemmingsen made the *Managing Melancholy* research project not only an academically productive endeavor but also a delight to take part in. Certainly, I would be remiss not to mention the entire *Managing Melancholy* team – Nanna Eva Nissen, Sigrid Nielsby Christensen, Joos Nordberg-Rasmussen, all of the student assistants and, especially for reading and commenting on the thesis, Catherine Beck. From long days in the office to long evenings at Fuglsang and long nights in Rome, it has been wonderful getting to know such capable, interesting and genuinely fun people.

The *VELUX Foundation* has my gratitude for financially supporting this PhD project as part of the *Managing Melancholy* grant. Their generous funding has allowed me to spend three years unearthing and interpreting these fascinating sources and, hopefully, expanding our shared understanding of mental disorder in the past. Also, the Faculty of Theology at the University of Copenhagen and the *Francke Foundations* in Halle for providing good conditions of work and community alike.

On a personal level, I wish to thank my friends, *Studenterkredsen* folks and fellow historians, for providing much needed other topics of conversation besides the intricacies of eighteenth-century diocesan authorities – and, for his brilliant architectural drawings of the confinement cells, Frederik Aagaard Holm. In particular, I am immensely thankful to my girlfriend, Marie, for her love, patience and assurance throughout – and indeed for suggesting that I apply for this project in the first place. Finally, of course, I thank my mother and father for everything.

Man bragte saa did hen den gandske heele Skare,
Men ingen Værelser for dennem leedig vare,
Undtagen et, hvor dog en Projectmager laae.
Man bød ham giøre Platz, i andet Rum at gaae;
Men hand blir gandske vreed, til Byens Svenne siiger:
For dette fremmed Folck jeg ej en Foed-bred viiger,
Hvad bilder de sig ind? Jeg sexten Uger nær
Har siddet, som man veed, i Byens Kiste her.
Jeg staar paa min Respect, mit Senium hanhæver,
Hvad skal jeg? Sagde hand, og viised knytte Næver;
Men, dette uanseet, hand maatte give rom;
Saa Paars med vis honneur i Daare Kisten kom.

*

So to the madhouse they were quickly led together;
No room for them was now available however
Except the one a schemer occupied alone,
And he was told to leave and find another one.
But to the guard he cried with anger and defiance,
“I shall not for these strangers show the least compliance;
Who do they think they are? As all the townsfolk know,
I in this cell of theirs was placed four months ago;
I claim seniority and shall demand forever
Respect from all.” At once he clenched his fists together
But he was forced to leave the room despite his claim;
Thus Paars with certain honor to the madhouse came.

Ludvig Holberg, *Peder Paars* (1720)

Book Four, Second Song¹

¹ Quoted from Ludvig Holberg, *Peder Paars*, ed. Jens Kr. Andersen and Finn Gredal Jensen (Copenhagen: Det Danske Sprog- og Litteraturselskab, 2015), 217. Translation quoted from Ludvig Holberg, *Peder Paars*, trans. Bergliot Stromsoe (Lincoln: University of Nebraska Press, 1962), 169.

Introduction

In the autumn of 1770, the local court of Skast-Gjording-Malt *Herred* in the Diocese of Ribe had to pass judgement in a distressing case. Christen Gregersen, a tailor from the small village of Vognsbøl on the West Coast of Jutland, was charged with murdering his own daughter in her sleep earlier that year. The accused had already confessed. At the end of his trial on 27 November, the question at hand was instead whether Christen had been insane and thus without legal responsibility when he committed the murder. Ultimately, the men gathered in the small courthouse surrounded by austere heathland did not think so. Christen was sentenced to whipping, branding and lifelong forced labour. According to the court, he had wanted to die and consequently killed his innocent child in order to be executed himself. As evidence of his sanity, the verdict emphasized that he had asked his other daughter to leave the house and tend to the cows right before he committed the act. To the court, this implied a level of foresight inconsistent with a full loss of reason.²

Christen's case was appealed to Viborg High Court, the highest court of appeal in Jutland.³ Here, his new lawyer argued vehemently in his defence, listing several arguments based on written and oral testimonies by Christen's neighbours as well as his pastor. For instance, at a previous time between 12 and 15 years ago, Christen had "not only been so delirious in the head, but also so furious that the parishioners have had to watch over him for a long time". Following some years of relative calm, his situation had suddenly worsened around Easter 1770. For months, he had "screamed and yelled so loudly that his neighbours could hear him far away and had arrived out of compassion to comfort and gratify him". These episodes, which went on day and night, soon occasioned pastoral intervention too. In order to help Christen recover, "prayers had been said for him by his own parish pastor from the pulpit". At the end of his argumentation, the lawyer turned sharply from pastoral to medical expertise, as he called the court's attention towards Christen himself, specifically his head. On Christen's bald head, he noted, were "three

² Skast-Gjording-Malt *Herred* Court, protocol, 1770-1776 (27 November 1770, 70).

³ Since 1719, it was customary for cases that might result in execution to be appealed from the local lower courts. Tyge Krogh, *Oplysningstiden og det magiske: Henrettelser og korporlige straffe i 1700-tallets første halvdel* (Copenhagen: Samleren, 2000), 64.

peculiar fleshy outgrowths of size and shape like a large walnut or a small apple”, which allegedly caused Christen severe headaches. Furthermore, these types of “outgrowths were not unknown by physicians to keep the brain inside the head from healing, causing delirium and true fury”. All of this taken into account, Christen could not be held responsible for the murder.⁴

In favour of the defence and overruling the local court verdict, the judges found Christen to be without legal responsibility. Matching the criteria of the law, he was in “delirium and fury” during the act.⁵ In June that same year, the Supreme Court affirmed the High Court’s verdict and stipulated that the authorities should now confine him in accordance with the law on people found to be “furious or mad”.⁶ As far as the legal system was concerned, Christen’s case was done and could proceed into the poor relief system. Accordingly, the following month two regional officials, the bishop and the diocesan governor of the Diocese of Ribe, sent a letter to the manager of Ribe Hospital. Directly quoting the Supreme Court verdict, the letter ordered the hospital manager to immediately prepare a transport from the holding jail to the hospital. Deemed *furiously insane*, Christen Gregersen was headed for hospital cell confinement.⁷

⁴ “ei alene har været saa forvildet i Hovedet, men end og saa rasende at Sognefolkene i Lang Tiid have maattet holde Vagt over ham”, “skreget og raabt saa høit, at hans Grander og Naboer har kundet høre ham langt borte og af Medlidenhed have indfundet sig hos hannem for at trøste og tilfredsstille ham”, “er bedet og gjort Bøn for hannem af hans egen Sognepræst af Prædikestolen”, “besynderlige trende kiød-Gevexter af størrelse og Figur som en stor Valnød eller lidet Æble”, “Gevexter det ikke er ubekiendt Physici formeene Hiernen i Hovedet kan ledes, og Vildelse samt virkelig Raserie derover forarsages”. Viborg High Court, protocol, 1766-1776 (21 February 1771, 250)

⁵ Viborg High Court, records, 1756-1774 (20 February 1771, 550). Most likely a scribal mistake, there is a chronological discrepancy between the protocol and the recorded verdicts. “Vildelse og Raserj”. Danish Code 6-6-17. I refer to the Danish Code of 1683 in Secher’s 1911 version using the original pagination. V.A. Secher, *Kong Christian den Femtis Danske Lov*, 2nd ed. (Copenhagen: Gad, 1911), 895.

⁶ Supreme Court, protocol, 1771-1772 (27 June 1771, no. 166). “rasende, eller galind”. Danish Code 1-19-7. Secher, 134.

⁷ DAR, copybooks, 1771-1773 (25 July 1771).

An undiscerning age?

To a current-day reader, Christen Gregersen's path through the legal courts and into confinement at the hands of state officials might seem both recognisable and foreign all at once. The issues of delineating sanity from insanity and punishable actions from non-punishable ones are familiar. Even so, the institutions and types of expertise involved in resolving these issues, for instance the participation of a bishop, may be unanticipated. Perhaps more unfamiliar still is the confinement cell and, more specifically, its purpose in the process. Why exactly was it so important for the authorities that Christen should be confined there rather than anywhere else?

At the time when Christen Gregersen was placed in confinement, St. Hans Hospital in Copenhagen was the only institution in Denmark even remotely resembling a dedicated mental asylum.⁸ The confinement cell that Christen ended up in was a rudimentary cell located in a general hospital. While the final remaining cells of this type were in use until the mid-nineteenth century, by then they had become uncomfortable relicts denounced by critical commentators. To reformers in the age of the psychiatric asylum, they represented an irrational past where people did not yet understand that mental disorders were illnesses and therefore disregarded or actively penalised the victims of these disorders.⁹

Early twentieth-century overviews retained the idea of the time before the nineteenth century as an age that undiscerningly excluded the mentally afflicted and other outcasts. In a 1915 monography, the foundational Danish historian of psychiatry Hjalmar

⁸ Indeed, this too would be in a very broad definition of the term. See Barbara Zalewski, 'St. Hans Hospital i København 1612-1808', in *Psykiatriens historie i Danmark*, ed. Jesper Vaczy Kragh (Copenhagen: Hans Reitzels Forlag, 2008), 19–58.

⁹ The last confinement cells in general hospitals were discontinued following the establishment of a common scheme to finance asylums in 1853. See T. Algreen-Ussing, *Love og Anordninger, samt andre offentlige Kundgjørelser Danmarks Lovgivning vedkommende for Aaret 1853* (Copenhagen: Gyldendal, 1854), 196–97; C. Christensen, 'Stiftshospitalerne og Sindssygeplejen - Klostre, Hospitaler og andre Stiftelser oprettede af Private i Danmark', *Nationaløkonomisk Tidsskrift* 1, no. 18 (1881): 116–43. The most thorough study of the nineteenth-century critique and its role in bringing about new institutions is Jette Møllerhøj, 'På gyngende grund: Psykiatriens praksisser og institutionalisering i Danmark 1850-1920' (PhD, University of Copenhagen, 2006).

Helweg investigated the nineteenth-century progression of medical psychiatry and the establishment of psychiatric institutions. Here, the eighteenth-century confinement cells – including those still in use into the subsequent century – figure only as remnants of an age without the institutional, humanistic and scientific structures necessary to manage the care of mentally afflicted people in a decent manner.¹⁰ The confinement cells became synonymous with the exclusion of the many unfortunates given up on by this indifferent past, since ending up there “ruled out any hope of rescue”.¹¹ Later mid-twentieth-century works echo Helweg, straightforwardly describing the age before the nineteenth-century asylums “a dark chapter in the history of culture” when afflicted persons were callously treated as criminals.¹² In a 1979 book chapter, Villars Lunn formulates the schema sharper still. For Lunn, the year 1800 marks the end of the first of three phases in the history of Danish and European psychiatry – an inhuman phase characterised not by real institutions but by “theological dogma” and a “fatal lack of proper hospitals”.¹³ This image of early modern conduct towards the mentally afflicted effectively reduced the time before the nineteenth century to an inscrutable prehistory before the history of psychiatry.¹⁴

As will be discussed in greater detail in the historiographical overview below, new approaches drawing on prisms of social control have since radically challenged the narrative of nineteenth-century progress. As will also be discussed, however, these approaches do not necessarily challenge its underlying suppositions about the undifferenti-

¹⁰ This is clearest in his remarks about the sluggish Danish relinquishment of “primitive” facilities. Hjalmar Helweg, *Sindssygevæsenets Udvikling i Danmark* (Copenhagen: Jacob Lund Medicinsk Boghandel, 1915), 55.

¹¹ “var alt Haab om Redning udelukket”. Quoted from Helweg, 40.

¹² “et mørkt kapitel i kulturens historie”. Edvard Gotfredsen, *Medicinens historie*, 2nd ed. (Copenhagen: Arnold Busck, 1964), 274; Otto Beyerholm, *Psykiatriens Historie* (Copenhagen: Levin & Munksgaard, 1937), 183–86.

¹³ “teologiske dogmer”, “en fatal mangel på egentlige hospitaler”. The history of Danish psychiatry is also assumed here to match one-to-one with a European, in effect French and British, history. Villars Lunn, ‘Psykiatri’, in *Københavns Universitet 1479-1979*, vol. VII, Det lægevidenskabelige Fakultet (Copenhagen: Gad, 1979), 389.

¹⁴ To reference the now classic critique put forward in Roy Porter, *Mind-Forg’d Manacles: A History of Madness in England from the Restoration to the Regency* (London: Athlone, 1987), 3.

ated state of affairs before it. In some instances, social control perspectives even emphasise the indifference of early modern authorities further – eager to jettison anyone mad or bad, those in power hardly cared to discern between the two.¹⁵

This thesis fundamentally challenges the image of the pre-nineteenth-century state of affairs sketched above by approaching the subject of early modern mental disorder through a set of sources previously used almost exclusively in studies of church history – the archives produced by the Danish diocesan authorities. Integrating these, a more complex image emerges in cases like Christen Gregersen's and others like it. In essence, the Gregersen case draws attention to a paradox: If none of this mattered, then why did the officials bother with untangling the mental state of a rural tailor – a man who had already confessed to murder – and overseeing his relocation from one type of cell to another? As a whole, the concrete conduct towards people suffering from mental disorders in early modern Denmark has received little source-based scholarly attention. Potential sources like those in the diocesan authority archives have so far remained unused for these purposes. This thesis seeks to shed new light on the topic by connecting the fields of social history and church history on a basis of these previously unexamined archival sources.¹⁶

The aim and structure of the thesis

The ambitions of this PhD thesis are intimately connected to the sources upon which it is built. The diocesan authorities, institutions consisting of bishops and diocesan governors, had among their many duties the supervision of town hospitals. Because of this and their function as intermediaries between central and local, as well as between administrative and pastoral, the correspondences of the diocesan authorities provide us with a way into

¹⁵ In a wider European context, this idea of an early modern conflation of madness and crime has even been described as the result of conscious choices rather than ignorance in Michel Foucault, *History of Madness*, 2nd ed. (London: Routledge, 2009), 134–35; original in Michel Foucault, *Folie et déraison: Histoire de la folie à l'âge classique* (Paris: Plon, 1961), 169. A recent Danish example of this line of thought is Verner Beyer Petersen, 'Menneskets menneskeliggørelse: Betragtninger over det forrykte menneske', in *Det forrykte menneske: Den psykisk syge i historien ca. 1830-1980*, ed. Edith Mandrup Rønn and Inger Hartby (Ebeltoft: Skippershoved, 2006).

¹⁶ I consider the sources of the thesis at the end of this extended introduction.

concrete decision-making. In order to approach the topic in this way, rather than viewing the actions of the officials through prisms of deliberate social control or underlying power dynamics, this thesis instead takes the institutional, legal and pastoral ideals and realities of the time seriously as frameworks for the analysis.

In this thesis, then, I examine the pre-asylum structure of care not as a mere counter-image of the subsequent system but as a system functioning on its own premises. Arguing that this system had its own ideals and limitations, the thesis is the first comprehensive exploration of how officials managed concrete cases within it. At its centre, I explore the following main research question: How did eighteenth-century Danish diocesan authorities manage cases involving mentally afflicted individuals and their potential hospital cell confinement? Through the pursuit of this question, specifically through cases managed by three Danish diocesan authorities, I aim to further our knowledge of this pre-asylum, pre-psychiatry system and, by extension, perhaps add perspectives on early modern Danish society in a wider sense.

Formally, the thesis itself is divided into a smaller first part serving as an extended introduction and a main part separated into chapters. The introduction lays the necessary foundations for the analysis in the second part. It contains a critical, historiographical overview of relevant research as well as a discussion of the principal sources underpinning the thesis and my approach to these sources.

The main part of the thesis is comprised of five consecutive chapters. While the two first chapters are of a more structural character, the latter three focus specifically on aspects of the concrete management of individual cases. The first chapter, *Institutional, legal and pastoral frameworks* examines contemporaneous frameworks, which can be of use in interpreting the eighteenth-century diocesan authority sources as individual cases of managing mental disorder. The second, *Managing cell confinement*, is concerned with the establishment and conditions of the hospital confinement cells as well as the practical procedures entailed in managing cell confinement for the diocesan authorities.

The third chapter, *Negotiating cell confinement*, is concerned with how the diocesan authorities negotiated and argued about cell confinement in particular cases of people described as mentally disordered. In this chapter, I introduce a heuristic concept, *furious insanity*, based on the arguments and decisions in favour of cell confinement. The fourth chapter, *Alternatives to cell confinement*, is concerned with cases where the dio-

cesan authorities employed means other than hospital cell confinement and the overall logic of management behind these diverse approaches. Altering the perspective on the diocesan supervision, the fifth chapter, *Management in the pastoral sphere*, is concerned with how pastors took part in managing people described as mentally disordered and considers potential connections between pastoral management and confinement management. Finally, a general conclusion sums up the key results of the entire thesis.

Notes on terms – past and present

A few comments are in order on the terminology of this study. Two terms appearing throughout the thesis are *confinement* and *management*. The first of the two, *confinement*, is not to be interpreted on a figurative level, but physically as the intentional custody of particular individuals in enclosed spaces. More specifically, I connect *confinement* to eighteenth-century hospital confinement cells in Denmark.¹⁷ Unrelated to its usage in present business or organisational studies, I employ *management* in its broadest sense to denote authorities attempting to handle and supervise situations. A deliberately expansive term, *management* here may be purely administrative or informed by explicit objectives of control or care, and may be performed by command or through compromise. What this use of *management* specifically infers, however, is that officials in authority had agency and power to make decisions, and that it is possible to identify these decisions in particular cases.

I deliberately avoid introducing current psychiatric terminology. To some degree, this is a consequence of the sources supporting the thesis. As noted by British social historian R.A. Houston, “trying to understand madness as a clinical or psychological condition is not possible with most of the available documentation” when working on eighteenth-century material.¹⁸ This is no less true of the eighteenth-century sources employed

¹⁷ Understood here as a particular type of facility, part of a general hospital and under the supervision of poor relief administrators such as the diocesan authorities. I examine the establishment and function of eighteenth-century hospital confinement cells in Chapter 2.

¹⁸ R.A. Houston, *Madness and Society in Eighteenth-Century Scotland*, Oxford Studies in Social History (Oxford: Clarendon Press, 2000), 21.

in this study. It was not within the scope of the diocesan authorities or other Danish institutions at the time to define mental disorders in a manner directly translatable to modern psychiatric nosology.¹⁹

On this foundation, I do not employ a methodology of retrospective diagnosis in this thesis. Even though mental disorders have a foundation in organic phenomena, a historian investigating their conception and management in the past can amply approach these through examining the specific context in which they occurred and were experienced.²⁰ The approach in this thesis is that these historically contingent practices are both worthy of study on their own terms and able to be studied in light of the institutional, legal and religious frameworks of their time.²¹

All of this considered, I have opted instead to employ the expansive terms “mental affliction” and “mental disorder” or terms quoted directly from the sources under discussion. Considering the latter in particular illustrates the difficulty of fitting current categories onto the sources of this thesis. Most strikingly, neither common, legal nor administrative Danish employed a clear terminological distinction between mental disorder and mental disability in the eighteenth century.²² In the spelling used in the sources, the most frequent adjectives were “afsindig”, which I translate as “insane”, “rasende”, which I translate as “furious”, “vanvittig” (alternately spelled “vandvittig”) and “gal” (alternately

¹⁹ For a Danish example of tackling this issue of translation by employing a wider phenomenon-oriented conceptualisation instead, see Tine Ravnsted-Larsen Reeh and Ralf Peter Hemmingsen, ‘Common Sense, No Magic: A Case Study of Female Child Murderers in the Eighteenth Century’, *Sjuttonhundratal: Nordic Yearbook for Eighteenth-Century Studies* 15 (2018): 110–34.

²⁰ In other words, an understanding of mental disorders as universal to human life across time and place but also historically and culturally concrete, as stated in Elizabeth W. Mellyn, *Mad Tuscans and Their Families: A History of Mental Disorder in Early Modern Italy* (Philadelphia: University of Pennsylvania Press, 2014), 1–2. See also Houston, 21; Katharine Hodgkin, *Madness in Seventeenth-Century Autobiography* (London: Palgrave Macmillan, 2007), 3–4.

²¹ The difficulties of retrospective diagnosis is a longstanding subject of contention amongst medical historians. See for instance H.C. Erik Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford University Press, 1999), 10–11; Mary Lindemann, *Medicine and Society in Early Modern Europe*, 2. ed., *New Approaches to European History* 16 (Cambridge: University Press, 2010), 31–32.

²² Unlike academic medical terminology, which commonly referred to the latter as *amentia* or *fatuitas*. For a Danish example, see Frederik Ludvig Bang, *Praxis medica, systematice exposita, selectis diarii nosocomii Fridericiani illustrata* (Copenhagen, 1789), 397–99.

spelled “gald” or “galen”), which I both translate as “mad” , “uroelig” (alternately spelled “u-roelig”), which I translate as either as “distressed” or “disturbed” according to context, “forvildet”, which I translate as “delirious”, and “forstyrret” (alternately spelled “forstyrred”), which I translate as “disturbed”. These were often employed by way of composite terms such as “forvildet i hovedet”, that is “delirious in the head”, or “i uroelige tanker”, that is “in distressed thoughts”. Finally, as also noted above, I introduce one concept, *furious insanity*, at a later stage of the thesis.

Overview of relevant research

As already stated, this thesis uses administrative sources to challenge older notions of early modern conduct towards mental disorder. In order to do so, it must also engage with central themes in the more recent scholarship. Accordingly, the aim of the following historiographical overview is to identify significant questions and models of interpretation in the existing scholarship, which this thesis can engage with. It concentrates on three general themes across several scholarly fields. The first theme concerns approaches related to the conduct towards mentally afflicted people before the asylum. It begins with an outline of existing research into pre-asylum conditions in early modern Denmark, then places this research in relation to wider developments in neighbouring countries and finally proceeds from studies of institutions to studies of pre-psychiatric conceptions of mental disorder. The second theme, in many ways an extension of the first, concerns how early modern European systems of poor relief have been studied by social and church historians through different paradigms of social control and care. Finally, the third theme concerns approaches to managerial officials beyond poor relief administration, focusing on perspectives of agency and interaction in early modern state administration.

Approaching eighteenth-century mental disorder

Any reader familiar with the history of psychiatry will recognise the nineteenth- to mid-twentieth-century schema sketched in the introduction above and somewhat anticipate the subsequent historiography. The previous narrative of scientific and institutional progress

breaking free from an inhumane and dogmatic past embedded in earlier studies would face significant criticism in the second half of the twentieth century. In Denmark too, critical narratives of the rise of psychiatry arose, drawing on Foucauldian revisionist paradigms, Marxist material analysis and antipsychiatric currents.²³ Those narratives would, in turn, also face criticism by scholars who, inspired by ideas in British history of psychiatry of the 1980s and 1990s, aspired to study the topic less polemically and in closer dialogue with archival sources.²⁴

It must be remarked that, considered in an international light, the history of psychiatry has grown quite slowly as a field of research in Denmark. Nevertheless, studies have now reached a number where it makes sense to speak of a small academic field in dialogue with international currents.²⁵ As a discerning study of the earlier history of psychiatry, one may single out Jette Møllerhøj's 2006 PhD thesis examining the nineteenth-century professionalisation and institutionalisation of the field. However, as Møllerhøj focuses specifically on the discursive construction of modern asylum psychiatry, she does not delve into what the reformers were reforming against.²⁶ In a sense, this is indicative

²³ Even so, the number of actual published works in this strand was small in Denmark, the main book-length example being Anders Kelstrup, *Galskab, psykiatri, galebevægelse: En skitse af galskabens og psykiatriens historie* (Copenhagen: Amalie, 1983). I discuss the influence of Michel Foucault's "Great Confinement" narrative and related models of social control in the second part of this overview.

²⁴ Though still a relatively niche field, several Danish theses, monographs and anthologies now exist on nineteenth-century psychiatry and asylum care. These include Per Vestergaard, *Den klassiske psykiatrihistorie: Pioneren Harald Selmer og psykiatriens fødsel i Danmark* (Aarhus: Aarhus University Press, 2021); Jesper Vaczy Kragh and Jette Møllerhøj, eds., *Sct. Hans 1816-2016*. (Roskilde: Psykiatrisk Center Sct. Hans, 2016); Edith Mandrup Rønn and Inger Hartby, eds., *Det forrykte menneske: Den psykisk syge i historien ca. 1830-1980* (Ebeltoft: Skippershoved, 2006); Trine Fastrup Nielsen, 'Afgrænsningen af ufornuften: Fra dårekiste til terapeutisk anstalt. Udviklingen af den psykiatriske anstalt for afsindige i første halvdel af 1800-tallet i Danmark' (MA, University of Copenhagen, 2002).

²⁵ For an overview of works on nineteenth-century Danish psychiatry until the early 2000s, see Jette Møllerhøj, 'Det 19. århundredes danske psykiatri - en historiografisk oversigt', *Bibliotek for Læger* 196, no. 1 (2004): 47–73. At the time, Møllerhøj argued that history of psychiatry in Denmark was still limited to a progressive narrative and a revisionist one.

²⁶ Jette Møllerhøj, 'På gyngende grund: Psykiatriens praksisser og institutionalisering i Danmark 1850-1920' (PhD, University of Copenhagen, 2006); Møllerhøj has published her main findings in English in

of a continuity that has persisted across the decades. Namely, the near *terra incognita* status of the practical management of mental disorder prior to the establishment of asylums. The existing scholarship in Denmark rarely mentions the earlier state of affairs and frequently presents it less as a preceding system than the absence of a system. The history of psychiatry in Denmark has expanded from a Whig history of institutional psychiatry, yet it mostly remains restricted to the age of psychiatry.²⁷

Published in 2008, the most comprehensive anthology on the history of Danish psychiatry reflects this chronological cut-off with only one chapter really venturing before 1800.²⁸ In it, Barbara Zalewski carefully examines the institutional developments and inner workings of St. Hans Hospital in Copenhagen with a focus on the eighteenth century. While it is an overall introduction to the institution, the chapter also covers management practices revealed in the hospital's archive and places these in a wider context.²⁹ In contrast, the management of mentally afflicted individuals in hospitals outside of Copenhagen has yet to receive this kind of analysis connecting the particular to the general.³⁰ Lacking recent studies, one may turn to older works on individual hospitals. Usually commissioned to mark hospital jubilees between the 1920s and the 1950s, these books and articles do not focus primarily on mentally afflicted people, but most touch on the hospital confinement cells to some extent. In addition, some of these older works include quite valuable accounts of the relations between hospital managers and supervising officials.

Jette Møllerhøj, 'On Unsafe Ground: The Practices and Institutionalization of Danish Psychiatry, 1850—1920', *History of Psychiatry* 19, no. 3 (2008): 321–37.

²⁷ Roy Porter's 1987 critique of times before the "epistemological rupture" of medical psychiatry being dismissed as "prehistory" has not fully lost its relevance here. Porter, *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*, 3.

²⁸ Jesper Vaczy Kragh, ed., *Psykiatriens historie i Danmark* (Copenhagen: Hans Reitzels Forlag, 2008).

²⁹ Zalewski, 'St. Hans Hospital i København 1612-1808'. Zalewski's article draws on her earlier work going back to her unpublished 1982 master's thesis. Barbara Zalewski, 'Levevilkår og patientskæbner: De sindslidende i Københavns St. Hans Hospital i det 18. århundrede' (MA, University of Copenhagen, 1982).

³⁰ Here, the Danish situation reflects the wider historiography of the hospital in Europe, as the field is at times faulted for consisting of an abundance of singular hospital studies but limited overarching research. Lucy C. Barnhouse, *Hospitals in Communities of the Late Medieval Rhineland*, *Premodern Health, Disease, and Disability* (Amsterdam: Amsterdam University Press, 2023), 17.

As their aim is local history, the authors rarely integrate these into a comprehensive interpretation beyond the individual hospital, yet much concrete information can still be gathered here.³¹

The chronological restriction of the Danish field stands out all the more in contrast to developments across the national borders. A considerable amount of scholarship exists on institutional responses to mentally afflicted people in early modern Germany.³² Going back to the 1980s, a central contributor to this has been the American historian H.C. Erik Midelfort, whose studies mostly deal with sixteenth- and seventeenth-century material and can be characterised by their attention to cultural and religious particularities.³³ Seeking to “reanimate a past world of understanding”, as phrased by one commenter, Midelfort has placed his scholarship in opposition to what he criticises as tendencies towards

³¹ Svend Larsen, *Graabrødre Hospital og Kloster i Odense: Et Bidrag til den sociale Forsorgs Historie* (Munksgaard, 1939); Henrik Græbe, *Ribe Skt. Katharinæ Kloster: Sognekirke og Hospital* (Ribe: Historisk Samfund for Ribe Amt, 1978); John S. Dalsager, *Helsingør almindelige Hospitals Historie, 1541-1941* (Helsingør: Høther Steffensen, 1941), 101–14; Jakob Jakobsen, ‘Vejle Hospital: Dets Oprindelse og forsgsmæssige Betydning’, *Vejle Amts Aarbog* 1958 (1958): 29; C.L. Nielsen, ‘Varde Hospital’, *Fra Ribe Amt* 1939 (1939): 72; Otto Holmgaard, *Slagelse Helligaandshus og Hospital* (Copenhagen: Levin & Munksgaard, 1935); Peter Zoffmann, *Sct. Jørgens hospital i Kolding 1558-1958* (Kolding: Konrad Jørgensens Bogtrykkeri, 1958), 34–36; Viggo Holm, ‘Nykøbing Hospital I-III’, *Lolland-Falsters historiske Samfunds Aarbog* XI–XIII (1923); Poul Brøchner-Mortensen, *Stiftelsen Fredericia Hospital i Fredericia 1750-1950*, 1950, 12. Svend Larsen’s study of Odense Hospital contains a particularly in-depth study of the hospital management. Also useful is a small 1982 book issued by the Danish union for psychiatric nurses that collects disparate hospital confinement cell descriptions. Mathias Jochumsen, *Bidrag til belysning af de sindssyges vilkår i ældre tid* (Copenhagen: Dansk Plejerforening, 1982).

³² For instance Gerhard Ammerer et al., eds., *Orte der Verwahrung: Die innere Organisation von Gefängnissen, Hospitälern und Klöstern seit dem Spätmittelalter*, *Geschlossene Häuser: Historische Studien zu Institutionen und Orten der Separierung, Verwahrung und Bestrafung* 1 (Leipzig: Leipziger Universitätsverlag, 2010); Falk Bretschneider, *Gefangene Gesellschaft: Eine Geschichte der Einsperrung in Sachsen im 18. und 19. Jahrhundert*, *Konflikte und Kultur - Historische Perspektiven* 15 (Konstanz: UVK, 2008); Christina Vanja, ‘Madhouses, Children’s Wards, and Clinics: The Development of Insane Asylums in Germany’, in *Institutions of Confinement: Hospitals, Asylums, and Prisons in Western Europe and North America, 1500–1950*, Publications of the German Historical Institute (Cambridge: Cambridge University Press, 1997), 117–32.

³³ Culminating in Midelfort, *A History of Madness in Sixteenth-Century Germany*.

presentism in more sweeping depictions.³⁴ This has come to represent a conflicting approach to Michel Foucault's narrative of an early modern "Great Confinement" driven by larger power dynamics, which will be discussed below. Another recurrent trait in Midelfort's work is the weight placed on the influence of religious institutions and concepts on the treatment of mental afflictions.³⁵ This attention to religious conceptualisations and therapies remains visible in recent PhD theses on the history of mental affliction in early modern Germany.³⁶

An interest in different therapeutic measures existing alongside physical confinement measures is also apparent in studies of particular early modern hospitals. In Germany, much of this has grown from a project using the archives of the Hessian High Hospitals to explore the conditions for both the physically and the mentally afflicted.³⁷ These and other German-language studies have argued that care and attempts at cure,

³⁴ Patrick Hayden-Roy, 'Review: Ideas and Cultural Margins in Early Modern Germany: Essays in Honor of H.C. Erik Midelfort', *German History* 28, no. 4 (2010): 577.

³⁵ A scholar distinctly influenced by Midelfort in this regard is David Lederer who focuses on early modern Catholic areas. David Lederer, *Madness, Religion and the State in Early Modern Europe: A Bavarian Beacon*, New Studies in European History (Cambridge: Cambridge University Press, 2006).

³⁶ Ulla Rinkes, 'Wahnsinn, Fallsucht und Besessenheit - psychische Erkrankungen und religiöse Therapien in Bayern im 17. und 18. Jahrhundert' (PhD, Katholische Universität Eichstätt-Ingolstadt, 2017); Tricia Marie Ross, 'Care of Bodies, Cure of Souls: Medicine and Religion in Early Modern Germany' (PhD, Duke University, 2017).

³⁷ Friedrich Arnd, Irmtraut Sahmland, and Christina Vanja, eds., *An der Wende zur Moderne: Die hessischen Hohen Hospitäler im 18. und 19. Jahrhundert*, vol. 14, Historische Schriftenreihe des Landeswohlfahrtsverbandes Hessen Quellen und Studien (Petersberg: Michael Imhof Verlag, 2008); Gerhard Aumüller, Kornelia Grundmann, and Christina Vanja, eds., *Der Dienst am Kranken: Krankenversorgung zwischen Caritas, Medizin und Ökonomie vom Mittelalter bis zur Neuzeit, Geschichte und Entwicklung der Krankenversorgung im sozioökonomischen Wandel*, Veröffentlichungen der Historischen Kommission für Hessen 68 (Marburg: Elwert, 2007). The project, financed by DFG, the German Research Foundation, was collectively titled *Krankheit im Dorf - "Patienten"- und Sozialgeschichte im Umfeld der Hessischen Hohen Hospitäler Haina und Merxhausen (1730-1810)*. See <https://gepris.dfg.de/gepris/projekt/79112144?language=en&selectedSubTab=2>.

including attempts aimed at individuals suffering from mental disorders, have been underestimated.³⁸ This interest is not merely a German phenomenon but one also visible amongst Denmark's Nordic neighbours. For example, the role of religion and religious practices inside and outside of hospitals has come into focus in Swedish and Finnish studies of early modern mental disorder too.³⁹ This is to say nothing of the extensive and multifaceted historiography of early modern institutional care for the mentally afflicted in Britain, where the field is well established.⁴⁰ These new perspectives, which integrate religious institutions as well as actors outside of the hospitals, have yet to be taken into account in the sparse Danish historiography.⁴¹

³⁸ Christina Vanja, 'Shelter and Custody: Identifying and Treating Physical and Mental Disabilities in Eighteenth-Century Hessian High Hospitals', in *Tracing Hospital Boundaries: Integration and Segregation in Southeastern Europe and Beyond, 1050-1970* (Boston: Brill, 2020), 115–31; Carlos Watzka, *Arme, Kranke, Verrückte: Hospitüler und Krankenhäuser in der Steiermark vom 16. bis zum 18. Jahrhundert und ihre Bedeutung für den Umgang mit psychisch Kranken*, Veröffentlichungen des Steiermärkischen Landesarchivs 36 (Graz: Steiermärkisches Landesarchiv, 2007).

³⁹ Riikka Miettinen, 'Curing Madness and Mental Disturbances: Religious Healing Activities in Early Modern Swedish Local Communities', in *Health and Society in Early Modern Sweden*, ed. Mari Eyice and Charlotta Forss (Amsterdam: Amsterdam University Press, 2024), 125–50; Johanna Annola and Riikka Miettinen, 'Piety and Prayers: Religion in the Lives of the Indoor Poor in Finland, 1600s-1960s', in *Lutheranism and Social Responsibility*, ed. Nina J. Koefoed and Andrew G. Newby, *Refo500 Academic Studies* 82 (Vandenhoeck & Ruprecht, 2022), 129–52; Jari Eilola, 'Defining and Treating Madness in Local Communities of Early Modern Finland', in *Encountering Crises of the Mind: Madness, Culture and Society, 1200s-1900s*, ed. Tuomas Laine-Frigren, Jari Eilola, and Markku Hokkanen, *History of Science and Medicine Library* 57 (Brill, 2019), 69–87.

⁴⁰ The examples are legio, but see for instance Leonard Smith, *Private Madhouses in England, 1640–1815: Commercialised Care for the Insane*, *Mental Health in Historical Perspective* (Cham: Palgrave Macmillan, 2020); Akihito Suzuki, 'Madness at Home: The Psychiatrist, the Patient, and the Family in England, 1820-1860' (Berkeley: University of California Press, 2006); Peter Bartlett and David Wright, eds., *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Athlone press, 1999).

⁴¹ The push towards incorporating experiences of early modern mental affliction outside of the hospitals is likewise apparent in recent Italian and Dutch studies. See for instance Mariana Labarca, *Itineraries and Languages of Madness in the Early Modern World: Family Experience, Legal Practice, and Medical Knowledge in Eighteenth-Century Tuscany*, *Routledge Studies in Renaissance and Early Modern Worlds*

So far the historiography of the institutional care. A second strand of research is primarily concerned with the definitions of mental states, which shaped these institutional approaches to mentally afflicted individuals – in particular as seen through legal sources. This strand has developed much since the 1990s and is an area where work is currently being done on Danish eighteenth-century material. There is, however, a certain disconnect between the two strands. Studies on the pre-psychiatric delineation of mental states have mostly investigated how such states were defined in legal courts, not in the subsequent management of care or confinement. For example, the 1977 and 1997 studies by Hans Adserballe and Knud Waaben, originating in the fields of medicine and law respectively, focus on the legal framework for confinement and the definition of non-punishable *non compos mentis* states but only in the legal sphere.⁴² In the same vein, one older work, legal scholar Tage Holmboe's contribution to a 1961 history of the Danish Supreme Court, is also relevant with its discussion of judicial practice regarding mental disorder on a case-by-case basis.⁴³ These are studies of legal history. While they draw on eighteenth-century archival sources, their objectives fall on a spectrum from legal definitions to legal practice. They do not intend to pursue cases beyond the courts.

One especially productive line of inquiry in uncovering pre-psychiatric definitions of mental states has been through early modern attitudes towards suicide. Here, a number of studies now exist on German and Nordic material.⁴⁴ Of particular note due to its thorough situating of legal practice in a religious and cultural context is Riikka Miettinen's

of Knowledge (London: Taylor and Francis, 2021); Martje aan de Kerk, 'Madness and the City: Interactions between the Mad, Their Families and Urban Society in Amsterdam, Rotterdam and Utrecht, 1600-1795' (PhD, University of Amsterdam, 2019); Mellyn, *Mad Tuscans and Their Families*.

⁴² Hans Adserballe, *Frihedsberøvelse og tvang i psykiatrien: Historiske og retspsykiatriske studier med særligt henblik på den danske sindssygelov af 1938*, 2 vols (FADL, 1977); Knud Waaben, *Retspsykiatri og strafferet i historiens lys* (Copenhagen: Janssen-Cilag, 1997).

⁴³ Tage Holmboe, 'Højesteret og strafferetten: Omrids af dansk strafferet fra Danske Lov til Straffeloven af 1866 med særligt henblik på Højesterets betydning for udviklingen', in *Højesteret 1661-1961*, ed. Povl Bagge, Jep Lauesen Frost, and Bernt Hjejle, vol. 2 (Copenhagen: Gad, 1961), 63–202.

⁴⁴ Evelyne Luef, 'A Matter of Life and Death: Suicide in Early Modern Austria and Sweden (ca. 1650–1750)' (Vienna, University of Vienna, 2016); Jeffrey R. Watt, *From Sin to Insanity: Suicide in Early Mo-*

dissertation on suicide in rural seventeenth- and early eighteenth-century Sweden and current-day Finland.⁴⁵ In comparison, little has been written on suicide in early modern Denmark.⁴⁶

Even so, an adjacent topic, so-called suicides by proxy, has become a starting point for a growing interest in mental states and their relation to religious currents.⁴⁷ In Denmark, this avenue of scholarship took off in Tyge Krogh's 2012 monograph, which suggests a connection between the rise of Lutheran Pietism and individuals committing homicides in order to be executed by the state.⁴⁸ Tine Reeh and Ralf Hemmingsen instead interpret the same cases in context of eighteenth-century attempts to outline uncertain states of mental disorder.⁴⁹ A similar issue is approached via court cases on blasphemy in Nanna Eva Nissen's 2022 article-based PhD thesis, especially in one article discussing

derm Europe (Ithaca: Cornell University Press, 2004); Vera Lind, *Selbstmord in der frühen Neuzeit: Diskurs, Lebenswelt und kultureller Wandel am Beispiel der Herzogtümer Schleswig und Holstein*, Veröffentlichungen des Max-Planck-Instituts für Geschichte 146 (Göttingen: Vandenhoeck und Ruprecht, 1999); David Lederer, 'The Dishonorable Dead: Elite and Popular Perceptions of Suicide in Early Modern Germany', in *Ehrkonzepte in Der Frühen Neuzeit: Identitäten Und Abgrenzungen*, ed. Sibylle Backmann et al. (Berlin: Akademie Verlag, 1998), 349–65.

⁴⁵ Riikka Miettinen, *Suicide, Law, and Community in Early Modern Sweden*, World Histories of Crime, Culture and Violence (Palgrave Macmillan, 2019).

⁴⁶ The main presentation of the pre-nineteenth-century legal and cultural context is Ole Fenger, 'Selvmord i kultur- og retshistorisk belysning', *Skrifter utgivna av Institutet för Rättshistorisk Forskning*, Rättshistoriska Studier, 11 (1985): 55–83.

⁴⁷ This is part of a larger rise in scholarly interest on the subject. See for instance Kathy Stuart, *Suicide by Proxy in Early Modern Germany: Crime, Sin and Salvation*, World Histories of Crime, Culture and Violence (Cham: Springer International Publishing, 2023).

⁴⁸ Tyge Krogh, *A Lutheran Plague: Murdering to Die in the Eighteenth Century*, Studies in Central European Histories 55 (Leiden: Brill, 2012).

⁴⁹ Tine Ravnsted-Larsen Reeh and Ralf Peter Hemmingsen, 'Melancholy Diagnostics: On Pietist Introspection and Forensic Psychiatry in Statu Nascendi', in *Religious Enlightenment in the Eighteenth-Century Nordic Countries: Reason and Orthodoxy*, ed. Johannes Ljungberg and Erik Sidenvall, Lund University Press (Manchester University Press, 2023), 263–86; Reeh and Hemmingsen, 'Common Sense, No Magic: A Case Study of Female Child Murderers in the Eighteenth Century'.

mental evaluation through legal, medical and theological criteria.⁵⁰ Again, much less attention has been paid to the delineations of mental states outside of the legal sphere. Although one 2013 PhD thesis by Marius Gudmand-Høyer touches on this subject, it aims at intellectual, rather than social, history and does not use practical cases but nineteenth-century academic theory as its source material.⁵¹

Historians of psychiatry and mental disorder working on the time before the nineteenth century have increasingly gone beyond a narrow focus on asylums and medicine. This has shed new light on the decisions made by officials outside of hospitals and brought both the impact of common people and religious ideas into the scholarly conversation. The effects on the admittedly sparse Danish scholarship has been minimal, though. Another strand has sought to understand early modern conceptions of mental states in a broader sense, for instance by looking at the legal and religious treatment of suicide. Mirroring these efforts to take a wider view of mental disorder, and to increase the historiographical breath of this overview, we now turn to consider the rationales behind early modern poor relief as such.

Poor relief between control and care

The pre-asylum management and potential confinement of mentally afflicted individuals was integrated into the management of the poor relief system. With this in mind, it is relevant to consider the historiography of early modern poor relief. In the German and Nordic research, prisms of social control have been instrumental both in the fields of social and church history. Accordingly, this part of the overview can allow for a more in-

⁵⁰ Nanna Eva Nissen, 'Forensic Theology and the Evaluation of Blasphemy Offences: The Prosecution of Written Pacts with the Devil in Denmark-Norway between 1634 and 1754' (PhD, University of Copenhagen, 2022); Nanna Eva Nissen, 'Professional Dynamics of the Forensic Evaluation of Mental States in Eighteenth-Century Denmark-Norway', *History of Psychiatry* 33, no. 4 (2022): 412–28.

⁵¹ Marius Gudmand-Høyer, 'Stemningssindssygdommenes historie i det 19. århundrede: Omtydningen af melankolien og manien som bipolære stemningslidelser i dansk sammenhæng under hensyn til dannelsen af moderne følelseslivs relative autonomi, en problematiserings- og erfaringsanalytisk undersøgelse' (Copenhagen Business School, 2013).

depth consideration of a tension that has already shown up in the previous part – namely, the relationship between control and care.

Michel Foucault has appeared intermittently in the previous section. In some ways, the stress on power dynamics and social control in the study of early modern poor relief is a legacy of his too. The legacy of Foucault has attained almost mythical character regarding the early modern management, and especially the confinement, of mentally afflicted people. In his study of “the history of madness in the classical age”, originally published as a doctoral dissertation in French in 1961, Foucault reinterprets the earlier narrative about the establishment of psychiatric knowledge and treatment advanced by scholars like Hjalmar Helweg, into a narrative about discursive and institutional control.⁵²

Before his analysis of the later power dynamics involved in the medicalisation of mental disorder, Foucault introduces the narrative of a so-called “Great Confinement”. At this previous stage, early modern France and other European states had supposedly instigated a mass confinement of those it deemed “mad” alongside other unproductive, destitute and unreasonable people.⁵³ Foucault’s so-called “Great Confinement” became a point of contention in cultural and social history but above all in the history of psychiatry. During the growth of the field in the 1980s and 1990s, Foucault’s narrative was met by heated criticism from historians working on British and German material.⁵⁴ Some interest

⁵² Michel Foucault, *Folie et déraison: Histoire de la folie à l’âge classique* (Paris: Plon, 1961); English translation in Michel Foucault, *History of Madness* (London: Routledge, 2006); Danish translation in Michel Foucault, *Galskabens historie i den klassiske periode* (Frederiksberg: Det lille Forlag, 2004).

⁵³ Foucault, *History of Madness*, 44–77; Foucault, *Folie et déraison: Histoire de la folie à l’âge classique*, 54–96.

⁵⁴ See for example the three differing receptions by Roy Porter, Andrew Scull and H. C. Erik Midelfort in the same 1992 anthology. Roy Porter, ‘Foucault’s Great Confinement’, in *Rewriting the History of Madness: Studies in Foucault’s ‘Histoire de La Folie’*, ed. Arthur Still and Irving Velody (Oxford: Taylor & Francis Group, 1992), 119–25; Andrew Scull, ‘A Failure to Communicate? On the Reception of Foucault’s *Histoire de La Folie* by Anglo-American Historians’, in *Rewriting the History of Madness: Studies in Foucault’s ‘Histoire de La Folie’*, ed. Arthur Still and Irving Velody (Oxford: Taylor & Francis Group, 1992), 150–63; H. C. Erik Midelfort, ‘Reading and Believing: On the Reappraisal of Michel Foucault’, in *Rewriting the History of Madness: Studies in Foucault’s ‘Histoire de La Folie’*, ed. Arthur Still and Irving Velody (London: Routledge, 1992), 247–64.

in testing the “Great Confinement” narrative on local sources reached the Nordic countries as well.⁵⁵ Reflective of the slow growth of the history of psychiatry in Denmark, no such studies exist on a Danish material.⁵⁶ Meanwhile, historians of psychiatry working on eighteenth-century material moved beyond the initial controversy. Looking beyond the question of whether the specific “Great Confinement” narrative might correspond with events in one country or another, a more fundamental question emerges. Namely, to what degree the ubiquitous power dynamics underpinning a historic system subject to this prism allow us to interpret the actions of specific individuals as something other than reflections of said power dynamics.⁵⁷

This raises the central problem of power and agency that has also been present at the intersection of early modern church and social history in German-speaking scholarship. Another model of social control, *social disciplining*,⁵⁸ has however had a more direct impact here than Foucault’s.⁵⁹ As a term, *social disciplining* originates with Gerhard Oestreich in the 1960s, but it underwent a systematic development by Heinz Schilling

⁵⁵ To exemplify with two opposing studies, Wenche Blomberg draws on Foucault in her account of confinement in early modern Norway, while Eva Eggeby rejects any suggestion of mass confinement in Sweden. Wenche Blomberg, *Galskapens hus: Utskilling og internering i Norge 1550-1850* (Oslo: Universitetsforlaget, 2002); Eva Eggeby, ‘Vandringsman, här ser du en avmålning av världen: Vårdade, vård och ekonomi på Danvikens dårhus 1750-1861’ (Stockholms Universitet, 1996), 214–44.

⁵⁶ Though it is at times simply assumed to correspond, as in Petersen, ‘Menneskets menneskeliggørelse: Betragtninger over det forrykte menneske’, 55. This curious lack of concrete research in spite of Foucault’s overall impact within Danish academia is noted in Jette Møllerhøj, ‘Debatanmeldelse: Det forrykte menneske’, *Fortid og Nutid*, no. 1 (2008): 49.

⁵⁷ As discussed, Midelfort has been one of the major critics of Foucault’s influence in this regard. See for instance Midelfort, *A History of Madness in Sixteenth-Century Germany*, 7–10; Midelfort, ‘Reading and Believing: On the Reappraisal of Michel Foucault’. For a contrasting view, see Randall McGowen, ‘Power and Humanity, or Foucault among the Historians’, in *Reassessing Foucault: Power, Medicine and the Body*, ed. Colin Jones and Roy Porter (London: Routledge, 1994), 91–112.

⁵⁸ The German term *Sozialdisziplinierung* is also at times translated into English as *social discipline*. I use *social disciplining* to maintain the original sense of the term as an ongoing ambition or process in early modern societies.

⁵⁹ Martin Dinges, ‘The Reception of Michel Foucault’s Ideas on Social Discipline, Mental Asylums, Hospitals and the Medical Profession in German Historiography’, in *Reassessing Foucault: Power, Medicine and the Body*, ed. Colin Jones and Roy Porter (London: Routledge, 1994), 187–88.

and Wolfgang Reinhard in the 1980s as part of the related *confessionalisation* model, which will be discussed below. According to Schilling and Reinhard, an essential characteristic of early modern European societies was the increasingly powerful state powers controlling the behaviour and thoughts of their subjects on a scale never seen before. The aim of these regulatory implements was to make common people more obedient, law-abiding and pious.⁶⁰ The *social disciplining* model thus employs a more straightforward notion of power than the ubiquitous one advanced by Foucault. In some way, power is always connected to concrete actors in the *social disciplining* model.⁶¹

Just as the *social disciplining* model itself did, its fiercest opposition also arose from the German scholarship. For instance, Peter Blickle and Heinrich Schmidt have criticised the model for losing sight of communal and bottom-up impulses in early modern societies. They emphasise, instead, interaction and negotiation between local, regional and central interests.⁶² Returning to Denmark, Jørgen Mührmann-Lund has taken up this

⁶⁰ Ute Lotz-Heumann, 'Imposing Church and Social Discipline', in *The Cambridge History of Christianity: Volume 6: Reform and Expansion 1500–1660*, ed. R. Po-Chia Hsia, vol. 6, Cambridge History of Christianity (Cambridge: Cambridge University Press, 2007), 244–60; Heinz Schilling, 'Discipline: The State and the Churches in Early Modern Europe', in *Social Control in Europe*, ed. Herman Roodenburg and Pieter Spierenburg, vol. I, 1500–1800 (Columbus: Ohio State University Press, 2004), 25–36; Philip S. Gorski, *The Disciplinary Revolution: Calvinism and the Rise of the State in Early Modern Europe* (Chicago: University of Chicago Press, 2003); Winfried Schulze, 'Gerhard Oestreichs Begriff "Sozialdisziplinierung in Der Frühen Neuzeit"', *Zeitschrift für Historische Forschung* 14, no. 3 (1987): 265–302.

⁶¹ *Social disciplining* was originally attached to the study of early modern currents of neo-stoicism, though this plays a less integral role in more recent studies. Today, one may subdivide *social disciplining* within a broader social control paradigm as the specifically early modern process of regulating attitudes and behaviour, initiated from above but gradually internalised by those below. Sheilagh Ogilvie, "'So That Every Subject Knows How to Behave': Social Disciplining in Early Modern Bohemia", *Comparative Studies in Society and History* 48, no. 1 (2006): 38; Karl Härter, 'Social Control and the Enforcement of Police-Ordinances in Early Modern Criminal Procedure', in *Institutionen, Instrumente Und Akteure Sozialer Kontrolle Und Disziplinierung Im Frühneuzeitlichen Europa*, ed. Heinz Schilling (Frankfurt am Main: Vittorio Klostermann Verlag, 1999), 42.

⁶² For instance in Peter Blickle, ed., *Resistance, Representation and Community, The Origins of the Modern State in Europe, 13th to 18th Centuries 5* (Oxford: Clarendon Press, 1997); Heinrich Richard Schmidt, *Dorf und Religion: Reformierte Sittenzucht in Berner Landgemeinden der Frühen Neuzeit*, Quellen und Forschungen zur Agrargeschichte 41 (Stuttgart: Gustav Fischer Verlag, 1995).

communal thread in his PhD thesis on eighteenth-century town police ordinances.⁶³ Also of some influence, a separate challenge to the prisms of power and social control in poor relief research has come from British scholars stressing the “life-cyclical nature of poverty” in early modern societies. This refers essentially to the ways in which poverty – brought about through accident or illness – could also be temporary, making poor people a more heterogeneous and less distinct excluded group.⁶⁴ Inspired by this increased focus on the agency of poor relief applicants, Peter Wessel Hansen has turned his attention to the “shamefaced poor” outside of the poor relief system in eighteenth-century Denmark.⁶⁵ Finally, it should be remembered that scholars employing social control models as frameworks do adjust and nuance these.⁶⁶ A Danish example of a malleable social control approach is Emilie Luther Valentin’s 2022 PhD thesis on eighteenth-century inmate experiences in the workhouse in Copenhagen. Valentin draws on a framework of power, one inspired more by Foucault than *social disciplining*, to argue that inmates displayed agency and that their actions could even bring about institutional changes.⁶⁷

Challenging one-sided notions of early modern *social disciplining*, studies like Mührmann-Lund’s and Hansen’s thus serve to bring non-authority actors into the scope of analysis in the Danish context. Even so, and in spite of the developments in European history of psychiatry discussed in the previous part, a comparable perspective has yet to be extended to the study of the mentally afflicted in the poor relief system.

⁶³ Jørgen Mührmann-Lund, *Borgerligt regimente: Politiforvaltningen i købstæderne og på landet under den danske enevælde*. (Copenhagen: Museum Tusculanum, 2019).

⁶⁴ See Steve Hindle, *On the Parish? The Micro-Politics of Poor Relief in Rural England c.1550-1750* (Oxford: Oxford University Press, 2004), 358–59.

⁶⁵ Peter Wessel Hansen, *Den skjulte fattigdom: Skam, ære og nedtur i København 1750-1850* (Copenhagen: Nord Academic, 2024).

⁶⁶ Even Heinz Schilling, the seminal theorist of *social disciplining*, suggests this in Schilling, ‘Discipline: The State and the Churches in Early Modern Europe’.

⁶⁷ Emilie Luther Valentin, ‘Feelings of Imprisonment: Experiences from the Prison Workhouse at Christianshavn, 1769-1800’ (Aalborg University, 2022).

Within the larger paradigm of social control, the model of *social disciplining* is commonly connected to the adjacent model of *confessionalisation*.⁶⁸ Pioneered by the aforementioned Schilling and Reinhard in the 1980s, it has grown out of efforts to further integrate religion as a basic category for interpreting political, social and cultural history in early modern Europe. Their foundational works centre on the struggle for confessional orthodoxy as a vehicle for state-building.⁶⁹ The *confessionalisation* model stresses the commonalities of these dynamics across confessional borders. For a concrete example, scholars drawing on this have argued that the previously discussed suicides by proxy in fact arose through the act of *social disciplining* by confessional states, regardless of whether the disciplining states were Lutheran or Catholic.⁷⁰ Critics of the *confessionalisation* model have contended that it risks reducing the role of religion in early modern Europe to a mere instrument for achieving other objectives. For instance, drawing on *confessionalisation* but problematising its top-down accent, Mattias Skat Sommer's 2020 study of the sixteenth-century Danish theologian Niels Hemmingsen seeks to integrate religion as more than a function of the early modern state increasing its power.⁷¹

Certainly, religious confession has entered the Danish scholarly horizon in new ways during recent decades with a notable force being the research centre *LUMEN*.⁷² Here, several affiliated social historians and church historians rely less on *confessionalisation* and more on the related model of *confessional culture* developed by German

⁶⁸ For a brief introduction to the model, see Ute Lotz-Heumann, 'The Concept of "Confessionalization": A Historiographical Paradigm in Dispute', *Memoria y Civilización: Anuario de Historia* 4 (2001): 93–114.

⁶⁹ Wolfgang Reinhard, 'Zwang zur Konfessionalisierung? Prolegomena zu einer Theorie des konfessionellen Zeitalters', *Zeitschrift für Historische Forschung* 10, no. 3 (1983): 257–77; Heinz Schilling, *Konfessionskonflikt und Staatsbildung: Eine Fallstudie über das Verhältnis von religiösem und sozialem Wandel in der Frühneuzeit am Beispiel der Grafschaft Lippe*, Quellen und Forschungen zur Reformationsgeschichte 48 (Gütersloh: Gütersloher Verlagshaus, 1981).

⁷⁰ Such as Stuart, *Suicide by Proxy in Early Modern Germany: Crime, Sin and Salvation*, 397–98.

⁷¹ Mattias Skat Sommer, *Envisioning the Christian Society: Niels Hemmingsen (1513-1600) and the Ordering of Sixteenth-Century Denmark*, Studies in the Late Middle Ages, Humanism, and the Reformation 116 (Tübingen: Mohr Siebeck, 2020), 193–97.

⁷² Established in 2017, the centre for the study of "Lutheran theology and confessional societies" is led by Bo Kristian Holm at Aarhus University. See <https://lumen.au.dk/>.

church historian Thomas Kaufmann.⁷³ In opposition to *confessionalisation*, at least in its original expressions, *confessional culture* deliberately highlights confessional particularity.⁷⁴

Of importance for the history of poor relief, studies inspired by *confessional culture* argue that the policies of early modern Lutheran states towards their subjects were not uniformly characterised by *social disciplining* but also by tandem notions of obedience and care.⁷⁵ In doing so, they develop ideas by prior critics of interpreting poor relief through prisms of social control.⁷⁶ Amongst the Danish studies making use of *confessional culture* in this way, the 2022 PhD thesis by Maria Nørby Pedersen deals most comprehensively with poor relief policy. In it, Pedersen interprets the sixteenth- to eighteenth-century Danish legislation in light of Lutheran *confessional culture* to argue that duty and care were understood as symbiotic expectations of subjects and authorities.⁷⁷

⁷³ For an introduction to some basic premises behind *LUMEN* written by two of its leading researchers, see Bo Kristian Holm and Nina J. Koefoed, eds., ‘Studying the Impact of Lutheranism on Societal Development: An Introduction’, in *Lutheran Theology and the Shaping of Society: The Danish Monarchy As Example* (Göttingen: Vandenhoeck & Ruprecht, 2018), 9–24. For an introduction to *confessional culture*, see Thomas Kaufmann, ‘What Is Lutheran Confessional Culture?’, in *Religion as an Agent of Change: Crusades - Reformation - Pietism*, Brill’s Series in Church History and Religious Culture 72 (Brill, 2016), 127–48.

⁷⁴ The two are contrasted in Kajsa Brilkman, ‘Konfessionalisering, konfessionskonflikt och konfessionskultur under tidigmodern tid’, *Scandia: Tidskrift för historisk forskning* 82, no. 1 (2016): 93–106.

⁷⁵ For example Nina Javette Koefoed, ‘Authorities Who Care: The Lutheran Doctrine of the Three Estates in Danish Legal Development from the Reformation to Absolutism’, *Scandinavian Journal of History* 44, no. 4 (2019): 437–44.

⁷⁶ See Thomas Max Safley, ‘Introduction’, in *The Reformation of Charity: The Secular and the Religious in Early Modern Poor Relief*, ed. Thomas Max Safley, Studies in Central European Histories 30 (Boston: Brill, 2003), 1–14; Ole Peter Grell, ‘The Protestant Imperative of Christian Care and Neighbourly Love’, in *Health Care and Poor Relief in Protestant Europe 1500-1700*, ed. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1997), 60. It is also possible to detect a parallel to the aforementioned history of psychiatry studies emphasising care in early modern hospitals, most notably Vanja, ‘Shelter and Custody: Identifying and Treating Physical and Mental Disabilities in Eighteenth-Century Hessian High Hospitals’; Watzka, *Arme, Kranke, Verrückte*.

⁷⁷ Maria Nørby Pedersen, ‘Forsorg for de fattige: Fattigforsorg i lyset af en religiøs forståelseshorisont, Danmark 1522-1739’ (Aarhus University, 2022). Pedersen focuses on official policies and intentions, not

Altogether, this recent scholarship has come far in widening the conceivable interpretations beyond perspectives of power and social control to engage on a deeper level with possible confessional foundations of institutions and policies. Even so, these approaches have not been adequately connected to the concrete management of poor relief. Questions about the relations between ideals, institutions and practices remain especially unclear. With that in mind, the last part of this historiographical overview considers management from a different angle as it enters into administrative history to outline how researchers here perceive comparable questions.

Management between authority and negotiation

The issues of control, care and agency, which have shaped interpretations of early modern poor relief, also fundamentally relate to the subject of management in a wider sense. No matter its grand intentions, the early modern state depended on concrete state officials to carry out its policies in practice. Equally, people met the state through these officials rather than as an abstract entity. While not a work of administrative history, this thesis takes as its starting point the management practices by such officials – specifically, the bishops and diocesan governors in the diocesan authorities. Consequently, this third and final part of the overview will bring in administrative history proper and relate the historiography of officials in eighteenth-century Denmark to diverse conceptions of centralised power, interaction and agency.

In long-scale descriptions of early modern Danish administration, the main features have been the centralisation, bureaucratisation and the increasingly pervasive exercise of power by the absolutist state after 1660. These developments can be exemplified

institutions or practices. The main results are presented in Maria Nørby Pedersen, ‘Christian Relief for the Poor in Early Modern Denmark’, in *Lutheranism and Social Responsibility*, ed. Nina J. Koefoed and Andrew G. Newby, Refo500 Academic Studies 82 (Göttingen: Vandenhoeck & Ruprecht, 2022), 103–28.

by the 1662 change from a structure of local administration principally overseen by land-holding fiefs, to one principally overseen by centrally appointed governors.⁷⁸ This understanding has been most visible in the impact of the *power state* model of the 1980s and 1990s. Though definitions differ, the *power state* primarily refers to an early modern central state capable of acting independently and above other actors. Developed by Danish historians in the 1980s, the concept to some degree draws on German scholarship.⁷⁹ Unlike interpretations in Danish church history of these developments as connected to a merging of church and state following the Lutheran Reformation, proponents of the *power state* model trace them to material, structural changes.⁸⁰ According to this understanding, it was primarily the pressure to advance militarily that pushed and legitimised the early modern Danish state's assumption of new expenses and duties. As a consequence, the state could establish a central bureaucracy able to raise the necessary taxes without serious internal opposition.⁸¹

Proponents of the *power state* model do not imagine the early modern absolutist state as omnipotent of course, but power is nevertheless the operative term. This alludes to the connection between the *power state* and *social disciplining*, with one characteristic of the *power state* being its sufficient power and differentiation from non-state actors.

⁷⁸ Harald Jørgensen, *Lokaladministrationen i Danmark: Oprindelse og historisk udvikling indtil 1970*, Administrationshistoriske studier 11 (Copenhagen: Gad, 1985), 83–88. The example is offered most pointedly in general surveys, for instance in Knud J.V. Jespersen, *Danmarks historie*, ed. Søren Mørch, vol. III (Copenhagen: Gyldendal, 1989), 183–89.

⁷⁹ Sebastian Olden-Jørgensen outlines some historiographical lineages as part of a critique in Sebastian Olden-Jørgensen, 'Magtstatens transformationer: En begrebshistorisk og historiografisk undersøgelse', *Historisk Tidsskrift* 108, no. 1 (2008): 30–65.

⁸⁰ For a traditional church historical interpretation, compare with Bjørn Kornerup and Urban Schrøder, *Den danske kirkes historie*, ed. Hal Koch and Bjørn Kornerup, vol. IV (Copenhagen: Gyldendal, 1959), 389–94.

⁸¹ E. Ladewig Petersen and Knud J.V. Jespersen, 'Two Revolutions in Early Modern Denmark', in *Politics and Society in Reformation Europe: Essays for Sir Geoffrey Elton on His Sixty-Fifth Birthday*, ed. E. I. Kouri and Tom Scott (London: Palgrave Macmillan, 1987), 496–98.

Precisely these developments allowed the state to undertake large-scale *social disciplining* measures like those associated with poor relief.⁸² To relate this further to the different models of *confessionalisation* and *confessional culture*, religion appears only as a function of the central state, not as an agent of societal change in itself.⁸³

Critics of the *power state* model fault it for lacking explanatory power and easily devolving into a synonym for all early modern state building.⁸⁴ Indeed, a rather different model, which has mostly come to be known as *interactionism*, has been developed concurrently. In contrast to the *power state* model and similar perspectives in other Nordic countries, this model specifically draws attention to resistance and reciprocal relations between the early modern state and its subjects. A central vehicle for this vein of research was a cross-Nordic project led by Eva Österberg focusing on what one might term the social history of the legal system.⁸⁵ As a result, a “coercion and control perspective” stressing the immense and increasing asymmetry of power and an “interaction and everyday resistance perspective” stressing negotiation and struggle from below, gradually became oppositional paradigms.⁸⁶ Still, this division has also been problematised. Especially since the 2000s, a growing number of Nordic historians have begun to overtly distance their research from this dichotomy, leading to proposals for viewing the two not as

⁸² Leon Jespersen, ‘Points of Departure - the Totality’, in *A Revolution from Above? The Power State of 16th and 17th Century Scandinavia*, ed. Leon Jespersen (Odense: Odense University Press, 2000), 38–39.

⁸³ Drawing in part on the *confessional culture* model, Per Ingesman argues for emphasising religion as an agent of change, though he does not discuss whether religion may likewise be examined as an agent in management through the confessional impact on Danish administrative institutions. Per Ingesman, ‘Introduction’, in *Religion as an Agent of Change: Crusades - Reformation - Pietism*, Brill’s Series in Church History and Religious Culture 72 (Brill, 2016), 1–30.

⁸⁴ Most directly in Olden-Jørgensen, ‘Magtstatens transformationer: En begrebshistorisk og historio-grafisk undersøgelse’.

⁸⁵ Its main results are published in Eva Österberg and Sølvi Sogner, eds., *People Meet the Law: Control and Conflict-Handling in the Courts: The Nordic Countries in the Post-Reformation and Pre-Industrial Period* (Oslo: Universitetsforlaget, 2000).

⁸⁶ Borrowing terms from Knut Dørum, Mats Hallenberg, and Kimmo Katajala, ‘Repertoires of State Building from below in the Nordic Countries, c. 1500–1800’, in *Bringing the People Back In: State Building from Below in the Nordic Countries ca. 1500-1800*, ed. Knut Dørum, Mats Hallenberg, and Kimmo Katajala (London: Routledge, 2021), 11–12.

competing paradigms of the early modern state but as poles at the ends of an interpretive continuum.⁸⁷

At their extremes, the two perspectives of control and interaction certainly entail different interpretations of impulses from outside of the state but say less about the agency of the individual state officials. Here, Danish administrative history is of interest. In addition to the overarching theories of state formation, this is a body of scholarship concerned with specific administrative institutions and officials in the absolutist system, which suggests possible lines of inquiry.

A tension between centralisation and local decision-making appears as a theme of Danish administrative history concerned with the eighteenth century, although without reaching the extremes of the *power state* and *interactionism*.⁸⁸ In a detailed 1978 study based on town archives from Zealand, Helle Linde emphasises the vital position of the Danish diocesan governors as officials in relation to the towns and efforts to keep decision-making local or regional. Linde argues that the eighteenth-century diocesan governors became more influential, because the central administration delegated decisions to these increasingly professional intermediaries.⁸⁹ While Linde nonetheless maintains that the diocesan governors kept themselves to the fiscal sphere and were uninterested in concrete issues in the towns, this has since been challenged. In his 1995 PhD thesis, Jørgen Mikkelsen concludes, albeit cautiously, that the diocesan governors could also be closely involved in town-level decisions, but that this depended largely on the individual official. Nevertheless, Linde and Mikkelsen fully agree that the central administration remained

⁸⁷ Nils Erik Villstrand, 'Monolog eller dialog? Den tidigmoderna svenska staten i möte med sina undersåtar', *Historisk Tidskrift för Finland* 102, no. 3 (2017).

⁸⁸ This is touched upon in the general discussion of town autonomy in Jørgen Mikkelsen, Jakob Ørnbjerg, and Mikkel Leth Jespersen, *Danmarks byer fra renæssance til enevælde*, ed. Jens Toftgaard and Mikkel Thelle (Aarhus: Aarhus Universitetsforlag, 2023), 430–32.

⁸⁹ Helle Linde, *Magistrat og borger: Købstadstyret på Sjælland omkring 1750 med særlig hensyntagen til forholdene i Helsingør, Roskilde, Næstved og Holbæk*, *Administrationshistoriske studier* 2 (Universitetsforlaget i Aarhus, 1978).

mostly uninvolved. The spectrum of decision-making was between the local and the diocesan level.⁹⁰

With the exception of Linde, Danish administrative history studies have a peripheral view on the diocesan authority tasks, which the diocesan governors shared with the bishops. For example, while particular diocesan authority tasks appear in passing in Harald Jørgensen's thorough examinations of both diocesan governors and bishops as separate officials, these never cohere into an analysis of the diocesan authorities as institutions.⁹¹ Similarly, Karl Peder Pedersen's 1998 PhD thesis, the most recent and comprehensive study of county and diocesan governors as officials, deliberately avoids discussing their diocesan authority obligations.⁹²

Michael Bregnsbo's 1997 study of eighteenth-century petitions to the king has been significant in unfolding what agency might entail in the Danish absolutist system. Examining the function of the petitions, Bregnsbo generally finds a system both able and willing to respond to outside impulses. Here, officials frequently backed petitions, acting not merely as "downwards" representatives of the central state but also as "upwards" representatives of local interests.⁹³ Another example of emphasizing agency in the eighteenth-century administration is Jørgen Mührmann-Lund's previously mentioned work on

⁹⁰ Jørgen Mikkelsen, 'By, land, øvrighed: Studier i sjællandske købstæders økonomi og administration ca. 1740-1807 med særligt henblik på Korsør, Skælskør og Slagelse' (PhD, University of Copenhagen, 1995), 399–400.

⁹¹ Jørgensen, *Lokaladministrationen i Danmark: Oprindelse og historisk udvikling indtil 1970*, 89, 231–32.

⁹² Karl Peder Pedersen, *Enevældens amtmænd: Danske amtmænds rolle og funktion i enevældens forvaltning 1660-1848* (Copenhagen: Jurist- og Økonomforbundets Forlag, 1998), 3.

⁹³ Michael Bregnsbo, *Folk skriver til kongen: Supplikkerne og deres funktion i den dansk-norske enevælde i 1700-tallet, en kildestudie i Danske Kancelis supplikprotokoller* (Copenhagen: Selskabet for Udgivelse af Kilder til Dansk Historie, 1997). The petitions have received increased attention and are being made digitally searchable as part of the Aarhus University research project *Voices of the People* since 2023. See <https://cas.au.dk/voices>.

early modern police ordinances as negotiated between local and centre.⁹⁴ Interactions between individuals and state officials are also at the outset of an ongoing research project on complaints in eighteenth-century Copenhagen.⁹⁵ Norway, Finland and Sweden have seen a corresponding interest in the role and perception of officials as intermediaries.⁹⁶ Their many differences aside, one common feature of these studies has been a desire to further understand the role of individual state officials and their decision-making within the system.⁹⁷

A parallel movement in legal history has been the growing awareness of notions about equity and decision-making in European law.⁹⁸ Associated with the *confessional culture* model, Harold J. Berman and John Witte's studies of the relationship between early modern Lutheranism and legal culture specifically highlight ideas about so-called *Billigkeit* as discretionary decision-making.⁹⁹ Similarly, Jørn Øyrehagen Sunde discusses the equivalent *billighed* in Danish-Norwegian legal culture, arguing that this concept was

⁹⁴ Both in his PhD thesis and in subsequent articles. Mührmann-Lund, *Borgerligt regimente: Politiforvaltningen i købstæderne og på landet under den danske enevælde*.; Mührmann-Lund, "'Good Order and the Police": Policing in the Towns and the Countryside during Danish Absolutism (1660–1800)'.

⁹⁵ See <https://saxoinstitute.ku.dk/research/history/copenhagen-complaints/>.

⁹⁶ Atle Døssland, 'I kvar si verd? Eit prosjekt om norske embetsmenn og bønder 1660–1870', *Heimen* 58, no. 1 (2021): 8–33; Marko Hakanen and Petri Karonen, eds., *Personal Agency at the Swedish Age of Greatness 1560-1720* (Helsinki: Finnish Literature Society, 2017); Björn Asker, 'I konungens stad och ställe: Länsstyrelser i arbete 1635-1735' (PhD, University of Uppsala, 2004); Øystein Rian, *Embetsstanden i dansketida*, Utsyn & innsikt (Oslo: Samlaget, 2003); Maria Cavallin, 'I kungens och folkets tjänst: Synen på den svenske ämbetsmannen 1750-1780' (PhD, University of Gothenburg, 2003).

⁹⁷ Dørum, Hallenberg, and Katajala, 'Repertoires of State Building from below in the Nordic Countries, c. 1500–1800', 14.

⁹⁸ Renato Beneduzi, *Equity in the Civil Law Tradition* (Cham: Springer, 2021); Florian Schmidt, *Rechtsgefühl: Subjektivierung in Recht und Literatur um 1800*, Literatur und Recht 8 (Paderborn: Wilhelm Fink Verlag, 2020); Lorenzo Maniscalco, 'The Concept of Equity in Early-Modern European Legal Scholarship' (PhD, University of Cambridge, 2018); Mark Fortier, *The Culture of Equity in Early Modern England*, 2nd ed. (London: Routledge, 2016); Wolfram Mauser, *Billigkeit: Literatur und Sozialethik in der deutschen Aufklärung* (Würzburg: Königshausen & Neumann, 2007).

⁹⁹ Particularly the sixteenth-century jurist Johann Oldendorp. Harold J. Berman, *Law and Revolution: The Impact of the Protestant Reformation on the Western Legal Tradition*, vol. II (Cambridge, Mass: Harvard University Press, 2003), 87–94; John Witte, *Law and Protestantism: The Legal Teachings of the Lutheran Reformation* (Cambridge: Cambridge University Press, 2002), 154–68.

reflected in eighteenth-century judicial practice.¹⁰⁰ In cooperation with Hugues Neveux, Eva Österberg has also pushed this further by positing that *Billigkeit* was not merely a judicial concept but a shared societal value. For this reason, it could also be operationalised by early modern people as an argument against their superiors.¹⁰¹

The perspectives above have not been directly applied in the study of practical poor relief or church administration. Reflecting a still quite rigorous separation between administrative history and church history in Denmark, church officials have been treated somewhat separately from other officials. Indeed, the aforementioned Nordic *interactionist* project led by Eva Österberg did not cover clergy at all.¹⁰² Here, a 1947 cultural history of rural pastors in the eighteenth century by Georg Hansen stood relatively unaccompanied in Danish scholarship for several decades. In contrast to the church historians at the time, Hansen focuses his study on the prosaic tasks and local issues of the pastor's office

¹⁰⁰ Jørn Øyrehagen Sunde, '*Igiennem den juridiske labyrinth*': *Eller rettskjeldelærer og rettskjeldebruk på første halvdel av 1700-talet eller spørsmålet om 'legulejus'*, Det juridiske fakultets skriftserie 82 (Bergen: Universitetet i Bergen, 2000). This was a tradition increasingly merging with natural law theory. A growing body of research on the role of natural law in eighteenth-century Danish thought exists. See for instance Mads Langballe Jensen, 'Natural Law and Natural Rights in Early Enlightenment Copenhagen', in *Philosophy, Rights and Natural Law*, ed. Ian Hunter and Richard Whatmore (Edinburgh: Edinburgh University Press, 2019), 94–123. Specifically on Holberg, see the contributions in Eiliv Vinje and Jørgen Magnus Sejersted, eds., *Ludvig Holbergs naturrett* (Oslo: Gyldendal, 2012); in English see Knud Haakonssen, 'Holberg's Law of Nature and Nations', in *Ludvig Holberg (1684-1754): Learning and Literature in the Nordic Enlightenment*, ed. Knud Haakonssen and Sebastian Olden-Jørgensen (London: Routledge, 2017), 59–79.

¹⁰¹ Hugues Neveux and Eva Österberg, 'Norms and Values of the Peasantry in the Period of State Formation: A Comparative Interpretation', in *Resistance, Representation and Community*, ed. Peter Blickle, *The Origins of the Modern State in Europe, 13th to 18th Centuries* 5 (Oxford: Clarendon Press, 1997), 162–67.

¹⁰² Harald Gustafsson, ed., *Political Interaction in the Old Regime: Central Power and Local Society in the Eighteenth-Century Nordic States*, Det nordiska forskningsprojektet Centralmakt och lokalsamhälle 6 (Lund: Studentlitteratur, 1994). Birgit Løgstrup brought this up already in her review of the project's final report. Birgit Løgstrup, 'Harald Gustafsson: Political Interaction in the Old Regime. Central Power and Local Society in the Eighteenth-Century Nordic States (review)', *Historisk Tidsskrift* 16, no. 5 (1996): 246–49.

instead of theological currents.¹⁰³ Historical studies of Danish administration have almost entirely avoided clerical officials with the important exception being Erik Nørr's thorough 1981 examination of the duties of pastors in the absolutist administration, focusing on the early nineteenth century.¹⁰⁴

From the 1990s onwards, new studies drawing on microhistorical approaches have shed further light on the subject, albeit often indirectly. Hans-Henrik Appel's 1999 doctoral dissertation, a meticulous examination of power relations in one rural area, considers the role of seventeenth-century pastors in church discipline and parish life.¹⁰⁵ Likewise, in his 2006 dissertation on eighteenth- and nineteenth-century peasant mentalities, Peter Henningsen discusses rural pastors and their relationship with the surrounding peasantry in some depth. Like Appel, Henningsen mostly views this in a perspective of social control.¹⁰⁶ Most extensively of these, Charlotte Appel and Morten Fink-Jensen have examined the early modern Danish parish pastor's cultural and social place in an anthology of biographical studies.¹⁰⁷ Appel and Fink-Jensen's studies show attention to the concrete decisions of pastors and the risk of legal determinacy. Appel has also written separately on the related subject of exclusion from Communion. Here, in relation to the question of *social disciplining*, she examines the practical difficulties which seventeenth- and eighteenth-century pastors faced when enforcing church discipline policies in the social context of their parish.¹⁰⁸ Relating this to the wider prisms of power and social control, Trond

¹⁰³ Georg Hansen, *Præsten paa Landet i Danmark i det 18. Aarhundrede: En kulturhistorisk Undersøgelse* (Copenhagen: Det danske Forlag, 1947).

¹⁰⁴ Erik Nørr, *Præst og administrator: Sognepræstens funktioner i lokalforvaltningen på landet fra 1800 til 1841*, Administrationshistoriske studier 4 (Copenhagen: Gad, 1981).

¹⁰⁵ Hans Henrik Appel, *Tinget, magten og æren: Studier i sociale processer og magtrelationer i et jysk bondesamfund*, Odense University Studies in History and Social Sciences 219 (Odense: Odense Universitetsforlag, 1999), 437–98.

¹⁰⁶ Peter Henningsen, 'I sansernes vold: Bondekultur og kultursammenstød i enevældens Danmark' (Copenhagen, University of Copenhagen, 2006), 422–62.

¹⁰⁷ Charlotte Appel and Morten Fink-Jensen, *Når det regner på præsten: En kulturhistorie om sognepræster og sognefolk 1550-1750* (Højbjerg: Hovedland, 2009).

¹⁰⁸ Charlotte Appel, 'Værdige gæster ved herrens bord: Sognepræsternes rolle i administrationen af skriftemål og altergang efter reformationen', in *Religiøs tro og praksis i den dansk-norske helstat fra reformasjonen till oplysningstid ca. 1500-1814*, ed. Arne Bugge Amundsen and Henning Laugerud (Bergen:

Bjerkås and Mads Peter Karlsen have independently suggested employing Michel Foucault's concept of pastoral power to understand this complex role of the early modern pastor.¹⁰⁹

On a smaller scale, comparable trends have emerged in studies of the bishops as officials of the state. Karsten Hermansen highlights agency in his 2005 PhD thesis on early modern Danish bishops as officials of the absolutist state.¹¹⁰ Regarding bishops' visitations in local parishes, Norwegian and Swedish scholars have argued for adjusting social control perspectives to better accommodate reciprocal interactions between bishops and parishioners.¹¹¹ Finally, in a 2021 PhD thesis, Andres Christensen analyses how eighteenth-century Danish church officials, including the bishops, understood and performed their official obligations in clerical matters. Christensen thus studies the bishops

Universitetet i Bergen, 2010), 15–48. In highlighting that early modern parishioners imported their own social meaning onto Communion, Appel is in a long international tradition going back, at least, to David Warren Sabean, *Power in the Blood: Popular Culture and Village Discourse in Early Modern Germany* (Cambridge: Cambridge University Press, 1984).

¹⁰⁹ Though Karlsen's use of early modern texts primarily serves as a stepping stone for an analysis of later developments. Trond Bjerkås, "‘Christendom henhører ikke til udvortes Tvang’: Kirketuktens avskaffelse og eneveldets styringsmentalitet", in *Eneveldet før undergangen: Politisk kultur i Norge 1660-1814*, ed. Trond Bjerkås and Knut Dørum (Oslo: Scandinavian Academic Press, 2017), 218–45; Mads Peter Karlsen, *Pastoralmagt - om velfærdssamfundets kristne arv* (Anis, 2008).

¹¹⁰ Karsten Hermansen, *Kirken, kongen og enevælden: En undersøgelse af det danske bispeembede 1660-1746*, University of Southern Denmark Studies in History and Social Sciences 298 (Odense: Syddansk Universitetsforlag, 2005).

¹¹¹ Trond Bjerkås, 'Fra eneveldets scene mot representative forsamlinger: Visitasen som offentlig arena i Norge, ca. 1750-1850', *Sjuttonhundratal: Nordic Yearbook for Eighteenth-Century Studies* 12 (2015): 183–211; Olle Larsson, *Biskopen visiterar: Den kyrkliga överhetens möte med lokalsamhället 1650-1760*. (Växjö: Växjö Stiftshistoriske Sällskap, 1999); Steinar Imsen, *Superintendenten: En studie i kirkepolitikk, kirkeadministrasjon og statsutvikling mellom reformasjonen og eneveldet* (Oslo: Universitetsforlaget, 1982).

as actors with their own individual aims and strategies.¹¹² Still, a gap between social history, church history and administrative history persists. Most notably, none of these studies fully integrate the poor relief tasks carried out by bishops in the diocesan authorities.¹¹³

Common themes and enduring questions

Two common threads emerge connecting the three central themes of scholarship discussed here. The first thread concerns power and agency. Studies of the early modern conduct towards the mentally afflicted, poor relief policy and state administration have generally moved towards a greater focus on how individuals acted within the social, legal and institutional structures. Paradigms of social control have not been abandoned but appear less unilateral. The second thread concerns the difficulty of grasping the intersecting roles of religion in early modern institutions and practices as more than an instrument for social control. As a result of this difficulty, diocesan authority tasks have remained on the edge of social history, church history and administrative history alike. Both of these common threads are relevant in an examination of a pre-asylum system, where institutional structures, values and practices differed considerably from those at play in nineteenth-century psychiatric asylums. This leads us to the problem of how to actually approach this system as a subject of historical study through the archival sources.

Archival sources and approach

In the following, I present the sources supporting this thesis and consider their advantages and disadvantages in relation to the overall aim of investigating the management of cases involving mental disorder. As described in the historiographical overview above, scholars have paid little attention to the conditions of mentally afflicted people in rural and small-town Denmark before the nineteenth-century institutional reforms. One might make the implicit assumption that the absence of dedicated psychiatric asylums has made for a

¹¹² Andres Wulff Vissing Christensen, 'Enevældens gejstlige embedsmænd: Aktører, arenaer og agendaer i Sjællands stift, ca. 1700-1750' (PhD, Aarhus University, 2021).

¹¹³ Christensen also notes that this is an area in need of further study. Christensen, 222–23.

similar absence of archives, leaving only published and legislative texts as sources. For this reason, uncovering and selecting usable archival sources has been a crucial component of this study. Indeed, the importance of the concrete archival structures for this thesis must be emphasised. My interest in practical management led me towards the diocesan authorities and the material they had created. As these became the main sources of the study, I will begin by presenting the Danish diocesan authority archives, particularly the copybooks.

Diocesan authority copybooks

The administrative material generated by the eighteenth-century Danish diocesan authorities is stored at the Danish National Archives, *Rigsarkivet*. Here, the documents pertaining to the Diocesan Authority of Zealand are grouped under the diocesan authority as a separate archival creator, while those of the other diocesan authorities are simply archival series under the respective dioceses. Following a preliminary random sampling of the former, the archives of the Diocesan Authority of Zealand, I decided to concentrate on the copybooks of outgoing letters.

Bound into chronological volumes with each volume covering up to several years of copied letters, the diocesan authority copybooks could facilitate a systematic search strategy more readily than the archival series of unattached letters. Moreover, initially parsing the copybooks already revealed which actors the diocesan authorities associated with through regular correspondence. It thereby made for a rudimentary map of the connections of the pre-asylum system and pointed towards other relevant archival sources. This was not least due to the administrative position of the bishops and diocesan governors whose offices originally produced the copybooks. The copybooks contain copies of letters dispatched to recipients including the Danish Chancellery, local poor relief inspectors and hospital managers. The diocesan authorities functioned as intermediaries, so their

communications went both “upwards” and “downwards” in the state apparatus. Consequently, the diocesan authority copybooks can act as useful archival entry points into intricate administrative processes.¹¹⁴

Although the historiographical perspectives have already been discussed in the overview above, a brief comment on the prior use of the diocesan authority archives is appropriate. The diocesan authority archives are not unknown to historians, but they have primarily been used in Danish church history as a subset of the diocesan archives. For those working outside of church history, such as administrative or indeed social historians, the copybooks offer a useful outset for studying the diocesan level of the absolutist system. Still, the diocesan authority archives have so far only appeared in administrative and social history studies as supplemental sources.¹¹⁵ Similarly, older works on Danish town hospitals have only sampled the diocesan authority archives to supplement sources from the individual hospital archives.¹¹⁶ On the margins of these works, then, are subjects like the overall supervision of hospitals in this system and the practical relations between the secular and clerical officials in charge of it. Indicative of the sparse attention these

¹¹⁴ Several newer PhD theses in Danish eighteenth-century church and cultural history use copybooks as sources, most recently Nissen, ‘Forensic Theology and the Evaluation of Blasphemy Offences: The Prosecution of Written Pacts with the Devil in Denmark-Norway between 1634 and 1754’; Valentin, ‘Feelings of Imprisonment: Experiences from the Prison Workhouse at Christianshavn, 1769-1800’.

¹¹⁵ For instance Bente Dahl Hansen, *Betler eller almisselem: Studier i offentlig fattigforsorg i Sjællands stifts landsogne 1708-1802* (Odense: Landbohistorisk Selskab, 1984); Lotte Dombernowsky, *Lensbesidderen som amtmand: Studier i administration af fynske grevskaber og baronier 1671-1849*, Administrationshistoriske studier 8 (Copenhagen: Gad, 1983); Erik Nørr, *Præst og administrator: Sognepræstens funktioner i lokalforvaltningen på landet fra 1800 til 1841*, Administrationshistoriske studier 4 (Copenhagen: Gad, 1981). The most systematic use of the diocesan authority archives in administrative history is Helle Linde, *Magistrat og borger: Købstadstyret på Sjælland omkring 1750 med særlig hensyntagen til forholdene i Helsingør, Roskilde, Næstved og Holbæk*, Administrationshistoriske studier 2 (Universitetsforlaget i Aarhus, 1978).

¹¹⁶ Most extensively Larsen, *Graabrødre Hospital og Kloster i Odense: Et Bidrag til den sociale Forsorgs Historie*. See also the remarks on Danish hospital histories in the historiographical overview.

have received, employing the diocesan copybooks to systematically study the management of people with mental disorders is also a novel approach of this thesis.¹¹⁷

To ensure completion within the limited three-year time-frame of this PhD project, I have selected three diocesan authorities – the Diocesan Authority of Zealand, the Diocesan Authority of Funen and the Diocesan Authority of Ribe – utilising all available copybook volumes from the earliest surviving year until 1785.¹¹⁸ These are not unbroken sequences and none are digitally available. In the archive of the Diocesan Authority of Zealand, two copybooks, 1735-1738 and 1741-1742, have been preserved as the earliest volumes. After that, there are volumes from 1748 onwards. No volumes survive from the rest of the century. Due to a tumultuous transmission, the condition of the preserved volumes from Zealand also varies quite a lot. The archive was believed lost for decades while stored in a leaky courthouse attic until its 1893 rediscovery and integration into the Danish National Archives. The most damaged pages of some volumes are not legible, but their overall state is not as dire as older descriptions infer.¹¹⁹ Of the copybooks from the Diocesan Authority of Funen, only the volumes covering 1732 to 1747 survive, although those that do are in relatively good condition. In the Diocese of Ribe, where diocesan authority letters and letters on bishop's matters are combined into one series of shared diocesan copybooks, volumes survive from 1731 onwards in relatively good condition.¹²⁰

¹¹⁷ Even so, an awareness of the existence of hospital cell confinement cases in the diocesan authority archives is testified in older notices by church historians such as H.F. Rørdam, 'Sindssyges Vilkaar i ældre Tid', *Kirkehistoriske Samlinger* 4, no. 5 (1899): 401–7.

¹¹⁸ For indexes of these three diocesan authority archives including the copybooks series, see Harald Jørgensen, *Landsarkivet for Sjælland, Lolland-Falster og Bornholm og hjælpemidlerne til dets benyttelse*, 2nd ed. (Copenhagen: Landsarkivet for Sjælland, 1977), 30–31; Anne Riising, *Landsarkivet for Fyn og hjælpemidlerne til dets benyttelse* (Odense: Landsarkivet for Fyn, 1970), 68; Poul Rasmussen, *Landsarkivet for Nørrejylland og hjælpemidlerne til dets benyttelse*, vol. II (Viborg: Landsarkivet for Nørrejylland, 1981), 16–18. There are also older descriptions in combination with the diocesan archives. See Holger Hansen, 'Oversigt over Sjællands Bispearkiv og Sjællands Stiftsøvrigheds Arkiv', *Fortid og Nutid* 5 (1925): 45–54; Hans Knudsen, 'De jydsk Bispearkiver', *Fortid og Nutid* 5 (1925): 81–103; Hans Knudsen, 'Det Fyenske Bispe- og Stiftsøvrigheds-Arkiv', *Fortid og Nutid* 6 (1927): 65–74.

¹¹⁹ Hansen, 'Oversigt over Sjællands Bispearkiv og Sjællands Stiftsøvrigheds Arkiv', 51–52.

¹²⁰ I abbreviate the three series of diocesan authority copybooks as DAZ (Diocesan Authority of Zealand) copybooks, DAF (Diocesan Authority of Funen) copybooks and DAR (Diocesan Authority of Ribe) copybooks. See the bibliography for full archival references.

These three dioceses were markedly different as administrative areas for the diocesan authorities. The first of the three, the Diocese of Zealand formally contained Copenhagen, but as will be discussed in Chapter 1 on frameworks, the Danish capital had a distinct poor relief system. The Diocese of Zealand thus allows for a study of diocesan authority-level management in a diocese containing only two town hospitals with confinement cells of mentally afflicted people, Helsingør Hospital and Slagelse Hospital, but with St. Hans Hospital in Copenhagen within transport distance. The second, the Diocese of Funen in turn allows for the inclusion of a smaller diocese containing one relatively large hospital with confinement cells, Odense Hospital.¹²¹ Finally, the Diocese of Ribe allows this thesis to examine a diocese that contained not only a hospital in Ribe itself but also a number of smaller hospitals, each of which had confinement cells during the examined period. The towns in this large diocese were all in its more densely populated southern half, because the northern half was partially heathland with very few inhabitants. The Diocese of Ribe thus allows one to study the diocesan authority supervision in a sparsely populated area, which often required additional local problem solving. Altogether making up half of the then six Danish dioceses, the three dioceses of Zealand, Funen and Ribe covered a geographic majority of Denmark and encompassed both the largest islands and a significant share of Jutland.¹²²

As the examined cases will show, the individuals discussed by the diocesan authorities varied not only in gender and age but also in social standing – from vagrant beggars to reputable citizens. Only the very highest echelon of society is consistently absent from the copybooks – as might be expected for a source material principally produced as part of poor relief administration. In short, using the three dioceses can support a comprehensive study of how diocesan authorities managed cases involving mentally

¹²¹ There was also a hospital in Nykøbing on the island of Falster. Though ecclesiastically part of the Diocese of Funen throughout the eighteenth century, Falster and was under a separate diocesan governor together with the neighbouring island of Lolland. As a result, no cases examined in this study involve the confinement cell in Nykøbing Hospital.

¹²² Not included in this study are the Diocese of Aarhus, the Diocese of Viborg and the Diocese of Aalborg. In addition, the Diocese of Schleswig, under the realm of the Danish king due to his title as Duke of Schleswig, included areas in current-day Denmark. Today, the National Church of Denmark, *Folkekirken*, has ten dioceses. See also the map in Chapter 2.

afflicted people from a wide geographical area and social spectrum of eighteenth-century Denmark.

Additional archival sources

In order to achieve the research aim of a comprehensive interpretation of the management practices, I also include a number of supplemental archival sources external to the diocesan authority copybooks, which it is useful to briefly present here.¹²³

Like the copybooks, the second group of sources for this study comes from the diocesan authority archives – namely, the incoming letters to the diocesan authorities. In several of the surveyed cases, I have been able to locate individuals mentioned in the copybooks here as well. These incoming letters have not been compiled into copybooks. Instead, this side of the correspondence only exists in the form of surviving original letters – generally sorted into archival series according to the town or *herred* they came from. Incoming letters sometimes also contain attestations from pastors, other officials or relatives. Because the diocesan authorities referred to these attestations in decisions, including them in this study adds vital perspectives for interpreting the authority's management practices.

In addition, I use a number of sources not from the diocesan authority archives, all of which are also in the Danish National Archives. The majority of the non-diocesan authority sources come from the archives of legal courts. Unlike the diocesan authority archives, most of these legal court archives are available digitally. I draw on sources from a multitude of courts – town courts, town hall courts, police courts, *herred* courts, high courts and the Supreme Court. In keeping with the overall aim to study concrete management, most of these legal sources come from lower courts as these often include larger excerpts of testimonies from the lay and professional people giving evidence, which the diocesan authorities drew upon to make their decisions regarding confinement or other responses to mental disorder.

¹²³ As with the diocesan authority copybooks, see the bibliography for complete archival references.

The study also uses missives produced by the Danish Chancellery as part of the management of cases at the level of the central administration. These have all been digitised. Finally, the study employs a minor selection of undigitised sources from hospital archives in order to gain a better understanding of the management entailed in entering or leaving the hospitals.

Supplementary sources add valuable context and provide a wider picture than is provided by the diocesan archives alone. Nonetheless, this study's fundamentally empirical approach – entering via the diocesan authority archives – is advantageous for an extensive study of this kind. Critically, maintaining the diocesan authority as the entry point both uses these decisive intermediaries as its point of departure and better accounts for cases that did not result in hospital confinement but nonetheless concerned mental disorder. Let us now take a closer view at this approach and its limits.

Approaching the copybooks

Neither the diocesan authority copybooks nor the additional sources were written from the perspectives of mentally afflicted individuals. Only the court protocols do at times provide paraphrased quotes by them, but these, too, have been moulded – not only through the choices made by the scribes deciding what to write down but on a deeper level through the types of questions asked in the courtroom in the first place.¹²⁴ Accordingly, it is important to restate that the intention of the thesis is to examine the management practices of those in charge of the confinement and care of mentally afflicted people, not the internal experience of being mentally afflicted in eighteenth-century Denmark. This external perspective of much of the material found in the diocesan authority copybooks makes them somewhat unhelpful sources for elucidating the internal lives of people struck with mental affliction. However, that same external perspective makes the copybooks, in turn, extremely well-suited as sources for revealing and understanding the management practices which shaped their lives.

¹²⁴ See for instance the discussion of changes in courtroom questioning about mental states over time in Reeh and Hemmingsen, 'Melancholy Diagnostics: On Pietist Introspection and Forensic Psychiatry in *Statu Nascendi*'.

Like all historical sources, the diocesan authority copybooks reflect their creators and original purposes. The correspondence recorded in the copybooks related to the common administrative tasks of bishops and diocesan governors. In other words, the diocesan authorities did not produce these copybooks to increase the knowledge about mental disorders but to support their logistical and fiscal management together with other administrative, poor relief and ecclesiastical institutions. Accordingly, concrete logistical and fiscal concerns can be expected to be prevalent throughout the copybooks. For the very same reason, medical argumentation will likely be less prevalent than in the types of sources typically used to study nineteenth- or twentieth-century management of mentally afflicted people. This context must be kept in mind but it is not a flaw as such in light of the specific research aim. Indeed, it is a fundamental premise of the study that a qualitative social history approach to administrative sources can facilitate an analysis of the practical conduct towards mentally afflicted people that would be entirely unfeasible using the limited medical literature of eighteenth-century Denmark.

In this qualitative approach, I fundamentally use the copied letters in the diocesan authority copybooks as entry points for individual cases. Connecting one archival series to the next by dates and addressees, I then trace itineraries of where the individuals in question were at particular times and on what basis the authorities decided for or against their potential cell confinement. This naturally leads to the issue of how to locate and select the relevant letters in the copybooks. The issue is in a way borne out of the previously discussed terminological questions concerning the historical variability of mental disorder delineations. In essence, what constitutes relevant entry points and appropriate search terms in a material without recognisable psychiatric categories? It remains crucial to keep definitions clear when surveying material in which a variety of words describes a variety of mental states.

Here, my strategy has been to cast a relatively wide net. This has entailed manually examining all cases where the officials themselves explicitly considered it a possibility that they were dealing with a mentally afflicted individual. In continuation of my hesitancy towards retrospective diagnosis, I do not include cases where individuals displayed behaviour that might suggest mental affliction to a current reader if the authorities did not put any such interpretation forward at the time. By the same token, I include cases where

the authorities raised the possibility of mental disorder even if they eventually settled on different interpretations of these cases.¹²⁵

The most important term I have used to select cases in the copybooks is “daarekiste”, the most widespread term at the time for a confinement cell.¹²⁶ Other terms have also been necessary, though. A central component to answering the question of how mental disorder was managed requires us to also understand what mental states and behaviours did not warrant confinement. As noted, the copybooks make no distinction between cases relating to mental disorder and other kinds of diocesan authority cases. The diocesan governors and bishops managed it all as one corpus in their diocesan authority work.¹²⁷ In order to widen the perspective beyond confinement cells, I have consequently used an array of eighteenth-century terms indicating disordered mental states in my manual search, primarily the adjectives “afsindig”, “gal”, “vanvittig”, “taabelig”, “rasende”, “forstyrret”, “forvirret”, “forvildet” and “uroelig”.¹²⁸ To determine these search terms, I have employed Matthias Moth’s early eighteenth-century dictionary manuscript and Otto Kalkar’s extensive dictionary of Danish words before 1700.¹²⁹

In addition to the inherent limitations of the copybooks as sources, a few comments are in order on the potential limitations of my approach itself. A fundamental issue of all manual research of irregular sources, working with undigitised and often damaged docu-

¹²⁵ This is also part of the stated approach in a recent, similar study of a Dutch source material. See aan de Kerk, ‘Madness and the City: Interactions between the Mad, Their Families and Urban Society in Amsterdam, Rotterdam and Utrecht, 1600-1795’, 49–50.

¹²⁶ Though this is the most common spelling, several variations appear in the copybooks, including “daarekiste”, “daarekiiste”, “daare-kiste” and “daare kiste”, at times capitalised as nouns. I do not distinguish between these.

¹²⁷ Reflecting a common issue of legal and administrative sources in comparison with sources produces by asylums and hospitals – an issue with potentially wide-ranging consequences in the historiography of mental disorder. James Moran, ‘A Tale of Two Bureaucracies: Asylum and Lunacy Law Paperwork’, *Rethinking History* 22, no. 3 (2018): 423.

¹²⁸ Again, these are merely the most common spellings, and a number of variations appear in the copybooks. I examine this diverse vocabulary of mental disorder in Chapter 3.

¹²⁹ Moth’s manuscript and Kalkar’s dictionary both exist in digital, searchable versions at <https://moth-sordbog.dk/> and <https://kalkarsordbog.dk/>, respectively.

ments written in a wide variety of gothic handwriting means that undoubtedly some relevant cases have not been included, because they were indecipherable or missed in the time-frame of the project. Inspecting all the copybooks for letters of interest remains a time-consuming approach with the necessary source gathering taking up much of the project. For these reasons, it is likely that future digitisation efforts will help locate even more cases in the diocesan authority copybooks. As will be discussed further in Chapter 2, the total number of cases traceable via the copybooks cannot sustain comparative statistics. What they are able to support, however, is an approach of the kind described above – a qualitative approach across the borders of social and church history.

On top of this manual approach, digital humanities tools have played a major part in my subsequent source transcription and analysis of the sources. Having found and photographed any pages of possible relevance in the copybooks, I systematically applied the AI tool *Transkribus* to produce rough transcriptions of the handwritten letters.¹³⁰ I then corrected any mistakes in the AI transcription, using the resulting final transcription for quotes in the thesis. I render these in my own English translations with the original Danish text in the footnotes. Here, *Transkribus* also functions as a database in which all cases are stored in original and transcribed versions.¹³¹

With the introductory matters regarding sources, approaches and the relation of these to the previous scholarship thus in place, it is now time to turn to the actual subject of the thesis. In the following chapter, Chapter 1, I will begin this by presenting a number of eighteenth-century frameworks of relevance for examining the concrete management of cases concerning mentally afflicted individuals.

¹³⁰ On *Transkribus* in general, see <https://transkribus.org/>. In my transcriptions, I consistently employ the language model “18C Danish Administrative Writing” (PyLaia HTR 38364), which is developed by Aarhus University and Aarhus City Archives in a collaboration led by Nina Javette Koefoed, Søren Bitsch Christensen and Kristian Pindstrup. On this language model, see <https://readcoop.eu/model/18c-danish-administrative-writing/>.

¹³¹ *Transkribus* is used extensively in the research project *Managing Melancholy* that my individual PhD project is part of. On the *Managing Melancholy* project in general, see <https://teol.ku.dk/english/dept/managing-melancholy/>.

Chapter 1: Institutional, legal and pastoral frameworks

Every analysis requires relevant frameworks. If this thesis were concerned with the management of mental disorder a century later, likely frameworks might be the psychiatric institutions, legislation and theories of that period. Studying sources from a pre-psychiatric, pre-asylum setting, the relevant frameworks necessarily differ. This initial chapter of the core part of the thesis presents and discusses those frameworks that I consider most worthwhile for interpreting the management of cases involving mental disorder in the diocesan authority sources. Beginning with the institutional frameworks, the chapter then proceeds to the legal frameworks and ends with what I term the pastoral frameworks.

Institutional frameworks

The aim of this first part of the chapter is to present relevant institutions of the Danish poor relief system in the examined period and the ideals underlying that system. Essentially, which officials may be expected to emerge in the analysis of practical management in the following chapters, what system were they part of, and how were they expected to manage different situations within that system? Speaking of institutional frameworks for the management of mental disorder already risks anachronistically projecting nineteenth- or twentieth-century psychiatric care frameworks onto eighteenth-century poor relief institutions. The institutions presented here carried out a wide array of tasks. They were in their essence administrative, not medical, and it should be kept in mind throughout that the cases of interest for this study only made up a fraction of their managerial scope.

Local institutions of poor relief

At the very top of the administrative hierarchy of eighteenth-century Danish poor relief stood the Danish Chancellery, *Danske Kancelli*, and the Directorate of Poor Relief, *Direktionen for de Fattiges Væsen*. In the central administration surrounding the absolute monarch in Copenhagen, the Chancellery produced legislation and considered select cases from around the country, including some involving poor relief. The Directorate mostly

consisted of experienced officials from the Chancellery and some high-ranking clergy. It carried supervisory responsibilities for poor relief in Copenhagen and, in theory, towns and rural parishes too, following the Poor Law of 1708.¹³² At the local and regional level, though, the administrative structures of poor relief in towns and rural areas were quite unlike those in the capital.¹³³ As such, the internal structures of the poor relief in Copenhagen will be of little relevance here.¹³⁴

Although Copenhagen was the most populous urban area in Denmark by far, smaller towns with market privileges, *købstæder*, were also dotted throughout the country.¹³⁵ In the Poor Law of 1708, every such town was ordered to establish a poor relief inspectorate, *fattiginspektion*. Such an inspectorate should legally consist of the town pastor(s), either a representative of the town authority or the town bailiff and, finally, a number of local citizens. All were supposed to convene weekly, keeping track of the collection and distribution of town poor relief funds.¹³⁶ Previous research has nonetheless indicated

¹³² Harald Jørgensen, 'Det offentlige fattigvæsen i Danmark 1708-1770', in *Opdaginga av fattigdomen: Sosial lovgivning i Norden på 1700-talet*, ed. Karl-Gustaf Andersson et al., Centralmakt och lokalsamhälle - beslutsprocess på 1700-talet 2 (Oslo: Universitetsforlaget, 1983), 41–43.

¹³³ Jørgen Mikkelsen, Jakob Ørnbjerg, and Mikkel Leth Jespersen, *Danmarks byer fra renæssance til enevælde*, ed. Jens Toftgaard and Mikkel Thelle (Aarhus: Aarhus Universitetsforlag, 2023), 343–44.

¹³⁴ For a range of perspectives on poor relief in early modern Copenhagen, see the contributions in Peter Henningsen, ed., *Patrioter og fattigfolk: Fattigvæsenet i København, ca. 1500-1850*, vol. 98, Historiske Meddelelser om København (Copenhagen: Københavns Stadsarkiv, 2005).

¹³⁵ While eighteenth-century population numbers should be approached with ample caution, the 1787 census found that the population of Copenhagen was around 90,000, while that of the second-largest town in the Danish kingdom, Odense, was less than 5,400. The combined number of inhabitants in all Danish towns except Copenhagen would not have surpassed the capital. Hans Chr. Johansen, *Danish Population History, 1600-1939*, Studies in History and Social Sciences 254 (Odense: University Press of Southern Denmark, 2002), 47, 82.

¹³⁶ Forordning om Betlere i Danmark saavel paa Landet som i Købstæderne, København undtagen (24 September 1708). J.H. Schou, *Chronologisk Register over de Kongelige Forordninger og Aabne Breve, samt andre trykte Anordninger, som fra Aar 1670 af ere udkomne, tilligemed et nøiagtigt Udtog af de endnu giældende, for saavidt samme i Almindelighed angaae Undersaatterne i Danmark, forsynet med et alphabetisk Register*, 3rd ed., vol. II (Copenhagen: Gyldendal, 1822), 122–41.

that the organisation of public poor relief often remained rudimentary and varied greatly from one town to another.¹³⁷

Outside of the towns, the Poor Law of 1708 stipulated the establishment of poor relief inspectorates in all *herred* divisions. An ancient administrative structure, the *herred* had become primarily a jurisdictional entity by the eighteenth century. Each poor relief inspectorate was supposed to consist of a church official, the provost, and a legal official, usually the bailiff of the *herred*. Seemingly due to lacklustre performances by the bailiffs, other officials such as county managers, *amtsforvaltere*, replaced these from 1734 onwards.¹³⁸ The church parish remained the core unit of rural administration below the *herred* as structured in the immediate aftermath of the Lutheran Reformation through the 1537 Church Ordinance.¹³⁹

The Poor Law of 1708 unequivocally maintained the centrality of the parishes by ordering pastors to assume leadership of parish poor inspectorates.¹⁴⁰ A pastor's responsibilities were extensive. This function as representative of the poor relief came in addition to representing the church as *de jure* gatekeeper of the sacraments. Since the harmony of the congregations was the foundation of the kingdom as a Christian state, these roles were not supposed to conflict. Neither is it clear that pastors considered poor relief matters foreign to their vocation as a whole. Indeed, some descriptions of the pastor's office outright classified poor relief as a religious rather than a secular obligation.¹⁴¹ In light of this, it would be inaccurate to interpret the multifaceted role of pastors as a sign of a weak state

¹³⁷ Jørgensen, 'Det offentlige fattigvæsen i Danmark 1708-1770', 44–45.

¹³⁸ Jørgensen, 'Det offentlige fattigvæsen i Danmark 1708-1770', 46–47.

¹³⁹ Martin Schwarz Lausten, *Kirkeordinansen 1537/39: Tekstudgave med indledning og noter* (Copenhagen: Akademisk Forlag, 1989), 125–28, 211–16.

¹⁴⁰ Forordning om Betlere i Danmark saavel paa Landet som i Kiøbstæderne, København undtagen (24 24 1708). J.H. Schou, *Chronologisk Register over de Kongelige Forordninger og Aabne Breve, samt andre trykte Anordninger, som fra Aar 1670 af ere udkomne, tilligemed et nøiagtigt Udtog af de endnu gieldende, for saavidt samme i Almindelighed angaae Undersaatterne i Danmark, forsynet med et alphabetisk Register*, 3rd ed., vol. II (Copenhagen: Gyldendal, 1822), 132–33. See also Jørgensen, 'Det offentlige fattigvæsen i Danmark 1708-1770', 45–47.

¹⁴¹ Nørr, *Præst og administrator: Sognepræstens funktioner i lokalforvaltningen på landet fra 1800 til 1841*, 375–76.

in need of emergency officials. It is more likely that the absolutist system intentionally delegated local tasks to pastors as the most widespread and qualified officials.¹⁴²

Another vital part of the system, charitable institutions, *milde stiftelser*, managed much of the practical poor relief. This included both indoor and outdoor poor relief – some institutions merely distributed alms while others operated as hospitals with long-term inmates.¹⁴³ These charitable institutions had their roots in the reorganisation of former monastic institutions after the Lutheran Reformation. Though charter-based and officially self-governing, they continued as semi-public entities – a remnant of an older poor relief system within the post-1708 organisation of poor relief.¹⁴⁴ For charitable institutions such as town hospitals, this generally meant being under the supervision of the diocesan authorities. These institutions were to receive people not only from the surrounding town, but theoretically from the entire kingdom and frequently from other parts of the diocese.¹⁴⁵ In addition to state-provided poor relief and general hospitals, smaller hospitals were also founded by nobles on their manor estates. Manor hospitals only show up in the diocesan authority cases when individuals were transferred from there to a town general hospital with confinement cells. As such, the hospitals mentioned in this study will all be of the general hospital type.¹⁴⁶

A Lutheran confessional unity fundamentally shaped the institutional structures of Danish poor relief. To illustrate, one might compare with the geographically close but

¹⁴² This perspective is considered in Pernille Ulla Knudsen, *Lovkyndighed og vederhæftighed: Sjællandske byfogeder 1682-1801* (Copenhagen: Jurist- og Økonomforbundets Forlag, 2001), 32–33.

¹⁴³ I render the Danish term “lem”, literally “limb” or “member”, as “inmate”. While it carries fewer anachronistic connotations than “patient”, this translation still fails to fully convey the sense in which the post-reformation hospital remained a social and religious body much like earlier monastic institutions. The same term was at times used to denote a member of a parish congregation.

¹⁴⁴ Jørgen Mikkelsen, ‘Poor Relief in Provincial Towns in the Kingdom of Denmark and the Duchy of Schleswig, ca. 1700-1850’, in *Danish Towns during Absolutism: Urbanisation and Urban Life 1660-1848*, ed. Søren Bitsch Christensen and Jørgen Mikkelsen, Danish Urban Studies 4 (Aarhus: Aarhus University Press, 2008), 366–69.

¹⁴⁵ Linde, *Magistrat og borger: Købstadstyret på Sjælland omkring 1750 med særlig hensyntagen til forholdene i Helsingør, Roskilde, Næstved og Holbæk*, 82.

¹⁴⁶ On manor hospitals, see Søren Broberg Knudsen and Rasmus Skovgaard Jakobsen, ‘De ædles almisser: Ret og pligt på de fynske godshospitaler i første halvdel af 1700-tallet’, *Temp* 23 (2021): 24–47.

multi-confessional Netherlands. The contemporaneous Dutch system included public non-confessional poor relief as well as separate poor relief systems for each religious community, and clerical involvement in the actual management can often be difficult to trace.¹⁴⁷ The Danish system, by contrast, had no such distinctions – poor relief was under one confessional canopy.¹⁴⁸



Illustration 1: Map of the three dioceses and the hospitals with confinement cells discussed in the thesis. The map is for illustrative purposes and shows the approximate borders between dioceses rather than an exact parish-by parish representation. In addition to the island of Bornholm in the Baltic Sea shown at the rightmost edge of the map, the Diocese of Zealand also encompassed the Faroe Islands in the North Atlantic during the last quarter of the century, but this study includes no cases from either.

¹⁴⁷ aan de Kerk, 'Madness and the City: Interactions between the Mad, Their Families and Urban Society in Amsterdam, Rotterdam and Utrecht, 1600-1795', 16–17.

¹⁴⁸ With few exceptions such as the small Jewish communities, which were obliged to handle their own schooling and poor care. Martin Schwarz Lausten, *De fromme og jøderne: Holdninger til jødedom og jøder i Danmark i pietismen (1700-1760)*, Kirkehistoriske studier 3, no. 7 (Copenhagen: Akademisk Forlag, 2000), 69–71.

The diocesan authorities as intermediaries

As discussed in the historiographical overview, in spite of the confessional and institutional unity, associations between the church and the administrative institutions of poor relief remain somewhat underemphasised in most studies. The links between the two were evident in the institution of the diocesan authority, *stiftsøvrighed*. Each diocesan authority consisted of the bishop of the diocese and its diocesan governor, *stiftamtmand*. Thus, cooperation between the secular and the clerical, in itself a distinction less clear at the time, was built into the institutional structure. Officially established in 1672 as the “guard of the churches”, the diocesan authorities of Denmark also oversaw matters of schooling and poor relief – the latter increasingly so due to their supervision of the hospitals.¹⁴⁹

Despite its importance, each diocesan authority was an institution of curious impermanence, defined not as an office in itself but rather as a product of cooperation between bishop and diocesan governor. To quote one Danish historian, the diocesan authority was “brought to life” in the moment when a bishop and a diocesan governor convened to resolve cases. Supervising cases in between clerical and secular, local and central administration, the diocesan authorities were truly intermediary in their inception.¹⁵⁰

The bishop was the highest-ranking clerical official in the diocese. Correspondingly, the diocesan governor was the highest-ranking secular official. This rendered him an important official in his own right, supervising towns and lower officials. In Anne Riising’s oft-quoted words, the eighteenth century was the “heyday of the diocesan governors”.¹⁵¹ In the first half of the century, the diocesan governors began to assume more

¹⁴⁹ Forordning Om Kirkernes Forsvar, og des Korns Taxt, item anlangende Kirker og Skolers Regenskabers Clarering i Købstæderne, etc. (23 August 1672). *Kongel. Forordninger og aabne Breve, Forbud, Paabud, Tractater, Ordonnancer, Reglementer &c. som Kong Christian den Femte fra sin kongelige Regierings Tiltrædelse udi Begyndelsen af Aaret 1670 indtil den Danske Lovs Publication 1683 paa Prent haver ladet udgaae* (Copenhagen, 1730), 157–58.

¹⁵⁰ ”bragt til live”. Dombernowsky, *Lensbesidderen som amtmand: Studier i administration af fynske grevskaber og baronier 1671-1849*, 329.

¹⁵¹ ”stiftamtændenes store tid”. Anne Riising, ‘Dansk lokaladministration i 1700-tallet (Fyns Stiftamt)’, in *Från medeltid til välfärdssamhälle. Nordiska historikermötet i Uppsala 1977. Föredrag och mötesförhandlingar* (Stockholm, 1974), 205. Quoted for instance in Karl Peder Pedersen, *Enevældens amtmænd:*

responsibilities for the towns under their supervision. Developments in the central administration furthered this tendency, since the Chancellery increasingly used them as default intermediaries when interacting with town authorities.¹⁵² The Chancellery typically either relegated local town disputes to the diocesan governors or affirmed their resolutions without further debate.¹⁵³ As a result, the final decisions tended to be made at the diocesan level, rather than in the Chancellery above or by the county governors below. Even so, this was far from an uncomplicated issue.¹⁵⁴

Throughout this thesis, the office of county governor, *amtmand*, appears as the other side in diocesan authority correspondences. The county governors played a crucial role as intermediaries linking rural parishes to the central administration, much as the diocesan governors did for towns. In a power-struggle spanning the eighteenth century, they gradually obtained further managerial independence and authority as officials. Through a 1739 royal decree, the county governors became chairmen of the so-called county poor commissions, in which they were to manage the future rural poor relief. As a result, conflicts could easily develop whenever cases spanned the rural-town division.¹⁵⁵ This expansion of the county governor office culminated in 1793, when another decree removed the town supervision obligations from the diocesan governor office. The diocesan governor office survived only to deal with diocesan authority tasks such as the supervision of charitable institutions.¹⁵⁶ The county governors generally did not contest the

Danske amtmænds rolle og funktion i enevældens forvaltning 1660-1848 (Copenhagen: Jurist- og Økonomforbundets Forlag, 1998), 199; Pernille Ulla Knudsen, *Lovkyndighed og vederhæftighed: Sjællandske byfogeder 1682-1801* (Copenhagen: Jurist- og Økonomforbundets Forlag, 2001), 121.

¹⁵² P. Munch, *Købstadstyrelsen i Danmark fra Kristian IV's Tid til Enevældens Ophør (1619-1848)*, Reproduction, vol. I (Copenhagen: Selskabet for Udgivelse af Kilder til Dansk Historie, 1977), 121–26.

¹⁵³ This included the selection of new local town officials, in which diocesan governors played a key role. Knudsen, *Lovkyndighed og vederhæftighed, sjællandske byfogeder 1682-1801*, 227; Linde, *Magistrat og borger: Købstadstyret på Sjælland omkring 1750 med særlig hensyntagen til forholdene i Helsingør, Roskilde, Næstved og Holbæk*, 97.

¹⁵⁴ Dombernowsky, *Lensbesidderen som amtmand: Studier i administration af fynske grevskaber og baronier 1671-1849*, 330.

¹⁵⁵ Pedersen, *Enevældens amtmænd*, 198–201, 245.

¹⁵⁶ Dombernowsky, *Lensbesidderen som amtmand: Studier i administration af fynske grevskaber og baronier 1671-1849*, 61–62.

diocesan governors on the subject of church affairs. Whether in rural parishes or towns, the diocesan authorities retained the management of those clerical matters that the bishops did not manage on their own.¹⁵⁷ Further complicating the picture, with the exception of the Diocese of Zealand, all diocesan governors were also county governors of the particular county in which they resided. For instance, the diocesan governor in the Diocese of Funen simultaneously functioned as county governor of the diocese's largest town, Odense, where the main hospital was. Few conflicts could arise here.¹⁵⁸

Several courts of law feature in the following chapters, predominantly local courts. In line with the focus on management of cases outside of the courtroom, these will only be presented briefly here. First, the regular town court, *byting*, was a lower court led by the town bailiff and traditionally functioned as an informal space for conflict settling as well. The second lower court operating in most towns was the town hall court, *rådstueret*, headed by the mayor(s) and other officials of the independent town authority. In a few towns, the town hall court also served as court of appeal for the town court. The third type of court in the towns was the police court, *politiret*, which mostly replaced the town hall court in the course of the century. Like the town court, the police court was led by the town bailiff, usually in close correspondence with the diocesan governor.¹⁵⁹ Outside of the towns, *herred* courts and manorial estate courts operated as lower courts. Finally, the regional High Courts and the Supreme Court of Denmark and Norway were higher courts of appeal.¹⁶⁰

In sum, there was an extensive administrative system responsible for diocesan, county and local poor relief management, including cases involving mental disorder, in eighteenth-century Denmark. The diocesan authorities were an integral part of this system. In addition to being intermediaries in this system due to the diocesan governors'

¹⁵⁷ Pedersen, *Enevældens amtmænd*, 198–200.

¹⁵⁸ One county governor administrated Odense, Dalum, St. Knuds and Rugaard Counties between 1694 and 1809. Rugaard County fully merged into Odense County in 1702. Jørgen Bloch, *Stiftamtmand og Amtmand i Kongeriget Danmark og Island 1660-1848* (Copenhagen: C. A. Reitzel, 1895), 71–72.

¹⁵⁹ Knudsen, *Lovkyndighed og vederhæftighed, sjællandske byfogeder 1682-1801*, 329.

¹⁶⁰ Ditlev Tamm et al., 'The Law and the Judicial System', in *People Meet the Law: Control and Conflict-Handling in the Courts: The Nordic Countries in the Post-Reformation and Pre-Industrial Period*, ed. Eva Österberg and Sølvi Sogner (Oslo: Universitetsforlaget, 2000), 40–41.

responsibilities over towns, diocesan authorities were also supervisory bodies for charitable institutions such as the hospitals. The actual procedures for managing cases involving both rural parishes and hospitals were not set in stone. Institutions diverged from the structures set out in legislation, and the division of work between them varied. This is perhaps unsurprising. As Lotte Dombernowsky notes, the administration of the Danish absolutist state apparatus was often difficult to navigate even for the officials themselves.¹⁶¹

Duty and *billighed* – institutional ideals

Having presented specific administrative institutions and officials of relevance for the study at hand, I will now introduce some institutional ideals which had the potential to shape the administration. One may understand the absolutist system through a multitude of lenses, of which I focus particularly here on the notions of duty and *billighed*. The first of these notions, duty, is rooted in a conception of the absolutist state as a confessional state.¹⁶² In using a term related to this conception, I make no claim that other forces, ideal and material, were irrelevant to the eighteenth-century Danish state, yet I do maintain that the confessional impact was significant enough that it may serve as a useful prism for examining concrete actions by its officials. To some extent, the second notion of *billighed*, draws also on this conception but even more so on similar lines of thought originating in legal history.

The involvement of church institutions in wider administrative tasks, particularly poor relief, was no accident. It reflected the system as a whole. By the eighteenth century, the Lutheran church and the absolutist state had in effect combined.¹⁶³ As one historian

¹⁶¹ Dombernowsky, *Lensbesidderen som amtmand: Studier i administration af fynske grevskaber og baronier 1671-1849*, 369.

¹⁶² As per the historiographical overview, differing models of *confessionalisation* and *confessional culture* have been subject to debate within recent social and church history, as have the connected themes of social control, care and *social disciplining*.

¹⁶³ While the merging of church and state was gradual, the Danish Code of 1683 arguably marked a shift towards the church losing its separate identity. Sjur Atle Furali, 'Misgjerningenes orden: Danske lovs Si-ette Bog som kongelig representasjonssymbol og formidler av Guds orden i det tidlige eneveldet' (PhD, Oslo University, 2022), 220.

has bluntly put it, the church in Denmark “possessed no separate identity”.¹⁶⁴ Nonetheless, perceiving this as a church held captive by secular powers would somewhat anachronistically underestimate the religious conception of the state itself. Above all else, the absolute monarch was understood as the head of a confessional Lutheran community. Here, the so-called King’s Law of 1665 may be illustrative. The law, unusual in being a written constitution of absolutist monarchy, afforded the Danish king near unlimited power, subordinate only to God. As the only notable exception, he was bound to abide by the Bible and the Lutheran *Confessio Augustana*. Within this confessional frame, the king was also the earthly head of the church both in an ideal and in a practical sense, having “supreme power over the entire clergy from the highest to the lowest”.¹⁶⁵ This “extremely close-knit cooperation between the government and the Lutheran church” situated Denmark and Norway at one end of the spectrum of early modern European church-state relations.¹⁶⁶

To trace the social ideals of early modern Lutheran societies, scholars have suggested using Martin Luther’s notion of the three estates. For Luther, the estates – the political, *ordo politicus*, the ecclesiastical, *ordo ecclesiasticus*, and the household estate, *ordo economicus* – each had their domain, but all three were equal dimensions of God’s authority in the earthly kingdom. As such, all should rightfully serve to enforce God’s

¹⁶⁴ Nicholas Hope, *German and Scandinavian Protestantism, 1700-1918*, Oxford History of the Christian Church (Oxford: Clarendon Press, 1995), 79.

¹⁶⁵ “høieste Magt offver all Clericiet fra den høieste till den Laweste”. Kongeloven af 1665, I, II, VI. *Kongeloven og dens Forhistorie: Aktstykker udgivne af de under Kirke- og Undervisningsministeriet samlede Arkiver* (Copenhagen: Selskabet for Udgivelse af Kilder til Dansk Historie, 1973), 43–45. See also Jens Ulf Jørgensen, ‘Kirkeretten i Danske Lov’, in *Danske og Norske Lov i 300 år*, ed. Ditlev Tamm (Copenhagen: Jurist- og Økonomforbundets Forlag, 1983), 455; Martin Schwarz Lausten, ‘Kongemagt og rigets vel’, in *Reformationen i dansk kirke og kultur*, ed. Niels Henrik Gregersen and Carsten Bach-Nielsen, vol. I (Odense: Syddansk Universitetsforlag, 2017), 144–45; H.J.H. Glædemark, ‘Kirkeforfatnings-spørgsmaalet i Danmark indtil 1874: En historisk-kirkeretlig Studie.’ (Aarhus University, 1947), 9–13.

¹⁶⁶ Marjolein ’t Hart, ‘The People and the State: Nordic Paths in State Formation, 1500–1800’, in *Bringing the People Back In: State Building from Below in the Nordic Countries ca. 1500-1800*, ed. Knut Dørum, Mats Hallenberg, and Kimmo Katajala (London: Routledge, 2021), 334.

law.¹⁶⁷ Using a model of the state as a Lutheran confessional community, the household as a structure of duties thus became an important component of a comprehensive societal ideal. According to this ideal, a father had a duty to faithfully care for but also punish those who were under his household, and they had a corresponding duty to obey him. The *ordo politicus* could even be perceived as a mirror of the *ordo economicus*, thus adding a further perspective to the ideal of the absolute monarch set out in the King's Law of 1665. Essentially, the king had the duty to act as a housefather in his extended household, the Christian kingdom as a whole.¹⁶⁸ Applying this perspective specifically to poor relief allows for the appreciation of nuances quite unlike those visible in a social control paradigm. Most notably, the legislation appears less uniformly as an exercise in exclusion and *social disciplining*.¹⁶⁹

In a conception of the state as the organisational extension of a housefather king protecting and rectifying his subjects, the duty of state officials was to care for those unable to work while also ensuring that those able to work also did their duty. To some degree, the model of the household limited administrative intrusion, since officials such as county or diocesan governors were expected not to intervene in internal household affairs.¹⁷⁰ Most visibly, noblemen retained great independence over the tenant peasants

¹⁶⁷ Witte, *Law and Protestantism: The Legal Teachings of the Lutheran Reformation*, 93–94, 108–13.

Witte refers to a number of examples of the notion of the three estates in Luther's own works. See for instance WA 39, II, 42; WA 50, 652.

¹⁶⁸ Karin Hassan Jansson and Nina Javette Koefoed, 'Mapping the Household State: Treatment of Disobedient Children in Early Modern Denmark and Sweden', *Journal of Family History* 48, no. 1 (2023): 30–46; Ingrid Markussen, 'The Household Code: Protestant Upbringing in Denmark–Norway from the Reformation to the Enlightenment', in *Nordic Childhoods 1700–1960: From Folk Beliefs to Pippi Longstocking*, ed. Reidar Aasgaard, Marcia Bunge and Merethe Roos, Ashgate Studies in Childhood, 1700 to the Present (New York: Routledge, 2018), 40–57.

¹⁶⁹ For an analysis of the household in early eighteenth-century poor relief legislation, see Maria Nørby Pedersen, 'Forsorg for de fattige: Fattigforsorg i lyset af en religiøs forståelseshorisont, Danmark 1522–1739' (Aarhus University, 2022), 185–202. In English, see Maria Nørby Pedersen, 'Christian Relief for the Poor in Early Modern Denmark', in *Lutheranism and Social Responsibility*, ed. Nina J. Koefoed and Andrew G. Newby, Refo500 Academic Studies 82 (Göttingen: Vandenhoeck & Ruprecht, 2022), 103–28.

¹⁷⁰ Anette Faye Jacobsen, *Husbondret: Rettighedskulturer i Danmark 1750–1920* (Copenhagen: Museum Tusculanum Press, 2008), 104–5.

within their manor estates as these estates were considered households too.¹⁷¹ Conversely, though, the ideal of the household model might also limit this autonomy. As one historian has summed it up, a father was “paterfamilias and leader of the household, but he was subordinate to the clergyman in the parish and to the king as a subject”.¹⁷² Every household was also a subject of the monarchical household in this politico-religious structure. Here, the officials below the absolute monarch played an essential part in justly executing the law on his behalf. Accordingly, the state aimed at generating a bureaucracy of officials driven not by personal gain but by duty to the king and care for the people – epitomised by severe penalties for corrupt officials.¹⁷³

This might lead to the assumption that a strict legalism reigned or that proper management was synonymous with mechanically following the letter of the law. While the system in Denmark was definitely more legalistic and centralised than those in most of Europe, this would be an exaggeration. Of course, the king himself could dispense his own justice above the written law – indeed, such dispensations from the severe punishments otherwise stipulated were exceedingly common.¹⁷⁴ In addition to this was the relative autonomy of nobles on their own manor estates as described above. With regards to state officials, management did not necessarily equate to completely undiscerning legalism or centralism either. For example, the law itself ordered diocesan governors to try

¹⁷¹ Birgit Løgstrup has explored the independence of the estates in relation to the absolutist monarchy extensively. In English, see for instance Birgit Løgstrup, ‘The Landowner as Public Administrator: The Danish Model’, *Scandinavian Journal of History* 9, no. 4 (1984): 283–312.

¹⁷² Trond Bjerkås, ‘Houses Divided? Local Churches as Spaces of Contention in 18th- and Early 19th-Century Norway’, in *Bringing the People Back In: State Building from Below in the Nordic Countries ca. 1500-1800*, ed. Knut Dørum, Mats Hallenberg, and Kimmo Katajala (London: Routledge, 2021) 253.

¹⁷³ Mette Frisk Jensen, ‘Statebuilding, Establishing Rule of Law and Fighting Corruption in Denmark, 1660–1900’, in *Anticorruption in History: From Antiquity to the Modern Era*, ed. Ronald Kroeze, André Vitória, and Guy Geltner (Oxford: Oxford University Press, 2017), 197–210.

¹⁷⁴ Especially in sexual transgression cases as examined in Morten Kjær, ‘Guds og øvrigheds straf: Centralmagt og sædelighed i Danmark-Norge 1536-1648’ (Copenhagen, Ex Tuto, 2017), 401–6. It should be noted that the role of royal dispensations is not an entirely new topic, but one discussed already in Tage Holmboe, ‘Højesteret og strafferetten: Omrids af dansk strafferet fra Danske Lov til Straffeloven af 1866 med særligt henblik på Højesterets betydning for udviklingen’, in *Højesteret 1661-1961*, ed. Povl Bagge, Jep Lauesen Frost, and Bernt Hjejle, vol. 2 (Copenhagen: Gad, 1961), 63–202.

mediating in conflicts between other officials or citizens before involving the central administration at all.¹⁷⁵

Wider Nordic research has shown that early modern intermediary officials could potentially exercise significant influence.¹⁷⁶ Most drastically, Ståle Dyrvik once argued for a reinterpretation of the absolutist system as it functioned in Norway as “a decentralised state where the actual political power lay at the regional level with the diocesan governors”.¹⁷⁷ More recent, and less radically decentralist, analyses also point towards the potential fruitfulness of further emphasising the agency of regional and local officials.¹⁷⁸

How could a notion of duty be united with the agency required for officials to fulfil their tasks in practice? Several sections of the law recommended a certain sense of *billighed* in the determination of solutions.¹⁷⁹ In order to understand what this entailed, a few historical and etymological threads must be connected. Resting on Aristotelian *ἐπιείκεια*, the idea of *aequitas*, commonly but not perfectly translated into English as equity, had become a fixture of Roman and later European law in civil as well as common law traditions. A prevalent thought was that of a *ius aequum* supplementing the *ius strictum*. It supposed that, since the written law could never preemptively cover every potential circumstance, seeking out fair and equitable outcomes in the concrete case remained a fundamental judicial virtue – even in systems with meticulous legal codes. To act in accordance with this virtue, officials had to be able to distinguish when it was ap-

¹⁷⁵ Danish Code 3-1-3. Secher, 421–22. The Danish Code exists in several print and digital versions. As noted in the introduction, I refer to Secher’s 1911 edition, which follows the original 1683 pagination.

¹⁷⁶ Dørum, Hallenberg, and Katajala, ‘Repertoires of State Building from below in the Nordic Countries, c. 1500–1800’, 4–5.

¹⁷⁷ “Ein desentralisert stat der den eigentlege politiske makta ligg nede på regionalt nivå, hjå stiftamtmenene.” Ståle Dyrvik, ‘To statssystem andsynes fattigdomen - ein komparasjon’, in *Opdaginga av fattigdomen: Sosial lovgivning i Norden på 1700-talet*, ed. Karl-Gustaf Andersson et al., Centralmakt och lokalsamhälle - beslutsprocess på 1700-talet 2 (Oslo: Universitetsforlaget, 1982), 439.

¹⁷⁸ For further considerations, see Petri Karonen and Marko Hakanen, ‘Personal Agency and State Building in Sweden (1560–1720)’, in *Personal Agency at the Swedish Age of Greatness 1560-1720*, ed. Marko Hakanen and Petri Karonen (Helsinki: Finnish Literature Society, 2017), 13–44.

¹⁷⁹ For instance in Danish Code 3-16-4 and 5-2-61. Secher, 496, 702–3.

propriate to do so or, crucially, when doing so would instead amount to an arbitrary decision opposed to the law.¹⁸⁰ Remembering *aequitas* was important far beyond the field of legal scholarship too, as Martin Luther stressed in his writings on the proper relationship between the aforementioned estates of the Christian society and specifically the suitable “billich” conduct of the *ordo politicus*.¹⁸¹

Luther’s writings made these matters especially pertinent in a Lutheran confessional context. In German and Nordic legal cultures, furthered by attempts to create Lutheran theories of law, the traditional pairing was rendered as “the just and the reasonable” – “Recht und Billigkeit” in German or “ret og billighed” in Danish.¹⁸² Here, “the just” denoted legal justice embodied in written laws, whereas “the reasonable” denoted legitimate justice not embodied in these written laws but transcending them. As part of this pairing, the precedence of notions of “billig” also seems to have enjoyed wider usage in arguments by common people.¹⁸³

What might *billighed* have meant to eighteenth-century Danish officials such as the bishops and diocesan governors? In line with the traditional conceptions, a 1778 thesaurus explained it as “justice adjusted in a particular case according to the one judging and what is being judged”.¹⁸⁴ For a sense of what this actually entailed, we may turn to the prominent eighteenth-century Danish legal scholar Andreas Hojer. In his 1737 guide

¹⁸⁰ Recent surveys of the traditions of *aequitas* include Beneduzi, *Equity in the Civil Law Tradition*; Maniscalco, ‘The Concept of Equity in Early-Modern European Legal Scholarship’; Fortier, *The Culture of Equity in Early Modern England*.

¹⁸¹ Most centrally in his famous letter on temporal authority and obedience. WA 11, 272.

¹⁸² On the relationship between the two for early Lutheran thinkers such as Luther, Melancthon and particularly Oldendorp, see Witte, *Law and Protestantism: The Legal Teachings of the Lutheran Reformation*, 164–68. On the wider ideas in a German early modern context see for instance Armgardt and Busche, *Recht und Billigkeit: Zur Geschichte der Beurteilung ihres Verhältnisses*; Mauser, *Billigkeit: Literatur und Sozialethik in der deutschen Aufklärung*.

¹⁸³ Neveux and Österberg, ‘Norms and Values of the Peasantry in the Period of State Formation: A Comparative Interpretation’, 164.

¹⁸⁴ “Retfærdighed lempet i et vist Tilfælde efter den, som dømmer og det, som dømmes”. Benjamin Georg Sporon, *Eenstyedige danske Ords Bemærkelse, oplyst ved Betragtninger og Exempler*, vol. II (Copenhagen: Gyldendal, 1778), 62.

to future jurists, Hojer stated that if the law and legal precedent came up empty, *billighed* entered the picture.¹⁸⁵

The polymath Ludvig Holberg, fellow jurist and rival of Hojer, likewise reflected on what constituted a *billig* legal practice. In his introduction to natural and civil law, first published in 1716, Holberg drew a distinction between dispensation and *billighed* precisely by the agent making the decision.¹⁸⁶ Dispensing from a law was solely a prerogative of the monarch, but when it came to *billighed*, it was rightful for judges to make allowances when interpreting a law. In Holberg's own words, these allowances concerned "exempting such cases, which reason dictates that the lawgiver would have exempted himself". For Holberg then, *billighed* in the context of the absolute monarchy meant acting in accordance with the king's intent, interpreting when the written law was silent but never opposing the monarch and God's natural order, which he represented.¹⁸⁷

Later in the century, a third significant Danish legal scholar, Peder Kofod Ancher, argued similarly that a proper judge should strive to understand whether a law was intended by the lawgiver to be understood in a more or less severe manner in any particular case. A certain comprehension of the foundations underneath the written law, including natural *billighed*, was necessary, since no law could ever be detailed enough to clearly settle all particular cases.¹⁸⁸

¹⁸⁵ Andreas Hojer, *Forestilling paa en Dansk Jurist, den 1. Part forfattet i en offentlig Disputatz holden den 4. april. 1736*, trans. Peder Sommer (Copenhagen, 1737), 49. Originally published in Latin as Andreas Hojer, *Ideae Icti Danici partem 1. disputatione anniversaria expositam publico eruditorum examini subiciit* (Copenhagen, 1736).

¹⁸⁶ On Holberg's *Introduction til Naturens- og Folke-Rettens Kundskab* as a whole, see Haakonssen, 'Holberg's Law of Nature and Nations'.

¹⁸⁷ "undtage saadane Casus, som Fornuften tilsiger Lov-Giveren selv havde villet undtage". Ludvig Holberg, *Introduction til Naturens- og Folke-Rettens Kundskab, Uddragen af de fornemste Juristers besynderlig Grotii, Pufendorfs og Thomasii Skrifter, Illustreret med Exempler af de Nordiske Historier, og confereret med disse Rigers, saa vel gamle som nye Love*, vol. I (Copenhagen, 1716), 25. See also Jørn Øyre-hagen Sunde, 'Igiennem den juridiske labyrinth': *Eller rettskjeldelærer og rettskjeldebruk på første halvdel av 1700-talet eller spørsmålet om 'legulejus'*, Det juridiske fakultets skriftserie 82 (Bergen: Universitetet i Bergen, 2000), 25–26.

¹⁸⁸ Peder Kofod Ancher, *Anviisning for En Dansk Jurist, Angaaende Lovkyndigheds adskillige Deelee, Nytte og Hielpemidler* (Copenhagen, 1777), 73.

At this point, *aequitas* had essentially become synonymous with natural law in wider European legal scholarship as well as in the nascent Danish legal field, where natural law played an increasingly large role.¹⁸⁹ Though important in intellectual history, these shifting underpinnings are of limited concern for this study. What is relevant here is that the notion was established and referenced by legal scholars and judges at the time. By the eighteenth century, *billighed*, was a recognised ideal in Danish-Norwegian law, legal scholarship and, as argued in the field of legal culture, even practical jurisprudence.¹⁹⁰ In this thesis, I argue that this is applicable to the decisions made by officials outside of the courtroom too. *Billighed* then becomes a useful notion to avoid overemphasising the rigidity and legalism of a poor relief system in which officials had to make concrete decisions.

I employ the notions of duty and *billighed* as points of reference for the ideals of the institutional frameworks. At the outset, I take these to be analytically usable institutional ideals rather than facts about practice. The degree to which these ideals were reflected in the practical management of mentally afflicted people will be explored in the analysis of the actual cases from the diocesan authority sources. Before moving on to this analysis, though, it is imperative to present some of the legal and pastoral frameworks available to the bishops and diocesan governors.

¹⁸⁹ Beneduzi, *Equity in the Civil Law Tradition*, 119–25; Schmidt, *Rechtsgefühl: Subjektivierung in Recht und Literatur um 1800*, 46–47. On contrasting conceptions of natural law in relation to the Lutheran three estates notion, see Svend Andersen, ‘Two Kingdoms, Three Estates, and Natural Law’, in *Lutheran Theology and the Shaping of Society: The Danish Monarchy As Example*, ed. Bo Kristian Holm and Nina J. Koefoed (Göttingen: Vandenhoeck & Ruprecht, 2018), 189–213.

¹⁹⁰ Most forcefully, Jørn Øyrehagen Sunde contends that *billighed* was a vital notion both before and after its close association with natural law. Sunde, ‘*Igiennem den juridiske labyrinth*’: *Eller rettskjeldelærer og rettskjeldebruk på fyrste halvdel av 1700-talet eller spørsmålet om ‘legulejus’*, 24–27, 34–44; Jørn Øyrehagen Sunde, *Speculum legale - Rettspegelen: Ein introduksjon til den norske rettskuturen si historie i eit europeisk perspektiv* (Bergen: Fagboklaget, 2005), 236–37.

Legal frameworks

Even with all aspects of *billighed* taken into account, it must be recalled that eighteenth-century Danish judges and officials had a strong legal foundation to draw upon. These legal sections are critical for understanding the practical management of cases concerning mental disorder. Though new legislation appeared through royal decrees, the Danish Code of 1683, *Danske Lov*, remained the principal legal source throughout the century. As such, its sections on mental disorder are indispensable when analysing the practical management by legal and administrative officials alike. The following is by no means a general overview of the Danish Code. Rather, the attention will be solely on sections potentially applicable in cases relating to the evaluation, punishment, confinement or care of mentally disordered individuals.¹⁹¹

The Danish Code on *non compos mentis* offenders

States of mental disorder were mentioned in passing several times in the Danish Code, but three sections, 6-6-17, 6-6-21 and 1-19-7, especially stand out for the purposes of this study.¹⁹² The first of the three relevant sections was located in the sixth book of the Danish Code, covering criminal offences. Section 6-6-17 specifically concerned individuals guilty of homicide but not punishable due to their mental state. The section, which has been subject to the most scholarly attention of the three, read as follows:

“If a homicide is committed by someone in delirium and fury then he should not lose his life, but from the possessions which he owns or may obtain later should

¹⁹¹ The main anthology on the Danish Code and its wider legacy is Ditlev Tamm, ed., *Danske og Norske Lov i 300 år* (Copenhagen: Jurist- og Økonomforbundets Forlag, 1983).

¹⁹² Other sections mentioning mental states were: Danish Code 3-16-5, prohibiting the betrothal of individuals “without rationality and reason”, “ikke ved sin rette Fornuft og Forstand”; 3-16-16, rejecting divorce solely due to one part becoming “insane”, “afsindig”; 3-17-1, counting “madness”, “Vanvittighed”, as a legitimate reason for guardianship if deemed *billig* by the authorities; 6-19-10, transferring the retribution for fire damage caused by a “fool”, “Taab”, to whoever allowed them to tend to the fire. Secher, 496, 520–21, 524, 995.

be given to the heirs of the deceased the full weregild of three times eighteen loth of silver.”¹⁹³

Even though the section only mentioned homicide explicitly, previous research has indicated that legal courts also came to employ 6-6-17 in cases of violent criminal acts more broadly. In this way, this section gradually reached a status comparable to an overall *non compos mentis* statute of the type known in other European legal systems.¹⁹⁴ As we shall see in the following chapters, the two terms “delirium and fury” were arguably the most crucial terms in the section, yet they remained unaccompanied by any precise criteria for identifying or evaluating these states. What these entailed seems to have been assumed within the legal system to have been self-evident.

An analogous section, section 6-6-21, has received less attention in the existing scholarship. Concerning the criminal and religious sanctions for those who took their own life rather than another’s, this section stated:

“The one who kills himself loses his property to his lordship and may not be buried in neither church nor churchyard, unless he does so in illness and fury.”¹⁹⁵

For the purposes of this study, the most significant component of section 6-6-21 is its exception. The short subordinate clause at the end of the section echoed section 6-6-17 as a *non compos mentis* exemption from punishment. The two sections also almost shared vocabulary for the conditions or mental states worthy of such an exemption – “delirium

¹⁹³ “Skeer Drab af nogen i Vildelse og Raserj, da bør hand ej paa Livet at straffis, men af sin Formue, som hand haver, eller kand derefter bekomme, give til den Dødis Arvinger fuld Mandebod trende atten Lod Sølv.” Danish Code 6-6-17. Secher, 895.

¹⁹⁴ Reeh and Hemmingsen, ‘Melancholy Diagnostics: On Pietist Introspection and Forensic Psychiatry in Statu Nascendi’, 265; Holmboe, ‘Højesteret og strafferetten: Omrids af dansk strafferet fra Danske Lov til Straffeloven af 1866 med særligt henblik på Højesterets betydning for udviklingen’, 174–75.

¹⁹⁵ “Den, som sig selv ombringer, have sin Hovedlod forbrut til sit Herskab, og maa ej begravis enten i Kirken eller paa Kirkegaard, med mindre hand gjør det i Sygdom og Raserj.” Danish Code 6-6-21. Secher, 897.

and fury” and “illness and fury”. How the authorities, legal as well as administrative, should interpret these terms in practice was still far from clear.

The Danish Code on confinement

Other than sanctioning financial compensation to the victim’s heirs, 6-6-17 contained nothing about what to do with a non-punishable perpetrator after such a verdict. This matter was touched upon in the first book of the Danish Code, however. Here, in the part of the code encompassing courts and legal processes, 1-19-7 stated as follows:

“If anyone is found to be furious or mad then whoever wants to may bind him and bring him to court and offer him to his kin, and they are obliged to confine him if they have the means to do so; if not then the authorities should place him in confinement.”¹⁹⁶

Bound together by a common language of “fury”, this section in many ways could function as an extension of section 6-6-17. The two sections enabled state officials to first deem an individual non-punishable because of their mental state and then confine that same individual because of the very same mental state.¹⁹⁷ Still, the application of 1-19-7 did not necessarily require a prior 6-6-17 verdict or any criminal actions whatsoever. Viewed by itself in this way, it could also sanction compulsory confinement solely due to a perceived deviant mental state.

Of course, even though the Danish Code remained the principal legal text throughout the period which this thesis examines, legal development did not come to a halt in 1683. New legislation arose through royal decrees, and courts interpreting existing legislation through legal practice. For instance, decrees concerning the establishment of the hospital confinement cells central to this study would become a reoccurring phenomenon

¹⁹⁶ “Findis nogen rasende, eller galind, da maa, hvem der vil, hannem binde, og føre hannem til Tinge, og tilbyde hans Frænder hannem, og de ere pligtige at forvare hannem, saa fremt de have Middel dertil; Hvis ikke, da bør Øvrigheden at sette hannem i Forvaring”. Danish Code 1-19-7. Secher, 134.

¹⁹⁷ Waaben K., *Retsspsykiatri og strafferet i historiens lys*, 21–22.

in the eighteenth century. These decrees will be considered in Chapter 2. Before that, a final set of frameworks merits presentation. These were frameworks for pastoral management – instructions available to the most common state official of all, the parish pastor.

Pastoral frameworks

As a comprehensive code of a confessional Lutheran kingdom, the Danish Code also covered some matters of church discipline, some of which in turn, become relevant particularly in cases concerning mental affliction. Church discipline encompassed the possible sanctions at the disposal of the church against those at risk of falling outside of the Christian community. This might appear distant from the management of mental affliction, but matters of church discipline and criminal offences did not inhabit wholly separate spheres in early modern European societies.¹⁹⁸ This was certainly not the situation in this confessional system, where the Danish Code regulated both. Here, the rules for excluding individuals from the sacrament of Communion or requiring them to confess publicly beforehand can accentuate some vital connections.

The Danish Code on church discipline

To better perceive connections between criminal legislation and church discipline, let us return briefly to the Danish Code on suicide. In the previous section, we saw how section 6-6-21 linked criminal and religious sanctions – one in the realm of property confiscation and one in the realm of Christian burial. A section in the second book of the Danish Code, the book specifically regulating the church, supplemented this somewhat. Section 2-10-4 forbade gravesite ceremonies and funeral sermons for those who had “murdered themselves on purpose”.¹⁹⁹

¹⁹⁸ Jeannette Kamp, *Crime, Gender and Social Control in Early Modern Frankfurt Am Main* (Leiden: Brill, 2020), 169–70; Lotz-Heumann, ‘Imposing Church and Social Discipline’, 247–48; Martin Ingram, ‘History of Sin or History of Crime? The Regulation of Personal Morality in England, 1450-1750’, in *Institutionen, Instrumente Und Akteure Sozialer Kontrolle Und Disziplinierung Im Frühneuzeitlichen Europa*, ed. Heinz Schilling (Frankfurt am Main: Vittorio Klostermann Verlag, 1999), 90–95.

¹⁹⁹ “har myrt sig selv med Villie”. Danish Code 2-10-4. Secher, 284.

A parallel juncture of criminal punishment and exclusion in the second book of the Danish Code potentially connected this to Communion as well. The principal section on church discipline, 2-5-18, instructed pastors never to admit anyone guilty of, amongst other offences, “homicide” or “other public vices” to regular private confession before Communion. These people were excluded until they had undergone a preceding public confession and absolution in church.²⁰⁰ Some disagreement endured amid eighteenth-century Danish jurists if suicide attempts could be legally associated with completed suicides.²⁰¹ The vagueness of the law therefore also left interpretative room as to whether a suicide attempt in a sane state of mind should occasion church discipline sanctions or not. A central ritual in a societal as well the theological sense, taking part in Communion signified that one belonged to the community of Christ and the community of fellow Christians – with the latter also implying the particular congregation of one’s neighbours in the parish.²⁰² As a rule, everyone was obliged to attend Communion at least annually, always preceded by confession.²⁰³ Amongst the few who should be refused Communion in spite of this, section 2-5-25 listed “those who are under a public ban and have not yet received absolution” but also “insane people”.²⁰⁴ Indicative of a long-term continuity in the post-reformation church, this passage had been carried over almost verbatim from the older 1537 Church Ordinance.²⁰⁵

Thus, the second book of the Danish Code regulated some specifics of church discipline and pastoral exclusion based on both behaviour and mental capability. The Danish Code did not make up the pastoral frameworks altogether, though. Another foun-

²⁰⁰ “Manddrab”, “andre aabenbarlige Laster”. Danish Code 2-5-18. Secher, 236–37.

²⁰¹ Fenger, ‘Selvmord i kultur- og retshistorisk belysning’, 73–74.

²⁰² Appel, ‘Værdige gæster ved herrens bord: Sognepræsternes rolle i administrationen af skriftemål og altergang efter reformationen’, 24–25.

²⁰³ Danish Code 2-5-27. Secher, 242. This was of course not a particularly Lutheran expectation, but one preceding the Reformation by centuries. The Fourth Council of the Lateran affirmed an almost identical requirement already in 1215. Norman P. Tanner, ed., *Decrees of the Ecumenical Councils - Conciliorum Oecumenicorum Decreta*, vol. I, Nicaea I to Lateran V (Washington: Georgetown University Press, 1990), 245.

²⁰⁴ “Dem, som ere aabenbare Bandsatte“, “Afsindige Mennisker”. Danish Code 2-5-25. Secher, 240–41.

²⁰⁵ Lausten, *Kirkeordinansen 1537/39: Tekstudgave med indledning og noter*, 111, 186.

dational text on the pastoral obligations of pastors was the Church Ritual of 1685, *Danmarks og Norges Kirkeritual*, the next document in focus. In addition to supplementary guidelines for church discipline, particularly on the exact ritual of public absolution, the Church Ritual also included sections specifically on the management of mentally afflicted parishioners.

The Church Ritual on church discipline and pastoral care

The public confession and absolution referenced in 2-5-18 of the Danish Code commanded a comprehensive ritual, which the Church Ritual described in detail. The pastor should ask the person requesting absolution to confess the particular sin, which had “greatly affronted their Heavenly Father and offended their fellow Christian and neighbour; but above all this congregation of God, which they had been a member of”. It is worth noting the emphasis on the congregation. Throughout, the person would be on their knees affirming the pastor’s questions, before turning towards the entire congregation to ask for forgiveness too. The ritual ended with the pastor assuring that this specific sin and indeed all others were forgiven in the name of the Father, Son and Holy Spirit, allowing the confessing person to attend Communion with their fellow congregants. In rural churches, Communion would take place immediately afterwards.²⁰⁶

In contrast to the elaborate public absolution manual, the commentary on exclusion from Communion due to mental disorder was limited to a single sentence reminding pastors to exclude “those forbidden by law”, namely section 2-5-25 of the Danish Code.²⁰⁷ Though unpublished at the time, the original draft of the Church Ritual by its most probable main author, the bishop of the Diocese of Zealand Hans Bagger, can supply some of

²⁰⁶ “højligten fortørnet eders Himmelske Fader og forarget eders Jevnchristen og Næste; men allermest denne Guds Menighed, som I har været en Lem udi” *Danmarks og Norgis Kirke-Ritual* (Sabro: Udvalget for Konvent for Kirke og Theologi, 1985), 56–59.

²⁰⁷ “de, som Loven det forbyder”. *Danmarks og Norgis Kirke-Ritual*, 63. See also Svend Borregaard, *Danmarks og Norges kirkeritual af 1685*, Teologiske studier. Dansk teologisk tidsskrift. II afd. 13 (Copenhagen: Gad, 1953), 139.

its premises.²⁰⁸ The draft noted that amongst the excluded were the “mad, insane and possessed people, who cannot self-examine whether they are in the faith and do not know how to distinguish this [the sacrament] from ordinary food”. Despite grouping the “mad” and “insane” with the “possessed”, Bagger did not openly apportion any specific moral blame to them. Unlike those under ban for their vices by 2-5-18 of the Danish Code, these persons were excluded because of an inability to comprehend, rather than a refusal to abide by the law.²⁰⁹

This suggests a rationale of exclusion distinct from the one occasioning public confession from offenders – including, potentially, those who had attempted suicide in a sane state. Whereas those under public ban had voluntarily acted in a manner, which now compelled the pastor to keep them from the sacrament, the insane of section 2-5-25 in the Danish Code were involuntarily in the same position as young children yet unable to understand.²¹⁰

With regards to pastoral care for the afflicted, the Church Ritual foremost instructed pastors to pray from the church pulpit for all ill and suffering in their congregations.²¹¹ More specifically, the topic of mental affliction had its own section alongside supposedly adjacent conditions like possession and temptation. Here, pastors were told to cautiously discern between those “possessed”, those “only plagued outwardly by the

²⁰⁸ On the authorship and preparation of the Church Ritual, see Svend Borregaard, *Danmarks og Norges kirkeritual af 1685*, Teologiske studier. Dansk teologisk tidsskrift. II afd. 13 (Copenhagen: Gad, 1953), 35–46.

²⁰⁹ “Galne, afsindige, og besatte Mennisker, som icke kand prøfve sig self, om de ere i troen, og vide icke at gjøre forskjel paa denne og anden gemen spise”. Church Ritual draft, 38. Due to Borregaard’s somewhat imprecise reference in his 1953 transcription, all subsequent studies seemingly reference his printed, modernised version instead of Bishop Bagger’s original manuscript. I have, however, come across the draft also used by Borregaard in the unassumingly named archival series “Gudtjenesten i vore kirker”, “the service in our churches”. Dated 1706 in the index of the Danish National Archives, its official description mentions neither Bagger nor the Church Ritual. See the bibliography for the full archival reference.

²¹⁰ As also argued with regards to the corresponding passage in the earlier Church Ordinance in Mattias Skat Sommer, ‘Reformationen af dagligdagen’, in *Reformationen i dansk kirke og kultur*, ed. Niels Henrik Gregersen and Carsten Bach-Nielsen, vol. I (Odense: Syddansk Universitetsforlag, 2017), 362.

²¹¹ *Danmarks og Norgis Kirke-Ritual*, 18.

Devil”, those hurt by “poison or witchcraft” and those afflicted by a “natural weakness” such as “lunacy, fury, the falling illness and the like”. All of these were presented without explanation, much like in sections 6-6-17 and 6-6-21 of the Danish Code. Regarding terms, “fury” notably occurred in both texts. Lastly, if the troublesome situation persisted, the pastor should contact his bishop. The bishop would then assemble a group of pastors and doctors to distinguish between the aforementioned alternatives.²¹²

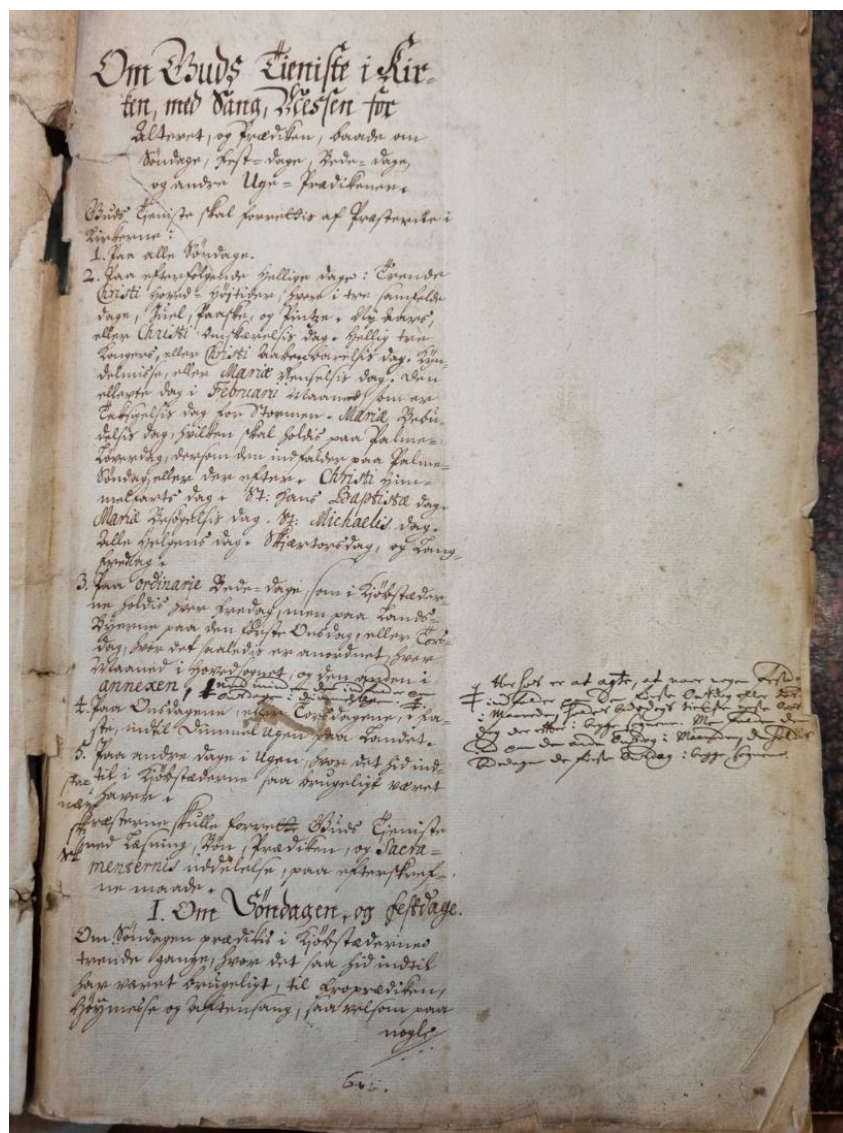


Illustration 2: The first page of Hans Bagger’s original draft for the Church Ritual of 1685.

²¹² “besat”, “ikkun udvortes plages af Dievelen”, “Forgift eller anden Troldom”, “naturlig Svaghed”, “Maanedsyge, Raserie, den faldende Syge og andre deslige”. *Danmarks og Norgis Kirke-Ritual*, 80.

In extension, the Church Ritual suggested a variety of pastoral tools to assist people mentally afflicted yet receptive to conversation. These people were described as tired of life due to “evil thoughts”, perhaps referring to suicidal ideas. In such cases, the pastor should visit and speak in private with the person in question. Based on the dialogue, he was to ascertain whether this person was distressed in an unreasonable way or simply felt guilty about sinful actions. If the first was the case, the pastor should attempt to console them back to a less anxious mental state, where they were once again the “master of their own mind”. Besides regularly conversing with them himself, the pastor should encourage the afflicted person to talk with others in the parish. Like the section on ill and suffering people overall, this section suggested prayer. While the pastor led the specific prayers from the pulpit, praying and singing hymns in the aid of someone was also a communal effort. The other congregants of the parish and, in severe cases, even adjacent parishes were instructed to pray together.²¹³

Most importantly, Communion was to serve as treatment and assurance. This was quite unlike the exclusion from the sacrament due to defective comprehension in 2-5-25 of the Danish Code and the Bagger draft. Those struck by less severe mental disorder, such as those afflicted by distressing thoughts, were still required and very much encouraged to receive Communion. The Church Ritual stated that “there is no means more powerful in aiding these melancholics than God’s word of salvation and the highly honourable sacrament of Communion”, and as such “the pastor should urge such an anxious soul towards it”.²¹⁴ If the person recovered, the pastor should thank God in another prayer from the pulpit. In addition to resembling the instructions for aiding other ailing people, this eventual recovery to the former state reflected the general configuration of church discipline. A return to the fold of the congregation was seemingly the expected conclusion.²¹⁵

²¹³ “onde Tanker”, “Herre over sit eget Sind”. *Danmarks og Norgis Kirke-Ritual*, 76, 78–79.

²¹⁴ “der er intet kraftigere Middel til at hielpe saadanne Melankolske til rette med, end Guds saliggjørende Ord og det høiværdige Nadverens Sacramente”, “skal Præsten søge at føre saadan en beklemmt Siel dem til Brug”. *Danmarks og Norgis Kirke-Ritual*, 76.

²¹⁵ As expressed by Martin Luther in his immensely influential *Large Catechism*, in which he, referencing Matthew 9:12, presented the sacrament as a restorative medicine for the spiritually ill. WA 30, I, 231. On

The Danish Code and the Church Ritual were the official texts of reference, but additional tools were available to eighteenth-century pastors faced with mentally afflicted parishioners. In order to gain a more detailed picture of the pastoral frameworks, it is valuable to include actual pastoral manuals. As above, this will be limited to passages on understanding and dealing with people in severe mental distress or disorder.

Hemmingsen and Pontoppidan on pastoral care

The first of the pastoral manuals with a potential to influence conceptions of mental affliction was not a product of the eighteenth century. The manual, Niels Hemmingsen's *Pastor sive pastoris optimus vivendi agendique modus*, had first been published already in 1562.²¹⁶ Even so, it would remain in use throughout the seventeenth and into the eighteenth century. Hemmingsen, then a professor of theology, wrote his manual in Latin, and it found an audience amongst pastors in the Nordic countries and beyond.²¹⁷ The care for the mentally distressed or disordered did not receive detailed treatment by itself, but rather appeared only in connection with other pastoral tasks. While Hemmingsen's treatment was brief, its aim is noteworthy, because Hemmingsen did not connect the care for the afflicted or wayward with church discipline. Instead, he presented it as an extension of the duty to preach the gospel, the foremost task of a pastor. Whether in church or in the

Luthers multifaceted ideas about melancholy and madness, see H.C. Erik Midelfort, *A History of Madness in Sixteenth-Century Germany* (Stanford University Press, 1999), 90–108; see also Ronald K. Rittgers, *The Reformation of Suffering: Pastoral Theology and Lay Piety in Late Medieval and Early Modern Germany*, Oxford Studies in Historical Theology (Oxford: Oxford University Press, 2012).

²¹⁶ Niels Hemmingsen, *Pastor sive pastoris optimus vivendi agendique modus* (Copenhagen, 1562); Sommer, *Envisioning the Christian Society: Niels Hemmingsen (1513-1600) and the Ordering of Sixteenth-Century Denmark*, 12.

²¹⁷ Amy Nelson Burnett, 'The Evolution of the Lutheran Pastors Manual in the Sixteenth Century', *Church History* 73, no. 3 (2004): 545–46. Hemmingsen's *tröstbuch*, the frequently translated *Antidotum adversus pestem desperationis* from 1590, proved similarly influential beyond Danish clerical circles. Notably, it became a source for the British author Robert Burton in his famous work *The Anatomy of Melancholy*. See Mary Ann Lund, *Melancholy, Medicine and Religion in Early Modern England: Reading 'The Anatomy of Melancholy'* (Cambridge: Cambridge University Press, 2010), 60–67; J. B. Bamborough, 'Burton and Hemingius', *The Review of English Studies* 34, no. 136 (1983): 441–45.

home of an afflicted person, the basic purpose was the same – as “peritus medicus”, a pastor had a duty to talk with his parishioners and apply the correct spiritual medicine to their afflictions.²¹⁸

In the middle of the eighteenth century, a pastoral manual influenced by Lutheran Pietism supplemented Hemmingsen’s. Bishop Erik Pontoppidan’s 1757 *Collegium pastorale practicum* became the key manual for generations of Danish and Norwegian clergy in the second half of the century.²¹⁹ It was typical of a theological current more explicitly concerned with individual piety and inner tribulations. Intended as a one-volume comprehensive guide, Pontoppidan’s manual was far lengthier than Hemmingsen’s and also dealt with mental affliction in further detail. Pontoppidan dedicated several pages to the correct conduct of pastors in dealing with afflicted people, including those suffering from suicidal thoughts.²²⁰ He urged pastors not to make hasty judgements about those “poor people” who committed suicide “either in fury or deep melancholy”. While pastors should keep their burials discreet not to cause offense in the congregation, their true standing with God remained unknowable.²²¹ Pontoppidan also reflected upon a personal experience with a melancholic and suicidal parishioner, using her as an example of someone

²¹⁸ Sommer, *Envisioning the Christian Society: Niels Hemmingsen (1513-1600) and the Ordering of Sixteenth-Century Denmark*, 146; Carl Christian Jessen, ‘Embede og Præst: Om Niels Hemmingsens pastoraltheologi’, *Kirkehistoriske Samlinger* 7, no. 6 (1968): 546.

²¹⁹ The *Collegium pastorale practicum* and its merits as a source for eighteenth-century pastoral care more broadly are considered in Johannes Pedersen and Bjørn Kornerup, *Den danske kirkes historie*, ed. Hal Koch and Bjørn Kornerup, vol. V (Copenhagen: Gyldendal, 1951), 253, 289–90; Michael Neiiendam, *Erik Pontoppidan: Studier og Bidrag til Pietismens Historie*, vol. II (Copenhagen: Gad, 1933), 230, 312.

²²⁰ As summed up by Nicholas Hope, for Pontoppidan “the main duty of the office was to watch over souls.” Hope, *German and Scandinavian Protestantism, 1700-1918*, 275.

²²¹ “arme Mennisker”, “enten i Raserie eller dyb Melancholie”. Erik Pontoppidan, *Collegium pastorale practicum, indeholdende en fornøden Underviisning, Advarsel, Raadførelse og Opmuntring for dennem som enten berede sig til at tiene Gud og Næsten i det hellige Præste-Embede, eller og leve allerede deri, og ynske at udrette alting med Frugt og Opbyggelse* (Copenhagen: Det Kongelige Waysenhuus, 1757), 611.

exceptionally comforted by confession. He noted that most people at this time preferred private conversations in the parsonage instead.²²²

An earlier collection of Pontoppidan's pastoral letters issued to the clergy in the Norwegian Diocese of Bergen suggested an even deeper interest in mental states. Here, Pontoppidan reflected at length on the relationship and differentiation between spiritual and mental affliction. He specifically warned his readers against mistaking the "cautionary nagging worm of conscience, awakened by God's own spirit and word" for either "melancholy and fury" or "the Devil's evil temptations and scruples". There could be plenty of true reasons to feel despondent. If a parishioner was actually proceeding down the wrong path, they should not turn to other people for comfort but to God for forgiveness. Distractions from this contemplation were the last thing they needed.²²³ Pontoppidan reflected Lutheran Pietist views by stressing the role of personal experience, yet there were clear continuities. His apprehensions about reaching a correct pastoral diagnosis before taking action pointed directly back to the Church Ritual.²²⁴

Concerning people incapable of understanding any pastoral arguments, Pontoppidan's manual likewise referred to the Church Ritual and its section on Communion exclusion. A pastor could outright refuse Communion without any approval from his superiors, if "the one requesting Communion was insane or quite without comprehension of the main truths of the religion".²²⁵ With regards to administrative duties for the poor and

²²² Pontoppidan, 539–42. Pontoppidan's story of the melancholic woman is discussed in Troels Nørager, "Hiertet er overmaade bedrageligt, hvo kand kiende det?": Teologi, psykologi og sjælesorg i Erik Pontoppidans Collegium pastorale practicum', in *Ordet og livet: Festskrift til Christian Thodberg*, ed. Carsten Bach Nielsen et al. (Aarhus Universitetsforlag, 1999), 121–40.

²²³ "til Advarsel nagende Samvittigheds-Orm, opvakt ved Guds egen Aand og Ord", "Melancholie og Raserie", "onde Fristelser og Anfægtelser af Dievelen". Erik Pontoppidan, *Opvækkelige Hyrde-Breve, aarlig forsendte til Præsteskabet i Bergens-Stift, efter manges Begiæring til Trykken befordrede* (Bergen, 1753), 168.

²²⁴ The worry that medical explanations could be used to dismiss spiritual afflictions was also common with eighteenth-century English "physicians of the soul". See Jeremy Schmidt, *Melancholy and the Care of the Soul: Religion, Moral Philosophy and Madness in Early Modern England* (Aldershot: Ashgate, 2007), 186.

²²⁵ "den som begiærede Nadveren var afsindig, eller i Religionens Hoved-Sandheder gandske vankundig" Pontoppidan, *Collegium pastorale practicum*, 481.

the ill, Pontoppidan reminded pastors that a good Christian should do right by working to “eat their own bread” and, therefore, have some to spare for those who were rightfully unable to work. The latter group specifically included the “insane”. In his duties for the poor relief system, a pastor should similarly keep the plight of such people in mind, recalling that he “acted in place of a father for them”.²²⁶

Extensive pastoral structures existed in the Danish Code, the Church Ritual and the pastoral manuals of Hemmingsen and Pontoppidan. The texts conceptualised mental affliction as different possible states, which pastors ought to approach in different ways. Some people were incapable of understanding. The pastor had a responsibility to exclude these people from Communion alongside those temporarily banned as part of church discipline. Others were afflicted yet capable of understanding. The pastor had an equally strict responsibility to let these people receive the sacrament and confirm their place in the community through conversation, singing and prayer. On top of this, both unfortunate states had to be distinguished from legitimate shame brought on by a sinful way of life.

Conclusion

Several institutional, legal and pastoral frameworks are available to help structure an inquiry into the diocesan authority management of mentally afflicted people in eighteenth-century Denmark. In this chapter, I have presented the frameworks I believe to be most useful. Concerning the first of these frameworks, the institutions of the poor relief system, I have naturally paid most attention to the diocesan authorities. These were instrumental in the management of poor relief through their supervision of hospitals and thereby epitomised the merging of church and state inherent to the entire system. This was a confessional system that could be envisioned as an extended household. As part of these institutional frameworks, contemporaneous notions of duty and *billighed* had a potentially significant impact as ideals informing the work of state officials.

As to the second set of frameworks, a number of legal sections, most notably sections 6-6-17, 6-6-21 and 1-19-7 of the Danish Code, could structure legal and administrative approaches to mental disorder. A prevailing theme across these legal sections was

²²⁶ “æde deres eget Brød”, “Afsindige”, “staae dem i Faders Sted”. Pontoppidan, 710.

that some individuals were mentally unfit enough to be considered as legally non-punishable but that the same individuals could still be forcibly confined. Still, these sections gave no specifications for how officials should identify such individuals.

Similar concerns existed in the sphere of church discipline and pastoral care, discussed in the third set of frameworks. Like the legal frameworks, the pastoral sections of the Danish Code and the Church Ritual highlighted a pastor's duty to exclude certain individuals, at least temporarily. Here, the main type of prescribed exclusion was that of Communion. Widespread pastoral manuals supplemented this by discussing mental affliction as a cause for both care and exclusion according to the assessment of the pastor.

How did the diocesan authorities manage specific cases concerning mentally afflicted individuals within these frameworks? Did they or the system as a whole have a clear-cut method for such cases? In the following chapter, I will begin investigating these questions in the archival sources – looking first at the confinement facilities in the hospitals and then at the processes entailed in what one could call applied confinement management.

Chapter 2: Managing cell confinement

Surrounding the management of cases concerning mentally afflicted individuals in eighteenth-century Denmark were ideas and structures which, as we have seen in the previous chapter, it is useful to conceptualise as institutional, legal and pastoral frameworks. This chapter moves beyond ideals and expectations to consider the first elements of applied management by the diocesan authorities through the regulations and practices around the use of hospital confinement cells. The chapter is divided into three parts. Using primarily royal decrees, the first part is focused on the initial establishment of hospital confinement cells. Next, the emphasis moves to the confinement cells as facilities and, finally, how the different institutions of the poor relief system typically managed the confinement process itself. The second and third parts draw on sources from the hospital archives and introduce the first diocesan authority cases. Throughout, this chapter's principal focus is interpreting the decisions made as part of these management processes in light of the legal and institutional frameworks outlined above.

Establishing hospital confinement cells

In July 1737, the county governor of Koldinghus County made a suggestion to his supervisory officials, the bishop and the diocesan governor in the Diocesan Authority of Ribe. It concerned the possibility of establishing one or two confinement cells for “insane people” at each of the general hospitals in the diocese. This suggestion was not unreasonable. The establishment of one or two cells at every hospital had in fact been required by royal decree for almost three decades. In this instance, an immediate occasion also prompted the county governor's suggestion. Four such individuals were presently causing problems in his county and ought, in his opinion, to be confined. Nevertheless, the bishop and diocesan governor were hesitant in their response. They conceded that more confinement cells would be beneficial, writing that they “wished nothing more than for this to happen”, but also noted several obstacles to making his suggestion a reality. In the first place, the county governor would have to find an institution willing to finance the construction of these confinement cells. Then, the same problem continued in the longer term, pertaining to the costs of food for those placed in the confinement cells. Finally, the bishop and the

diocesan governor reminded the county governor that they could not force the hospitals to act against their specific hospital charters. These caveats notwithstanding, the diocesan authority promised to provide any assistance necessary if the county governor figured out a way to establish new confinement cells but at the expense of county funds. Nothing seems to have followed in the immediate aftermath of this letter. The fate of the four individuals in Koldinghus County, similarly, remains unknown.²²⁷

Decrees and realities

The letter from the Diocesan Authority of Ribe to the county governor of Koldinghus County is emblematic of the overall situation with regards to hospital confinement cells in eighteenth-century Denmark. It contains several elements commonly found in diocesan authority correspondences in all the three dioceses covered in this thesis. These elements include the worry about securing financing in a system with diverse institutions, the issue of these institutions having separate charters and, most importantly, the protracted issue of actually establishing any confinement facilities. Constructing hospital confinement cells was an ongoing development throughout the century. As such, the precise details within the wider institutional and legal frameworks were in flux. This continually changed the situation in which the bishops, diocesan governors and other officials acted.

The Poor Law of 1708 did not stipulate anything about establishing confinement facilities for mentally afflicted people in towns outside of Copenhagen. Even though the law mentioned St. Hans Hospital in Copenhagen, at this time known as Pesthuset, which also housed mentally afflicted people, it referred to this as a destination for those who had “caused their own destitution through drunkenness or other vices”.²²⁸ The following year,

²²⁷ “afsindige Mennisker”, “vi intet hellere ønskede end at det kunde faae Fremgang”. DAR, copybooks, 1731-1739 (23 July 1737).

²²⁸ “med Drukkenskab eller andre Laster foraarsaget sig selv sin Armod”. Forordning om Betlere i Danmark saavel paa Landet som i Købstæderne, København undtagen (24 September 1708). J.H. Schou, *Chronologisk Register over de Kongelige Forordninger og Aabne Breve, samt andre trykte Anordninger, som fra Aar 1670 af ere udkomne, tilligemed et nøiagtigt Udtog af de endnu giældende, for saavidt samme i Almindelighed angaae Undersaatterne i Danmark, forsynet med et alphabetisk Register*, 3rd ed., vol. II (Copenhagen: Gyldendal, 1822), 126.

however, Frederik IV issued a royal decree to the bishops and diocesan governors of Denmark. This decree explicitly concerned the establishment of hospital confinement cells for people outside of Copenhagen struck by mental disorders. It began with an unambiguous order:

“Since we have noticed that in most towns in our Kingdom of Denmark no usable rooms exist wherein poor people haunted by insanity and disturbance of the mind may be confined and kept, it is our most gracious will and order that you should, at least at all the general hospitals in your entrusted diocese, immediately order the construction of one or two such rooms, so that they may not escape easily.”²²⁹

While a royal decree was of course a top-down command, the 1709 decree followed in the wake of a declaration about the lack of confinement facilities written by the bishop of Copenhagen and two other officials. This declaration arose, in turn, from a specific case, during which the diocesan governor of Funen had complained about having nowhere to confine an uncontrollable man. In that sense, even this from-above decree was less unilateral than one might initially assume.²³⁰

The 1709 decree concerned the diocesan authorities precisely because this was a poor relief matter. It is noteworthy that merely being “haunted by insanity and disturbance of the mind” was actually not enough to warrant cell confinement – poverty was also a prerequisite in the decree. As we have seen in Chapter 1, section 1-19-7 on confinement in the Danish Code remained the primary legislation on the subject. As such, the 1709

²²⁹ “Saa som Vi have fornummen, at paa de fleeste stæder i vort Rige Danmark icke skal findes saa beqvemme Værelser, hvorudi fattige Folk som af Vanvittighed og Sinds forstyrelse bliver hiemsøgte, kunde indsættes og Vel forvaris; Saa er Voris allernaadst: Villie og befaling, at J til til saadanne fattige Lemmers indsættelse og forvaring, i det ringeste Ved alle Hoved-Hospitalerne udi det Eder allernaadigst anbetroede Stift, strax lader indrette én eller tvende Værelser saaledes, at de der af ei Letteligen skal kunde udbryde” Chancellery, Zeal. missives, 1709-1710 (29 July 1709, no. 273). Also printed in Laurids Fogtman, *Kongelige rescripter, resolutioner og collegialbreve for Danmark og Norge*, III, 1699–1730 (Copenhagen: Gyldendal, 1793), 235.

²³⁰ Chancellery, Zeal. missives, auxiliary, 1709 (29 July 1709, no. 273).

decree may best be viewed as an elaboration of the existing legal frameworks borne out of concrete problems. It marked no revolution on the question of mental disorder and confinement. The authorities still carried no responsibility unless the kin of the afflicted were without means, but the circumstances regarding confinement by the authorities were becoming a little clearer.

All Danish dioceses received the 1709 decree with the notable exception of the Diocese of Zealand. Copenhagen was assumed to possess a sufficient number of hospital confinement cells to serve the entire diocese. This assumption quickly turned out to be erroneous. Already in 1716, the king issued a new royal decree to include the Diocese of Zealand. The 1716 decree explicitly mentioned that facilities at St. Hans Hospital were inadequate for containing the “disturbed persons” of the capital and certainly those of the entire surrounding diocese. By 1716 then, every diocesan authority in Denmark was officially obligated to establish confinement cells at every general hospital.²³¹

As it would turn out, converting the royal decrees into reality was a different thing altogether. No extraordinary funding accompanied these orders from above, so at the turn of the 1720s only Odense Hospital and Ribe Hospital had actually managed to construct any new confinement cells.²³² Successive kings issued a series of restatements of the 1709 and 1716 decrees, indicating that these decrees had only modest effects. The reiterations were especially numerous during the reign of Frederik IV’s son Christian VI. Between Christian VI’s ascension to the throne in 1730 and his death in 1746, the king frequently ordered the establishment of hospital confinement cells.²³³ Influenced by currents of Lu-

²³¹ Chancellery, Zeal. missives, 1715-1716 (13 November 1716, no. 408). Also printed in Fogtman, *Kongelige rescripter, resolutioner og collegialbreve for Danmark og Norge*, 1793, 357–58.

²³² Larsen, *Graabrødre Hospital og Kloster i Odense: Et Bidrag til den sociale Forsorgs Historie*, 176; Hugo Matthiessen, Otto Smith, and Victor Hermansen, *Ribe Bys Historie, 1660-1730* (Copenhagen: Arnold Busck, 1929), 344.

²³³ For instance 14 July 1736 (regarding Norway), 25 October 1737 (establishing a cell at Nykøbing Hospital), 3 January 1738, 22 June 1742, 14 September 1742 (on funding). The issuing of decrees seems to have ceased from 1742 until 1787, and the later decrees concern the expansion of existing facilities with more cells. Laurids Fogtman, *Kongelige rescripter, resolutioner og collegialbreve for Danmark og Norge*, vol. I, 1730–1739, IV (Copenhagen: Gyldendal, 1788), 365–66, 514, 533–34; Laurids Fogtman,

theran Pietism, the reigns of Frederik IV and particularly Christian VI saw a general expansion of state-supported social initiatives. The increase in the quantity of decrees regarding confinement cells might indicate that this social attention also encompassed the care for the mentally afflicted even if only as an indirect effect.²³⁴

The poor relief system of the eighteenth century never had the funding needed to achieve the general aims set by the Poor Law of 1708. A persistent lack of resources often made it difficult for local officials to carry out the decrees they received, which led to conflicts between the different officials.²³⁵ This was no less true concerning the confinement cells. Even so, the constant decrees did begin to have a tangible effect during the 1730s and 1740s. In 1731, for instance, Christian VI issued a decree on the establishment of a confinement cell at Helsingør Hospital, and the direct order proved effective where the broader 1716 decree had failed.²³⁶ This new confinement cell, the first of what would in time become a small section of six cells, allowed the Diocesan Authority of Zealand to manage cell confinement outside of Copenhagen, somewhat alleviating the pressure on St. Hans Hospital. At Slagelse Hospital, the 1716 decree did not come to fruition until 1747, when the diocesan authority ordered the construction of two confinement cells there to supplement those at Helsingør Hospital.²³⁷

Confinement cells within hospitals

As noted in the discussion of institutional frameworks, the administrative system responsible for poor relief should not be conceived of as one unified state institution. The diocesan authorities supervised the placement of people in hospital confinement cells, but

Kongelige rescripter, resolutioner og collegialbreve for Danmark og Norge, vol. II, 1740–1746, IV (Copenhagen: Gyldendal, 1788), 334–35.

²³⁴ Compare with the establishment of schools in eighteenth-century Denmark examined in Ingrid Markussen, *Til Skaberens Ære, Statens Tjeneste og Vor Egen Nytte: Pietistiske og kameralistiske idéer bag fremvæksten af en offentlig skole i landdistrikterne i 1700-tallet* (Odense: Odense Universitetsforlag, 1995), 18–53.

²³⁵ Jens Holmgaard, 'Fattigvæsenet i Viborg stift i 1730'erne', *Fra Viborg Amt* 48 (1983): 66.

²³⁶ Chancellery, Zeal. Missives, 1730-1732 (16 March 1731, no. 128).

²³⁷ Their establishment is discussed in Holmgaard, *Slagelse Helligaandshus og Hospital*, 141–42.

they did so in cooperation with local officials and, importantly, the hospitals in which the cells were actually established. The confinement cells, then, were not separate proto-asylums. Institutionally, they were part of the town general hospitals with the respective hospital managers as their immediate overseers. Those confined in the cells were theoretically subject not only to the same institutional frameworks but also to the same legal frameworks as other hospital inmates. To be able to understand the management, a few comments are in order on this relationship in practice.

Hospital inmates had to obey both the Poor Law of 1708 and the charter of the specific hospital as a charitable institution. These charters were often even stricter in their requirements to the moral and religious conduct of inmates than the already firm poor law.²³⁸ For example, the charters of Helsingør Hospital and Slagelse Hospital both stipulated a four-step process of increasing consequences for inmates who had been drinking or swearing excessively. An initial step of admonishment by the hospital pastor could in turn be followed by a second step of economic penalties, a third step of detention in a small room or “dark hole” and, if all of the above failed to make an impact, expulsion from the hospital.²³⁹

The new decrees imposed the creation of confinement cells on the hospitals in addition to, and often in tension with, these overarching hospital charters. They thereby demanded exceptions to the existing requirements. For example, Slagelse Hospital’s revised 1751 charter forbade the admittance of “mad and furious people” into the wider inmate population of ill, disabled and weak elderly people, the latter being “at least 60 years old”, but added that the new confinement cells were an exception from this rule.²⁴⁰

As a rule, all new inmates had to live up to the requirements. We can see this in the suspicions that arose about the beggar Niels Mogensen before his admittance into Odense Hospital in 1737. The Diocesan Authority of Funen instructed a local pastor to interrogate

²³⁸ Officials would at times refer to this in combination as “the law and the issued charter”. “Loven og den udgangen Fundatz”. DAZ, copybooks, 1748-1753 (27 January 1753).

²³⁹ “mørkt Hull”. Hans de Hofman, *Samlinger af publique og private Stiftelser, Foundationer og Gavebreve, som forefindes udi Danmark og Norge*, vol. VII (Copenhagen, 1761), 130; vol. VIII, 131–32. The charters consistently refer to these rooms as distinct from the confinement cells.

²⁴⁰ “galne og rasende Folk”, ”i det mindste 60 Aar”. Hofman, *Samlinger af publique og private Stiftelser, Foundationer og Gavebreve, som forefindes udi Danmark og Norge*, 1762, VIII:127.

Niels in order to establish his mental state. The pastor's conclusion was that Niels showed neither mental nor physical problems. Accordingly, the governors of Odense Hospital reported back to the diocesan authority that Niels should expect no aid from the poor relief whatsoever.²⁴¹

The Niels Mogensen case may serve as the first illustration of two overall tendencies regarding hospital admittance and mental states in the examined sources. First, the deciding officials offered no guarantees of entry – each case needed to be approved. Secondly, when individual mental states were mentioned by the officials, they also considered these mental states as part of their decision-making. There is only one palpable exception to the latter tendency in the surveyed material. Writing about “Juliana Brandt, determined at Odense Town Court and Odense Town Hall Court to be confined due to madness”, the Diocesan Authority of Funen took a very different tone. They could “not find it reasonable [billigt]” to admit someone with allegedly “fine use of her limbs” to the hospital above truly needy applicants. The letter provided no indication as to why the diocesan authority thought her mental state unmeriting of a place in the hospital.²⁴²

Confinement cells – finite facilities

In order to better understand the practical managerial pressures already alluded to, we have to ascertain what sorts of facilities the hospital confinement cells were. From their establishment, the cells were institutionally integrated into the town general hospitals and administratively integrated into the wider poor relief system, principally via the diocesan authorities. The following part of the chapter traces how these circumstances affected the physical construction of the confinement cells and the ways in which the diocesan authorities were able to utilise them in their practical management.

²⁴¹ DAF, copybooks, 1732-1747 (26 September 1737).

²⁴² “Juliana Brandt, som formedelst vanvittighed skal være dømt for Odense Byeting og Raadstue at ind-sættes i forvaring”, “ikke agte det billigt”, “friske og før Lemmer”. DAF, copybooks, 1732-1747 (4 March 1747).

“Cramped and dark rooms” – the physical cells

Understanding where a person actually ended up when they entered cell confinement remains a prerequisite for understanding the management of cell confinement.²⁴³ Accordingly, the intent of this part of the chapter is to integrate new perspectives from the diocesan authority sources with existing scholarship on the Danish hospital confinement cells in order to substantiate the further analysis of their applied management. As a stepping-stone for interpreting how constructions shaped practices, it forgoes an exhaustive spatial analysis of the constructions themselves.²⁴⁴

Nonetheless, a few measurements are in order. Although cells were included in lesser detail in other hospital building plans, the most well-known and detailed architectural drawing of eighteenth-century Danish confinement cells comes from St. Hans Hospital. Dated 1738, the drawing displays a structure with one two-person cell and four completely square one-person cells, the latter being roughly 2.5 metres on each side. According to the drawing, all of the confinement cells contained beds and, apart from one cell for reasons not apparent, fixed privies.²⁴⁵

Accounts of confinement cells constructed in the town hospitals outside of Copenhagen indicate that they were roughly akin to those depicted in the St. Hans Hospital drawing. In a 1799 letter to the Chancellery, the hospital manager of Helsingør Hospital wrote that the individual confinement cells at Helsingør Hospital were around “4 square *alen*” – approximately 1.6 m² in metric measurements. According to the manager’s description, each cell was equipped with a bed as well as a privy. If these were the exact dimensions, the bed alone had to occupy almost the entire floor area. Perhaps the four square *alen* was not an exaggeration, but it must be noted that the measurements were

²⁴³ Enduring misunderstandings in encyclopaedias and museum catalogues reveal this to still be a point of some confusion. The most common one is probably mistaking nineteenth-century asylum equipment such as cage beds or Utica cribs for older confinement cells. See Jennifer L. Bazar, ‘The Utica Crib: Biography of an Unknown Barbarous Object’, *History of Psychology* 18, no. 2 (2015): 132–45.

²⁴⁴ As noted in the overview of archival sources, the diocesan authority correspondences lend themselves well to a study of the management. Only supplementary sources here, the specific hospital archives would probably be better suited for a detailed study of physical conditions inside the hospitals.

²⁴⁵ The drawing is reproduced and discussed in Zalewski, ‘St. Hans Hospital i København 1612-1808’, 35.

part of an argument for better funding following a survey from the Chancellery. In order to allow light and fresh air to enter, each cell also had a small opening or window near the ceiling, the manager noted.²⁴⁶ These were seemingly not a standard feature. In 1769, the previous manager commented in a letter that the confinement cells in use then had “no windows but only a small hole to hand the food through”, so that these could best be described as “cramped and dark rooms”.²⁴⁷

The measurements provided by the hospital manager of Slagelse Hospital in response to the same Chancellery request in 1799 seem, on the surface, to be more realistic. The manager noted that the confinement cells there were “6 alen long 2¼ alen wide” or “14 square alen”. In metric, this would correspond to around 5.3 m². While definitely also a small space, these dimensions would provide enough room for both a bed and a privy.²⁴⁸

²⁴⁶ “4 Qvadrat Alens”. Helsingør Hospital, copybooks, 1794-1828 (26 January 1799). The description is also discussed in Dalsager, *Helsingør almindelige Hospitals Historie, 1541-1941*, 105.

²⁴⁷ “ingen Vinduer, men alene et lidet Hul, hvori giennem Maden kan rækkes”, “snære og mørke Rum”. Helsingør Hospital, copybooks, 1702-1791 (9 August 1769).

²⁴⁸ “6 alen lang og 2 ¼ al: bred”, “omtrent 14 □ alens”. Slagelse Hospital, protocol, 1788-1802 (28 February 1799, 243). The description is also discussed in Holmgaard, *Slagelse Helligaandshus og Hospital*, 142.

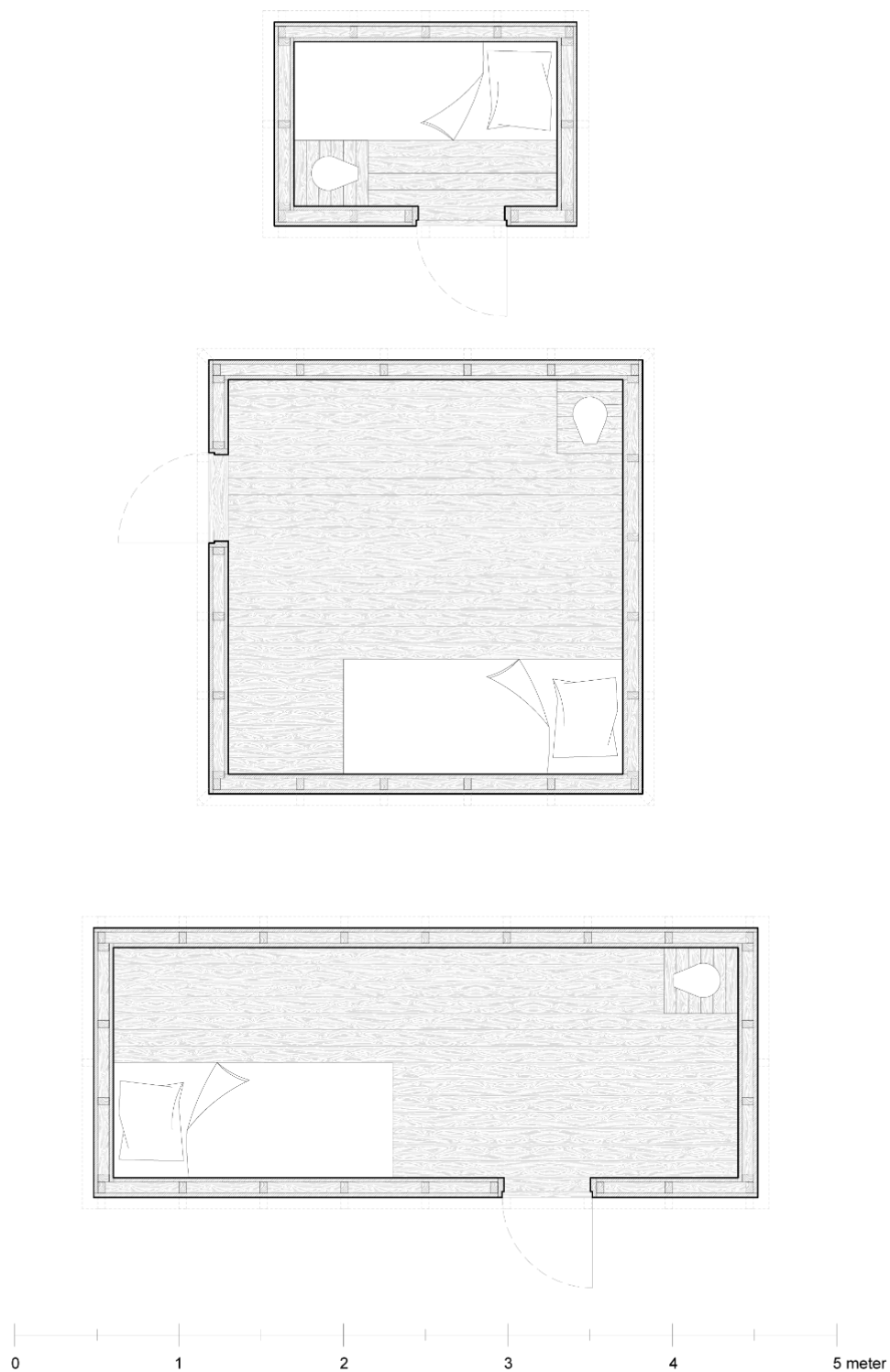


Illustration 3: Drawing of the three hospital confinement cells. Above, the Helsingør Hospital confinement cell. Centre, the St. Hans Hospital confinement cell. Below, the Slagelse Hospital confinement cell. Created by architect, cand. arch., Frederik Aagaard Holm.

As a supplement to the measurements, the diocesan authority sources at times offer a glimpse of the confinement cells as actual physical spaces. In a 1762 case, a confinement cell in Helsingør Hospital came up short of the central order of the 1709 royal decree – that the confined individuals “should not easily escape”.²⁴⁹ This was described in a testimony by a carpenter and a mason, which the local officials sent to the Diocesan Authority of Zealand. According to the testimony, an “uncontrollable and furious” woman had first broken up two floor planks of the confinement cell, one of which was rotten. The wooden floor broken apart, the escapee was able to dig into the ground underneath, eventually reaching the foundational rocks. She then dragged up a couple of the rocks, which enabled her to quickly squeeze out and abscond.²⁵⁰ The hospital confinement cell of this testimony was a small facility, but it had enough room that a person could move rocks out of the way in it to squeeze out. Its dimensions were restrictive but it was no high-security lockup.

The wooden floor planks, which the carpenter and mason described in their testimony, correspond well with other descriptions of wood-covered confinement cells. So too, do the comments about their negligent maintenance. Some hospital confinement cells received such minor upkeep that they were at times not usable for their intended purposes. When a pastor requested confinement of a man in his parish in 1762, the Diocesan Authority of Ribe responded with hesitance. Even though a confinement cell did technically exist at Ribe Hospital, it was “decrepit and in an unusable state”. They were willing to instruct the hospital manager that it should be mended but cautioned the pastor that this would take three weeks. Compelling him to find another solution than cell confinement, the bishop and the diocesan governor furthermore told him that funding for care should be covered either by the savings of the confined man himself or by the local parish poor funds. The mere existence of a confinement cell did not necessarily mean that the officials could use it right away.²⁵¹

What about the conditions of provisions such as food, heating and sleeping arrangements? Did they reflect an equivalent scarcity of funds? Previous research on St. Hans Hospital has found that the meals provided to cell-confined people were the same as the

²⁴⁹ “ei Letteligen skal kunde udbryde”. Chancellery, Zeal. missives, 1709-1710 (29 July 1709, no. 273).

²⁵⁰ “uregierlige og rasende”. DAZ, incoming, Helsingør, 1762-1764 (6 July 1762).

²⁵¹ “brøstfældig og i ubrugelig stand”. DAR, copybooks, 1759-1767 (19 January 1762).

fare for the other hospital inmates, and that it was supposedly of decent quality relative to the average diet at the time.²⁵² With great caution, these findings may be extended to the confinement cells at town general hospitals. Details about inmate meals did not play a major role at the supervisory level of the diocesan authorities, although the cost of food did occasionally feature in the diocesan authority correspondences. In a 1769 case, some flexibility was apparently possible when the hospital manager of Helsingør Hospital contacted the Diocesan Authority of Zealand about a certain Peder Hansen. Peder was in cell confinement there and, according to the manager, he could not subsist on the food offered by the standard allowance of three Danish *mark* per week “due to his greed”. In response, the diocesan authority ordered the poor relief inspectors of Helsingør to increase Peder’s weekly allowance by one *mark* taken from the general hospital funds.²⁵³

The examined diocesan authority correspondences do not mention any direct sources of heating in the confinement cells. This suggests that the cells in the town hospitals did not differ from those in St. Hans Hospital.²⁵⁴ Stoves inside the cells were not a possibility due to the fire hazard, but the apparent lack of heating systems – such as pipes connected to a stove in a separate room – marks the Danish confinement cells as rudimentary in comparison with contemporaneous facilities in neighbouring areas.²⁵⁵ The foremost source of protection from low temperatures would then have been the straw in the beds – straw remained the most common bed-filling in most homes long into the nineteenth century.²⁵⁶ The authorities also expected those funding the confinement, commonly either relatives or local authorities, to provide linens, quilts and pillows for the warmth of the confined individual. Precisely the provision of such amenities set in motion the following diocesan authority case.

²⁵² Zalewski, ‘St. Hans Hospital i København 1612-1808’, 46–47.

²⁵³ “i henseende til hands Graadighed”. DAZ, copybooks, 1766-1774 (11 July 1769). The allowance of three *mark* already significantly exceeded the one *mark* and three *skilling* allowance provided at St. Hans Hospital according to Zalewski’s figures. Zalewski notes that it was possible to increase allowances there as well when needed. Zalewski, ‘St. Hans Hospital i København 1612-1808’, 47.

²⁵⁴ Zalewski, 34.

²⁵⁵ For instance at the hospital in Haina two centuries earlier. Midelfort, *A History of Madness in Sixteenth-Century Germany*, 335–36.

²⁵⁶ Mikkel Venborg Pedersen, *I søvnens favn: Om søvn og sovevaner på landet 1600-1850* (Copenhagen: Museum Tusculanum, 2009), 86–90.

“Such thoughtlessness” – an oversight in management

Oversights occurred, and one such oversight can illuminate the practical limitations imposed by the rudimentary nature of most confinement cells on the day-to-day management of care for mentally afflicted people. In March 1758, the Diocesan Authority of Zealand sent a letter extraordinary in the diocesan authority correspondences in its admonishing language. In February, the recipient of the stern message, the town authority of Køge, had initiated the cell confinement of “a small foolish and mad boy” named Søren Hansen.²⁵⁷ At the time, the diocesan authority had agreed that he could be transported from Køge to Slagelse Hospital, where a cell was vacant.²⁵⁸

At Søren’s arrival in Slagelse, problems instantly arose. According to the diocesan authority, the hospital manager of Slagelse Hospital had received the boy as agreed upon, but found that he had “not brought bed sheets or the least things with him to rest on”. Since the confinement cells at Slagelse Hospital were of the wooden and unheated kind discussed above, these were much too cold to stay in without proper clothing and linens. Under these circumstances, the bishop and the diocesan governor feared that the boy would “in this winter perish from the frost and cold”.²⁵⁹ The hospital manager’s provisional solution to this issue was to temporarily disregard the hospital charter and keep Søren in a common room with the rest of the inmates. Instead, someone had to watch over him constantly. Displeased at the lack of foresight, the bishop and the diocesan governor severely reproached the town authority, remarking that they had “not expected such thoughtlessness”.²⁶⁰

The local officials excused themselves by noting the intricacies of the poor relief system. St. Hans Hospital had its own supply of clothes and linens, and this had led them

²⁵⁷ “en liden taabelig og Vanvittig Dreng”. Køge Town Hall, copybooks, 1755-1769 (15 March 1758).

²⁵⁸ Køge Town Hall, copybooks, 1755-1769 (16 February 1758).

²⁵⁹ Contrary to contemporaneous medical speculations that loss of sanity provided the afflicted with resistance to low temperatures. See for instance the only full-length book on mental disorders published in Denmark during the eighteenth century in Ernst Antons Nicolai, *Gedancken von der Verwirrung des Verstandes, dem Rasen und Phantasiren* (Copenhagen, 1758), 80–81.

²⁶⁰ “haver ikke bragt Senge Klæder eller det ringeste med sig til at ligge paa”, “sig ved denne vinters tiid af frost og Kuld maatte omkomme”, “havde vi ikke ventet slig Ueftertænksomhed”. DAZ, copybooks, 1754-1759 (18 March 1758).

to assume that the same would apply for all town hospitals. They offered to pay the hospital manager to purchase new linens in Slagelse, since sending another coach just with linens would be both difficult and costly. If so, they assured him that they would return the favour in the future.²⁶¹ This proposal also fell through. In a final letter from April, the town officials thanked the mayor for trying to procure the linens in Slagelse. For unclear reasons he had not been able to, so the town authority notified him that they would be dispatching another coach to Slagelse. Two linens, two quilts and a pillow were on their way to the hospital – one month after Søren had arrived.²⁶²

Even the slightest mistake by officials could have serious ramifications. The case of Søren Hansen can serve to exemplify this aspect of the confinement cells being part of a fiscally barebones poor relief system. The hospital manager of Slagelse Hospital demonstrated some flexibility but there was little economic leeway. It shows one side of the pre-asylum system. Moreover, the integration in a larger system also meant that the confinement cells only received part of the attention from the officials managing this system. Still, as the cases above also indicate, the basic survival of the confined was of some concern. The bishop's and the diocesan governor's reaction to the town authority of Køge show that it was possible to underperform even within these constricted fiscal constraints.

Cell supply and confinement demand

So far, the diocesan authority cases on confinement management confirm the existing scholarship on poor relief in Denmark. Several works on the wider poor relief system have highlighted the limited resources, which the system of the 1708 Poor Law had at its disposal, typically locating the cause in the combination of idealistic ambitions and continual reliance on voluntary funding.²⁶³ The fiscal situation of the system meant that much of the day-to-day work of the diocesan authorities revolved around tough prioritisation of

²⁶¹ Køge Town Hall, copybooks, 1755-1769 (21 March 1758).

²⁶² Køge Town Hall, copybooks, 1755-1769 (15 April 1758).

²⁶³ Jørgensen, 'Det offentlige fattigvæsen i Danmark 1708-1770'; Holmgaard, 'Fattigvæsenet i Viborg stift i 1730'erne'; Peter Henningsen, 'Misericordia: Tiggere, husarme og andre fattige i København, 1500-1800', in *Patrioter og fattigfolk: Fattigvæsenet i København, ca. 1500-1850*, ed. Peter Henningsen, vol. 98, Historiske Meddelelser om København (Copenhagen: Københavns Stadsarkiv, 2005), 18–56.

resources. Much as the Lutheran confession defined the institutional and legal frameworks around the hospitals, fiscal scarcity defined their material limits. With the establishment of new cells proving such a slow and challenging project, the burden on the cells that did exist became heavier, and a consistent feature in the concrete cases throughout the decades became a lack of cells.²⁶⁴

Focusing on how the diocesan authorities managed cases concerning mental disorder as intermediaries casts this strictly fiscal story in a slightly new light. In many ways underestimated in previous studies of the Danish system emphasising broader social control, the constant tension between supply and demand of cells also reinforced a certain administrative malleability. It occasioned a more flexible management practice than the legal frameworks would indicate. Negotiations and ad hoc solutions were common in the diocesan authority correspondences on cell confinement. Partly borne out of sheer necessity, it also seemed to fit institutional ideals of *billighed*. In practice, the duty of the diocesan authorities became achieving a reasonable and bearable solution at the intersection between requests, conditions and legislation.

Even though a full statistical analysis is neither within the aims of this study nor possible with the collected material, the basic numbers show the tension and flexibility too. The core material, the cases based on the diocesan authority correspondences, contains a total of 70 cases. Seven of these may be set aside in this part of the study, since they involved discussions of individuals with some kind of mental disorder but no discussions of hospital cell confinement or even regular hospital admission.²⁶⁵ Of the 63 diocesan authority cases where cell confinement or hospital admission was brought up, 31 seemingly resulted in cell confinement in a town hospital at some point. This did not mean that cell confinement was the only approach used or proposed, as it may have been one in a series of employed solutions. In addition, five cases possibly resulted in cell

²⁶⁴ This parallels earlier studies of the system in Copenhagen. Here, too, the system had continual issues determining who should cover the expenses for mentally afflicted people at St. Hans Hospital – especially when these people were brought from outside of the capital in defiance of the 1709 and 1716 decrees. Zalewski, ‘St. Hans Hospital i København 1612-1808’, 26–27.

²⁶⁵ Some concerned matters of pastoral care, which I discuss in Chapter 5.

confinement at some point but lacked an actual confirmation from the diocesan authorities, while two cases ended either with cell confinement or with regular hospital admission but were ambiguous as to which it was.

Of the remaining 25 cases, ten either concerned individuals already in the hospitals or ended with regular hospital admission but explicitly not cell confinement. Four cases, all under the management of the Diocesan Authority of Zealand, led to admission into St. Hans Hospital, perhaps in a confinement cell, due to a lack of available confinement cells in the town hospitals. Most notably, 11 cases involved discussions about cell confinement but apparently ended neither with that nor with regular hospital admission. In these cases, the diocesan authorities frequently proposed alternative solutions.²⁶⁶

In other words, the numbers from the diocesan authority cases do not suggest that the deliberation of cell confinement inevitably portended actual cell confinement, and the mere mentioning of mental disorder certainly did not. Accordingly, the customary starting point for the diocesan authorities had to be investigating whether any confinement cells were available and, if not, how soon one might be prepared. As the first diocesan authority cases indicate, getting beyond this starting point at all often involved the participation of a number of institutions and usually at least some kind of compromise. Keeping this in mind, we can approach the process of cell confinement in detail in the following and final part of the chapter, considering in particular which actors made the decisions and what characterised their interactions through a concrete case.

The confinement process in practice

So far, the emphasis has been on the slow establishment of hospital confinement cells, the incorporation of these cells in the general hospitals and the potential difficulties these factors could cause for the diocesan authorities supervising cell confinement. What remains to be investigated are the comprehensive effects of this for the practical management of cell confinement. In the following part of the chapter, I will examine in detail how a specific case proceeded through the system.

²⁶⁶ I examine cases involving approaches other than hospital cell confinement in Chapter 4.

A cell confinement itinerary

In January 1758, the county governor of Frederiksborg-Kronborg County dispatched a letter to the Diocesan Authority of Zealand. It concerned Christian Matthiasen, a tenant peasant from the royal landholdings in Northern Zealand. According to the letter, Christian was “an insane person” and had been so for several months, until the county governor finally contacted the bishop and the diocesan governor. It is not clear how the county governor had become aware of the situation. Because no confinement cells were vacant in either Helsingør Hospital or Slagelse Hospital, Christian’s village neighbours had watched over him up until this time. In his letter, the county governor enquired about confining Christian in the vacant cell and covering the expenses with the standard allowance of three *mark* per week.²⁶⁷

The diocesan authority relayed the county governor’s question to the poor relief inspectors of Helsingør. As already noted, the organisation of poor relief inspectorates varied more between towns than the requirements laid out in the Poor Law of 1708 would suggest. In Helsingør, it consisted of all the officials of the town authority, the pastor at the town’s Danish church and, from 1740 onwards, the pastor at the German church.²⁶⁸ In this case, the poor relief inspectors responded negatively to the diocesan authority’s enquiry. While one confinement cell was vacant, the poor relief inspectors soon realised that the corresponding allowance was already granted to a recently admitted inmate.²⁶⁹

This setback delayed the process into the next month, when the poor relief inspectors of Helsingør once more contacted the Diocesan Authority of Zealand. The inspectors now informed the bishop and the diocesan governor that two inmates in Helsingør Hospital had recently died. On 8 February, the diocesan authority wrote the county governor to enquire whether he was still in need of a cell for Christian Matthiasen. Once the county

²⁶⁷ “et afsindig Menniske”. Frederiksborg-Kronborg County, copybooks (16 January 1758). On administrative relations between diocesan governors and towns, see also Linde, *Magistrat og borger: Købstadstyret på Sjælland omkring 1750 med særlig hensyntagen til forholdene i Helsingør, Roskilde, Næstved og Holbæk*, 82–83.

²⁶⁸ Nynne Helge, ‘Offentlig og privat forsorg i Helsingør, 1737-1808’, *Helsingør Kommunes Museer* 1986 (1986): 23, 67 (note 4).

²⁶⁹ DAZ, copybooks, 1754-1759 (18 February 1758).

governor had affirmed that this was the case, the diocesan authority took on a more organisational role. On 18 February, the bishop and the diocesan governor contacted both the poor relief inspectors and the county governor. They notified the inspectors that Christian would receive the funding and the cell. The inspectors were to contact the county governor as soon as a cell had been repaired and made ready for him. On the same day, they also wrote to the county governor to inform him that the inspectors would contact him later with further information. In the meantime, they ordered the county governor to make the necessary preparations for Christian's transport to Helsingør Hospital. With these arrangements in place, the diocesan authority expressed no doubt that the matter could finally be solved.²⁷⁰

Though the specific route through the institutions of the system varied from case to case, Christian Matthiasen's confinement case was typical in the backwards-and-forwards character of the management process. No less typical, the whole thing would come to nothing. This can be gathered from a response from the Diocesan Authority of Zealand on 26 May to a now lost letter from the poor relief inspectors of Helsingør. In the three preceding months, Christian had not yet been transported to the hospital, and it looked increasingly unlikely that this would ever come about. On top of this, a cooper's apprentice in Helsingør had been discovered who they judged to be also deserving of the place. As a result, the diocesan authority now "found it reasonable [*billigt*]" to transfer the inmate allowance and the place in the confinement cell previously intended for Christian to this new, and perhaps more manageable case.²⁷¹

²⁷⁰ DAZ, copybooks, 1754-1759 (18 February 1758).

²⁷¹ "holde vi det for billigt". DAZ, copybooks, 1754-1759 (26 May 1758).

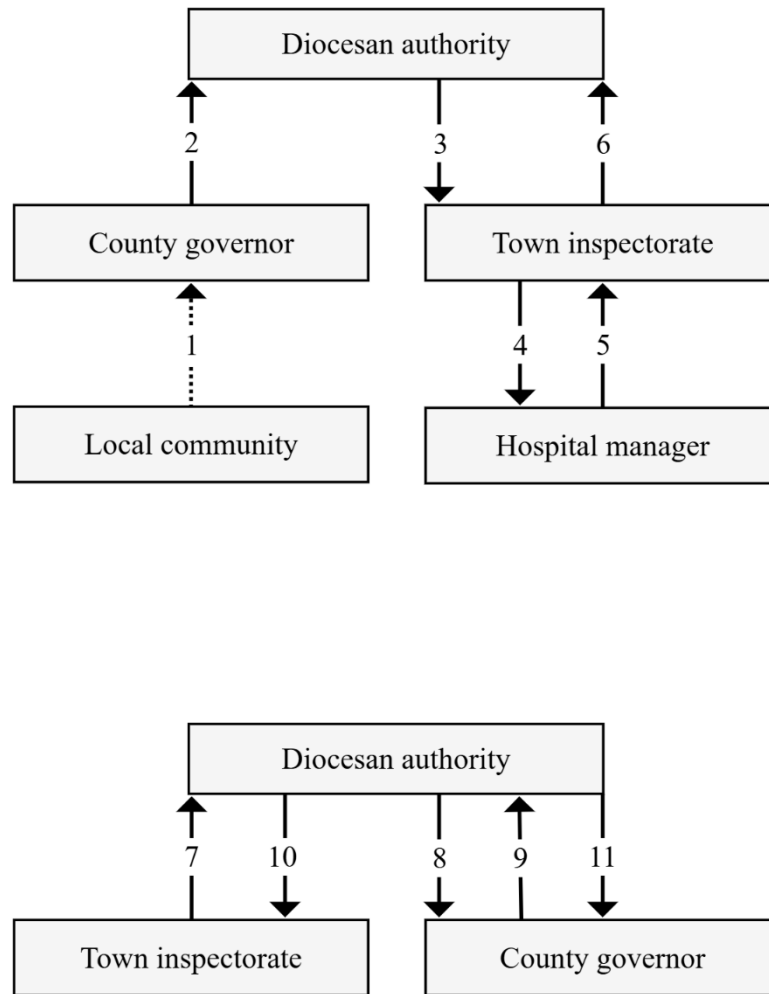


Illustration 4: Diagram of correspondence between the actors involved in the Christian Matthiasen case. Above, the first unsuccessful attempt at arranging cell confinement in January 1758. Below, the second initially successful attempt in February 1758.

Decisive officials in conflict and negotiation

The path of correspondence in the Christian Matthiasen case suggests a management structure where several levels of the system were actively involved in the decisions – yet also a structure operating somewhere between flexibility and confusion. In their attempts to organise, the diocesan authority efficiently dispatched simultaneous letters to the poor relief inspectors and the county governor, as did the poor relief inspectors with their letters to the diocesan authority and the county governor. Still, the county governor was left

waiting for a month, and it remains unclear whether the pastor who officially should have been administering the parish poor relief knew anything about the progression of the case.

One possible reason for this often confused progression of cell confinement cases, exemplified here through the Christian Matthiasen case, could be the small number of cases overall. Since cases were so infrequent – each bishop or diocesan governor potentially only handled a small number over the course of their entire tenure – perhaps these officials were genuinely uncertain about the exact process. On the surface, the institutional frameworks might look like a pyramid of well-defined officials in the absolutist state apparatus. The management of confinement cases conveys a messier impression.

Much seemingly depended on the abilities and fervour of the specific bishops and diocesan governors to either pressure other officials or come up with solutions themselves. This also meant that the diocesan authorities could change direction during an ongoing case if new information came to light. In a 1774 case, the Diocesan Authority of Ribe recorded that they had prepared to reject the cell confinement of a man, Christopher Reinholdt, since another man, “the insane person from Nørholm estate” was destined for the same cell. Informed by the manager of Ribe Hospital that this second man “should now be recovering”, they suddenly reconsidered and approved the confinement of Christopher in his place. An awareness of this element of contingency is a prerequisite for understanding the practical management of cell confinement.²⁷²

Nonetheless, it is evident in cases where officials failed to abide by these and were reproached by their superiors that there were still ideas about what constituted correct procedures. For instance, following the death of “insane Gertrud Kierulff” in 1784, the hospital manager of Vejle Hospital immediately promised her funding to another inmate and only informed the Diocesan Authority of Ribe post facto. The bishop contacted the manager on his own and the diocesan governor’s behalf, rebuking him not only for failing to obtain permission beforehand but also for doing this in the middle of the annual fiscal settling period, making it impossible for the diocesan authority to list this within the 1783 budget.²⁷³ Consequently, the entire case was halted until the diocesan authority could

²⁷² “det afsindige menneske af Nørholms Gods”, “nu skal være bedring”. DAR, copybooks, 1774-1775 (20 September 1774).

²⁷³ In the years between 1778 and 1785, the so-called *Snapsting* of Jutland began 4 June. Hugo Matthiessen, *Snapstinget: Jydsk Termin, Marked og Mennesker* (Gyldendal, 1946), 112.

reach the town poor relief inspectors of Vejle and make a proper decision. The letter illustrates the close connections between financial supervision, practical management and the inclusion of a hierarchy of officials in a system where funds were so limited that each individual expense needed approval. In his pro-active step, the hospital manager had found the limit of the individual discretion granted him by *billighed*, at least for an official at his level.²⁷⁴

A few words are in order on the role of the central administration in the examined material. At the highest level, direct petitions to the monarch were an acknowledged way of raising awareness of one's situation.²⁷⁵ Administrative officials like the diocesan governors also received direct inquiries in this way.²⁷⁶ Royal missives in response to petitions do appear in the surveyed material, but it was a rarity for regular hospital confinement cases to reach this level. In such cases, the Chancellery sought recommendations from bishops, diocesan governors or county governors and usually followed these recommendations completely. As the most highly ranked clerical and secular regional representatives, the bishops and the diocesan governors remained essential supervisors in an intricate system, which the confinement cases were only a small part of.

The diocesan authorities could act resolutely too. On 23 February 1737, the Diocesan Authority of Ribe sent a letter to the manager of Ribe Hospital about a "mad and insane woman" who had arrived in town that day. The diocesan authority noted "that one could not allow [the woman] to run around in such a delirium" but also that it would be impossible to transport her back to her place of origin, which was in another *herred*, before nightfall. They therefore instructed the hospital manager to confine her in "the place made for that purpose in the hospital", presumably a confinement cell, until her further transport could be arranged.²⁷⁷ On that same day, the diocesan authority wrote to the county administrator, to inform him about the case and instruct him that the woman's stay

²⁷⁴ "afsindige Gertrud Kierulff". DAR, copybooks, 1781-1785 (29 June 1784).

²⁷⁵ On petitions in eighteenth-century Denmark, see Bregnsbo, *Folk skriver til kongen*.

²⁷⁶ Pedersen, *Enevældens amtmænd*, 227-41.

²⁷⁷ "galt og Vanvittig Qvinde Menniske", "som mand ey saaledes i sin Vildelse kand lade henløbe", "i det dertil indrættede Plads udi Hospitalet". DAR, copybooks, 1731-1739 (23 February 1737)

in the hospital should be covered by *herred*-level poor relief funds. As a whole, the correspondence displays a much more efficient side of the management practices in comparison with the previously examined cases.²⁷⁸

The internal dynamics of the diocesan authorities

The sources mostly confirm eighteenth-century scholarly descriptions of the diocesan authorities as institutions characterised by internal clerical-secular cooperation.²⁷⁹ Turning to the archives of Slagelse Hospital, for example, most surviving incoming letters on cell confinement from the Diocesan Authority of Zealand were signed by both the bishop and the diocesan governor in unity. A few letters had the signature of only one official, usually preceded with a remark that this was on behalf of both.²⁸⁰ As with the system more broadly, the internal dynamics of different diocesan authority constellations most likely depended on the competence and commitment of specific officials.²⁸¹

An example beginning with a petition to the king illustrates how the clerical and the secular could interact in practice through cases concerning mental disorder and cell confinement. The Diocese of Zealand kept separate copybooks for bishop's matters and diocesan authority matters, but the case of Birthe Peitersdatter and Niels Hansen shows

²⁷⁸ DAR, copybooks, 1731-1739 (23 February 1737).

²⁷⁹ For instance in Henrich Ussings work, the most comprehensive eighteenth-century overview of Danish church law. Ussing comments that bishops and diocesan governors managed most diocesan authority matters in cooperation, and that this resulted in the diocesan authorities being quite slow to make decisions. Henrich Ussing, *Kirkeforfatningen i de kongelige danske Stater, med dens vigtigste Fordele og Mangler samt muelige Forbedringer*, vol. II (Sorø, 1786), 253.

²⁸⁰ Slagelse Hospital, incoming, 1747-1787 (22 January 1762, 20 May 1773, 30 September 1773, 6 June 1778, 29 August 1783, 21 June 1785).

²⁸¹ Not included here, the diocesan authority supervision of Aalborg Hospital had its centre of gravity at the bishop's office with little contribution from the diocesan governor during the first decades of the century, as noted in Bjørn Kornerup and Vilhelm Lorenzen, *Aalborg Stiftshospitals Historie* (Copenhagen: Gad, 1931), 195–97.

the difficulty of separating the two spheres.²⁸² In the summer of 1770, Birthe Peitersdatter from Husum village near Copenhagen petitioned the king to annul the otherwise binding betrothal between her and her intended husband Niels Hansen. Birthe's stated reason was Niels' supposed "disturbance of the mind". She would initially appear to have had a robust argument, as Niels was in cell confinement at St. Hans Hospital at the time. To obtain more knowledge about the situation, the Chancellery requested a declaration from the bishop and the diocesan governor.²⁸³

The declaration from the diocesan authority arrived two months later. It went into significant detail and referred to attestations by three separate officials – the "parish pastor Mr. Müller", the "court medicus Clausen" and the "pastor for St. Hans Hospital Mr. Becher". These attestations, referred to as auxiliary material, have unfortunately not survived. According to the summary in the declaration, the attestations indicated that Niels Hansen was mostly sound of mind. Niels had been confined at the hospital twice, first from autumn 1767 to spring 1768 and then his current stay from August 1769. Paraphrasing the attestation by the medical doctor, the diocesan authority stated that Niels "did not behave insane or like someone imagining unreasonable things". He was merely "dejected and anxious" except when drunk – a drunkenness that had also brought about his 1769 confinement. While in the hospital, he had behaved in a sane even pious fashion and attended Communion. In the interval between his confinements, Niels had furthermore acquired a farm and become betrothed to Birthe. As such, the declaration noted that even if Niels had been fully insane when in hospital, his temporary loss of sanity would not have coincided with the date of the betrothal. The vows remained legally and religiously valid.²⁸⁴

The declaration supposedly came from both the bishop and the diocesan governor, yet it was written entirely in first person singular. That the bishop was the declaration's

²⁸² I have previously presented this case as part of research dissemination in Benjamin Brandt Christiansen, "Som en Rasende der var løbet af Daare-Kiisten". Håndteringen af "afsindige" i 1700-tallets Danmark', *TEOL-information*, no. 68 (2023): 35–36.

²⁸³ "Uroelighed i Sindet". Chancellery, petitions, 1770-1770 (13 June 1770, no. 1370).

²⁸⁴ "Sogne Præsten Hr Müllers", "Hoff Medicus Clausens", "Præsten for St: Hans Hospital Hr. Bechers", "opførte hand sig ikke som afsindig eller den der indbilder sig urimelig ting", "needslaget og bekymret". DAZ, copybooks, 1766-1774 (23 October 1770).

primary author became clear in its second half. He emerged here as an active participant. Not only had the diocesan authority collected attestations by doctors and pastors – the bishop himself also made a personal visit to hospital. There, he had spoken with both Niels, Birthe and Birthe's stepfather in the company of the hospital curate. The bishop described how he "examined" Niels, and found him sane in accordance with the preceding attestations. He therefore recommended that the betrothal should remain binding and that Niels Hansen should be released from cell confinement.²⁸⁵ The Chancellery followed this recommendation, and the couple were married later that same year.²⁸⁶

While the immediate cause of the Niels Hansen case was the annulment, a bishop's matter, the case introduced issues of poor relief management and involved officials all the way from the Chancellery, over the diocesan authority to local pastors. The boundary between the secular and the clerical was insignificant here. Wrapped into one case, this was a pastoral matter, a legal matter and a poor relief matter and for the bishop, seemingly, a personal matter as well.

Conclusion

In this chapter, I examined the basics of managing hospital cell confinement in the pre-asylum system. I began the chapter with the difficult establishment of confinement cells, continued by outlining the cells as facilities and ended by analysing how officials handled actual cases leading to cell confinement.

Decrees concerning the establishment of hospital confinement cells were numerous in the examined period. They stipulated little about the construction or administration of the cells apart from calling for usable rooms built in such a way that people could be confined and kept. The basic instructions were seemingly followed with little creativity.

²⁸⁵ "examinerede". DAZ, copybooks, 1766-1774 (23 October 1770).

²⁸⁶ Brønshøj Parish, records, 1745-1783 (13 April 1769, 108). The bishop may have been too optimistic. In a letter written after Niels' death, Birthe would claim that her husband had to be confined shortly after the wedding and was never fully sane for the rest of their marriage. The inheritance dispute following Niels Hansen's death is described in F. Reimers, 'Mine suure 26 Aars Ægteskab: En arvestrid fra 1790'ernes Husum', *Historiske Meddelelser om København* 1984 (1984): 61–68.

As facilities, the confinement cells were inexpensive and rudimentary. Even so, the establishment of confinement cells at the town general hospitals was a slow process in a poor relief system with very limited means. At no point during the century did the supply of available cells meet the demand in any of the three dioceses. As such, continual management was a critical necessity.

Cases concerning the confinement of mentally afflicted people were managed at several levels of a complex system of clerical and secular officials and institutions. The exact relations between the ideals and the material limits were not straightforward. The confessional culture found in the legal frameworks was also present in the institutions – not only in the diocesan authorities but also in the ethos of the hospitals housing the confinement cells. A central concern was that only the most deserving people occupied the cells. This brings us to the essential question of how the management defined deservingness here. How did the officials, including the diocesan authorities, decide if a person actually belonged in a hospital confinement cell?

Chapter 3: Negotiating cell confinement

In determining whether a person should enter hospital cell confinement or not, the pre-asylum legal and administrative authorities employed specific lines of reasoning based on behaviour and perceived mental states. In the following, I contend that the reasoning in favour of cell confinement may be divided into three main arguments, although these arguments often intersected within the individual cases themselves. The arguments, which also structure this chapter, were danger towards others, danger towards public order and danger towards oneself. I examine these arguments here, emphasising the underlying ideas of what constituted circumstances warranting confinement, and use them to suggest the heuristic concept of *furiously insanity* for further analysis.

Danger towards others

The first of the three arguments employed to sanction cell confinement concerned danger towards others. This argument particularly reveals how concrete cases moved from the setting of the legal courts, responsible for judging a given person unpunishable, to the setting of the poor relief system, responsible for that person's cell confinement. This connection becomes especially visible through the practical application of established legal frameworks, in particular the interplay between the use of the Danish Code's sections 6-6-17 on legal insanity and 1-19-7 on rightful confinement. Based on these concrete practices in the legal and the administrative spheres, I also introduce the concept of *furiously insanity* in this part of the chapter.

“Dead and void” acts – between court and confinement

In July 1737, during a fire in the town of Kalundborg in the Diocese of Zealand, the actions of a local shoemaker escalated an already chaotic situation. As summarised in a subsequent royal missive, the shoemaker, Christen Rasmussen, violently assaulted the town fire marshal “beating [him] with the copper cylinder of the fire hose, so that he instantly had to be taken home and receive the commendation of the dying”. During and after his arrest, Christen continued to act belligerently. Most notably, he briefly broke out

of the jail at Kalundborg Town Hall and threatened to kill the bailiff with the bailiff's own rapier. Once released a few days later, Christen resumed his hostile behaviour, but now turned his attention to the mayor. After he began to walk around town brandishing a loaded rifle, he was once again jailed. Apart from a short visit to testify at the police court, he remained in jail under the town hall the following months.²⁸⁷

In autumn, Christen's case came before the town court, which quickly resolved that his violent actions fell under section 6-6-17 on *non compos mentis* legal insanity in the Danish Code. The account in the town court protocol contains what is perhaps the most far-reaching interpretation of 6-6-17 anywhere in this study's examined material. The scribe had written as follows:

“Furthermore, the foolish words and unreasonable actions of this confused person, Christen Rasmussen Skoemager, neither should nor can cause either the clerical or secular authority, the public or anybody else to come to any kind of prejudice, but should altogether be as if unspoken and undone, dead and void in all conceivable ways.”²⁸⁸

This was an unequivocal verdict that effectively placed Christen outside of the regular moral community, where he could not be sanctioned for breaching its rules. A community aspect was also visible in the way in which the verdict touched on the elaborate legislation on honour and defamation in the Danish Code. Expressed in an individual perspective,

²⁸⁷ “have slaget Straalemesteren med Kaaber-Røret af Slangen, saaledes, at hand strax fra Stædet maatte hiemlades, og derpaa til døden bleven berettet”. Chancellery, Zeal. missives, 1737-1738 (30 August 1737, no. 473).

²⁸⁸ “J det øfrige hvierken bør, eller kand de af dette forvirrede Menneske Christen Rasmussen Skoemager udtalte daarlige ord, og u-fornuftige bedriffte, komme endten hands Geistlige, eller Verdslige Øfrighed, publicum, eller anden, til nogen slags prejudice, mens bør altsammen være som u-talt, og u-giort, dødt og magtesløs, alle optænklige maader”. Kalundborg Town Court, protocol, 1729-1756 (18 November 1737, 381)

Christen's insults did not count as punishable utterances because his moral agency did not count when he uttered them.²⁸⁹

Although the original testimonies from the town court have not been kept, a summary intended for the diocesan governor about a preceding police court hearing has survived in the police court protocol, casting light on how the court reached its conclusion. Signifying that insanity in the sense of section 6-6-17 in the Danish Code was expected to be identifiable to all sane observers, the court had summoned six regular citizens to testify what they thought of "this confused Christen Rasmussen". All affirmed that he looked confused, with one testifying that he thought Christian to be "as if robbed of and without reason". Furthermore, the police court protocol noted a number of written testimonies, including attestations by a surgeon, a curate and a pastor. The latter concerned an otherwise unspecified incident that had taken place in church. Finally, the court asked Christen himself "if he was either clever or mad". As paraphrased in the protocol, he responded that "a rogue said he was clever and a rogue is mad".²⁹⁰

In spite of the verdict against punishing Christen Rasmussen for his actions, the authorities were equally unwilling to release him outright. In January 1738, a royal missive ordered his confinement due to the danger he posed "as a furious or mad person".²⁹¹ Section 1-19-7 of the Danish Code was applied in tandem with section 6-6-17.²⁹² At this

²⁸⁹ Danish Code 6-21-1 through 6-21-8. Secher, 998-1002. While the number of defamation cases appears to have decreased during the century, honour remained fundamental to the social structure. Pernille Ulla Knudsen, *Lovkyndighed og vederhæftighed: Sjællandske byfogeder 1682-1801* (Copenhagen: Jurist- og Økonomforbundets Forlag, 2001), 276; Knud Waaben, *Bønders og byfolks ære: Skitser fra dansk rets- og kulturhistorie 1500-1600* (Copenhagen: Thomson, 2008), 51–65. In Chapter 4, I further discuss the subject of social status in relation to cell confinement.

²⁹⁰ "denne forvirede Christen Rasmussen", "ligesom betagen og fra sin Forstand", "om hand endten var klog eller gall", "En Skielm sagde hand var klog, og en Skielm er gal". Kalundborg Police Court, protocol, 1723-1855 (2 August 1737, 24). The supposed quotation of Christen's statement has an almost proverbial character, but I have not come across any exact matches in seventeenth- or eighteenth-century collections of proverbs.

²⁹¹ "som et rasende eller galen Menniske". Chancellery, Zeal. missives, 1737-1738 (3 January 1738, no. 6).

²⁹² As noted in the discussion of the legal frameworks. See also Reeh and Hemmingsen, 'Melancholy Diagnostics: On Pietist Introspection and Forensic Psychiatry in Statu Nascendi', 265; Waaben, *Retspsykiatri og strafferet i historiens lys*, 21–22.

point, the case left the legal sphere and moved to the sphere of poor relief. The Diocesan Authority of Zealand supervised the practical implementation of the royal missive, facilitating his transportation from jail to his new place of custody as “an insane person” – a confinement cell at Helsingør Hospital.²⁹³

The ostensibly definite statement by the town court notwithstanding, Christen’s exclusion would not be eternal. Less than three months after his arrival at the hospital, his wife sent a petition to the king requesting her husband’s release. She claimed that Christen was now sound of mind and not dangerous, supporting her claim with an attestation from the hospital pastor at Helsingør Hospital. The attestation itself has not survived. According to the paraphrasing in the protocol of petitions it contained assertions of Christen’s “gentle and reasonable behaviour” while confined.²⁹⁴ In May, a royal missive granted that Christen could leave the hospital. In addition to the arguments by his wife and the pastor, the missive referred to Christen’s good reputation amongst his neighbours in Kalundborg.²⁹⁵ Both the authorities and Christen Rasmussen’s neighbours seem to have considered his state temporary. Once this state had subsided, the local community were apparently willing to appeal for his return. On a longer scale, these temporary actions did not invalidate the normally sane Christen’s duties as a father and a citizen.

Introducing furious insanity

Christen Rasmussen’s case exemplifies important connections between hospital cell confinement, particular mental states and violence – or, more accurately, specific kinds of violence. To the legal courts and diocesan authorities, Christen’s confinement-worthy state was identified not by him committing violence per se, but by the types of violent acts and their social context. Violence, even if that violence was of an exacerbated kind,

²⁹³ “et afsindig Menneske”. DAZ, copybooks, 1735-1738 (4 January 1738). While the letter referred to “Christen Hansen Skomager”, the circumstances of date, place and occupation support identifying this individual with Christen Rasmussen.

²⁹⁴ “skikkelige og fornuftige opførsel”. Chancellery, petitions, 1738-1738 (24 March 1738, no. 501).

²⁹⁵ Chancellery, Zeal. missives, 1737-1738 (8 May 1738, no. 260).

did not automatically mean that the perpetrator deserved cell confinement.²⁹⁶ Likewise, while a person's inner passions contributed to how the authorities categorised actions as justifiable, malicious or insane, they rarely stood in isolation as arguments.²⁹⁷ Though the unreasonable passions could support a particular interpretation, unreason was in itself not sufficient. The officials preferred having evidence of both internal, unreasonable mental states and external, unpredictable actions.

This fundamental nexus of internal and external factors was, I argue, at the heart of most eighteenth-century Danish cell confinement management. From this point onwards, I will refer to it as one concept – *furious insanity*. At a literal level, the two words comprising this concept originate in the vocabulary of the diocesan authority sources, but the concept itself is my own construct for analytic purposes. Its basic aim is to explicate a categorisation that might not be obvious when viewing the words used in isolation, but appears much more consistently in how officials practically used these words to argue in cases about cell confinement.

In order to see why such a concept is advantageous for the analysis, let us take a closer look at the vocabulary of the sources. As already noted in the terminological considerations in the introduction to this thesis, the terms employed to denote mental disorder and affliction in eighteenth-century Danish were numerous. Were there any patterns to this diversity? Considering only the numbers, the term “*afsindig*”, “*insane*”, showed up most frequently in the diocesan authority cases. Variants of “*afsindig*” or “*afsindighed*”, “*insanity*”, were used in 28 out of 70 cases – the still fairly low number reflecting the range of possible words and phrases. Second-most common were variants of “*vanvittig*”, “*mad*”, and “*vanvittighed*”, “*madness*”, with 15 instances, while variants of “*rasende*”, “*furious*”, or “*raseri*”, “*fury*”, were used in 10 instances.

Seeking consistent medical definitions of these terms, eighteenth-century Danish reference works are of scant assistance. For the most common term, “*afsindig*” as an adjective or “*afsindighed*” as a noun, the Latin translations provided here contain nearly the

²⁹⁶ As similarly emphasised by Marianna Labarca in her study of a Tuscan material. See Labarca, *Itineraries and Languages of Madness in the Early Modern World*, 149.

²⁹⁷ On the relationship between expressed insanity and “rational” passions, see also Miettinen, *Suicide, Law, and Community in Early Modern Sweden*, 208–10.

entire medical lexicon of diverging mental states. Mathias Moth's early eighteenth-century dictionary manuscript offers "insanus", "amentor" and "mente capi" for the adjective "afsindig" and "mania" for the noun "afsindighed".²⁹⁸ Other seventeenth- and eighteenth-century publications in use at the time offer "amens" and "demens", but also the less conventional "percitus" and "lymphaticus".²⁹⁹

Scholarly perspectives from the field of law clarify things slightly – at least with regards to the term "raseri", "fury", so prominently featured in the Danish Code sections on mental disorder.³⁰⁰ In the Danish theologian and jurist Christian Ditlev Hedegaard's 1760 commentary on the Danish Code, Hedegaard contended that the "fury" of section 6-6-17 referred to "having lost one's reason, being disturbed in the mind, and this to such a degree that it can be considered fury". Regarding the possible meanings of this word, he specifically explained the "fury" of the law as distinct from similar conditions, noting that "excessively drunk, love-struck and angry people may well also be called furious, but the law does not refer to them". Like these similar states, though, a certain temporariness was indicated by the preposition "in" – "in delirium and fury" referring to a state of mind. Hedegaard specifically relayed the section in Latin as "sub dementia, durante furore" or "while the delirium and fury persist".³⁰¹

Of course, this only reflects how those at the highest level of Danish jurisprudence interpreted the legal frameworks. Yet, as the Christen Rasmussen case above and the following cases illustrate, attitudes displayed by local courts and diocesan authorities often

²⁹⁸ <https://mothsordbog.dk/ordbog?select=Afsindig,b&query=afsindig>; <https://mothsordbog.dk/ordbog?select=Afsindighed,b&query=afsindighed>.

²⁹⁹ Stephen Hansen Stephanius, *Nomenclatoris latino-danici libri IV, omnium rerum appellationes una cum selectis loqvendi formulis complectentes* (Copenhagen, 1738), 243, 251; Poul Jensen Colding, *Etymologicum latinum, in quo dictiones latinae ab originibus, definitionibus, significationibus et exemplis* (Rostock, 1622), 216, 732–33.

³⁰⁰ As discussed as part of the legal frameworks on Danish Code 6-6-17, 1-19-7 and 6-6-21. Secher, 134, 895, 897.

³⁰¹ "at være forvildet fra Forstanden, forrykt i Hovedet og det i saadan Grad, at det kan ansees for Raserie", "overmaade drukne, forliebte og vrede Folk kan og vel kaldes rasende, men saadanne mener Loven her ikke", "imedens Vildelsen og Raseriet varer". Christian Ditlev Hedegaard, *Forsøg til en Tractat angaaende den Danske Criminal-Ret, indeholdende den siette Bog af Christian den Femtes Danske Lov, med Summarier, Paralleler og Anmerkninger* (Copenhagen, 1760), 235–36.

look remarkably close, suggesting a relatively strong definitional coherence between legal scholarship and legal-administrative practice.

Like Hedegaard, the officials were willing to consider change over time. This also pertained to cases where the argument for cell confinement had been one of acute physical danger. It even pertained to those cases, where 6-6-17 was used in its original function, as a section for homicide cases. Cases entering the scope of the diocesan authorities did not come with time restrictions. In other words, the fact that cell confinement was brought about as a consequence of severe violence did not automatically prolong it. In 1710, for instance, the tailor's apprentice Svend Svendsen had been found guilty of killing a random man in the town of Rudkøbing but was deemed unpunishable according to 6-6-17 of the Danish Code. The verdict was pronounced by the town court in January and affirmed by Lolland-Falster High Court in April.³⁰² Already in August, the diocesan governor of Lolland and Falster wrote to the Chancellery to inform them that Svend had "since the murder happened, not been so furious that he should need to be in cell confinement".³⁰³

The use of cell confinement was contingent on a particular sort of behaviour. Accordingly, if that behaviour ceased later, cell confinement could also cease to be the correct way of managing the situation. The authorities connected *furious* behaviour and *insane* states of mind to the person, but they did not necessarily expect these to be permanent attributes of that person. In this sense, it was something that could take hold of a person and compel their actions, as is evocatively represented in the language used in a Diocesan Authority of Ribe correspondence in 1779 organising the confinement of a woman "during the time when she was attacked by fury".³⁰⁴

³⁰² Lolland-Falster High Court, protocol, 1705-1716 (9 April 1710, 209).

³⁰³ "siden drabet skeede, ej har verit saa rasende, at hand skulde behøve at settes i Daarekiste". Chancellery, Fun. missives, auxiliary, 1708-1715 (22 August 1710, no. 40). The islands of Lolland and Falster were anomalies in the Danish diocesan structure, being ecclesiastically part of the Diocese of Funen but with a separate diocesan governor.

³⁰⁴ "i den Tiid hun af Raserie angribes". DAR, copybooks, 1775-1781 (16 November 1779). Other contemporaries at times attempted to distinguish "fury" from "madness" by arguing that only the former denoted a fleeting state, for instance in Benjamin Sporon's 1778 dictionary of synonyms and near-synonyms. Sporon, *Eenstyldige danske Ords Bemærkelse, oplyst ved Betragtninger og Exempler*, II:37.

The Danish Code was by far the most significant legal source for the notions of “fury” in this categorization. Even so, it did not stand alone. For instance, writing about a woman in Helsingør Hospital who had begun acting in a dangerous manner towards other inmates, the hospital manager emphasised that, “since there is *periculum in mora*”, the diocesan authority’s decision about her potential confinement would have to arrive quickly.³⁰⁵ The phrase, meaning a reasonable consideration of the “danger in delay” had its origin in Roman Law. Once more implying coherence from the legal sphere to the poor relief sphere, the notion was supposedly well-known enough for a hospital manager to reference it in administrative correspondence and expect it to be understood.³⁰⁶ Intricate references like these point to the European parallels. There were widespread perceptions of “furious”, “raving” and “frenzied” types of mental disorder across early modern Europe. Drawing on medical concepts of *mania* and *furor* but mixing these with vernacular words about rage and loss of control, these perceptions were defined by actions, often violent and unyielding, and by an absence of reason behind these actions.³⁰⁷

External dangers and internal inscrutabilities

To better understand the internal dynamics of mental states and physical danger, let us turn to a final case where physical danger was the main argument. In a 1737 case, Asmus Holgersen from Odense was brought before the court accused of violently assaulting one of his neighbours. As the Christen Rasmussen and Svend Svendsen cases, the Asmus Holgersen case concerned the practical interpretation of 6-6-17 in the Danish Code.

Odense Town Court mostly deliberated the mental state of the accused through questions about visible actions. At one point, the prosecutor told the assembled witnesses that since “Asmus Holgersen had not displayed any mad acts or gestures”, a point of some

³⁰⁵ “da der er *Periculum in mora*”. Helsingør Hospital, copybooks, 1702-1791 (12 August 1768).

³⁰⁶ On the origin and history of the concept in European legal traditions, see: Andreas Thier, ‘Time, Law, and Legal History – Some Observations and Considerations’, *Rechtsgeschichte - Journal of the Max Planck Institute for Legal History and Legal Theory* 25 (2017): 36.

³⁰⁷ See for instance Philippa Carter, ‘Frenzy in Early Modern England, 1485–1640’ (PhD, University of Cambridge, 2021), 57–59; Mellyn, *Mad Tuscans and Their Families*, 177–78; Houston, *Madness and Society in Eighteenth-Century Scotland*, 164–67.

contention, they should not consider him out of his mind.³⁰⁸ Testifying in court, Asmus Holgersen's uncle brought up an earlier incident from when Asmus had served in a household in Sorø on Zealand. According to the uncle, the father of the household had to throw Asmus out when he became "so devoid of reason that he tried to take a woman there by force". It was then arranged for a soldier to accompany Asmus on a boat across the water to Funen for some unspecified type of confinement but he escaped and hid in a church tower before wandering home to Odense. Still, the uncle described this as an isolated incident, as Asmus had behaved normally since his return.³⁰⁹

The court also heard the victim herself, Maria Bendsen. Maria testified that Asmus' mother had told her to come over and read a letter that Asmus had received. She entered the house only to find Asmus pacing around. He then suddenly stopped and said to her that "her eyes were to see with" and she noticed that "he looked very bad and angry". Maria told Asmus not to waste her time and began to leave, but "before she could leave the room, he came at her with an axe in his hand" striking her on the forehead. Having lost consciousness, she could not describe the events thereafter. Another witness described a chaotic situation with the now blood-soaked Asmus having to be restrained to a chair and Maria being half-awake and throwing up. Seemingly reflecting a preoccupation with the interplay between actions and thoughts, the town court went into some detail about the exact words spoken by Asmus before, during and after the act.³¹⁰

Before the end of the trial, an incident in which Asmus seized his defence lawyer's rapier during a court hearing further complicated things. While no one was hurt, extra witnesses had to be called in to testify about this new development. Asmus' defence lawyer argued that it was merely further proof of his client's "fury", supporting a 6-6-17 verdict. The guards watching over Asmus also corroborated this argument, stating that Asmus "had been as if furious and sought axes and knives". Asmus would sometimes

³⁰⁸ "Asmus Holgersen icke har brugt nogle galne Lader eller Fagter". Odense Town Court, protocol, 1738-1743 (11 August 1738, 8).

³⁰⁹ "saaledes forrycket sin forstand, at hand skulle ville tag et Fruentimmer der med Vold". Odense Town Court, protocol, 1738-1743 (11 August 1738, 9).

³¹⁰ "Eders øjne er for at faae at see", "hand saa meget ilde og vred ud", "førend vidnet kom ud af Stuen møtte Asmus Holgersen hende med een øxe i haanden". Odense Town Court, protocol, 1738-1743 (11 August 1738, 10).

abruptly attack them or his family, and while his speech was normal at first it gradually deteriorated, sounding “as if Evil took him”.³¹¹ Several of the witnesses mentioned Asmus crying uncontrollably at his initial arrest and pleading for them to hand him a rapier so that he could end his own life, but neither they nor the lawyers related this directly to the question of his sanity. As in the previous cases, the court was concerned not only with desperate passions but also with dangerous actions.³¹²

In January 1739, the town court reached the verdict that Asmus’ case fell within 6-6-17 and 1-19-7 of the Danish Code.³¹³ The case was immediately appealed to the town hall court.³¹⁴ It affirmed the verdict the following June, deeming Asmus “a melancholicos, ill-tempered and mad person who is not of his full reason”. This is the only example I have come across in the examined sources of someone being “melancholic” in connection with behaviour argued to warrant confinement. Neither the diocesan authorities nor the legal courts usually made use of terms like “melankoli” or “melancholi”, “melancholy”, or its vernacular equivalent “tungsindighed”, “gloominess”. Once again, though, the words used to argue for confinement could differ but the intent of the argument was the same. The authorities should confine Asmus “in order to prevent further harm and delinquency”.³¹⁵

³¹¹ “Raserie”, “hafver været ligesom Rasende og søgt Øxser og Knive”, “ligesom det Onde tog ham”.

Odense Town Court, protocol, 1738-1743 (1 September 1738, 16)

³¹² Odense Town Court, protocol, 1738-1743 (15 September 1738, 28).

³¹³ Odense Town Court, protocol, 1738-1743 (26 January 1739, 77).

³¹⁴ In certain towns, including Odense, the town hall court rather than the high court functioned as the court of appeal for town court verdicts. Ditlev Tamm and Jens Chr V. Johansen, ‘Kongens ting, byens ting og bondens ting - studier i det danske retssystem 1500-1800’, *Fortid og Nutid* 1992, no. 2 (1992): 83.

³¹⁵ “et Melancholicos, arrigt og gallen Menniske, der ikke er ved sin fulde fornufft”, “for videre skade og ulovlighed at forekomme”. Odense Town Hall, protocol, 1732-1760 (10 June 1739, 133). The adjective “tungsindig”, “gloomy”, was used in one case – namely, the introductory case of Christen Gregersen – but to argue the opposite point that he was merely “gloomy” and therefore not insane enough to be exempt from punishment. Skast-Gjording-Malt *Herred* Court, protocol, 1770-1776 (27 November 1770, 70).

In his study of eighteenth-century guardianship cases in Scotland, R.A. Houston concludes that legal definitions of insanity in eighteenth-century Scotland “were essentially amateur and ‘common-sense’”.³¹⁶ Based on the cases examined here, the situation across the North Sea was roughly the same – with the exception of the relatively uniform legal frameworks in the Danish Code. The cases suggest that the legal and administrative authorities shared basic conceptions of what constituted *furious insanity* as confinement-warranting and evaluated this in the particular cases using pastoral, medical and laymen’s testimonies alike.³¹⁷

The paraphrased testimonies referred mainly to the externally observable. Perhaps the most succinct expression was in the Asmus Holgersen case too. Here, when asked by Asmus’ defending attorney if they would not agree that his client was obviously out of his mind, the witnesses gathered in Odense Town Court simply responded that the accused “looked depraved and vile, but what was inside him they could not say”.³¹⁸

Danger towards public order

The second frequently employed argument concerned danger towards the public order, including the destruction of property. Similar to physical violence, which often overlapped with disturbance of the public order in practice, actions remained at the centre. On their own, hypothetical suspicions that a person might become a disturbance in the future did not usually warrant any response from the authorities. As with the cases concerning acute physical danger, the diocesan authorities referenced specific actions when deciding in favour of cell confinement of individuals for reasons of public order. In the following, I continue my examination of these cases with the concept of *furious insanity* as an analytic tool.

³¹⁶ Houston, *Madness and Society in Eighteenth-Century Scotland*, 49.

³¹⁷ Differentiating this fundamentally from the *fureur* discussed in Foucault, *History of Madness*, 109.

³¹⁸ “seer liderlig og fæll ud, men hvad der er j ham kand vidnerne icke sige”. Odense Town Court, protocol, 1738-1743 (8 September 1738, 26).

Public order – no trivial matter

For the courts and diocesan authorities alike, the most clear-cut public order cases concerned individuals who had not directly attacked others but nonetheless brought them into acute danger. These cases are especially useful for understanding the limits of the public order argument and the influence of different types of expertise. One such case is the Hans Nielsen case. While atypical in its legal references – it is the single case of an individual entering confinement after a verdict about letting a “fool handle fire” – the case is typical in the arguments raised about danger. Here, section 6-19-10 of the Danish Code basically functioned as a *non compos mentis* section like 6-6-17.³¹⁹

Hans Nielsen from Stauning Parish in the Diocese of Ribe had admitted to committing arson a total of five times on his mother’s and his brother’s farms.³²⁰ The case reached the diocesan authority after a prolonged legal process where actors at all levels discussed Hans’ mental state. The lower court, Bølling *Herred* Court, had found Hans unpunishable with reference to 6-19-10.³²¹ This verdict was annulled at Viborg High Court, where the judges instead sentenced Hans to correction and improvement in the workhouse.³²² Finally, the Supreme Court restored the decision of the *herred* court, leaving it to the diocesan authority to find an available confinement cell.³²³

³¹⁹ “Taabe efter Ild”. Danish Code 6-19-10. Secher, 995.

³²⁰ DAR, copybooks, 1774-1775 (26 May 1775). Fire was a constant risk in early modern society that the authorities were acutely aware of, not least in relation to people thought not completely sane. On early modern connections between mental disorder and arson, see Lederer, *Madness, Religion and the State in Early Modern Europe*, 157. On the nineteenth-century, see Jonathan Andrews, ‘From Stack-Firing to Pyromania: Medico-Legal Concepts of Insane Arson in British, US and European Contexts, c. 1800-1913. Part 1’, *History of Psychiatry* 21, no. 3 (2010): 243–60; Lydia Dalhuisen, ‘Pyromania in Court: Legal Insanity versus Culpability in Western Europe and the Netherlands (1800–1950)’, *International Journal of Law and Psychiatry* 58 (1 May 2018): 36–47.

³²¹ Bølling *Herred* Court, protocol, 1768-1784 (26 April 1774, 400). Restated in Supreme Court, protocol, 1774-1774 (9 February 1775, no. 322).

³²² Viborg High Court, summaries, 1756-1774 (3 August 1774, no. 2).

³²³ Supreme Court, protocol, 1774-1774 (9 February 1775, no. 322). In a 1708 case of a woman accused of burning down nine farms on the island of Møn, the Supreme Court deliberated the same but were ultimately unconvinced of insanity. Supreme Court, protocol, 1708 (17 October 1708, 267).

In light of the tumultuous legal process before his confinement, this would seem to have been a borderline case regarding mental state. How did the courts reach such diverse conclusions? Looking at the *herred* court protocols, where the question of Hans Nielsen's state of mind was first brought up, the procedure reflected great attention towards the relationship between mental states and dangerous actions. In addition to witness testimonies, the court also asked Hans himself and, in line with legal and pastoral frameworks, sought to ascertain his mental state using Communion attendance. He stated that he had attended Communion regularly, most recently the previous autumn. Much of the questioning revolved around Hans suffering from recurring fits, during which he would convulse and often lose consciousness. These fits had rendered him unable to perform hard physical work. The court enquired if the fits also affected his mental state and his criminal actions. According to the protocol, Hans answered in the affirmative, stating that "evil thoughts fell into his mind to do harm and hurt once the weakness was over". Further questioned if he deliberately chose to act upon these destructive thoughts or was compelled by them, Hans said that "he could neither force his affects, nor understand that what he did was wicked", while he was in this state. However, "once it was over, he could understand himself that he had behaved badly".³²⁴

Once more, it must be kept in mind that the court's specific questioning and the scribe's choice of words have shaped the paraphrased quotes. For the purposes of this analysis, though, this is less of an issue. While these cannot be read as an unobstructed view into Hans' conceptions, the quotes do in any instance suggest something noteworthy. Even if significantly altered by the court, they still indicate that the members of this local *herred* court also operated with a model of temporary loss of control over one's affects followed by awareness and potential regret. The exact boundaries were up for debate, but the basic nexus of internal and external that I call *furious insanity* was understandable at all levels.

³²⁴ "der falt onde Tanker i hans sind til at giøre skade og fortræd naar svagheden er forbje", "hand hverken kunde tvinge sine affecter icke heller vedste selv at det var ondt hand gjorde", "naar det ere forbje kand hand selv begribe at hand har giort daarlig". Bølling *Herred* Court, protocol, 1768-1784 (15 March 1774, 390).

Furious insanity and public scandal

Of course, danger towards public order could also be understood in less extreme ways than repeated arson. In the following case, the arguments for cell confinement concerned *furious insanity* in connection with violence of a non-life-threatening kind and, primarily, public scandal.³²⁵ According to an extract from the Helsingør Police Court protocol sent to the Diocesan Authority of Zealand, a great commotion took place in May 1762. A young woman was walking past the residence of the gutter-maker Niels Kiær, when a woman came running out of the house, according to the testimony of a witness “like a furious woman”. Other witnesses in the police court confirmed her identity as Lene Andersdatter, the wife of Niels Kiær. Lene continued to assault the girl physically and verbally, calling her “a soldier's whore and a thieving woman”.³²⁶

Previous research has shown that public disturbance cases were usually brought to either the town court or police court, and that there was a tendency towards more cases being tried at the police court. Since the diocesan governors often made the final verdict in police court proceedings, this also integrated the diocesan authorities even further into the legal sphere.³²⁷ Helsingør Police Court took the opinions of Lene’s neighbours into account. The court recorded all of their written and verbal testimonies, and these testimonies seemingly proved significant in establishing a verdict on Lene’s mental condition.³²⁸

³²⁵ I examine the Lene Andersdatter case in Benjamin Brandt Christiansen, ‘Den måske afsindige, måske ondsindede Lene Andersdatter: En dårekistesag fra Sjællands stiftsøvrighedsarkiv’, in *Kirkehistorie fra neden: Fire alternative 1700-tals-kilder med en didaktisk refleksion over studenterinddragelse og digitale hjælpemidler i forskning og undervisning*, ed. Rasmus H.C. Nørtoft Dreyer and Nanna Eva Nissen (Copenhagen: Selskabet for Danmarks Kirkehistorie, 2025), 97–124. I have also previously presented the case as part of research dissemination in Christiansen, “‘Som en Rasende der var løbet af Daare-Kiisten’”. Håndteringen af “‘afsindige” i 1700-tallets Danmark’, 35–36. John S. Dalsager quotes one letter about Lene Andersdatter, presumably from the archives of Helsingør Hospital, in Dalsager, *Helsingør almindelige Hospitals Historie, 1541-1941*, 104.

³²⁶ “som en rasende Kone”, “en Soldaterhore og en Tyve-qvind”. DAZ, incoming, Helsingør, 1762-1764 (6 July 1762). As part of Lene Andersdatter’s case, the town authority of Helsingør sent excerpts from the protocols to the Diocesan Authority of Zealand.

³²⁷ Knudsen, *Lovkyndighed og vederhæftighed, sjællandske byfogeder 1682-1801*, 227–30.

³²⁸ Riikka Miettinen has found a similar reliance on common sense judgments in Miettinen, *Suicide, Law, and Community in Early Modern Sweden*, 189, 206–8.

The court also questioned Lene Andersdatter herself, especially about two escape attempts from the jail and the hospital confinement cell. According to the extract sent to the diocesan authority, Lene's own explanation of her escape from the confinement cell revolved around help in the middle of the night from "a man wearing a green damask robe and a white nightcap with green bands" as well as "Schnapps Marie, who was the aunt of Dorthé the whore". The court attempted to gain more information about these elusive characters, but had to yield, "because everything Lene Andersdatter explained was delirious and mad". It was then determined that Lene should stay in the confinement cell due to her "fury and scandalous behaviour".³²⁹

In September, Niels Kiær requested his wife's release from the confinement cell. According to an extract from the town hall protocols, Niels offered both medical and religious reasons for his request. He wished for her return, "partly to see to her bodily health, partly to have her receive the sacrament", supported by an attestation of her return to sanity written by the local pastor, Christian Poppe. As a result, the town authority granted Lene permission to leave the cell if Niels promised to keep her under control in the future so that she would not "carry out anything mad, harmful or malicious".³³⁰

It seems clear from Lene's case that her family did not speculate in using hospital cell confinement as a way of punishing or excluding her as an embarrassing family member. In general, the public order cases leading to cell confinement contained arguments about specific disturbances in combination with arguments about the mental state of the accused. Diocesan authorities, town authorities and common people had a mutual interest in order, but cell confinement only entered the picture when the disruption of order intersected with *furious insanity* and an available cell.³³¹

³²⁹ "een Mand i en grøn Damaskes Slobrok med een hvid Nathue med grønne baand i", "Brændeviins Marie, som var moster til horen Dorthé", "i henseende til alt hvad Leene Andersdatter forklarede var vildt og galt", "Raserie og Schandaløse opførsel". DAZ, incoming, Helsingør, 1762-1764 (6 July 1762).

³³⁰ "deels for at see hende nogenleedes til gode paa Legemets vegne, deels og at faae hende med Sacramentet betient", "bragt paa fornuftige Tanker", "forøve nogen gallskab, skade eller ondskab". DAZ, incoming, Helsingør, 1762-1764 (23 September 1762).

³³¹ In his study of eighteenth-century "good police" from below, Jørgen Mührmann-Lund includes cases in the bailiff archives quite similar to those examined here but examines them as public order disputes. Mührmann-Lund, *Borgerligt regimente: Politiforvaltningen i købstæderne og på landet under den danske enevælde*, 131–53.

This can also be exemplified by the 1765 case concerning Jens Fester. According to a letter from the Diocesan Authority of Ribe, this shoemaker and former artillerist had harassed the pastors at the German church in Fredericia for years. By the summer of 1765, his behaviour was becoming an issue of potential danger for the public. Fearing that Jens might attempt to kill someone, the town authority had ordered his arrest and told the citizen guards to make sure that he did not escape from the town hall. Both a medical doctor and a military surgeon were summoned, but this was in vain, as they could not convince Jens to receive any medical care. Having exhausted their means, the town authority reached out to the Diocesan Authority of Ribe. The bishop and the diocesan governor responded by contacting the Directorate of Poor Relief in Copenhagen, intending for St. Hans Hospital to admit Jens. With concern for the potentially temporal nature of his condition, they argued that he could practice his trade as a shoemaker when he was mentally lucid and stay in a confinement cell when he was not. The bishop and the diocesan governor had either forgotten the regular procedure of managing cell confinement within the diocese or tried to circumvent it.³³² As would be expected, the Directorate immediately rejected the suggestion. Still, both the diocesan authority, the town authority and the citizens, not to mention the long-suffering German pastors, had an interest in finding a solution. This solution arrived when the hospital manager of Fredericia Hospital responded that there was an available confinement cell at the hospital. The diocesan authority resolved that Jens should stay there “until he regained the use of his reason”.³³³

These kinds of alignments of local interests were most obvious when danger to public order and damage to private property coincided. Both the authorities and the persons whose property had been damaged took part in shaping the outcomes of these cases. In a letter from March 1756, the Diocesan Authority of Zealand ordered the cell confinement of a woman from the island of Orø due to her “committing several excesses”.³³⁴ The diocesan authority did not expand on the precise nature of these excesses in their letter, but a more detailed description of the case survives in the protocol from Roskilde Police Court. The woman, Karen Olsdatter, was accused of threatening her fellow islanders and

³³² DAR, copybooks, 1759-1767 (15 June 1765).

³³³ “indtil han kommer til Forstandens brug igien”. DAR, copybooks, 1759-1767 (20 August 1765).

³³⁴ “begaaet adskillige Excesser”. DAZ, copybooks, 1754-1759 (30 March 1756).

destroying their property. A weaver from Orø was present at Roskilde Town Hall for the police court. In court, “[he] presented two pieces of linen cloth, which were cut and had holes in them, as a sign and proof of the injury done to him by this insane woman”. While the weaver had presumably travelled to Roskilde in order to request compensation for his ruined cloth, the hearing was about Karen’s mental state. Since a sane person would not cut holes into fresh cloth for no reason, his testimony of tangible damages could substantiate that Karen should be in confinement as a *furiously insane* person. Once again, parallel lines of reasoning were drawn from very different spheres.³³⁵

The public order cases clarify the concept of *furious insanity*. It was not synonymous with being malicious, rather a *furiously insane* person could not be punished if they committed otherwise criminal acts, as it temporarily exempted them from legal and moral agency. Nor was *furious insanity* synonymous with mental affliction as a whole either, rather it was distinctly recognisable to authorities by externally evidenced dangerous behaviour with no comprehensible purpose. This dangerous behaviour did not have to be directed – it could also be a danger towards the wider public. Here, as in the cases where the arguments revolved around directed danger, the diocesan authorities did not act alone but in constant negotiation with legal courts, local authorities and common people demanding order. So far, whether direct or indirect, the danger was outward in some way. In the third category of cases, however, the authorities argued for the cell confinement of those who posed a danger to themselves rather than others.

Danger towards oneself

When confining an individual only by reference to section 1-19-7 of the Danish Code, there were no legal requirements for the authorities to collect attestations or testimonies. The law did not stipulate the necessary conditions for release either. The wording, “furious or mad”, was vague in this sense and offered no explicit legal protection for the confinement. The wording might also easily encompassed cases where there was no danger

³³⁵ “foreviiste Johan væver 2 styk hørlærret som vare af skaaren og huller i, til et tegn og beviis om hands tilføyede skadeslidelse af dette afsindige Qvinde Menneske”. Roskilde Police Court, protocol, 1745-1770 (25 March 1756, 111)

towards others such as self-harm and suicide attempts. These types of cases were examples of the third main argument of *furiously insanity* employed by the authorities in confinement cases.³³⁶

Furious insanity and self-harm

Phrases differed more than practices when the authorities managed mental disorder through cell confinement. This observation is at the root of the concept of *furiously insanity*. The exact terms did not always appear together in the correspondences but, as a concept, *furiously insanity* can encapsulate a connection of actions and mental states, generally shared in the management practices. In short, disorderly actions in combination with mental states is what determined *furiously insanity* and a consequent order for cell confinement, rather than disordered mental states by themselves. The concept is, nonetheless only a tool for analytic purposes, and no concept can fully comprise the heterogeneous nature of the management practice. The cases for which it seems least applicable are those concerning danger towards oneself.

In isolation, danger towards oneself was a much rarer argument for confinement than danger towards others. Amongst the few clear-cut cases of this type was a 1768 case where the diocesan authority permitted the confinement of a certain Johanne Nielsdatter from Ringsted in the Diocese of Zealand on the basis that she had “become disturbed in her mind”. The letter by the bishop and the diocesan governor indicated no violent or disturbed behaviour by Johanne, only this brief information about her mental state. Because of her disturbance, she was to remain in a confinement cell at Helsingør Hospital “until restored to health”.³³⁷ Suicide attempts did appear in the diocesan correspondences, but mainly in the bishop’s matters as a cause for church discipline rather than diocesan authority matters – these are extensively examined in Chapter 5.

Another case from the Diocese of Zealand may illustrate some practical issues related to the cell confinement of people described only as risks to themselves. In 1753, the bailiff of Skælskør contacted the Diocesan Authority of Zealand, hoping that they would

³³⁶ “rasende, eller galind”. Danish Code 1-19-7. Secher, *Kong Christian den Femtis Danske Lov*, 134.

³³⁷ “er bleven uroelig i Sindet”, “indtil hun igjen bliver restitueret”. DAZ, copybooks, 1766-1774 (5 January 1768).

assist him. A woman by the name of Karen Skrædders had turned into an enduring problem for him. The diocesan authority noted in their response that the bailiff had arranged for Karen to be “confined to prevent her from causing herself accident or harm, due to her insanity that she has shown appreciable evidence of”.³³⁸ The nature of this evidence was not elaborated. It could plausibly refer to acts of violence or property damage as well, but the diocesan authority letter made no mention of it. Karen hailed from and still had relatives living in Karrebæk parish in the neighbouring *herred*, but the parish poor relief there had not replied to the Skælskør bailiff’s letters urging them to assume responsibility for her care. For this reason, he was “still encumbered with her, since he did not dare to let her go due to fear of accidents, until he is certain that she will be received and looked after”.³³⁹

The bailiff had to work hard to convince the diocesan authority that this was an actual problem – in the sense of Karen posing a real physical danger evidenced by tangible actions. That the danger mainly threatened Karen herself seemingly made the case a low priority even relative to the overall low priority afforded to cell confinement cases. This was typical of the cases and plausibly a reason why so few concerned danger towards the individuals themselves. When managing cases of potential cell confinement, the diocesan authorities cared little about irrational ideas or unreasonable mental conditions on their own. They wanted concrete examples of danger.

The harm of cell confinement

Both in the previous and in the current chapter, I have emphasised the centrality of negotiations in the management of cell confinement. These negotiations were in part possible because of shared conceptions. While the authorities used a plethora of words to describe

³³⁸ “være bleven sat i forvaring, for at præcavere, det hun formedelst sin Vanvittighed, hvorpaa hun har givet kiendelige Prøver, skulle tilføye sig en Ulykke eller komme til Skade”. DAZ, copybooks, 1748-1753 (11 August 1753).

³³⁹ “endnu have hende paa halsen, saasom hand af frygt for Ulykke ey tør lade hende gaae, førend hand veed at hun kand blive imodtaget og komme under Tilsyn”. DAZ, copybooks, 1748-1753 (11 August 1753).

the people in question, they still shared some underlying notions of what constituted confinement-worthy behaviour. Particular wording could vary from case to case, but there was little difference over time, and the types of actions required for cell confinement stayed broadly the same.

This emphasis does however carry a risk of making the process of cell confinement appear too reciprocal, at worst trivialising the entire subject. Accordingly, the robust institutional frameworks around the cases should be kept in mind. There was still a clear hierarchy in place. Even though most of their decisions relied on input from below, the authorities had the final say on whether the individual in question ended up in a hospital confinement cell or not. Moreover, the inclination towards cooperation did not, of course, include the individual whose confinement was being arranged. Neighbours and family members show up in written dialogue with officials, but there are usually no words by the persons who faced confinement. In short, the argument that early modern cell confinement cases were driven more by compromise than by social control from above must not be equated with a flippant argument that the confined themselves could just have negotiated their way out of cell confinement.

As seen in the Johanne Nielsdatter case above, the Diocesan Authority of Zealand did not specify if her future restitution was expected to occur regardless of her cell confinement or as a result of it.³⁴⁰ The authorities rarely considered the latter a possibility, though. Confinement cells were not curative. When notions appeared about cell confinement as beneficial for those actually in confinement, this was always in the narrow sense that the time in the cell might calm their mind. Time limits or dates of expected release do not appear in any of the examined cases, but there were at times explicit provisos that confinement should only persist until some restitution happened. In an early 1716 case for instance, a royal missive ordered the cell confinement of a man supposedly for his own good. According to the missive, Peder Plaschowitz, a courier at the Chancellery itself was so “confused in the head and furious that he did not himself know what he was saying or doing” and therefore had to be confined. It stipulated the limits of Peder’s confinement before he had even entered the cell. Peder was to only be there “until he could become

³⁴⁰ DAZ, copybooks, 1766-1774 (5 January 1768).

himself again”. The missive declared that the aim of Peder’s cell confinement was “that he should not do harm to himself or others, but that his mind could at last be calmed”.³⁴¹ Conversely, we might also consider if the officials ever reflected on whether cell confinement could harm or even kill those subjected to it. As seen in the previous chapter, the hospital managers had no issue complaining about the unsatisfactory consequences of the cold and restrictive cells. Except in unusually harsh circumstances like the Søren Hansen case, the bishops and the diocesan governors were rarely so clear about the detriments of cell confinement. Written from a supervisory position, the copybook letters mention confined people dying but not any causes of death.

In order to gain a sense of the potential mortality of cell confinement, a comparison of the diocesan authority cases with hospital burial records is useful. From its outset in 1760 and until 1799, the list of people buried by the pastor at Helsingør Hospital had the note “in the confinement cell” for six of the deceased. On top of this, there were seven relatively certain matches and one possible match of personal names when compared to the examined diocesan authority cases in that timespan. In only two cases, all three matched, so that a named individual was both identical to a person definitely placed in confinement before then and described as deceased in the confinement cell.³⁴² We should not take that as definitive proof that the intersection was this limited, though. More likely, the hospital pastors simply noted this kind of supplementary information inconsistently. An equivalent but earlier list from the larger Odense Hospital, covering the years from 1719 to 1749, certainly suggests so.³⁴³ The pastor only noted in two instances that an individual had died while in a confinement cell, but both were within the year 1748, making

³⁴¹ “forvirret i Hovedet og rasende at hand ei selv veed hvad hand siger eller tager sig for”, “indtil at hand maatte komme til sig selv igjen”, “paa det at hand ikke enten skulle gjøre noget ondt paa sig selv eller og tilføye andre sligt, men hans sind omsiider komme i rolighed”. Chancellery, Zeal. missives, 1715-1716 (23 March 1716, no. 125). The missive did not detail the curative method. I discuss notions of cure and recovery in further detail in Chapter 5.

³⁴² “i Daarekisten” or “af Daarekisten”. The two individuals were Johanne Nielsdatter, confined in 1768 and dead in confinement in 1771, and Thomas Larsen, released from confinement in 1764, confined again at a later time and dead in confinement in 1769. I discuss the latter case in further detail in Chapter 4.

³⁴³ As noted in the overview of archival sources, the surviving copybook volumes of the Diocesan Authority of Funen span from 1732 to 1747.

it very likely that these were not the only instances of this kind of death.³⁴⁴ Previous research on St. Hans Hospital would also imply that this underestimates the connection between cell confinement and premature death.³⁴⁵

Maybe the constrained dimensions and wooden interior of most confinement cells impeded some serious harm or casualties by preventing the confined from throwing themselves against a brick wall, but it is unclear if the authorities actually thought of this as an intentional protection mechanism. The diocesan authorities were perhaps too removed from those kinds of worries. In addition to the risks of physical injury, the sources also show considerations about whether cell confinement could cause mental harm. These concerns were often part of arguments for seeking out solutions other than cell confinement. This subject will be examined in the following chapter.

Conclusion

In this chapter, I have argued that despite great lexical variance, the authorities operated with a general idea that the intersection of externally evidenced dangerous behaviour and internal loss of sanity constituted the necessary if not sufficient reason for cell confinement. As a means to better emphasise and interpret this category in the cases, I introduced the analytical concept of *furious insanity*.

Using the concept of *furious insanity*, I examined three categories of cases, sorted by the arguments that the authorities employed to argue for cell confinement. Externally dangerous behaviour remained a common thread. Cases of the first kind, where the central argument concerned direct danger towards others, were most often preceded by a legal process before even entering the purview of the diocesan authorities. Cases of the second kind, where the central argument concerned indirect danger towards the community and the public order, were only occasionally preceded by a legal process – usually in the police courts under the diocesan governors. Cases of the third and least common kind, in

³⁴⁴ That this was due to a change in what was deemed necessary information is further corroborated by the fact that a new pastor had taken over as hospital pastor the previous year. See <https://wiberg-net.dk/867-68-Od.Kat-Hosp.htm>.

³⁴⁵ Zalewski, 'St. Hans Hospital i København 1612-1808', 42–43.

which the central argument concerned danger towards the person themselves, were rarely preceded by any legal process.

In employing cell confinement, the Danish diocesan authorities harboured the same basic concerns as authorities elsewhere in early modern Europe: “shelter, sustenance and the safety of the community at large” – most often with the weight on the latter.³⁴⁶ If any were vacant, the hospital confinement cells were at least somewhat capable of fulfilling these three concerns. Nonetheless, as already suggested, the practical supervision was more complicated. A detached analysis only of hospital cell confinement would mean omitting cases where this was merely one part of the official response or not part of the response at all. In view of that, I will turn in the following chapter to cases where the diocesan authorities employed other means than cell confinement and discuss whether the *furious insanity* concept can be of use in understanding these cases.

³⁴⁶ Lederer, *Madness, Religion and the State in Early Modern Europe*, 261.

Chapter 4: Alternatives to cell confinement

In the previous two chapters, I have focused on the practical management of confining individuals in the rarely available hospital confinement cells and the criteria involved in this. With reference to the legal frameworks, I brought together these criteria as they appeared in the examined cases under the concept of *furious insanity*. In doing so, I have used it as an overarching concept that combines the varied notions held by officials regarding dangerous, often unpredictable, behaviour with mental states thought to denote a lack of understanding and responsibility for that behaviour. The diocesan authorities were hesitant to authorise hospital cell confinement as a measure for mentally afflicted people who did not fall within the bounds of this concept of *furious insanity* and at times even rejected those who did. This raises new questions. Most importantly, what were the alternatives to confinement in the hospital cells, and where did the authorities send released people after cell confinement? In the following chapter, I examine individuals described as mentally afflicted but not in cell confinement. I will begin with the most common alternative measure mentioned in the sources, namely diverse domestic arrangements outside of the system and then turn to the other measures that existed within the institutional frameworks of the system.

Domestic confinement and care

Compared to their usefulness for analysing the management of cell confinement, the diocesan authority sources are less ideal for analysing the lives of mentally afflicted individuals in the household. Nonetheless, it is possible to extract some information about domestic arrangements of confinement and care. The entire decision-making process in the cases hitherto alludes to domestic confinement being widespread. Resembling tendencies across early modern Europe, confinement by the authorities remained, as one historian has concluded for an otherwise very dissimilar Catholic confessional context, “a path followed only when close relatives were unable or unwilling to take care of the mentally afflicted”.³⁴⁷ In accordance with section 1-19-7 of the Danish Code, the Danish diocesan

³⁴⁷ Labarca, *Itineraries and Languages of Madness in the Early Modern World*, 5–6.

authorities treated hospital cell confinement as a temporary solution for only some *furi-ously insane* people. With most management attention focusing basically on deciding between confinement or non-confinement, the details of non-institutional care are usually marginal in the sources.³⁴⁸ Even so, a few cases illuminate practical home confinement in ways which have previously been unexplored in the Danish context. For example, the following case of Lieutenant Stramboe, his wife and their dysfunctional marriage can be reconstructed in some detail through an unusually well-kept series of incoming letters to the Diocesan Authority of Zealand.

A domestic confinement gone awry

In 1766, the wife of the retired Lieutenant Stramboe from the town of Skælskør requested her husband's confinement.³⁴⁹ The Diocese Authority of Zealand contacted Slagelse Hospital in order to arrange this, but received the familiar response that no confinement cells were vacant. Consequently, the bishop and the diocesan governor instructed the lieutenant's wife herself to confine her husband for the safety of others "if possible in his own house in a room adapted to this purpose".³⁵⁰ No correspondence followed in the immediate aftermath, but nine years later the Stramboe couple appeared once again in the correspondence. In 1775, the lieutenant's wife sought royal permission to live separately, alleging that her husband's behaviour made her fear for her life.³⁵¹ The diocesan authority

³⁴⁸ For examples of different approaches to domestic confinement, see for instance: Anatole Le Bras, "Le Cabanon Du Fou": Uses of the Shed as a Confinement Device for the Insane in French Rural Households in the 19th Century', in *Material Cultures of Psychiatry*, ed. Monika Ankele and Majerus (Transcript Verlag, 2020), 74–95; Suzuki, 'Madness at Home: The Psychiatrist, the Patient, and the Family in England, 1820-1860'.

³⁴⁹ An earlier legal matter involving Lieutenant Stramboe is mentioned in Niels Stenfeldt, 'En uheldig Byfoged i Skælskør (1765)', *Aarbog for Historisk Samfund for Sorø Amt XVIII* (1930): 108–15.

³⁵⁰ "om muelig i sit eget huus i et dertil indrettende Værelse." DAZ, copybooks, 1766-1774 (24 July 1766).

³⁵¹ Chancellery, Zeal. missives, 1776-1778 (24 May 1776, no. 327).

began an investigation of the circumstances, collecting attestations from the couple's parish pastor and two of their neighbours. These original letters of testimony have survived in the archive of incoming letters to the Diocesan Authority of Zealand.

Together, the attestations paint a scene of a local town community attempting to manage a domestic confinement situation gone awry and even provide some glimpses into ordinary people's notions of mental disorder without the filter of a courtroom scribe. Here, the concept of *furious insanity* is once again useful. The first neighbour, Balthazar Helm, attested that until recently "Lieutenant Stramboe was kept in a room like a mad man", revealing the implicit connection between being a "mad man" and some manner of confinement.³⁵² The second neighbour, Egbert Hendricksen, confirmed that Stramboe had been in what he called "civil arrest", corresponding with the Danish term for house arrest. The spelling of that term – and indeed of the attestation as a whole – was remarkably idiosyncratic, perhaps indicating a limited familiarity with legal jargon. Hendricksen went on to describe the constant fighting between the lieutenant and his wife in which most of the townsfolk had become unwilling participants. Expressing some notion of temporariness of mental disorder, he believed the lieutenant to possess his "full reason and senses except that time when he acted mad in church around six or seven years ago". Stramboe had since been "acting very well with reading, singing all day through and the night as well".³⁵³

Recently, though, the lieutenant had started to behave in an outwardly aggressive way again. One Saturday evening, following an entire day of loud commotion, the Lieutenant had locked his wife out of their home, causing curious people from around town to assemble. The neighbouring men called for the parish pastor, and the three of them entered the house in order to calm the lieutenant down. According to the pastor's attestation, this was not his first visit of this kind to the house with "these furious people". The pastor used the word "furious" about the couple as one and made no distinction according

³⁵² "blev Lieutnant Stramboe holden oppepaa en sahl som en galen Mand". DAZ, incoming, Flakkebjerg, 1675-1819 (15 August 1775).

³⁵³ "Seeviil Arest", "fulde fornufft og forstand untagen dend tid hand gjorde sig gal udi Kiercken som er ungefær 6 til 7 Aar siden", "for hold sig meeget vel med Læsning Siungen heele Dage igennem og Natten Samme til med". DAZ, incoming, Flakkebjerg, 1675-1819 (15 August 1775). On the term itself in Danish, see <https://ordnet.dk/ods/ordbog?query=civilarrest>.

to potential internal causes of their behaviour. He stated that he initially tried reasoning with the husband but soon gave up and asked to talk to the wife.³⁵⁴ Meanwhile, the two neighbours went to the town bailiff, the nearest representative of the legal authorities, but to no avail. According to Hendricksen's attestation, the bailiff "answered quite coolly that [Stramboe] was out of his mind", and refused to get involved. The local official did not think that this situation was a public disturbance within his purview.³⁵⁵

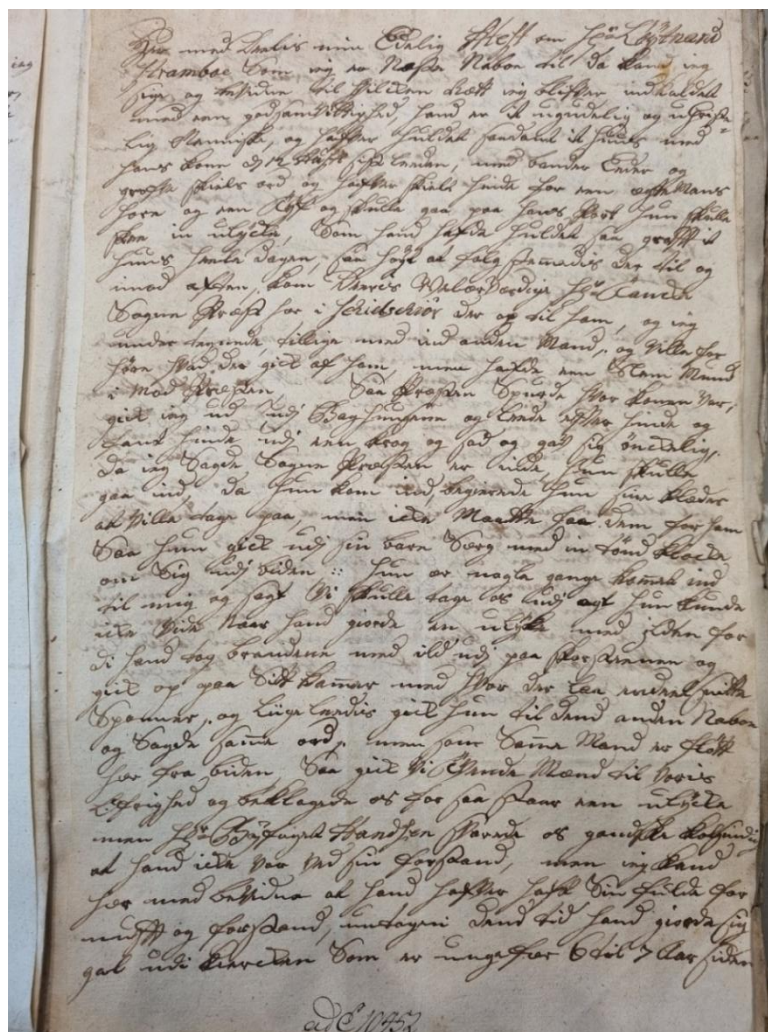


Illustration 5: The first page of Egbert Hendricksen's attestation about the Stramboe case addressed to the Diocesan Authority of Zealand.

³⁵⁴ "disse Rasende Mennisker". DAZ, incoming, Flakkebjerg, 1675-1819 (19 August 1775).

³⁵⁵ "svarede os gandscke Kolsindig at hand icke var ved sin forstand". DAZ, incoming, Flakkebjerg, 1675-1819 (15 August 1775).

With little help from other authorities, the locals relied instead on the local pastor, Frederik Thanck, to mediate. He attempted once more to convince the husband to allow his wife to come inside and get appropriately dressed but this also failed as Stramboe was still quite aggressive. The wife then left the home in her underclothes to stay for the time being with a nearby widow. At this point, the pastor left as well. Having little good to say about the lieutenant, he wrote in his attestation that he believed him to be “caught in the machinations of Satan” and recommended a separation.³⁵⁶

The pastor’s choice of words deserves a brief comment. Throughout the sources, clergymen frequently described both mentally afflicted and malicious people as caught in machinations, literally “knittings” or “ropes”, of Satan. A standard phrase throughout the seventeenth and eighteenth centuries, it referenced “τῆς παγίδος τοῦ διαβόλου” in 2 Timothy 2:26, translated as “des Teufels strick” in Martin Luther’s German Bible and as “Dieflens snare” in the most widespread Danish translation at the time. One of the many appearances of the phrase in Danish was in the extremely influential catechism *Sandhed til Gudfrygtighed* by Pietist theologian and bishop Erik Pontoppidan who also wrote the key pastoral manual discussed above as part of the frameworks.³⁵⁷ On the basis of these clear lay and pastoral attestations, the diocesan authority endorsed the separation of the Stramboe couple. It was officially granted by royal missive the following year.³⁵⁸

³⁵⁶ “indviklet i Satans Strikker”. DAZ, incoming, Flakkebjerg, 1675-1819 (19 August 1775).

³⁵⁷ Martin Luther, trans., *Biblia: Das ist: Die gantze heilige Schrifft Deudsch*, vol. 2 (Wittenberg, 1545), 375; Hans Poulsen Resen and Hans Svane, trans., *Biblia, paa Danske, det er: Den gandske hellige Skriftis Bøger, paa ny igiennemseete med Flid efter den Ebræiske og Grækiske Text, det næste mueligt var, oc forbedrede med ny Summarier, fuldkommeligere Concordantzer oc korte efter vor allernaadigste Herris, Kong Christians den IV. Christelige Befaling*, vol. 4 (Copenhagen, 1647), 837; Erik Pontoppidan, *Sandhed til Gudfrygtighed, udi en eenfoldig og efter Muelighed kort, dog tilstrækkelig Forklaring over Sal. Doct. Mort. Luthers Liden Catechismo, Indeholdende alt det, som den, der vil blive salig, har behov, at vide og gjøre* (Copenhagen, 1737), 73.

³⁵⁸ Chancellery, Zeal. missives, 1776-1778 (24 May 1776, no. 327).

The home – the default “locus of care”

I have come across no other portrayals of domestic confinement as detailed as lieutenant Stramboe’s case in the diocesan authority material. This is perhaps indicative of a relatively high threshold of acceptable dysfunction from the point of view of the authorities. However, the sparse material collected for this study does not substantiate a conclusion about the average state of affairs in domestic confinement and care.³⁵⁹ As a whole, the surviving descriptions of domestic arrangements in the diocesan authority sources are brief and basic – just as the Stramboe case would appear to be from the initial copybook letter, had the incoming letters not survived.

The diocesan authorities consistently tried to keep as few people in the hospitals as possible for as short a time as possible. Resembling the attitude of the English poor relief authorities at the same time, “confinement of the furiously insane was to last only as long as they remained dangerous, and the cost also encouraged release if at all possible”.³⁶⁰ The attitude is succinctly summed up by a comment in a 1741 letter from the Diocesan Authority of Funen maintaining that it was “reasonable [billigt] that this poor person’s brother is the closest to keep watch over him”.³⁶¹

While confinement attempts were often set in motion by close family members, the confinement cases likely reflect a small minority of those suffering from mental disorder. It is not possible from the sources to gain an impression of the total number or overall conditions of severely mentally afflicted people living completely outside the purview of the authorities. The stories of those confined in homes around the country are always at the edge of the source material and, accordingly, this study. Still, the attitudes of the bishops and diocesan governors indicate that these people made up a substantial

³⁵⁹ This is not to claim that more do not exist in the diocesan authority archives, only that the diocesan authority copybooks may not be the best way to systematically locate them. I came across the attestations in the Stramboe case while searching for other material in the incoming letters from one particular *herred*, and it is likely that similar material survives in boxes of incoming letters.

³⁶⁰ Audrey Eccles, “‘Furiously Mad’: Vagrancy Law and a Sub-Group of the Disorderly Poor’, *Rural History* 24, no. 1 (2013): 33.

³⁶¹ “billigt, at dette fattige Menniskes Broder er nærmeste til at have Opsyn med ham”. DAF, copybooks, 1732-1747 (22 April 1741).

group. In short, the diocesan authority sources do suggest that the family and domestic sphere remained the default “locus of care” even though the character of the copybooks limits the amount of details.³⁶²

Bringing in perspectives external to the diocesan authority sources can help shed light on the sparse material. Many of these show that people by and large did not abandon mentally afflicted relatives quickly or without thought. Late eighteenth-century newspaper notices asking for assistance in locating lost mentally afflicted family members indicate enduring bonds. Most notices contained a description of the absconded individual, an address and often the promise of monetary reward. This suggests not only that these people were living in a domestic setting but also that their relatives dutifully tried to secure their safe return. The brothers of “Moses Herz of the Jewish nation”, for example, placed a notice in the paper in 1784, describing him as “average of height, dark of complexion, with his own hair and dressed in a brown coat”. Moses had left his home in Copenhagen while in “distress of the mind and delirium” and had later been spotted in Helsingør. His brothers asked the public to aid him with food and shelter and, if possible, assist in his safe return. They promised to cover all expenses and furthermore offered a “reasonable reward”.³⁶³ A similar notice in 1787 asked for the help of the public in locating and returning a disturbed young man who had left the place, “where he was under guard and care due to his weakness”. The notice described the man in great detail, mentioning that he was “dressed in a blue coat and vest and violet trousers as well as an olive overcoat, and was wearing boots as well as a hat”. Here, too, there was promise of a monetary reward for anyone with knowledge of his whereabouts.³⁶⁴

³⁶² I borrow the phrase from Peregrine Horden and Richard Smith, eds., *The Locus of Care: Families, Communities, Institutions, and the Provision of Welfare Since Antiquity*, Routledge Studies in the Social History of Medicine (United Kingdom: Routledge, 1998).

³⁶³ “Moses Herz af den jødiske Nation”, “maadelig af Statur, sortladen af Udseende, og har sit eget Haar, samt er klædt i en brun Frakke”, “Sinds-Uroelighed og Forvildelse”, “raisonabel Douceur”. Dataset: “Efterlyste personer i Københavns Adresseavis” (2 July 1787). *Carceral Copenhagen*, https://carceralcph.shinyapps.io/carceralcph_web/.

³⁶⁴ “hvor han formedelst Svaghed var under Opsigt og Pleie”, “klædt i en blaae Kiol og Vest og violette Buxer, samt en oliven Frakke, og havde Støvler paa Benene, samt Hat paa Hovedet”. Dataset: “Efterlyste personer i Københavns Adresseavis” (8 November 1784). *Carceral Copenhagen*, https://carceralcph.shinyapps.io/carceralcph_web/.

That a certain duty of care was not only part of an administrative ethos but also permeated expectations of domestic care can be illustrated by a 1782 case from the Diocesan Authority of Zealand. The widow of the former town and county surgeon, Jacob Lau, had been placed in St. Hans Hospital in Copenhagen, as she had “since the death of her husband been completely bereft of reason”. Unfortunately, the surgeon had left his widow with no inheritance whatsoever. This placed the financial burden of her allowance on the poor relief funds for the town of Roskilde, where she had formerly resided. In February 1782, the diocesan authority contacted her brother, a wealthy man and counsellor of state. A long letter from the bishop and the diocesan governor lay emphasis on the brother’s status as “a man who feels the duties placed on him, in this case by both nature and religion”. They asked the counsellor to assume his sister’s care “on the grounds of the 1-19-7 of the Law”, the section stipulating that kin remained the primary caretaker for the mentally afflicted, but also due to religious duty. At the end of their letter, the bishop and the diocesan governor noted that they keenly awaited the counsellor’s response, which they “did not doubt would be as expected of a man feeling his duty as a brother as well as a Christian”.³⁶⁵

The familial duty to provide care was perhaps unambiguous as an ideal, yet it would not be fulfilled in this case. The counsellor fought against the diocesan authority for a year. In the final instance, the latter reluctantly yielded. On one hand, the case shows that it was possible to evade one’s duties through persistence. On the other, it shows that the authorities could draw on not just fiscal logic but a wider arsenal of arguments bound up in cultural ideals of familial and religious duty to combat this type of conduct.³⁶⁶

Of course, this expected duty included spouses, parents and children as well. For example, in a 1771 case where the Diocesan Authority of Ribe instructed a mother and father to manage their son’s interim home confinement when finding a vacant confinement cell dragged on.³⁶⁷ The exact practicalities of these household-based arrangements

³⁶⁵ “siden Mandens Død ganske har været betaget sin Forstand”, “en Mand der føler de Pligter, som baade Natuuren og Religionen i dette Fald paalegger Dem”, “paa grund af Lovens 1-19-7”, “paatvile ikke, at det jo vil blive, som af en Mand, der føler sin Pligt baade som broder og Christen”. DAZ, copybooks, 1781-1783 (5 February 1782).

³⁶⁶ DAZ, copybooks, 1781-1783 (8 February 1783).

³⁶⁷ DAR, copybooks, 1771-1773 (28 November 1771).

only concerned the authorities when specific agreements were put in place – as in the Lene Andersdatter case that we encountered in Chapter 3, where Lene’s husband was ordered to keep his wife at home following her initial hospital cell confinement as a danger to the public order.³⁶⁸

This returns us to the relationship between top-down and from-below forces. Similar to Christian Matthiasen before him, Lieutenant Stramboe showed up in the copybooks precisely because the local arrangements had ceased to function. In such cases, in the absence of a legal trial, the instigating push for confinement typically came from the immediately affected too, not from the authorities and certainly not from the central administration. This further illustrates the issues inherent in placing the management of the poor relief system too strictly within a paradigm of state-and-individual control. It not only underemphasises non-state actors but also risks reversing the entire the impetus of confinement. The administrative opposition against keeping no-longer *furiosus* persons in confinement in hospital cells was fundamental. Indeed, the authorities might even outsource these duties to other households, when no direct household could be found. In the following part of the chapter, I will examine cases reflecting this policy of outsourcing confinement and care.

Outsourcing domestic care

Before examining what the outsourcing of care to private actors entailed in eighteenth-century Denmark, it is helpful first to discuss what it did not entail. The Danish sources do not indicate developments corresponding to the large-scale private institutionalisation happening in England at the time.³⁶⁹ While the town general hospitals were not entirely

³⁶⁸ DAZ, incoming, Helsingør, 1762-1764 (23 September 1762).

³⁶⁹ Dedicated private madhouses and the attached “trade in lunacy” in eighteenth-century England have received much scholarly attention. See for instance W.L. Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries* (London: Routledge and Kegan Paul, 1972); Jonathan Andrews and Andrew Scull, *Customers and Patrons of the Mad-Trade: The Management of Lunacy in Eighteenth-Century London* (Berkeley: University of California Press, 2003); Smith, *Private Madhouses in England, 1640–1815: Commercialised Care for the Insane*. Compare also with R.A. Houston, ““Not Simple Boarding”: Care of the Mentally Incapacitated in Scotland during the

state institutions but semi-independent, neither were they profit-making institutions.³⁷⁰ This did not mean that the poor relief system was completely without private actors, however. In general, actors outside of the system were allowed to take in hospital inmates of all sorts as boarders in exchange for some or all of the poor relief allowance.³⁷¹ The fact that this was not a unique practice reserved solely for persons with mental disorders speaks again to the institutional embeddedness of the cases concerning *furiously insane* individuals.

A case from the Diocese of Zealand illustrates one way in which this type of outsourcing could proceed and includes letters from both officials and non-officials. In the summer of 1764, a shoemaker approached the hospital manager of Helsingør Hospital with an offer involving a man named Thomas Larsen. Thomas hailed from Odsherred in northwestern Zealand but was currently in cell confinement in the hospital. In the letter, which was passed on to the diocesan authority, the shoemaker applied for Thomas' release under quite specific circumstances. No longer a risk since entering "more reasonable and calmer thoughts", Thomas was to stay in the shoemaker's household, as he intended to "take him on trial in the profession he had been trained in". His letter did not mention any familial bond between the two, and the shoemaker's intent was not for Thomas to

Long Eighteenth Century', ed. Peter Bartlett and David Wright, *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000*, 2000, 19–44.

³⁷⁰ Christina Vanja reaches the same conclusion in her study of similar system of German hospitals in Hesse. Christina Vanja, 'Ein hessischer "Trade in Lunacy"? - Hospitaliten und Hospitalitinnen von Stande in den Hohen Hospitälern', in *An der Wende zur Moderne: Die hessischen Hohen Hospitäler im 18. und 19. Jahrhundert*, ed. Friedrich Arnd, Irmtraut Sahmland, and Christina Vanja, vol. 14, Historische Schriftenreihe des Landeswohlfahrtsverbandes Hessen Quellen und Studien (Petersberg: Michael Imhof Verlag, 2008), 238.

³⁷¹ Harald Jørgensen, *Studier over det offentlige Fattigvæsens historiske Udvikling i Danmark i det 19. Aarhundrede*, Photographic reprint of 1940 edition (Copenhagen: Selskabet for Udgivelse af Kilder til Dansk Historie, 1979), 147–49.

live in complete independence. On the contrary, he promised that as part of this apprenticeship Thomas would “not be let out of my house or into the street except under my personal supervision and responsibility”.³⁷²

Once the hospital manager had endorsed the idea, suggesting a trial period of one or two months, the town authority of Helsingør ordered two surgeons to examine Thomas. In their attestation, which also survives in full length, the surgeons described visiting him and talking to him about his mental state and wants. Their diagnosis seems to have been based solely on this conversation. Describing a lucid exchange with Thomas, the surgeons gathered that working for the shoemaker was also “Thomas Larsen’s own desire”. They had no doubt in the underlying premise that one could regain previously lost sanity and, therefore, agency. Indeed, they expressed confidence in restoring not only Thomas’ mind but also his body, the second of which suffered “from the weakness that often follows long-term confinement”. The two surgeons agreed that the combination of semi-freedom and training at the shoemaker’s workshop would reinforce his present calmness of mind and that “in the best case [...] his reason could be soothed too”.³⁷³

In the event of any trouble, the shoemaker was expected to contact Helsingør Hospital about Thomas’ re-confinement. Unfortunately, the shoemaker’s plan does not seem to have succeeded – at least in the long term. Five years later, the poor relief inspectors of Helsingør wrote to the Diocesan Authority of Zealand to inform them that a confinement cell was presently vacant for a new occupant. Thomas Larsen had passed away while in confinement. As per the routine, the cell did not remain unoccupied for long – one

³⁷² “paa een prøve at holde ham til Arbeide i den Profession hand har lært”, “ikke skal faae lov at komme ud af mit Huus eller paa Gaden uden under min egen Tilsyn og Ansvar”. DAZ, incoming, Helsingør, 1762-1764 (28 June 1764).

³⁷³ “Thomas Larsens egen forlangende”, “Svaghed, som gjerne paa følger Langvarig indsettelse”, “tillige allerbest ved tiiden kunde erfares, hvor vidt hans fornøft kunde sideres paa”. DAZ, incoming, Helsingør, 1762-1764 (29 June 1764).

month later, the diocesan authority asked about its preparation for “another wretched person in the same condition as the deceased”. It is uncertain from this letter whether Thomas had in fact been in the shoemaker’s service for any of the preceding time.³⁷⁴

The agreement discussed in the Thomas Larsen case was unusual. Nevertheless, it hints at a practical parallel to a proposition from new research into the intentions behind the poor relief system in early modern Denmark. Namely, that efforts to transform hospital and workhouse inmates into hardworking and dutiful citizens by more creative means than blunt sanctions were not inventions of late eighteenth-century enlightenment thinkers but symptomatic of a current of improvement in the poor relief management that had existed already a long time before.³⁷⁵ Viewed from this perspective, the outsourcing of Thomas Larsen’s care was perhaps less an attempt to bring in private actors per se than it was an effect of existing ideas about work as a palliative measure.

In one other example, the only one of its kind I have come across, the outsourcing was not due to a *furiously insane* person becoming less *furious* in their behaviour but the exact opposite. The very same year as the Thomas Larsen case, the Diocesan Authority of Zealand also wrote to the poor relief inspectors of Helsingør about a possible outsourcing of care. Their letter concerned Karen Larsdatter, who was apparently not in a cell confinement but in the general inmate population. According to the diocesan authority, the hospital manager had informed them that Karen’s mental condition had recently changed, rendering her “in such a troubled mind that the other inmates can have peace from her neither day nor night”. The diocesan authority suggested domestic care in town “seeing as the coppersmith Peder Jensen has offered to take in said Karen Larsdatter and care for her as well as possible”. As in Thomas Larsen’s case, there was no mention of any relation between Karen and Peder. In addition to the usual allowance of three *mark*, he wanted a further one *mark* and eight *skilling* for his effort. The diocesan authority

³⁷⁴ “et andet elendigt Menneske af samme Beskaffenhed, som den afdøde”. DAZ, copybooks, 1766-1774 (10 March 1769). I have not come across any letters concerning Thomas Larsen’s re-confinement between 1764 and 1769.

³⁷⁵ As suggested on a legislative level by Pedersen, ‘Forsorg for de fattige: Fattigforsorg i lyset af en religiøs forståelseshorisont, Danmark 1522-1739’, 157–84.

agreed to his demand as long as this was a short-term agreement while Karen's behaviour was too intolerable to keep her in the hospital.³⁷⁶

Again, the Thomas Larsen and Karen Larsdatter cases do not suggest a systematic private institutionalisation of the mentally afflicted, but cohere with the overall management of the poor relief system. Compensating non-relatives for care services was not something uniquely used for people who were or had been *furiously insane*. It was an established practice, though mostly in cases concerning young children who had become orphans.³⁷⁷ Two cases cannot substantiate much on their own, but they seem to fit with the tendencies already discussed. Here as before, the methods employed by the officials to manage cases involving the mentally afflicted were methods already at hand for poor relief management more generally. In this sense, the outsourcing in these cases only further exemplifies their embeddedness in the wider system. In terms of material factors, the two cases may be understood through the system's concern about funding and the availability of cells. In terms of institutional ideals, they may be understood through the fundamental preference for non-institutional life in the household.

Hospital, workhouse and exile

That the domestic sphere and personal relations had critical consequences for the management was evident in the few cases where the authorities went against their standard preference for domestic arrangements and against institutionalisation. The authorities could transfer hospital inmates to the confinement cells if they became difficult to manage. They could also deem a previously *furiously insane* individual sufficiently calm to leave cell confinement but not sufficiently sane to return home. In the following part of the chapter, I examine cases of people permitted to exit confinement but only to stay as

³⁷⁶ “i slig en sind Urolighed, som de andre Lemmer hverken Nat eller dag kand have Roe for hende”, “da nu Kaaber Smedden, Peder Jensen har tilbudet sig, at tage bemte Karen Larsdatter til sig og paa beste Maade pleye hende”. DAZ, copybooks, 1759-1766 (14 April 1764).

³⁷⁷ Hansen, *Betler eller almisselem: Studier i offentlig fattigforsorg i Sjællands stifts landsogne 1708-1802*, 140–41.

in the surrounding hospital or undergo some other measure such as workhouse incarceration or exile.

The hospital and semi-confinement

In the case of Asmus Holgersen, who we previously encountered in Chapter 3, the authorities considered not only the general hospital as an alternative to cell confinement but also incarceration and even exile. Atypical as this was, it provides a convenient first impression of how officials employed these alternatives in relation to each other. I previously examined how this case was tried at Odense Town Court in 1738. Here, Asmus was found guilty of attacking his neighbour but non-punishable and warranting confinement as a *furiously insane* person. Subsequently, the Diocesan Authority of Funen was expected to take over and approve his hospital cell confinement. This did not happen. The management of the Asmus Holgersen case would become a protracted affair, extending over more than half a decade with wavering attention from diocesan and local authorities alike. Throughout, an actor external to the system, Asmus' mother, was often more involved than the managing officials.

Asmus' mother was communicating with the authorities already while her son was in custody during his town court trial. Through letters written directly to the supervising officials, she tried to secure him better physical conditions in the town jail where he was being held. In response to one of these letters, the diocesan governor of Funen rejected her proposal to bring Asmus out to the countryside during his trial, deeming it "neither defensible nor advantageous for his health". The diocesan governor did however approve of the overall idea of allowing him to move about outside more and placing him in a warmer room "to refresh his frozen limbs somewhat".³⁷⁸ In spite of this initial plan for a compromise at the diocesan level, neither the diocesan authority nor the local Odense town authority arranged a transferral of Asmus to somewhere better heated. Nor did they even seem to arrange for his relocation to a hospital confinement cell after the verdict. Instead, nothing seemingly happened for years. Asmus lingered in the town hall jail.

³⁷⁸ "finder ieg hverken forsvarelig eller for hans helbred nyttig", "at hans frosne Lemmer kunde forfriske noget". Diocesan governor of Funen, copybooks, 1738-1740 (10 February 1739, 74).

In 1742, Asmus' mother petitioned the king for her son's release due to his improved mental state. Perhaps a reasoning borne out of desperation, she argued that Asmus should be released from jail because he was sane. It would seem a complete reversal of the logic expressed in sections 6-6-17 and 1-19-7 of the Danish Code. Still, the petition had an initial effect. Shortly thereafter, the Chancellery began an inquiry into the Asmus Holgersen case. If he were to be let out of jail, the town authority suggested either placing him in the hospital "amongst the insane" or to follow his mother's suggestion of taking him elsewhere. In the latter case, they argued that Asmus should never return to Odense out of fear that "he, as a most insane and in addition enraged person, should relapse into to his previous malice and obstinacy".³⁷⁹

The Chancellery's auxiliary material contains several previous pleas to the king from Asmus' mother, but also an attestation by a medical doctor diagnosing Asmus Holgersen as a mentally disabled *fatuus*. He rejected the idea that Asmus was truly sane, but also that he was *furious* "for he understands everything you say to him correctly but he does not care what you say". The doctor seemingly viewed Asmus' *fatuitas* as a long-term condition that would mostly be of a calmer nature but might suddenly be expressed in *furious* episodes. On the one hand, the doctor did not recommend releasing Asmus "for his stupidity is so great that he in my mind is capable of causing harm to himself or to others unable to resist him, when you least expect him to do so". On the other hand, long-term confinement in jail or a confinement cell was unlikely to improve his mental condition. Instead, the doctor suggested admitting Asmus as an inmate at Odense Hospital, but on special conditions so that he could be amongst people during the day but potentially be locked up in the confinement cell at night.³⁸⁰ A missive from the king shows that the authorities did in fact take the doctor's advice against long-term cell confinement into consideration, though the verdict deviated somewhat from his proposal. Asmus was

³⁷⁹ "iblant de Vanvittige", "hand da som et meste Vanvittig og derhos arrigt Menniske igien kunde henfalde til sin forrige onskab og fortredelighed". Chancellery, Fun. missives, auxiliary, 1742 (20 July 1742, no. 38).

³⁸⁰ "thi hand forstaaer alting hvad mand siger i sin rette Meening, men hand kehrer sig icke efter hvad man siger ham", "thi hans Stupiditet er saa stor at han efter mine tanker er capable at gjøre en ulycke ved sig selv eller ved andre som icke kand ham staae imod, naar mand minst troede ham det til". Chancellery, Fun. missives, auxiliary, 1742 (20 July 1742, no. 38).

allowed to leave the jail, but with the crucial requirement that he and his mother were to move to the Duchy of Holstein and never return to Funen.³⁸¹

For reasons not quite clear, no one ever executed this either – making the Asmus Holgersen case yet another cautionary tale against taking orders from the central administration as uncomplicated sources for evidence of applied management. Later correspondence at the local level conveys a different story. In 1744, the town authority of Odense asked the Diocesan Authority of Funen whether Odense Hospital could admit Asmus Holgersen as a regular inmate. Asmus had supposedly been jailed at the town hall all these years. Following deliberations between the diocesan authority and the hospital manager, it was decided that Asmus ought to be admitted into a new facility at Odense Hospital. In 1743, Odense Hospital had established a semi-confinement facility. These were “rooms for foolish and half-mad” but not dangerous people – in between the regular hospital and cell confinement.³⁸² Though they took note of his earlier 6-6-17 verdict, the authorities were no longer managing Asmus as a *furiously insane* person in need of actual cell confinement.³⁸³

It is not obvious why the Asmus Holgersen case developed exactly as it did, but it is in many ways illustrative of the most radical disadvantages of an administrative system relying so heavily on personal interaction. Perhaps the many years in the jail under the town hall were simply the result of Asmus falling through the administrative cracks of the system. Perhaps his aging mother gradually lost the forcefulness to pressure officials such as the diocesan governor. Asmus himself lived in Odense Hospital until his death in 1771.³⁸⁴

³⁸¹ Chancellery, Fun. missives, 1741-1746 (20 July 1742, no. 38).

³⁸² “værelser for taabelig og half vanvittige Mennsker”. Odense Hospital, protocol, 1709-1795 (10 September 1744, 233). The construction of this new part of the hospital is also mentioned in Larsen, *Graabrødre Hospital og Kloster i Odense: Et Bidrag til den sociale Forsorgs Historie*, 159.

³⁸³ Studies of German-speaking areas have also concluded that a division of dangerous and non-dangerous was the main determinant between solitary confinement and communal life inside early modern hospitals. Ludwig Ohngemach, ‘Spitäler in Oberdeutschland, Vorderösterreich und der Schweiz in der Frühen Neuzeit’, in *Europäisches Spitalwesen: Institutionelle Fürsorge in Mittelalter und früher Neuzeit*, ed. Martin Scheutz et al., *Mitteilungen des Instituts für Österreichische Geschichtsforschung* 51 (Wien: R. Oldenbourg Verlag, 2008), 277.

³⁸⁴ Odense Hospital, accounts, 1769-1772 (1770-1771, 57).

Hospitals have featured throughout the previous chapters, and as many of the cases show, mentally afflicted people were often amongst the regular inmates as well. Indeed, facilities like the semi-confinement rooms in Odense Hospital also indicate efforts from hospital managers to take into account the people who were thought to have some mental affliction outside of the nexus that I term *furious insanity*.

In 1769, the manager of Helsingør Hospital suggested to the Diocesan Authority of Zealand that new confinement cells “ought to be made so that these do not worsen their condition during their good intervals but rather improves their condition if possible. The manager used the specific case of Peder Hansen as a starting point to make a suggestion.³⁸⁵ According to the manager, Peder had originally been placed in a hospital confinement cell, but was now rarely *furiously insane* and in reality had been allowed to live amongst the other inmates for extended periods. Occasionally, a *furious* “raptus” still sometimes struck Peder, and during such episodes, it became difficult to force him into his cell. Thus, the manager speculated “whether a hoarding or picket fence could not be erected around the cell, within which Peder Hansen could move about and get some fresh air”.³⁸⁶ However, as shown by the later descriptions of the confinement cells in Helsingør, this also never seems to have come to fruition.³⁸⁷

The comment from the hospital manager that Peder Hansen was already moving about is noteworthy. In a similar way, when Anna Nielsdatter, an inmate already deemed “foolish”, began to act aggressively towards others at Ribe Hospital, the Diocesan Authority of Ribe advised that she be guarded “during the time when she is struck by fury”. Cell confinement would only become an option if the hospital could not cope with lesser

³⁸⁵ Probably the same “greedy” Peder Hansen from Chapter 2 that the overseer found to be eating more than expected. DAZ, copybooks, 1766-1774 (11 July 1769).

³⁸⁶ “burde være saaledes indrettet, at de ikke i de gode Tider skulde blive værre, men heller, om det være mueligt, bedre”, “Raptus”, “om ikke et Plankværk eller Stakitværk kunde giøres om Daarekisten, inden for hvilket Peder Hansen kunde gaae og røre sig, og tage frisk Luft”. DAZ, copybooks, 1766-1774 (9 August 1769).

³⁸⁷ The manager of Ribe Hospital expressed similar ideas as discussed in Henrik Græbe, *Ribe Skt. Katharine Kloster: Sognekirke og Hospital* (Ribe: Historisk Samfund for Ribe Amt, 1978), 31. This and other extremely critical responses by hospital managers to a December 1798 Chancellery survey about the state of the hospital confinement cells are worthy of a separate study.

means.³⁸⁸ Behaviour that on paper seemed *furious* was a necessary, but not always a sufficient, cause for cell confinement. Fiscal constraints and administrative *billighed* thus became united in an argument against individual cell confinement and in favour of communal management. In addition to these cases from the diocesan authority copybooks, internal hospital sources also indicate that some inmates who acted quite belligerently were able to walk about in the hospital and, at times, even outside of the hospital. This was the case, for example, with a woman named Lovise With who, according to a 1768 letter from the manager of Helsingør Hospital, not only kept her fellow hospital inmates awake by yelling threats and toying with fire at night but also got into an argument with the guards at the nearby Kronborg Castle.³⁸⁹

These less solitary arrangements for mentally afflicted inmates in the town hospitals appear similar to the mixed room in St. Hans Hospital, where calmer inmates could socialise.³⁹⁰ Even though the Danish practices were seemingly less systematic, they also bear some resemblance to arrangements in hospitals elsewhere in Europe. In eighteenth-century Austrian hospitals, for instance, only those struck by acute “insanity and fury”, roughly analogous to the *furious insanity* concept, were in temporary cell confinement, while the majority lived amongst the other inmates. Hessian hospitals also had a practise of allowing individuals in cell confinement controlled access to the outside in a manner much as suggested by the manager of Helsingør Hospital.³⁹¹

The workhouse – between punishment and improvement

In a few cases, the authorities opted to neither let an individual stay within the hospital nor let them leave unconditionally, but instead transferred them to a workhouse, traditionally viewed as a penal institution. This elicits the question whether the individuals in these cases were transferred there simply to be punished. If so, this would at first seem at

³⁸⁸ “taabelig”, “i den Tiid hun af Raserie angribes”. DAR, copybooks, 1775-1781 (16 November 1779).

³⁸⁹ Helsingør Hospital, copybooks, 1702-1791 (12 August 1768).

³⁹⁰ Zalewski, ‘St. Hans Hospital i København 1612-1808’, 41.

³⁹¹ “Unsinnigkeit und Raserey”. Watzka, *Arme, Kranke, Verrückte*, 438; Vanja, ‘Shelter and Custody: Identifying and Treating Physical and Mental Disabilities in Eighteenth-Century Hessian High Hospitals’, 129.

odds with the logic of sections 6-6-17 and 1-19-7 of the Danish Code seen in the cases so far.

For an impression of how the officials argued for workhouse incarceration of those formerly treated as *furiously insane*, let us first return to the previously examined case of Lene Andersdatter. Following her 1762 confinement in a cell in Helsingør Hospital for threatening the public order, the authorities had granted Lene's husband the right to keep her at home. Niels Kiær dutifully kept his wife in domestic confinement for two years and avoided any disturbance – at least as recorded in the diocesan authority sources. In December 1764 however, Lene reappeared in the correspondences from the Diocesan Authority of Zealand after an incident much like the one that had caused her initial 1762 confinement. In their testimonies provided to the diocesan authority, onlookers described Lene assaulting people in the street, her behaviour escalating this time to breaking all the windows of a local Jewish merchant's house.³⁹² The cause of Lene running unaccompanied outside was perhaps that her husband lay on the brink of death unable to keep her under the strict control he had promised to provide two years before. He would pass away only days after this second episode.³⁹³ At least based on the dispatches sent to the Diocesan Authority of Zealand, no relatives acted or spoke on Lene's behalf now.³⁹⁴

Following a brief legal process at Helsingør Police Court, Lene was again placed in cell confinement at Helsingør Hospital, although as we shall see, the nature of this confinement seems to have been of the more flexible kind described above. It would end soon thereafter. In February 1765, the hospital manager contacted the Diocesan Authority of Zealand to request Lene's transfer to another institution, perhaps a workhouse, due to her disruptive behaviour. The diocesan authority responded that she could be moved to a

³⁹² DAZ, incoming, Helsingør, 1762-1764 (15 December 1762). Acts of window breaking were presumably highlighted by eighteenth-century witnesses and authorities not only due of the price of glass, but also because destroying a neighbour's windows was a shocking violation of their privacy. See Natalie P. Körner and Johannes Ljungberg, 'Experiencing Intrusion: Smashed Windows as Violations of Privacy in the University Town of Helmstedt, 1684–1706', *Architectural Histories* 11, no. 1 (2023); Daniel Jütte, 'Smashed Panes and "Terrible Showers": Windows, Violence, and Honor in the Early Modern City', *West 86th: A Journal of Decorative Arts, Design History, and Material Culture* 22, no. 2 (2015): 131–56.

³⁹³ Helsingør Parish, records, 1747-1795 (12 December 1764, 108).

³⁹⁴ The police court scribe noted at one point that Lene originally came from Sweden, so she possibly had no close relatives in town. DAZ, incoming, Helsingør, 1762-1764 (15 December 1762).

workhouse, but that this was only legally possible through court verdict or royal resolution. Since Lene had already been tried, the diocesan authority suggested that the manager write an attestation in order to obtain a royal resolution.³⁹⁵

The subsequent written attestation, which survives in the original, listed several disruptive actions by Lene. In the hospital, the manager complained, Lene would have reasonable conversations with other inmates one-on-one but curse at them afterwards. Crucially, Lene actively employed her understanding, adjusting her insults to each individual target with “subtle observations, which reveal great malice”. Moreover, her cursing would be especially loud and disruptive during church services in the hospital and at the adjacent German church. Although the hospital manager could not attest with confidence if this was intentionally “to disrupt the pastors in their ceremonies and the congregations in their devotion”, he certainly thought it had that effect. Finally, Lene acted abusively towards the hospital orderly in charge of her meals, “expressing her malice by ruining and breaking the bowls in which the food was brought to her and by demanding more food than she actually ate” as evidenced by a discovered hoard of uneaten food.³⁹⁶ Here, the issue for the hospital manager seems to have been the deliberate wastefulness, making this a different matter than the overeating in the previously discussed case of Peder Hansen’s greed.³⁹⁷

All this amounted to an argument by the hospital manager that Lene was not *furi-ously insane* but deliberately malicious. This suspicion had already emerged during the 1762 town hall court trial, but back then the bishop and the diocesan governor surmised that Lene’s “unruliness looked more like fury and a delirious being than mere frivolity or malice”.³⁹⁸ This time would be different. The attestation proved sufficient to bring about

³⁹⁵ DAZ, copybooks, 1759-1766 (22 February 1765).

³⁹⁶ “spidsfindige Betragtninger, der røbe en stor Ondskab”, “at forstyrre Præsterne i deres forretninger og Menighederne i deres Andagt”, “udøver hun sin Ondskab ved at fordærve og slaae i tu de Kar, hvori Maden tilbringes hende, og ved at kræve meere Mad, end hun virkelig fortærer”. DAZ, incoming, Helsingør 1765-1767 (12 March 1765).

³⁹⁷ “Graadighed”. DAZ, copybooks, 1766-1774 (11 July 1769).

³⁹⁸ “Uregierlighed meere ligner Raserie og et forvildet Væsen, end blaåt Kaadhed eller Ondskab”. DAZ, copybooks, 1759-1766 (22 August 1762).

a royal resolution ordering Lene's transferral to the workhouse in Copenhagen.³⁹⁹ The logic was essentially the same as in the previously examined cases ending with release from cell confinement. Lene's behaviour showed that she had recovered some level of her understanding – only, unlike the other cases, her destination was different. Recent research on the policy level has highlighted the variety of purposes behind early modern Danish workhouses. These were institutions not exclusively for punishment and labour but also improvement of individuals considered disorderly but potentially improvable.⁴⁰⁰ Perhaps the Lene Andersdatter case was an example of that as well. If the officials determined that a formerly *furiously insane* person had regained moral responsibility, they could also reconsider the entire situation and send that person to the workhouse for moral correction. What remains is that the diocesan authorities did not reach for the workhouse as an instant substitute whenever they were unable to find any vacant hospital confinement cells in the many aforementioned cases. Pragmatic though they were, the officials still tried to use separate institutions for separate situations.

The same logic of distinct purposes was also expressed in the Svend Svendsen case from 1710 that we encountered in Chapter 3. Here, a tailor's apprentice had been found guilty of killing a random man but deemed not punishable according to section 6-6-17 of the Danish Code.⁴⁰¹ Already later that same year, the diocesan governor argued for letting Svend out of cell confinement. He did not recommend release directly into society, though. Even if Svend was no longer *furious*, he was supposedly not entirely fit for immediate release in the eyes of the authorities. Instead, being a tailor's apprentice, he should be given some years in a workhouse and “earn his food under supervision until he might return to a correct calmness of the mind again”. In this understanding, labour was not only more productive than confinement but also more sustaining of recovery.⁴⁰²

For the authorities, having the option of transferring unruly but no longer *furiously insane* patients to a workhouse had some advantages over relying on outsourced domestic

³⁹⁹ DAZ, copybooks, 1759-1766 (11 May 1765).

⁴⁰⁰ Pedersen, ‘Forsorg for de fattige: Fattigforsorg i lyset af en religiøs forståelseshorisont, Danmark 1522-1739’, 157–84.

⁴⁰¹ Lolland-Falster High Court, protocol, 1705-1716 (9 April 1710, 209).

⁴⁰² “under opsigt kunde fortjene sin føde, til hand kunde komme til Sindets rette roelighed igien”. Chancellery, Fun. missives, auxiliary, 1708-1715 (22 August 1710, no. 40).

arrangements. Importantly, the workhouses offered better security if the *furious* behaviour resumed. In that context, it should be noted that the existence of individual cells in eighteenth-century workhouses is also well-attested.⁴⁰³ Nonetheless, the sources examined here contain no instances of the bishops, diocesan governors or other officials approving of cell confinement in one of these cells. A cautious explanation could be that the cells in workhouses were principally for internal use. Hence, a *furious* workhouse inmate might be confined in such a cell post-incarceration, but poor relief officials did not regard the cells as externally accessible facilities alongside the regular hospital confinement cells.

Exile – a symbolic sanction?

As determined albeit never actually carried out in the Asmus Holgersen case, a royal missive could force people into exile.⁴⁰⁴ Based on the examined sources, this was a rare occurrence in mental disorder cases. Other than the Asmus Holgersen case, the only case where it was considered was at a later stage of the Christen Rasmussen case also examined in Chapter 3. To briefly reiterate the circumstances, Christen had been tried in 1737 at Kalundborg Town Court and Police Court after assaulting a fire marshall. Following a 6-6-17 verdict at the town court, he then spent several months in confinement before being released due to positive attestations from his wife, a number of his former neighbours and the hospital pastor.⁴⁰⁵

⁴⁰³ For example in the workhouse at Christianshavn as described in Emilie Luther Valentin, 'Feelings of Imprisonment: Experiences from the Prison Workhouse at Christianshavn, 1769-1800' (Aalborg University, 2022), 184, 201–4, 295–96, 306. In a German context, descriptions also exist of similar facilities in orphanages as noted in Thomas Grunewald, 'Die Glauchaschen Anstalten als medizinische Gesamtopographie', in *Heilen an Leib und Seele: Medizin und Hygiene im 18. Jahrhundert*, Kataloge der Franckeschen Stiftungen 38 (Halle: Verlag der Franckeschen Stiftungen, 2021), 313–14.

⁴⁰⁴ Internal exile was an established legal sanction not aimed uniquely at people considered *furiously insane*. Holmboe, 'Højesteret og strafferetten: Omrids af dansk strafferet fra Danske Lov til Straffeloven af 1866 med særligt henblik på Højesterets betydning for udviklingen', 73–74.

⁴⁰⁵ Chancellery, petitions, 1738-1738 (24 March 1738, no. 501).

This would not be Christen's only cell confinement. Already at his release in 1738, some of Christen's neighbours had expressed hesitations about trusting him again completely. Consequently, the officials had speculated whether it would be possible to release Christen but order him to relocate to another town than Kalundborg, yet enough townsfolk eventually provided positive testimonies that they abandoned this alternative. Descriptions of the release itself reflected the pattern of semi-confinement. As relayed in a later letter from the diocesan governor of Zealand to the Chancellery, before Christen's actual release and while officially in cell confinement he already "walked freely wherever he wanted". The diocesan governor may have exaggerated, but this does imply that Christen's cell confinement was briefer than the total duration of his stay in the hospital – in line with the cases discussed earlier in this chapter. Christen now returned to Kalundborg and resumed his trade as a shoemaker there. This was initially a success, as he "lived in such a decent, reasonable and gentle manner that all have been content with it". Unfortunately, the sudden end of this initial success was the very cause of the diocesan governor's letter. Christen's neighbours now brought him to the town authority once more. He had "again fallen into such fury that he could scarcely be controlled".⁴⁰⁶

On the basis of the diocesan governor's letter, the king ordered Christen's re-confinement.⁴⁰⁷ This time, Christen went to a confinement cell at St. Hans Hospital in Copenhagen, due to the want of available facilities. However, this was not the end of the line in Christen's case. In November 1743, more than six years after the original incident with the fire marshal, a final missive permitted Christen Rasmussen's release. The release was on the condition that he left Zealand permanently. He and his family immediately had to move to Jutland, where he was apparently born. In exile, the missive noted, Christen could join the local shoemaker's guild and begin supporting his family again.⁴⁰⁸

The apparently implemented exile in the Christen Rasmussen case and the evidentially abandoned one in the Asmus Holgersen case both suggest that authorities were

⁴⁰⁶ "gik løs og ledig hvor hand vilde", "levet saa ærbar, fornuftig og skikkelig, at enhver derved været fornøyet", "paa nye er falden i saadan Raserie, at hand neppe kand regieres". Chancellery, Zeal. missives, auxiliary, 1741-1741 (24 May 1741, no. 302).

⁴⁰⁷ Chancellery, Zeal. missives, 1741-1742 (9 June 1741, no. 302).

⁴⁰⁸ It cannot be definitively ruled out that this order of exile was ignored too, but unlike the Asmus Holgersen case I have come across no subsequent letters about Christen.

wary of allowing them to return to the place where they had committed violent acts. In Chapter 3, we saw how demands for public order from below interacted with the diocesan authority decisions surrounding the confinement of *furious* individuals. Here, similarly, the authorities considered both positive and negative concerns from locals when it came time to release formerly *furious* individuals. In allowing someone who had committed violent or scandalous acts in a community to return, they risked causing further scandal in that community. This reflects a theme in the cases that has been hitherto underemphasised in this study – the pervasive role of interpersonal relations not just in the form of the family or household but also in a wider sense of social status.

Social status and gender

The cases examined here concerned individuals, but neither the system nor broader eighteenth-century Danish society approached people as uniform, socially detached individuals. Throughout this study, I have so far only tangentially treated the influence of social status and gender. These factors merit discussion in their own right, not least because of their direct influence on how authorities decided for or against confinement, but also in an overall sense of how these factors shaped interactions between the mentally afflicted and their relatives and between relatives and authorities. In the last part of this chapter, I discuss social status and gender as they related to both hospital cell confinement and domestic arrangements.

The influence of social status

From the outset, the 1709 decree as well as its many reiterations and the general hospital charters were all in agreement that proper hospital inmates should be poor. In order to not burden the system, mentally disordered people with sufficient wealth had to find other solutions – or rather, their relatives did. As such, the diocesan authorities often rejected cell confinement requests if they judged the applicants to have ample money. The concern to save money thus went hand in hand with the expectation of domestic care.

The Diocesan Authority of Funen's response to the bell ringer Johan Parman regarding his son Jochum is an example of this. Because Johan was supposedly a wealthy man, the diocesan authority only saw it as "reasonable [billigt] that he sees to his son's care himself as long as he is alive". According to the diocesan authority's letter, Johan's responsibilities went beyond mere confinement to include "helping his son return to reason as far as this is possible".⁴⁰⁹

Still, wealth and social network were related but not the same thing. Those without a social network to take care of them in everyday life, search for them if they wandered off or speak on their behalf if they committed a criminal act were in a precarious situation. Research into early modern Nordic legal practice suggests that while people within the community could receive some particular consideration, that is *billighed*, from the authorities, vagrants were punished in strict accordance with the law.⁴¹⁰ This dual practice included mentally afflicted individuals as well. There was a considerable difference between an established member of the community acting *furiously insane* and a recently arrived vagrant displaying similar behaviour – though the former might eventually become the latter of course. Only providing assistance to those local to an area and incapable of supporting themselves was neither unique to the time nor to the place. Indeed, these were common principles of poor relief across Europe long before and after the eighteenth century.⁴¹¹

Several diocesan authority correspondences rather complicate the simple logic that wealthier applicants were unilaterally denied, because they or their families could

⁴⁰⁹ "billigt, at hand selv besørger hands Søns forpflegning, i medens hand lefver", "at bære omsorg for at hands Søn, saa vidt mueligt er, kunde hielpes til sin forstand igien". DAF, copybooks, 1732-1747 (28 October 1739).

⁴¹⁰ Sølvi Sogner, Malin Lennartsson, and Hans Eyvind Næss, 'Conclusion: The Nordic Model', in *People Meet the Law: Control and Conflict-Handling in the Courts: The Nordic Countries in the Post-Reformation and Pre-Industrial Period*, ed. Eva Österberg and Sølvi Sogner (Oslo: Universitetsforlaget, 2000), 273.

⁴¹¹ Franz Dorn, 'Basic Principles of Poor Relief from Late Antiquity to the Nineteenth Century', in *Strangers and Poor People: Changing Patterns of Inclusion and Exclusion in Europe and the Mediterranean World from Classical Antiquity to the Present Day*, ed. Andreas Gestrich, Lutz Raphael, and Herbert Uerlings, *Inklusion, Exklusion* 13 (Frankfurt am Main: Peter Lang, 2009), 415–30.

pay for their care elsewhere.⁴¹² One of these letters concerning a seemingly higher status individual went out to the manager of Helsingør Hospital in 1753. In it, the bishop and the diocesan governor of Zealand weighed in on a demanding inmate, Bendt Skomager, who had been in the hospital for some time. Recently, the hospital manager had decided to confine Bendt by himself. A decision that, according to the letter, arose from worries about his mental condition and his behaviour in the common room of the hospital.⁴¹³

A letter from two years earlier can shed some light on the possible nature of his behaviour. Back then, in 1751, the hospital manager had attempted to arrange the removal of Bendt from the hospital, because he had begun violently attacking the other inmates without provocation and did not respond to any reprimands. In the letter, the manager speculated that Bendt might be “somewhat furious”. Reflecting the overall emphasis on order in the hospitals, he suggested that the disruptive man be initially kept at the town hall jail and then transferred to a workhouse.⁴¹⁴

Unlike in the Lene Andersdatter and Svend Svendsen cases, Bendt’s transferal to a workhouse had clearly not been the outcome. Bendt remained in the hospital, albeit now in confinement. The later letter from the diocesan authority indicated one reason why he had avoided transferral to the workhouse, as it repeatedly stressed his former life as a citizen outside of the hospital. The focal point of the correspondence was whether Bendt should keep his poor relief funding if he was removed not to the workhouse but elsewhere outside of the hospital. On this question, the diocesan authority deviated from the usual stinginess and recommended maintaining the allowance for Bendt’s food and drink as before. As their reason, the bishop and the diocesan governor stated that he was “a meek, proper and hard-working citizen of that town, until he lost the use of his full senses”.⁴¹⁵

⁴¹² I do not discuss relative poverty amongst eighteenth-century Danes of higher social status, a subject thoroughly examined in Hansen, *Den skjulte fattigdom: Skam, ære og nedtur i København 1750-1850*.

⁴¹³ DAZ, copybooks, 1748-1753 (27 January 1753).

⁴¹⁴ “noget rasende”. Helsingør Hospital, copybooks, 1702-1791 (15 January 1751).

⁴¹⁵ “en stille, skikkelig og stræbsom borger der i byen, indtil hand mistede sine fulde Sanders brug”. DAZ, copybooks, 1748-1753 (27 January 1753). Peter Henningsen argues that in the social order of eighteenth-century Denmark, “skikkelig” signified citizens of the middling sort. Henningsen, ‘I sansernes vold’, 326–30. See also Jonathan Barry and Christopher Brooks, eds., *The Middling Sort of People: Culture, Society, and Politics in England, 1550-1800*, Themes in Focus (Basingstoke: Macmillan, 1994).

The adjectives used to describe Bendt mirror the “peaceful, mild-mannered, meek, dutiful, diligent or hard-working, God-fearing or pious” summed up by Riikka Miettinen as the principal “positive characteristics in early modern society as well as Lutheran ideals, promulgated for example in the Small Catechism”.⁴¹⁶

In spite of the regular fiscal logic, the authorities did not want to simply cease supporting a proper man like Bendt, even if he did not technically qualify for this type of allowance anymore. The diocesan authority therefore recommended the above-mentioned outsourcing of domestic care as an extraordinary but “not unreasonable [ubilligt]” solution. There was no mention of whether this potential private carer would receive the entire allowance as compensation, but this may have been implicit. The tone of the officials was much more positive than in the Karen Larsdatter case that we encountered at the beginning of this chapter. According to the diocesan authority, the hospital manager should attempt to “convince someone in town to take Bendt into their house”, once the need for confinement had passed. Perhaps he would come to his senses again “by a Christian and gentle treatment” in a domestic setting instead of the hospital. The focus of the letter then abruptly shifted to two female inmates, who had upset Bendt. These two, in whom “there was allegedly little good to be found”, were to receive a serious rebuke from the hospital manager. In spite of his current *furious* behaviour, Bendt Skomager still represented both the proper citizen and the deserving poor relief recipient, while his two fellow inmates represented the exact opposite. If they did not adjust their behaviour in accordance with the law and Helsingør Hospital’s charter, “others more deserving and capable of appreciating God’s and the king’s grace may be admitted in their stead”.⁴¹⁷

A letter from the diocesan authority later that year suggested that the hospital did manage to outsource Bendt’s care to a proper household. In it, the diocesan authority answered a proposal to allow another person to take his hospital place, since he was “due to his disturbance staying and receiving his allowance outside the hospital”. In an unchar-

⁴¹⁶ Miettinen, *Suicide, Law, and Community in Early Modern Sweden*, 271.

⁴¹⁷ “ikke for ubilligt”, “at formaae een eller anden der i byen at tage ham til sig i Huuset”, “ved en Christelig og sagtmødig Omgjængelse”, “ikke skal være meget got”, “andre, der er meere værdige og bedre viide, at skønnne paa Guds og Kongens Naade, i deris stæd igien skal vorde indtaget”. DAZ, copybooks, 1748-1753 (27 January 1753).

acteristically spendthrift move, the diocesan authority rejected the idea, finding it preferable to leave a vacant bed until Bendt died or regained his sanity to a degree where he could return.⁴¹⁸

In the discussion of the beginning of the Christen Rasmussen case in Chapter 3, a 6-6-17 verdict seemed to mean losing any ability to insult others in the eyes of the law. No small matter in a culture of honour, the words of a *furiously insane* person simply did not register as statements about social status. Temporary loss of responsibility came with temporary exclusion from the moral community, where social honour applied.⁴¹⁹ Other cases complicate this somewhat, as they show how later confinement management could consider social status. This is in line with existing scholarship. Barbara Zalewski notes as much regarding St. Hans Hospital. Social distinctions were clearly present inside this Copenhagen hospital with the most obvious illustration being the opportunity for better rooms at an additional cost.⁴²⁰

None of the town hospitals discussed here had permanent luxury cells at their disposal. Even so, cases exemplifying similar social status concerns show up in the diocesan authority copybooks. For instance, the Diocesan Authority of Funen attempted to accommodate a pastor, Rasmus Fogh, in his wishes “for his insane brother”. The diocesan authority took for granted that the pastor would probably prefer an alternative to cell confinement for his brother. As a compromise, they suggested that he could “furnish a room in the hospital at own expense”. Although the diocesan authority stressed that rearranging a regular hospital room into a more comfortable type of confinement cell would require the approval of the hospital manager, they did show some flexibility.⁴²¹

In addition to illustrating another register of *billighed* in the management, the cases of Bendt Skomager and Pastor Fogh’s brother also add nuances to the idea of *furious insanity* as social death suggested in the Christen Rasmussen case. They indicate that the

⁴¹⁸ “som i henseende til hands uroelighed opholder sig og nyder sin Portion uden for Hospitalet”. DAZ, copybooks, 1748-1753 (19 June 1753).

⁴¹⁹ Kalundborg Town Court, protocol, 1729-1756 (18 November 1737, 381).

⁴²⁰ The so-called “honnette kamre”, “respectable chambers”. Zalewski, ‘St. Hans Hospital i København 1612-1808’, 41.

⁴²¹ “for hans vanvittige Broder”, “paa egen Bekostning ville lade indrette for ham et Værelse i Hospitalet”. DAF, copybooks, 1732-1747 (18 October 1741).

impact of social status in cell confinement and wider hospital life was simultaneously more profound and less clear-cut than what is inferable from the legislation. People might lose legal and moral accountability but retain some social status based on their previous *habitus* or through enduring family ties.

The influence of gender

In considering the degree to which gender played a similarly pervasive role in the management practices, the first and most obvious question pertains to the basic distribution of men and women in confinement. At a strictly numerical level, there was no substantial gender imbalance. Counting all 94 cases examined for this study, diocesan authority and Chancellery cases alike, there were 52 cases involving men and 42 cases involving women. Restricting the count to the cases described in the central source material, the diocesan authority copybooks show a similarly even gender ratio – 37 male and 33 female. The terminology does not appear to have been gender specific, with “*afsindig*”, “*insane*”, being the most common term used across both male and female cases. On these two parameters then, the Danish material conforms to other studies, which suggest that commonalities outweighed differences in early modern attitudes to severe mental disorder.⁴²²

As with the question of social status, it does not necessarily follow that gender had no influence. Indeed, a close reading of the sources does reveal several variances. Employing once again the concept of *furious insanity*, these variances can mostly be ascribed to the gendered dimensions of the criteria summed up in the *furious*, or the behavioural aspect, particularly its relation to physical violence. Detailed descriptions are too rare in the examined sources to say so with any certainty, but it is possible that a higher threshold for what behaviours constituted illegitimate violence for men resulted in a higher threshold for *furious* behaviour. In other words, a woman would perhaps have to behave less violently for those surrounding her and consequently the local and diocesan

⁴²² Houston, *Madness and Society in Eighteenth-Century Scotland*, 232; aan de Kerk, ‘Madness and the City: Interactions between the Mad, Their Families and Urban Society in Amsterdam, Rotterdam and Utrecht, 1600-1795’, 51–53.

authorities to take notice and deem her actions to be *furious*. This might have made for less clear distinction between *furious insanity* and deliberate malice for the legal and administrative officials.⁴²³

Narrower social parameters of behaviour are potentially visible in the way in which the rather amorphous notion of “scandalous” behaviour to denote disturbance of public order meriting confinement was emphasised only in a few cases concerning women. These included, for instance, the previously discussed case concerning Lene Andersdatter – although Lene was also accused of more tangible violent actions.⁴²⁴ It is likewise interesting to compare Lene’s subsequent transferral from Helsingør Hospital to the workhouse due to her disruptive behaviour and “subtle” but “great malice” with the case concerning Bendt Skomager also in Helsingør Hospital. In the latter case, the officials did not take disruptive behaviour in the hospital to imply a moral failing incompatible with loss of sanity. Instead, the two female inmates received reproaching for allegedly provoking Bendt.⁴²⁵

In fact, the Lene Andersdatter case can also serve as an example of the importance of gender in the legal proceedings before confinement. Lene’s husband not only wrote letters to the diocesan authorities but also acted as her representative in the police court in 1762. Facing the officials in 1764 with her husband deceased, Lene had lost not only her marital partner but also her primary legal spokesman.⁴²⁶ Woven into the wider patterns

⁴²³ In his study of seventeenth-century rural court material, Hans Henrik Appel discusses a few instances of women falling victim to violence, fighting other women and aiding their husbands in fights. Still, fights involving purely female participants only make five percent of the cases in his study, which emphasises the overall prevalence of violence in early modern life. Appel, *Tinget, magten og æren*, 290–91.

⁴²⁴ “Schandaløse”. DAZ, incoming, Helsingør, 1762-1764 (6 July 1762).

⁴²⁵ “spidsfindige”, “stor Ondskab”. DAZ, copybooks, 1759-1766 (11 May 1765); DAZ, copybooks, 1748-1753 (27 January 1753).

⁴²⁶ Defence lawyers were a rarity in the police courts. Knudsen, *Lovkyndighed og vederhæftighed, sjællandske byfogeder 1682-1801*, 326–28. In a wider sense, it should rightfully be noted that the idea of early modern women having zero voice in the legal sphere is not entirely fitting in the Nordic countries. Sølvi Sogner, Marie Lindstedt Cronberg, and Hilde Sandvik, ‘Women in Court’, in *People Meet the Law: Control and Conflict-Handling in the Courts: The Nordic Countries in the Post-Reformation and Pre-Industrial Period*, ed. Eva Österberg and Sølvi Sogner (Oslo: Universitetsforlaget, 2000), 167–201.

of social status in the legal sphere, these risks of diminished agency had a gendered angle that also carried into the sphere of poor relief management.

Conclusion

In this chapter, having established that the eighteenth-century Danish diocesan authorities did not easily approve of cell confinement but employed it predominantly as a temporary measure for *furiously insane* individuals, I examined the diocesan authority sources for cases where other approaches were chosen. I divided these cases into two main groups. One, analysed in the first part of the chapter, encompassed cases where individuals either remained in or were released back into the home following cell confinement. The other, analysed in the second part of the chapter, encompassed individuals subjected to other measures by the authorities – including hospital semi-confinement, workhouse incarceration and compulsory exile. Finally, in the third part of the chapter, I discussed the impact of social status and gender on the management practices in both.

The most salient aspect of these cases of alternative care is their heterogeneity. Shaped by social aspects, contingencies and the abilities of the managing officials, things could pan out in a variety of ways before, during and after cell confinement. Even so, there were unifying traits in the management practices here as well. Most prominently, external danger was a leitmotif. As such, the concept of *furious insanity* remains applicable for understanding how the diocesan authorities used these alternative approaches.

The cases that reveal the processes of domestic confinement and care suggest that the officials treated such arrangements as the default way of handling people with mental disorders. To the diocesan authorities, this was a household issue until proven otherwise. Most mentally afflicted people likely spent their lives outside the purview of poor relief authorities – including some who had episodes of more extreme or disruptive behaviour which otherwise could be viewed as falling within the confinement-warranting criteria encapsulated in the *furious insanity* concept. For the diocesan authorities, domestic arrangements only became relevant if they ceased to function.

For the second group of approaches, the cases imply that the integration of the confinement cells in the hospitals was profounder than the decrees and hospital charters

stipulated. When formally cell-confined individuals were said to cause trouble in the hospitals, the diocesan authorities seemed unsurprised that these individuals were no longer in their confinement cells. The precise scope of semi-release, semi-confinement practises within the hospital walls is uncertain, but their existence is evident. From the point of view of the authorities, the end of cell confinement also meant the resumption of legal culpability and moral responsibility. That *furiously insanity* was potentially temporary had consequences for better and for worse. This was visible in the cases ending in transferral to workhouses for subsequent correction. As with the diocesan authority decisions preceding cell confinement, local officials and non-officials continued to contribute. Indeed, pressure from the outside was often necessary for any decision to be made at all. This also points to the role of social status. Because the management relied so much on negotiation and concrete compromises, it mattered a great deal if the person in question had a strong network and good reputation. Assessments by husbands, wives, neighbours and pastors were crucial.

In the following final chapter of the thesis, I will continue to examine how mental disorder was managed outside of cell confinement, in the community. I will trace these community aspects via the practices of a state official who has been continuously present in the previous chapters but whose function in the management of the *furiously insane* has not yet been fully unfolded – the local parish pastor.

Chapter 5: Management in the pastoral sphere

At first glance, the relatively scant details on domestic arrangements in the confinement management cases might indicate that the diocesan sources offer little access to local conceptions and management of *furiously insane* people. This is not entirely the case. The supervision of clergy provide a possible entry point. Precisely because the diocesan authorities were both secular and clerical bodies, their archived copybooks also contain cases of severe mental affliction within a more pastoral sphere. This is especially so in the Diocese of Ribe. As noted in the discussion of archival sources at the beginning of this thesis, the copybooks for Ribe combine diocesan authority matters and bishop's matters in the same volumes. In this way, these cases might provide valuable perspectives outside of the poor relief institutions but within the same supervisory scope of the diocese.

In the first part of this chapter, I examine the approach to mental disorder in the parish within the legal and pastoral frameworks. In particular, I emphasise the function of Communion in defining *furious insanity* in the pre-asylum system and the place of the pastor as an official of this system. In the second part of the chapter, I examine the potential role of the institutional ideals concerning duty and *billighed* at this level, including what returning to sanity actually entailed across the system from hospital to parish.

Defining *furious insanity* in the parish

As presented in the frameworks chapter, Chapter 1, the pastoral frameworks were no less extensive than the concurrent legal frameworks. Eighteenth-century Danish pastors were obligated to follow the Church Ritual and relevant sections of the Danish Code in their conduct with mentally afflicted parishioners. In addition to these legal-pastoral texts, pastors could also draw on common pastoral manuals such as those by Niels Hemmingsen and Erik Pontoppidan.⁴²⁷ Analysing these pastoral frameworks only tackles the ideals of church discipline and pastoral care, not their practical implementation, though. This first part of the chapter examines instead how regular parish pastors actually acted within these

⁴²⁷ Hemmingsen, *Pastor sive pastoris optimus vivendi agendique modus*; Pontoppidan, *Collegium pastorale practicum*.

frameworks and the extent to which they followed them directly or deviated from them in their practical approach to *furiously insanity* in the parish.

Suicide, confession and *furiously insanity*

To incorporate cases outside the poor relief administration pattern of confinement-or-not-confinement, we must first consider which types of situations might cause contention about individual mental states at the parish community level. One potential cause could be attempting suicide. As we have seen, section 6-6-21 of the Danish Code on suicide mirrored 6-6-17 on homicide in exempting those who had committed the act while “in illness and fury” from the otherwise stipulated post-mortem sanctions.⁴²⁸ The legal frameworks prescribed nothing definite about people who only attempted to commit suicide, however. Should they be subject to the church discipline sanctions of section 6-6-21 and, if so, should an exemption for the *furiously insane* be carried over as well? The answers to these questions depended on pastoral practice.

One case from the Diocese of Ribe encapsulated the issues. It concerned an attempted suicide in a small community. In a 1740 letter, the bishop commended a pastor for his tactful handling of a difficult situation. According to the letter, a woman by the name of Kiersten Nielsdatter, had “in fury and delirium sought to cut her own throat” but survived. Kiersten remained in mortal danger but was now of sounder mind. Most importantly, she had come to regret her suicide attempt. As part of his praise for the pastor, the bishop recapitulated the events so far, thereby providing an impression of what he considered the correct pastoral management of such a case. First, the pastor had allowed Kiersten to confess in private. While still bedridden, she had received absolution and Communion in accordance with the Church Ritual. The bishop fully supported this decision, reasoning that this private confession had also kept the case less obvious to the community. This was no public matter. Still, the bishop noted that public confession would eventually be required if Kiersten survived. The pastor had acted correctly in postponing this, though, since she could not handle further distress while in her current state. The bishop instead recommended continual pastoral care, cautiously bringing Kiersten to a

⁴²⁸ “i Sygdom og Raserj.” Danish Code 6-6-21. Secher, 897.

proper understanding of her sin. Indeed, the pastor should be especially careful to “also adjust his words to her vulnerable state with consolation and encouragement”.⁴²⁹

The applied pastoral management of the Kiersten Nielsdatter case contained clear references to the frameworks. Most obviously, the comment that Kiersten had been “in fury and delirium” quoted the legal frameworks of the Danish Code. It was not a quote from section 6-6-21 on suicide but one from section 6-6-17 on homicide – the customary reference in the cell confinement cases.⁴³⁰ Once again, this reflected the connectivity of the entire administrative system. These sections could be relevant in court, hospital and parish alike.⁴³¹ Perhaps surprisingly, the reference to the pastoral frameworks was less straightforward. The management of the case through private absolution and conversation, so commendable according to the bishop, was possibly based on the Church Ritual’s advice to console those tired of life.⁴³² Still, why did Kiersten have to undergo public confession and absolution afterwards? This complex rite, described in the frameworks, was not an inevitable outcome of attempted suicide according to the relevant sections of the Church Ritual or the Danish Code.⁴³³

⁴²⁹ “i Raserie og Vildelse skal have villet skiære struben ud paa sig self”, “læmper ogsaa sin tale efter hendes skrøbelige tilstand med trøst og opmuntring”. DAR, copybooks, 1739-1741 (26 August 1740)

⁴³⁰ “i Raserie og Vildelse”. DAR, copybooks, 1739-1741 (26 August 1740). “i Vildelse og Raserij”. Danish Code 6-6-17. Secher, 895.

⁴³¹ Making a somewhat similar legal-pastoral connection, Troels Dahlerup considers the possibility of clergy applying pastoral discretion to protect the immediate family members from losing their inheritance following suspected suicides. Troels Dahlerup, ‘Den kirkelige disciplin i Danmark 1536 - ca. 1610’, in *Reformationens konsolidering i de nordiska länderna 1540-1610*, ed. Ingmar Brohed (Oslo: Oslo University Press, 1990), 405.

⁴³² *Danmarks og Norgs Kirke-Ritual*, 76.

⁴³³ As noted in the historiographical overview, suicide murders have become its own area of research, but the religious context of suicide attempts in eighteenth-century Denmark is still comparatively underexamined. There is no mention of absolution in Fenger, ‘Selvmord i kultur- og retshistorisk belysning’. A similar case of a person attempting suicide and repenting afterwards, with the remark that the pastor doubted if this was a valid reason for public absolution, is mentioned in Hansen, *Præsten paa Landet i Danmark i det 18. Aarhundrede*, 115–16.

The vast majority of public absolution cases did not result from suicide attempts or other types of self-harm but sexual transgressions.⁴³⁴ For this reason, a few considerations about Communion exclusion as a general tool of social control are in order before returning to the suicide cases and its use there. There was an obvious element of social control in the pastoral power to refuse a parishioner access to the sacrament or require a public confession of wrongdoing beforehand. However, the dynamics were possibly more complex than a state official applying centrally stipulated sanctions on his reluctant congregation. The potentially transformative power of church discipline and whether its nature was essentially top-down or more communal remain contested areas of scholarly inquiry.⁴³⁵ In accordance with recent research on related questions of early modern public order initiatives, the church discipline sanctions appear to mostly have covered actions already frowned upon in local communities.⁴³⁶ Thus, a heavy emphasis on a relatively unilateral model of *social disciplining* in earlier research may have overshadowed the ways in which regular parishioners were interpreting and maybe even appreciating the reintegration into the congregation.⁴³⁷ Shame notwithstanding, this re-admittance to the

⁴³⁴ On these more common public absolution cases, see for instance Nina Javette Koefoed, *Besovede kvindfolk og ukærlige barnefædre*, Tidlig moderne 3 (Copenhagen: Museum Tusculanum, 2008); Per Ingeman, 'At stå åbenbart skrifte: Kirketugt og social kontrol i reformationstidens Danmark', *Kirkehistoriske Samlinger* 2022 (2022): 77–104; Appel, 'Værdige gæster ved herrens bord: Sognepræsternes rolle i administrationen af skriftemål og altergang efter reformationen'.

⁴³⁵ Katie Barclay, *Caritas: Neighbourly Love and the Early Modern Self*, Emotions in History (Oxford: Oxford University Press, 2021), 89; Lotz-Heumann, 'Imposing Church and Social Discipline', 247–48.

⁴³⁶ Jason P. Coy, *Strangers and Misfits: Banishment, Social Control, and Authority in Early Modern Germany*, vol. 47, Studies in Central European Histories (Boston: Brill, 2008), 5; Eva Österberg, Malin Lennartsson, and Hans Eyvind Næss, 'Social Control Outside or Combined with the Secular Judicial Arena', in *People Meet the Law: Control and Conflict-Handling in the Courts: The Nordic Countries in the Post-Reformation and Pre-Industrial Period*, ed. Eva Österberg and Sølvi Sogner (Oslo: Universitetsforlaget, 2000), 262; Hans-Christoph Rublack, 'Lutherische Beichte und Sozialdisziplinierung', *Archiv für Reformationsgeschichte* 84 (1993): 153–55.

⁴³⁷ A similar point about the centrality of reintegration to early modern understandings of the congregation is made in Mette M. Ahlefeldt-Laurvig, 'A Woman's Rite: Rediscovering the Ritual of Churching in Denmark, c. 1750-1965', *Scandinavian Journal of History* 47, no. 4 (2022): 517–44.

Communion table could also afford repentant individuals a way of becoming members of the community again.⁴³⁸

This is not to naively claim that there was no social control imbedded in Communion access and exclusion.⁴³⁹ It is rather a question of where to place the weight between social control and community cohesion.⁴⁴⁰ An awareness of this cohesion perspective alongside non-legalistic ideals of *billighed* and duty is a vital component of this analysis. Cases such as the Kiersten Nielsdatter case, which officials related to the same legal frameworks of mental disorder as the confinement cases, bring important insights in this regard.

The utility of this approach becomes even clearer in cases, where the officials expressed a notion that mental disorder and regular church discipline stood in a negative relation to each other. For example, when the bishop of the Diocese of Ribe sent a declaration to the Chancellery in January 1761 about a man, Primdal Ipsen, who had been found guilty of a sexual transgression and was to be sanctioned according to section 2-5-18 of the Danish Code.⁴⁴¹ Primdal's friends had requested his exemption from public confession and absolution. In the words of the bishop, this grew out of worries that the sheer pressure would cause him to entirely "go out of his mind". An attestation from the local pastor furthermore described Primdal's heartfelt remorse and unblemished conduct since the transgression. They claimed that, while he was sane now, situations less severe than this one had caused him to lose his reason on previous occasions. The bishop found

⁴³⁸ This also corresponds with more flexible notions of social control as discussed in the historiographical overview. See Appel, *Tinget, magten og æren*, 453; Marie Lindstedt Cronberg, 'Att försonas med Gud och hans heliga församling', in *Jämmerdal och fröjdesal: Kvinnor i stormaktstidens Sverige*, ed. Eva Österberg (Stockholm: Atlantis, 1997), 199–224; Dahlerup, 'Den kirkelige disciplin i Danmark 1536 - ca. 1610', 396.

⁴³⁹ In comparison with large-scale *social disciplining*, the importance of extremely concrete social control has perhaps even been underestimated, as noted in Björn Furuhausen, *Berusade bönder och bråkiga båtsmän: Social kontroll vid sockenstämmor och ting under 1700-talet*, Kulturhistoriskt bibliotek (Stockholm: B. Östlings bokförlag, 1996), 222.

⁴⁴⁰ Trond Bjerkås, 'From the Parish to the Public Realm', *Scandinavian Journal of History* 42, no. 5 (2017): 480.

⁴⁴¹ Danish Code 2-5-18. Secher, 236–37.

the argument reasonable and closed the case. On this occasion, preventing a man otherwise on what was considered to be the right path from potentially losing his sanity outweighed the formal instructions of church discipline.⁴⁴²

The same dynamic is visible in the practical management of parishioners who had not attended the required annual Communion due to mental disorder.⁴⁴³ Here, the assessment of their mental state shaped the entire framing of whether this abstaining constituted an offense demanding church discipline or a regrettable situation. For instance, though a man from the Diocese of Ribe had abstained from Communion, the bishop dismissed the idea of subjecting him to public confession, after he had been found “confused in the head and as such not at fault himself”. He noted that, whenever possible, the “poor person” could confess privately and simply attend Communion again.⁴⁴⁴ Regarding a parish clerk’s widow, her lengthy abstention from Communion posed no hindrance for resuming Communion after private absolution, either. The widow had abstained during a severe “confusion”, and the bishop reasoned that she was “hardly capable while in that state”.⁴⁴⁵

This constituted a clash between the two separate rationales of Communion exclusion outlined in the pastoral frameworks.⁴⁴⁶ The *billig* approach came down to a concrete decision between two equally separate rationales of reintegration. One concerned the pastoral duty to sanction transgressors through exclusion. The other concerned the pastoral duty to keep individuals excluded as long as they were unable to understand the meaning of the sacrament. Deciding between the two depended on an individual assessment of how severe the mental disorder was at the time.

This was not merely a curious parallel to the delineation in the management of cell confinement, which I conceptualise as *furiously insanity*. Supervising both poor relief

⁴⁴² “gaae fra sin forstand”. DAR, copybooks, 1759-1767 (26 January 1761).

⁴⁴³ As stipulated in Danish Code 2-5-27. Secher, 242.

⁴⁴⁴ “har været forvirret i Hovedet, og saaleedes ikke selv været Aarsag der udj”, “det arme Menneske”. DAR, copybooks, 1741-1753 (15 February 1753).

⁴⁴⁵ “forvirring”, “næppe i den Tilstand dertil var bevend”. DAR, copybooks, 1759-1767 (28 January 1762).

⁴⁴⁶ Between the section on public confession and absolution in Danish Code 2-5-18 and the section on exclusion of insane people, “Afsindige Mennesker”, from Communion in Danish Code 2-5-25. Secher, 236–37, 240–41.

and pastoral matters, bishops and diocesan governors could treat these as different expressions of the same delineation. Though the system had different spheres, it was fundamentally one system. In other words, when assessing the mental states of their parishioners as part of Communion, pastors not only acted as religious figures within pastoral frameworks but also as significant administrators within legal frameworks.

Not all observers at the time felt confident about these parish-level assessments of mental disorder. This included the bishop of the Diocese of Zealand for a significant part of the examined period. Peder Hersleb, a fervent Lutheran Pietist and then bishop of a diocese in Norway, certainly found things unsatisfactory in his 1735 suggested revision of the Church Ritual. Deeming regular pastors too undiscerning, the bishop criticised how their prayers for the mental recovery of parishioners conflated those “whom reason and thoughts had left”, with “afflicted” or “melancholic” people. If someone was entirely without understanding, pastors and congregations should pray for them appropriately and not as if they were merely “in distressed thoughts” – yet, the bishop argued, this happened all too often.⁴⁴⁷

⁴⁴⁷ “hvis fornuft og tancker ere dem fragaaet”, “anfægtede”, “melancholiske”, “i u-roelige tancker”. Peder Hersleb, *Kirke-ritualet og pietismen: Biskop Peder Herslebs betænkning over Danmarks og Norgis Kirke-Ritual af 1685*, ed. P.G. Lindhardt (Copenhagen: Akademisk Forlag, 1986), 117. Hersleb was bishop of the Diocese of Zealand from 1737 until his death in 1757.



Illustration 6: Map of the three dioceses including approximate locations of those diocesan authority and bishop's cases, which explicitly stated the place of residence of the individual in question.

The pastor – first in line

As exemplified through the flexibility pastors showed in their management of access to Communion, eighteenth-century Danish clergy were not mere automatons implementing the letter of the law in an exact fashion. Like the supervisory officials of the diocesan authority, the local pastor had to apply some measure of discretion when deciding how to approach situations involving mental affliction in the parish. The legal and pastoral frame-

works of the Danish Code and the Church Ritual informed these decisions, but as frameworks they could not cover all the concrete cases one-to-one, especially when these spanned the line between poor relief and pastoral care.

The parish pastor was the first official in line. A 1783 diocesan authority case is illustrative of what this could occasion. Late that summer, the pastor of Eggeslevmagle Parish received a letter from the Diocesan Authority of Zealand. In it, the bishop and diocesan governor notified him that a hospital confinement cell had become available at Slagelse Hospital, and that they would immediately arrange the confinement of a certain Maria Jacobsdatter Lund. Maria was the adult daughter of a long-deceased parish clerk, and the bishop and the diocesan governor expressed gratitude for the pastor's efforts in caring for her with great difficulty "for such a long time", indeed "for some years already".⁴⁴⁸ In a letter addressed to the manager of Slagelse Hospital the same day, the bishop and the diocesan governor elaborated, stating that the pastor had cared for this "insane" woman in an exemplary way and "solely out of Christian compassion".⁴⁴⁹

To relate this to the legal and pastoral frameworks, the arrangement went far beyond the formal requirements set out by the Danish Code and the Church Ritual. It may be viewed as reflecting ideals of the pastor as a representative of the greater household or, in the words from Pontoppidan's pastoral manual, one "acting in place of a father" for the poor of the parish.⁴⁵⁰ A pastor was a representative of state and church and gatekeeper of the sacraments, but he also ought to be a true pastor or shepherd. As such, his role in managing mental affliction could extend far beyond the legal-pastoral duties to restrict Communion access and facilitate public absolution. In other words, the administrative duties to chair the parish poor relief were not mere technical assignments foreign to the pastoral ideal but reflections of it. In the previously mentioned case of parish clerk's widow abstaining from Communion due to severe mental affliction, the very same letter from the bishop dealt with the Communion question and with the pastor arranging hospital assistance for the afflicted parishioner. The arguments were intertwined.⁴⁵¹

⁴⁴⁸ "i saa lang en Tid", "allereede i nogle Aar". DAZ, copybooks, 1781-1783 (29 August 1783).

⁴⁴⁹ "afsindig", "blot af christelig medlidenhed". DAZ, copybooks, 1781-1783 (29 August 1783).

⁴⁵⁰ "staae dem i Faders Sted". Pontoppidan, 710. As always, it should be kept in mind that a housefatherly relation did not necessarily mean unqualified kindness.

⁴⁵¹ DAR, copybooks, 1759-1767 (28 January 1762).

Not all pastors acted as the shepherds or parish fathers envisioned in the pastoral frameworks of their own accord. Some instead had to be pressured from the diocesan level. An arrangement similar to the one in the Maria Jacobsdatter Lund case was also suggested in the Karen Skrædders case discussed in Chapter 3, though in a less cordial manner. In the Karen Skrædders case, the bailiff of Skælskør had complained about getting no assistance from Karen's parish of origin. Four months after this initial unsuccessful correspondence with the Diocesan Authority of Zealand, the bailiff tried again to request that Karen enter cell confinement at some hospital but he received another rejection. Complaining that the bailiff had not provided adequate information about Karen's mental state, the diocesan authority responded that they had to assume her "not so completely insane and out of her mind that one must fear of her hurting herself". If Karen had "good intervals", an alternative solution was possible. The diocesan authority suggested that the bailiff could place Karen on a coach bound for her native Karrebæk, forbidding her from ever returning to Skælskør. If nobody would live up to their duty to take care of her in the parish, the bailiff should instruct the coachman beforehand "to drop her and her things off at the parsonage and return".⁴⁵²

The intention behind simply abandoning Karen at the parsonage may have been for the pastor to take her in out of Christian compassion as in the case of Maria Jacobsdatter Lund. Perhaps more likely, the diocesan authority wished to put pressure on the pastor in his role as chairman of the parish poor relief that had ultimately failed in its duties towards her. On paper, being a pastor entailed no legal responsibility to turn the parsonage into a hospital. Yet, if anyone outside the victim's family needed to provide care without the compensation typically given in outsourced confinement cases, it would have to be the pastor. In this sense, too, poor relief and pastoral care were intimately connected. In the next part of the chapter, I will examine more deeply how pastoral assessment and management related to other spheres of the system.

⁴⁵² "ikke saa ganske afsindig og fra sin forstand, at man maae frygte for hun skulle komme til skade", "gode Intervalle", "at sette hende af tillige med hendes Gods i Præstegaarden og kiøre saa hjem". DAZ, copybooks, 1748-1753 (8 December 1753).

Pastoral management and wider reintegration

In the earlier chapters focused on the diocesan authority management of care, we have seen the important role that negotiations played in the potential cell confinement cases. The cases in the first part of this chapter would suggest that they played a similarly central role at the pastoral level – particularly in the degree to which pastors followed the letter of the law in keeping “insane” people away from the sacrament or alternatively exercised some measure of *billighed*. The discretionary scope for administering access to Communion may have resulted in greater leniency than the sections of the Danish Code and the Church Ritual stipulated.⁴⁵³ In the following, I examine more closely how notions of duty and *billighed* operated in the administration of exclusion in the local community, especially with regards to recovery and potential reintegration.

The power of pastoral assessments

The idea that Communion for the mentally afflicted and disabled may have been more flexible than the frameworks required is not new. As early as 1866, one of the reformers of the new asylum system speculated that practical Communion exclusion had always been more lenient than the legislation prescribed, since concrete assessments of mental capacity was up to the pastors.⁴⁵⁴ This would also concur with early nineteenth-century pastors obtaining dispensations when young people were unable to reach the level required for confirmation – a practice sometimes impelled by families and the wider parish

⁴⁵³ Regarding the seventeenth century, Charlotte Appel and Morten Fink-Jensen discuss the phenomenon but assess that most pastors probably followed the rules of the Church Ritual closely. Appel and Fink-Jensen, *Når det regner på præsten*, 79–80.

⁴⁵⁴ The argument was not substantiated by historical investigation. It rested on a supposition that since mid-nineteenth-century pastors used Communion to comfort so many afflicted parishioners, their predecessors would have been just as or even more likely to do the same. Christian Tryde, ‘Den Afsindiges retslige Stilling’, *Bibliothek for Læger* 5, no. 13 (1866): 130.

community.⁴⁵⁵ During a 1792 case brought before the Supreme Court, previous Communion attendance was used to argue that the accused, a man mute since childhood, lacked the mental capacity to be punishable. This led one of the presiding judges to comment, seemingly assuming it to be a known fact, that “there could be many causes leading a pastor to admit a mute to Communion without proving that he has the full use of his reason”.⁴⁵⁶ While it is possible that the practice was less strict than the law prescribed, as the Supreme Court judge asserted, it is uncertain exactly how widespread it was across parish communities.

Certainly, concrete evidence of Communion flexibility of this sort is extremely sparse in the diocesan authority sources. As a whole, community mediation, private confession and personal pastoral care for the ill and suffering usually had no reason to reach the level of the diocesan authority. As a consequence, these have all left few traces in the archives.⁴⁵⁷ This was visible in the case of Lieutenant Stramboe and his wife. The collected attestations suggest that the couple’s neighbours expected the parish pastor to act as a mediator, but the Diocesan Authority of Zealand would never have collected these attestations if his mediation attempts had succeeded. According to the Danish Code, pastors were also strictly obliged not to reveal matters confided to them in private confession, unless the confession involved treason or the planning of a future harmful act.⁴⁵⁸ As such, pastors typically did not disclose details from private confession in their attestations or testimonies. This is a fundamental problem when studying the history of pastoral care. Initial pastoral care took place in person rather than by any way that might have left a written record. The issue is all the more obvious because, as Pontoppidan commented in his pastoral manual, people increasingly preferred to talk to the pastor in private.⁴⁵⁹ The

⁴⁵⁵ The Chancellery tried to curb lenient confirmation practices in 1827, but as Erik Nørr notes bishops and central authorities were still willing to grant dispensations when deficiencies in mental ability could be shown. Nørr, *Præst og administrator: Sognepræstens funktioner i lokalforvaltningen på landet fra 1800 til 1841*, 168–69.

⁴⁵⁶ “der kan være mange Aarsager som kan bringe en Præst til at admitte en stum til Communion og dog ikke beviiser at han har forstandens fuldkomme brug”. Supreme Court, protocol, 1791-1791 (15 February 1792, 1188).

⁴⁵⁷ As noted already in Hansen, *Præsten paa Landet i Danmark i det 18. Aarhundrede*, 130.

⁴⁵⁸ Danish Code 2-5-20. Secher, 238–39.

⁴⁵⁹ Pontoppidan, 542.

somewhat skewed material from public absolutions, a worst-case scenario of pastoral care, consequently becomes our key source.⁴⁶⁰

In the absence of direct sources recording the pastors' mental assessments of their parishioners from regular personal pastoral care, let us take another look at the Lene Andersdatter and Asmus Holgersen cases focusing this time instead on the assessments by clergy and their impact. In the Lene Andersdatter case, Lene's husband successfully drew upon the authority of the local pastor to support his claim that she had come to her senses. While the attestation itself does not survive, an excerpt from the Helsingør Town Hall Court protocol noted that the pastor attested to Lene's "returning to sensible thoughts" and affirmed that she could again receive the sacrament of Communion.⁴⁶¹ In the Asmus Holgersen case, a curate arrived to console the accused in jail, and statements from their conversation became part of a legal argument about Asmus' mental state. According to the court protocol, Asmus was provoked by being referred to as a sinner. He asserted that he was a martyr. This prompted the curate to inquire if Asmus understood what that word meant, to which "Asmus Holgersen said yes and then mentioned Stephen, Paul and others and that Stephen was the first to suffer after Christ". The argument behind including this exchange in the protocol is not obvious. At first sight, Asmus' familiarity with the contents of the Gospel could have suggested to the court that his actions were the result of a truly disordered mental state rather than immoral malice. More likely, his apparent rejection of his own sinfulness suggested the very opposite. Either way, the core point remains. The wider system took assessments of the clergy into account – not just as general testimonies but also as these related specifically to questions of faith.⁴⁶²

Even at the diocesan level, assessments were often as pastoral as they were supervisory. This was certainly the case concerning the betrothal annulment of Birthe Peitersdatter and Niels Hansen examined in Chapter 2, where the bishop of the Diocese of Zealand arrived in person at the hospital to interview all implicated parties.⁴⁶³ A similar case from the Diocese of Ribe also illustrates how personal involvement could drastically

⁴⁶⁰ As also noted in Appel, *Tinget, magten og æren*, 445–46.

⁴⁶¹ "bragt paa fornuftige Tanker". DAZ, incoming, Helsingør, 1762-1764 (23 September 1762).

⁴⁶² "sagde Asmus Holgersen ja og derpaa nefnte Stephanus, Paulus og flere, og at Stephanus var dend første som leed efter Christo". Odense Town Court, protocol, 1738-1743 (9 September 1738).

⁴⁶³ DAZ, copybooks, 1766-1774 (23 October 1770).

affect the outcome. The case began following a 1751 bishop's visitation in the village of Øsse in Western Jutland.⁴⁶⁴ During his visitation, the bishop had become aware of a rumour that Anne Dorthe Sirich, the daughter of the prior pastor there, suffered from the "utmost confusion of the mind". According to the bishop's letter, he came to understand from locals and later from talking to Anne herself that her mental state worsened after her brother and brother-in-law cheated her out of inheritance. In theory, this was a matter of inheritance law. On their side, Anne's relatives claimed that she was of sound mind and that that they did not need to provide further documentation. Nevertheless, the bishop took it upon himself to contact several other officials, worrying that "her condition could become twice as wretched were the case not properly inspected".⁴⁶⁵

The year before, Anne had been allowed to function as her own guardian with the condition that a trustee assisted her in matters of finance. In his letter, the bishop urged the local provost to determine whether Anne was truly out of her mind and, if so, to provide her with a guardian.⁴⁶⁶ The bishop wrote of Anne nocturnally "getting delirious in the fields, whereby she could easily fall into unfortunate circumstances".⁴⁶⁷ Finally, in a letter summing the case up to the Chancellery, he drew on the quintessential pastoral image, describing Anne as "running about like a stray sheep without supervision".⁴⁶⁸

Since her relatives seemed indisposed to take proper care of her, the bishop argued that the most reasonable solution would be to have Anne elsewhere "housed and guarded until further notice". For this purpose, he did not suggest a hospital confinement cell or

⁴⁶⁴ The case is an example of a bishop's visitation functioning not only as confessional and social control, but also as an arena for people to bring issues to the attention of a high-ranking official. This is in line with Norwegian and Swedish studies. See Bjerkås, 'Fra eneveldets scene mot representative forsamlinger: Visitasen som offentlig arena i Norge, ca. 1750-1850'; Larsson, *Biskopen visiterar: Den kyrkliga överhetens möte med lokalsamhället 1650-1760.*, 225–31.

⁴⁶⁵ "er geraaden i yderste Sinds forvirring", "hendes Tilstand befrygtelig vilde blev dobbelt ælendig, der-som denne Sag ikke bliver betienelig undersøgt". DAR, copybooks, 1741-1753 (12 October 1751).

⁴⁶⁶ "saafremt bemelte Anne Dorthe Sirichs er afsindig, haver Prousten at beskikke hende een formyn-dere". DAR, copybooks, 1741-1753 (30 October 1751).

⁴⁶⁷ "er bleven forvildet paa Marcken, hvorved hun lettelig kunde geraade i Ulykkelige Omstændigheder". DAR, copybooks, 1741-1753 (30 November 1751).

⁴⁶⁸ "i denne hendes forvirrelse, som et vildfarende faar løb uden nogen Opsigt". DAR, copybooks, 1741-1753 (8 November 1752).

even a hospital as such but instructed the provost to make agreements “with some churchly man in the parish”.⁴⁶⁹ He did not elaborate on the exact conditions of this intended agreement, but it was apparently fruitful. In his later letter to the Chancellery, he commented that Anne eventually “returned to some calmness of mind”.⁴⁷⁰

The inheritance dispute itself is irrelevant here, but the case shows the potential impact of diocesan authority officials interfering on a personal, pastoral level. As we saw in Chapter 4, the social status of the afflicted must also be taken into account. Anne’s distinct circumstances as the daughter of a pastor possibly compelled the bishop to intervene. Certainly, it is an unusual example in the examined sources of intervention contrary to the will of the relatives. Trying to take advantage of a severely afflicted family member in this way went against ideals of the household as a relationship bound by duties. By abandoning her to run aimlessly about, the brother and brother-in-law had even failed to hinder Anne potentially harming herself or others. In their stead, officials now had to assume these duties.

Still, social status was not an absolute determinant. When a woman with few obvious social connections “tried to kill either one of her illegitimate children or herself” in 1741, the Diocesan Authority of Funen also showed a remarkable leniency. Arguing that the “said woman’s desperate resolve sprang primarily out of need during this difficult time for the poor”, the bishop and the diocesan governor found it most fitting that her pastor should allocate some parish poor relief money to the woman’s children and admonish her to refrain from drinking. Stronger measures should only be considered if she persisted in her ways. Most importantly, they also instructed the local bailiff to ensure that the father of the household that she belonged to kept an eye on her behaviour. There was no mention of a criminal trial.⁴⁷¹ The extremely gentle handling of this case is remarkable in light of the severe punishments stipulated in decrees both before and after it.

⁴⁶⁹ “indlogeres og bevogtes til videre”, “hos een el. anden kirkl. Mand i Sognet”. DAR, copybooks, 1741-1753 (30 November 1751).

⁴⁷⁰ “vel igien er kommen til nogen sinds Rolighed”. DAR, copybooks, 1741-1753 (8 November 1752).

⁴⁷¹ “søgt at ville ombringe enten eet af sine uægte Børn eller sig selv”, “bemlt Qvindfolks desperate Forsæt reyser sig fornemmelig af Mangel i denne for fattige besværlige Tiid”. DAF, copybooks, 1732-1747 (29 January 1741).

While royal clemency often mitigated the harshest additional sanctions such as the pinching with hot tongs, execution by decapitation was still the regular punishment for child murder or even attempted child murder.⁴⁷²

It is however important to be aware that flexibility did not always equal leniency in these pastoral cases either. A *billig* solution could be just as strict in a pastoral case as in a poor relief case. A bishop's letter from a 1738 case in a small parish in Western Jutland exemplifies this well. In this letter, the bishop argued that a parish clerk who had previously acted in "drunken- and mad-ness", himself bore some responsibility for later being assaulted by his neighbour.⁴⁷³ The parish clerk was not absolved of any moral or legal accountability. Instead, a self-inflicted loss of control became directly linked to mental disorder by means of the same term as in 1-19-17 of the Danish Code.⁴⁷⁴

Notions of recovery and reintegration

As we have seen, a vital part of the pastoral responsibility concerned the return of a person to their community. What remains to be discussed is how this related to the notions of possible recovery already touched upon in the poor relief cases. In other words, when surveying the entire system with an awareness of the role of pastoral management, what did mental recovery entail? As will be seen in the following cases, returning to sanity mostly meant simply returning to a normally functioning mind, a mind capable of understanding. Similarly, the authorities seem to have connected external recovery to the restored ability to live a regular life with its inherent duties, namely duties of work, family

⁴⁷² See the cases discussed in Reeh and Hemmingsen, 'Common Sense, No Magic: A Case Study of Female Child Murderers in the Eighteenth Century', 118–29; Krogh, *A Lutheran Plague: Murdering to Die in the Eighteenth Century*, 47–56.

⁴⁷³ "Fuld og Gald-skab". DAR, copybooks, 1731-1739 (14 October 1738).

⁴⁷⁴ "galind". Danish Code 1-19-17. Secher, 134. The relationship between drunkenness and responsibility in a Danish legal context would benefit from further study. Regarding other European countries in the eighteenth century, see for instance Elwin Hofman, *Trials of the Self: Murder, Mayhem and the Remaking of the Mind, 1750-1830* (Manchester: Manchester University Press, 2021), 107–13; Dana Rabin, *Identity, Crime and Legal Responsibility in Eighteenth-Century England* (London: Palgrave Macmillan, 2004), 78–85.

and community. As noted in the discussion of the workhouses in Chapter 4, this might also have been related to ideas that work facilitated good health.⁴⁷⁵

In light of the pastoral frameworks, it makes sense to pay special attention to the concrete relationship between the medical and the pastoral. Both the section on affliction in the Church Ritual and Peder Hersleb's 1735 commentary on that section placed diagnostic tasks performed by medical doctors as a condition that should be met before any further action could be taken.⁴⁷⁶ In general, the actual cases reflect a similarly collaborative outlook based on notions of possible recovery. References to *furious insanity* as potentially curable are plentiful in the diocesan copybooks – long preceding any nineteenth-century “new paradigm of the curability of the mad”.⁴⁷⁷ In a 1738 case concerning a servant girl, for instance, the Diocesan Authority of Zealand asked the father of her household to supply medical attestations “by experienced Medici and Chirurgi verifying that no cure or medicament may be applied to the benefit of this person” before confinement could be a possibility.⁴⁷⁸ Returning to the Asmus Holgersen case, Asmus' mother also maintained in one of her petitions that a surgeon had medically cured her son to the point of complete

⁴⁷⁵ On this point, I draw on Anton Runesson's argument that pragmatic functionality was central to early modern understandings of health. Anton Runesson, ‘Illness as Incapacity to Work in Early Modern Sweden’, in *Health and Society in Early Modern Sweden*, ed. Mari Eyice and Charlotta Forss (Amsterdam: Amsterdam University Press, 2024), 37–55; Anton Runesson, ‘Blod, kött och tårar: Kroppslig erfarenhet i Sverige, ca 1600–1750’ (Stockholm, Stockholm University, 2021). See also Riikka Miettinen, ‘Curing Madness and Mental Disturbances: Religious Healing Activities in Early Modern Swedish Local Communities’, in *Health and Society in Early Modern Sweden*, ed. Mari Eyice and Charlotta Forss (Amsterdam: Amsterdam University Press, 2024), 131–32.

⁴⁷⁶ *Danmarks og Norgis Kirke-Ritual*, 80–81; Hersleb, *Kirke-ritualet og pietismen: Biskop Peder Herslebs betænkning over Danmarks og Norgis Kirke-Ritual af 1685*, 117–18.

⁴⁷⁷ “neue Paradigma der Heilbarkeit der Irren”. Doris Kaufmann, “‘Irre und Wahnsinnige’: Zum Problem der sozialen Ausgrenzung von Geisteskranken in der ländlichen Gesellschaft des frühen 19. Jahrhunderts”, in *Verbrechen, Strafen und soziale Kontrolle*, ed. Richard van Dülmen, Studien zur historischen Kulturforschung, III (Frankfurt am Main: Fischer, 1990), 179.

⁴⁷⁸ “med erfarne Medici og Chirurgi attest for os gotgiør, aat paa dette Menneske til hendes Forbedring, icke Nogen Cur kunde foretages, eller Medicamenta med Nytte appliceres”. DAZ, copybooks, 1735-1738 (13 May 1738).

sanity.⁴⁷⁹ Likewise, in the confinement case of Jens Fester from Chapter 3, the town authority of Fredericia paid both a doctor and an army surgeon “to cure him” before they even contacted the diocesan authority about cell confinement.⁴⁸⁰

As such, the diocesan authority sources do not confirm any widespread opposition to medical treatment or cure. However, the practical relationship between the medical and the pastoral was much less systematic than stipulated in the frameworks. While medical doctors and surgeons appeared, they rarely did so as decisive figures but often alongside pastors. For example, in one 1770 case, a lower court not only collected attestations about mental states from both a pastor and a doctor but paraphrased the two as a single argument.⁴⁸¹

At the level of pastoral management, the complexities of this blending of medical and pastoral notions can be seen in the previously discussed case of Hans Nielsen, accused of setting fire to the farms of his mother and brother. Here, the *herred* court procured an attestation by Hans Nielsen’s parish pastor, again the closest official to the situation. It survives in the original in the court archives, providing a perspective from the official nearest to the situation. Responding to a prepared list of questions, the pastor stated that he had not found “any such weakness of mind or reason” in Hans, neither now nor in the past. About the latter, he reflected specifically on his time teaching Hans in preparation for confirmation years before. On the present situation, the pastor drew from others in the parish, relaying to the court that family and friends took precautions when Hans had just experienced one of his fits. Suggesting a pattern of loss of control followed by awareness, the pastor stated regarding Hans that “after he has thus acted wickedly one sees that he both repents and regrets it and seriously desires and prays for God’s mercy in Christ”. The pastor himself refrained from commenting on whether Hans’ fits could cause him to commit arson, though. He remarked that he would prefer to “leave it to reasonable and decent Physici or Medici to determine and judge”. Perhaps seeing academic medicine as an area of greater expertise than law, he had no issue recommending that the court should

⁴⁷⁹ Chancellery, Fun. missives, auxiliary, 1742 (20 July 1742, no. 38).

⁴⁸⁰ “at lade ham curere”. DAR, copybooks, 1759-1767 (15 June 1765).

⁴⁸¹ DAZ, copybooks, 1766-1774 (23 October 1770).

punish Hans severely if the fits were not the cause. Even so, it does not appear that the court actually procured any attestations by medical experts.⁴⁸²

Just as administrative and pastoral officials employed conceptions of mental affliction and its cure that focused on the individual's participation in normal community and religious life, so too did the few medical officials that appeared in these cases. The doctor summoned to examine Asmus Holgersen while he was jailed at Odense Town Hall clearly expressed functional notions of what mental recovery entailed. These were also fused with an idea of returning to the Christian community. In order for Asmus to have any chance of improvement, "he should be in a place where he may hear the word of God, read, pray and sing, see and hear reasonable people, see working and productive people". The doctor neither distinguished medical improvement from moral improvement, nor piety from good citizenship. These all seemed to work in tandem through functional activities.⁴⁸³

The question of mental understanding as akin to social belonging involved much more than the *furious insanity* cases, and the question became even more pertinent following the 1736 introduction of confirmation for all young people in Denmark. Two cases in the diocesan authority sources illustrate this understanding in a wider sense. While the two individuals discussed in these cases were not *furiously insane*, they shared a deficiency of understanding and many similarities in how they were managed.

In a 1737 letter, the bishop of the Diocese of Ribe reprimanded a pastor for refusing a girl admittance to the altar too abruptly. The bishop severely scolded him for not having tried sufficiently hard enough to teach the girl and rhetorically asked how he could, with good conscience, still consider himself a soul carer. Warning the pastor not to "let

⁴⁸² "nogen saadan Sinds eller Forstands Svaghed", "efter at hand saaledes har gjort ondt, da mærker man, at hand baade angrer og fortryder det, og alvorlig søger og beder om Guds Naade i Xsto", "overlader det til Fornuftige og Retsindige Physici eller Medici derom at skønne og dømme". Bølling *Herred Court*, auxiliary, 1771-1780 (3 March 1774).

⁴⁸³ "hand skulle være paa et stæd hvor hand kunde høre Guds ord, læse, bede og siunge; see og høre fornufftige folk; see folk som arbeide og bestille noget". Chancellery, Fun. missives, auxiliary, 1742 (20 July 1742, no. 38).

this poor unenlightened person perish or retreat from the congregation”, the bishop ordered him to pray for her and commence teaching her one-on-one every week in the hope that she might eventually reach a functional level of understanding.⁴⁸⁴

Two years later, the same bishop commended the pastor at Kolding Hospital for his work with a young woman named Anne Jensdatter. In addition to countless physical ailments, Anne suffered from “limited understanding”. According to the bishop’s letter, the pastor had worked diligently to lead Anne up from her previous “darkness of ignorance” to the level required for confirmation.⁴⁸⁵ The logic in this case resembled the ambivalent logic of reintegration seen in the cases concerning Communion exclusion. Anne’s pastor had to consider several things in order for her to be able to correctly profess the Apostles’ Creed in church. These included her frail voice, frequent fits and severe facial disfigurement. In particular, Anne’s disfigurement meant that according to the Poor Law of 1708 she could not have her confirmation as part of a service in the regular parish church, “where pregnant women could be present”.⁴⁸⁶ The bishop remarked that this could potentially also ruin her reputation in the parish. It therefore had to be avoided if at all possible. With no further mention of Anne in the copybooks, it is not clear how exactly the hospital pastor overcame these obstacles, but the fact alone that he was commended for doing so suggests an expectation of flexibility.⁴⁸⁷

⁴⁸⁴ “lader dette arme uoplyste Menniske fare eller viige af Meenigheden”. DAR, copybooks, 1731-1739 (19 March 1737).

⁴⁸⁵ “maadelige begreb”, “vankundigheds Mørke”, “hvor der kunde være tilstæde frugtsommelige Qvin-der”. DAR, copybooks, 1731-1739 (26 January 1739).

⁴⁸⁶ Forordning om Betlere i Danmark saavel paa Landet som i Kiøbstæderne, København undtagen (24 September 1708). J.H. Schou, *Chronologisk Register over de Kongelige Forordninger og Aabne Breve, samt andre trykte Anordninger, som fra Aar 1670 af ere udkomne, tilligemed et nøiagtigt Udtog af de endnu giældende, for saavidt samme i Almindelighed angaae Undersaatterne i Danmark, forsynet med et alphabetisk Register*, 3rd ed., vol. II (Copenhagen: Gyldendal, 1822), 130.

⁴⁸⁷ There was a hospital church in Kolding Hospital. Nevertheless, the bishop presented its use here as an exception. While the inmates did form a semi-separate hospital community, they had perhaps not completely left the wider parish community. On the church itself, see Ebbe Nyborg, Niels Jørgen Poulsen, and Hugo Johannsen, ‘Kirkesal i Kolding Hospital’, in *Danmarks Kirker*, vol. XVII: Vejle Amt, II (Copenhagen: Nationalmuseet, 2009), 909–20.

The logic of simultaneous exclusion and inclusion is particularly striking in Anne's case. Living at the hospital, she was not part of everyday life in the parish community and could not display her face to her fellow parishioners. Yet, at the same time, it was vital for the pastor and the bishop that she remained within the Christian community of the parish even if that concrete parish was now in actuality the hospital inmate community. As in the *furious insanity* cases, the managing officials treated understanding as something that could be lost but also recovered. Not only did the authorities expect that improvement was possible, they even expected the pastor to help secure it.

This examination of pastoral management practices suggests broader tendencies that further illuminate the confinement management studied in the previous chapters. Above all, the cases examined here suggest that the way in which the authorities primarily managed mental affliction as a temporary situation requiring temporary exclusion also applied in the management of mental afflictions outside of cell confinement. The pastoral cases thereby indicate that the management of mental disorder was driven not only by fiscal necessity, though that was certainly a priority, but also by conceptions of social and religious duties to secure both exclusion, improvement and recovery.

Conclusion

The management of mentally afflicted individuals in eighteenth-century Denmark was not limited to the sphere of poor relief. In view of that, exclusively considering cases where the diocesan authorities employed cell confinement will unavoidably result in an imbalanced analysis. Having already considered alternate approaches such as domestic confinement and other types of institutionalisation, I turned specifically to pastoral management approaches in this final chapter.

If the management of mental affliction is understood as one pre-asylum system, this system encompassed the sphere of pastoral care as much as the sphere of poor relief. Earlier, we saw the ways in which institutional frameworks overlapped through the position of the overseeing bishop in each diocesan authority. Likewise, the cases examined here indicate that there was a significant overlap in the references to legal frameworks alongside the more specifically pastoral frameworks of the Church Ritual and pastoral manuals. Parish pastors were both officials of the state and providers of pastoral care. In

the form of poor relief, they were typically the first officials seeing to mentally afflicted persons. This was not trivial. Reflecting the interconnectedness of this system, the pastoral assessments expressed in these cases could have consequences far beyond the pastoral sphere. This final part of the study corroborates that the management of mental disorder in the pastoral sphere rested on notions of exclusion-warranting mental states and behaviours similar to those in the poor relief sphere. As such, although I constructed it based on arguments in cell confinement cases, the aggregate concept of *furious insanity* is to a certain extent also applicable in these pastoral cases.

Considering confession and Communion admission as crucial parts of the pastoral assessment and management of mentally afflicted persons can nuance interpretations of the pastor as an agent of social control. Whereas some individuals should be excluded from the Communion table due to public vices, others should be rejected due to a perceived inability to understand. The cases examined here show that the authorities did not take differentiating the two groups lightly. The pastors could refer to the legal frameworks that were also employed in the cell confinement cases, but it remained a pastoral duty to assess each individual with caution to internal and external circumstances. By making assessments and decisions in these concrete cases, they contributed to the applied definitions of mental affliction. This, too, was an integral part of managing *furious insanity*.

General conclusion

In the introduction, I set out an aim for this PhD thesis. I intended to examine how eighteenth-century diocesan authorities in the three Danish dioceses of Zealand, Funen and Ribe managed cases concerning mentally afflicted individuals. At the conclusion of the thesis, it is now time to sum up the key findings. In a way, much was hinted at even before the introduction. Though of course both fictional and farcical, the opening quote from eighteenth-century Danish-Norwegian scholar and author Ludvig Holberg's mock-epic *Peder Paars* anticipated some essential themes of the thesis itself. Much as in the quote, scarcity and negotiation have been relatively constant features in the examined cases. There were strong institutional, legal and pastoral frameworks, but rather than a single unequivocal account, the thesis has unfolded through numerous concrete compromises and decisions. Throughout, using the concept of *furious insanity* to reflect an applied delineation of mental disorder, I have emphasised the range of actors and approaches involved in the pre-asylum management.

An applied delineation of mental disorder

Regarding the compromises and decisions, a significant refrain in the thesis has been how practical management conformed with or deviated from legal and institutional frameworks. This theme emerged already as cells for the confinement of mentally afflicted people were established at town hospitals in the three dioceses. Considering only legal texts, the impetus was a straightforward royal decree. In practice, the establishment of hospital confinement cells appears more like a slow development driven by complaints from local officials and the bishops and diocesan governors in the diocesan authorities.

Owing to fiscal scarcity and a fundamental preference for care in the household, the actual supply of confinement cells never matched demand in any of the three dioceses investigated in this study. The intermediary bishops and diocesan governors had to negotiate, not only between local officials and the central administration but also between local officials and non-state actors such as the relatives of the mentally afflicted persons. Because of that element of negotiation, this study of practical management has also required examining the arguments for or against confinement in the concrete diocesan authority

cases. However, seeking clarity, I focused not just on the surface-level of the terms but also on the wider arguments employed by these actors in order to reach decisions.

Across their terminological diversity, I found that effective arguments in favour of cell confinement were most often based on notions of danger and that these notions related to both external and internal aspects. Interpreting this in the context of the contemporaneous legal frameworks, I constructed a heuristic concept, *furious insanity*. In this twofold concept, *furious* refers to external behaviour. It concerns notions of dangerous actions – variously entailing danger towards specific individuals, the wider public or, less frequently, the *furious* person themselves. Equally significant, *insanity* refers to internal states of mind. It concerns notions of absent capability to comprehend and, accordingly, shoulder the legal and moral responsibility for the aforementioned *furious* behaviour. Conditions equivalent to this *furious insanity* concept were largely prerequisite, albeit not necessarily sufficient, reasons for hospital cell confinement in the practical management. Punishment as a motivation for confinement was not part of these arguments.

While the applied delineation conceptualised here as *furious insanity* referenced medical and especially legal categories, it was above all a reflection of the concrete assessments from pastors, doctors and common people. It was no more limited to a legal than to a medical sphere, but could, in principle, be understood across the board. Temporality was a crucial element. In general, mental disorder was not treated as an unavoidably permanent condition. Sanity was recoverable – even for those who fit within the delineations of *furiously insanity*. Following common-sense notions of functionality, recovery simply seems to have meant the resumed ability to perform ordinary life tasks and live up to ordinary life duties.

A range of actors, a range of approaches

The concept of *furious insanity* is a useful analytical tool, but it remains a significant trait of the source material that the ways officials and ordinary people alike described mental states largely resists unambiguous interpretation. That heterogeneity is relevant in itself. In cases concerning *furious insanity* and mental disorder more broadly, the Danish diocesan authorities drew not only on specific legal references but also on notions of reasonable compromise with different actors. This adds nuance to the already challenged stereo-

type of the eighteenth-century absolutist state as a rigid and centralised bureaucracy. In my analysis, I integrated such notions under the term *billighed*. Bishops and diocesan governors were remarkably adaptable and willing to authorise alternative approaches that might bring people out of confinement or avoid its use altogether. The examined cases do not indicate a systematic top-down effort to discipline the wider populace through this limited and often reluctant use of hospital cell confinement.

The diocesan authorities certainly excluded people from society but this was not entirely clear-cut in practice. Of course, the individuals subjected to hospital cell confinement underwent a radical exclusion. While in confinement, the authorities did not expect them to live up to specific duties of social status or to general religious and moral duties. Still, as already mentioned, cell confinement was usually temporary and far from the only approach available.

I have not found hospital cell confinement to have been a tool for the systematic sequestering of individuals considered problematic by the authorities. The diocesan authorities wanted as few people in hospital cell confinement as possible for as short a time as possible. They provided similar, quite restrictive, reasons for confinement throughout the century and usually acted in cooperation with relatives and local communities. Reinforcing a thorough incorporation of the confinement cells into the wider hospitals, the sources also imply that those officially in cell confinement could at times interact with other hospital inmates.

Because cell confinement measures were so relatively infrequent, the primary duties for care regarding mental affliction still fell on the households to which the afflicted persons belonged. The arguments of the diocesan authorities show that domestic arrangements remained the default but reveal little about the actual arrangements except when they fell apart. What the diocesan authority sources do reveal is that family members continually took part in the management even when it involved hospital cell confinement. This wider social context was vital. Mental disorder did not automatically occasion the sudden, permanent expulsion of those who had household and community ties.

The eighteenth-century Danish diocesan authorities combined tasks that a later time would consign to separate secular and clerical spheres. This makes the examined sources supremely apt for the integration of pastoral approaches into the analysis. Notably, parish pastors were essential actors in the management of mental disorder. As the

most widespread officials of the system, they were crucial in assessing mental states and providing pastoral care for afflicted people in the parish. Most importantly with regards to *furious insanity*, pastors were obligated to exclude from Communion those who lacked the adequate understanding of the ritual. Indicating the comprehensibility of mental delineations across different spheres, this recent Communion attendance became a litmus test of a sane mind in cases concerning legal responsibility and confinement too. Here, the diocesan level affords a vantage point from which to observe the wider connections entailed in managing mental affliction. It illustrates the benefits of an approach that investigates concrete cases in light of the structures of the time and brings together the scholarly perspectives of church history with those of social history.

A pre-asylum system?

Was there, then, a pre-asylum system for managing mental disorder in eighteenth-century Denmark? The answer depends. There were certainly no dedicated medical institutions comparable to future psychiatric asylums in the small towns and rural parishes of this study. To speak of a pre-asylum system, that system must be understood as being the aforementioned connections across institutional, legal and pastoral spheres. In this sense, Danish bishops and diocesan governors supervised a kind of system comprising various approaches of poor relief and pastoral care in a wider Lutheran confessional structure.

In emphasising the frameworks of the time, I have equally deemphasised possible theoretical takes, particular those related to social control and power dynamics. While these contain valid perspectives, they are not the only prisms conceivable for studying the conduct towards mentally afflicted people in early modern societies. Their role in this study has been decidedly peripheral. This alternate emphasis is not to be mistaken for a naive or rosy view on the pre-asylum state of affairs. Unquestionably, the overall *billighed* of the diocesan authorities was only one side of a coin, on the other side of which was an inconsistency that many of those in need of care became victims of. People could fall between the cracks and wind up in unheated confinement cells for years. Nonetheless, this constituted a failure of the pre-asylum system rather than its objective. While this could certainly also be read as the result of more covert power dynamics, an interpretation using the institutional, legal and pastoral frameworks reveals new and different facets.

Eighteenth-century hospital confinement cells were no better than their dire reputation, but they were not used to accomplish a policy of perpetual elimination. The diocesan authorities took for granted in their management that cell confinement was mainly an emergency tool. Perhaps it was this presumption that was lost when later ambitious reformers juxtaposed the remaining hospital confinement cells with new psychiatric asylums, as if the two served the same purpose. To nineteenth- and twentieth-century observers, the confinement cell gradually became synonymous with an entire pre-psychiatric state of affairs. The impact on common perceptions of the period can still be noticed today. With my thesis, I hope to have taken a few steps to nuance those perceptions.

Indeed, this thesis has only taken the first steps in exploring the treatment of the mentally afflicted people in early modern Denmark outside of Copenhagen. Much remains to be done. For instance, new studies of hospital archives could shed more light on the hospital confinement cells as physical spaces and the extent of informal semi-confinement of people formally in strict cell confinement. Further research is also needed on the intersection of poor relief and pastoral care as a whole – perhaps based on cases that only reached the level of the provosts. Only touched upon here, the full extent of the role of pastors in early modern Danish hospitals is likewise remarkably unclear. All of these potential projects entail interdisciplinary approaches. So, too, did this thesis. While I uncovered new sources, the actual examination of those sources was only possible based on an understanding of the structures around them, which again depended on bringing together perspectives from social, administrative and church history.

Ultimately, the cases examined here all abound with personal tragedy. Even so, they also suggest that the conduct towards mentally afflicted people before the age of the asylum was multifaceted. This was not merely ceaseless hopelessness in an uncaring time. Parents cared enough to pester officials for years, pastors cared enough to involve their entire congregation, and bishops and diocesan governors cared enough to get exasperated over the inadequate care taken by others. The cases differ as much as the individuals they concern, but altogether they provide a glimpse of officials and common people facing challenging circumstances and trying to manage.

Summaries

Summary in English

This PhD thesis examines how eighteenth-century Danish diocesan authorities, namely bishops and diocesan officials, managed cases concerning mentally afflicted people. The study is founded in individual cases, primarily extracted through a systematic, manual survey of the diocesan authority copybooks from the dioceses of Zealand, Funen and Ribe. These cases are examined in light of contemporaneous institutional, legal and pastoral frameworks. As such, a central aim is to take the diocesan authorities' treatment of these cases seriously as an expression of a pre-psychiatric system on its own terms.

An important element in the diocesan authority management of cases concerning mentally afflicted people was hospital confinement cells. The existence of the cells is well known, but this study suggests reconsidering the view of their function in the eighteenth century. The confinement cells should not be understood as an isolated system. Rather, these were institutionally integrated into the general town hospitals, administratively integrated into the poor relief system as a whole through the bishops and diocesan officials, and thus were part of a wider Lutheran-confessional system. In this system, the diocesan authorities were reluctant to place people in confinement. The creation of such hospital confinement cells was a lengthy process – throughout the examined period, the supply of cells never matched the demand, and the diocesan authorities were constantly acting in light of this. Consequently, the confinement cells should not be equated with the treatment of the mentally afflicted before psychiatry, but rather be seen as one of several possible tools available to the authorities of the time.

Based on the analysis of the arguments that specifically resulted in confinement, the thesis introduces and utilises the analytical concept of *furious insanity*. In using a two-part concept, the aim is to express a connection between external and internal components in the applied understanding of detention-requiring conditions at the time. The external component, *furious*, refers to concrete behaviour that the authorities perceived as dangerous. The internal component, *insanity*, refers to the perceived absence of reason during this behaviour. In general, the authorities considered both components to be necessary. Accordingly, the concrete rationale for confinement in most cases concerned a danger

either to specific others or to public order more broadly. At the same time, it was fundamental to the entire management process that an individual's confinement-warranting condition could potentially cease and that confinement was therefore ultimately temporary.

Decisions regarding confinement in the hospital confinement cells were not made by the central administration but by the diocesan authorities – often following pressure from below. The decision-making processes were characterised by negotiation and an ambition to reach acceptable compromises in line with confessional and legal notions of *billighed*. The diocesan authorities were generally receptive to trying different measures instead of confinement. Above all, they took for granted that mentally afflicted people were supposed to remain in their own households if possible. Concrete domestic arrangements were, however, only discussed when they had ceased to function in practice to such an extent that relatives or local officials requested outside help.

The most important of these local officials, the Lutheran parish pastors, were also subject to the supervision of the diocesan authorities in several respects. As state officials and soul-carers in one and the same person, pastors encountered mentally afflicted people in various contexts. This was especially apparent in relation to Communion. Since fully “insane” people should not be admitted to the sacrament, Communion access marked a boundary for mental function in line with the cell confinement cases. Here as with the diocesan authorities, pastors paid much attention to discerning different mental states. The criteria used, referred to here as *furious insanity*, could be understood across the spheres of the confessional system.

By linking the spheres of poor relief, legal courts and pastoral care, this PhD thesis contributes to a larger picture. There were fundamental ideas about what mental affliction entailed in eighteenth-century Denmark. The thesis thus indicates that the terminological diversity before the development of asylum psychiatry was not an expression of indifference to these subjects. On the contrary, there was both a concern with and a concrete practice related to the management of cases regarding mentally afflicted persons.

Summary in Danish

Denne ph.d.-afhandling undersøger, hvordan 1700-tallets danske stiftsøvrigheder, det vil sige biskopper og stiftamtmand, håndterede sager omhandlende sindslidende mennesker. Undersøgelsen tager udgangspunkt i konkrete sager, primært fremdraget via en systematisk, manuel gennemgang af kopibøger fra Sjællands, Fyns og Ribes stiftsøvrighedsarkiver. Disse sager undersøges i lyset af samtidige institutionelle, juridiske og pastorale rammer. Det tilstræbes dermed at tage stiftsøvrighedernes behandling af disse sager alvorligt som udtryk for et førpsykiatrisk system på dets egne præmisser.

Et væsentligt element i stiftsøvrighedernes administration af sager om mennesker med sindslidelser var de såkaldte dårekister. Dårekisternes eksistens er velkendt, men undersøgelsen peger på, at synet på deres funktion i 1700-tallet bør gentænkes. De hospitalsbaserede dårekister bør ikke forstås som et system i sig selv. Disse var snarere institutionelt integreret i stiftshospitalerne, administrativt integreret i fattigvæsenet som helhed gennem biskopperne og stiftamtmandene og herigennem del af et sammenhængende luthersk-konfessionelt system. I dette system var stiftsøvrighederne påfaldende tilbageholdende med at indsætte personer i forvaring. Oprettelsen af hospitalsbaserede dårekister var en langsommelig proces – igennem hele den undersøgte periode stemte udbuddet af dårekistepladser aldrig med efterspørgslen, og stiftsøvrighederne manøvrerede konstant i dette misforhold. Følgelig bør dårekisterne ikke sættes lig med håndteringen af sindslidende før psykiatrien, men snarere opfattes som ét af flere mulige redskaber, som datidens myndigheder rådede over.

Baseret på analysen af de argumenter, der helt konkret resulterede i forvaring, præsenteres og anvendes et analytisk begreb – *furious insanity*, *rasende afsindighed*. Ved at anvende et sådant todelt begreb er målet at udtrykke en sammenkædning af eksterne og interne komponenter i datidens forståelse af forvaringskrævende tilstande. Den eksterne komponent, *furious*, henviser til konkret opførsel, som myndighederne opfattede som faretruende. Den interne komponent, *insanity*, henviser til det totale fravær af fornuft under denne opførsel. Myndighederne inddrog som udgangspunkt begge komponenter. I flertallet af sager angik rationalet for forvaring derfor en fare enten for konkrete andre personer eller for den offentlige orden bredere forstået. Samtidig var det grundlæggende

for hele strukturen, at denne forvaringsfordrende tilstand kunne ophøre på et senere tidspunkt.

Beslutningerne angående forvaring i dårekisterne blev som udgangspunkt ikke truffet i centraladministrationen men af stiftsøvrighederne – oftest efter pres nedefra. Beslutningsprocesserne bar præg af forhandling og en ambition om at nå frem til acceptable kompromiser i tråd med konfessionelle og juridiske idealer om *billighed*. Stiftsøvrighederne var gennemgående modtagelige over for at forsøge forskellige tiltag i stedet for forvaring. Frem for alt tog de for givet, at mennesker med psykiske lidelser som udgangspunkt befandt sig i hjemmet. Konkrete indretninger for hjemmeforvaring drøftedes dog kun, når de i praksis var ophørt med at fungere i en sådan grad, at familiemedlemmer eller lokale embedsmænd udbad sig hjælp udefra.

De væsentligste af disse lokale embedsmænd, sognepræsterne, var også underlagt stiftsøvrighedernes tilsyn i flere henseender. Som embedsmænd og sjælesørgere i én og samme person mødte præsterne sindslidende i forskellige sammenhænge. Det gjaldt ikke mindst i forhold til nadver. Da ”afsindige” mennesker ikke kunne tilstedes sakramentet, kunne nadveradgang markere et skel for mental funktion i tråd med de foregående sager om forvaring. Her som før var man opmærksom på at skelne mellem forskellige mentale tilstande. De anvendte kriterier, som her benævnes *furious insanity*, *rasende afsindighed*, kunne med andre ord forstås på tværs af det konfessionelle systems sfærer.

I kraft af denne sammenkædning af fattigforsorg, retsvæsen og kirkeliv bidrager undersøgelsen til et større billede. Der fandtes i 1700-tallets Danmark grundlæggende forestillinger om, hvad sindslidelse indebar. Undersøgelsen peger dermed på, at tidens terminologiske diversitet og den manglende brug af medicinske begreber ikke var udtryk for ligegyldighed over for disse tematikker. Tværtimod var der både en bevidsthed om og en konkret praksis forbundet med at håndtere sager angående sindslidende mennesker.

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PhD Thesis 2025
ISBN 978-87-93361-82-9

Benjamin Brandt Christiansen

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