

The Trial of Abner Baker, Jr., MD: Monomania and McNaughtan Rules in Antebellum America

Ronald White, PhD

On the third of October 1845, in a small mountain community in Kentucky, Abner Baker, Jr., MD, was executed for the murder of his brother-in-law Daniel Bates. At the trial Baker's attorney argued unsuccessfully that at the time of the crime the accused suffered from monomania, a form of mental disease, and therefore should not be held responsible for the act. The trial bears historical significance by the fact that it took place only a year after the formation of the Association of Medical Superintendents of American Institutions for the Insane, the first professional organization of psychiatrists in the United States, and two years after the McNaughtan ruling in British jurisprudence which molded the insanity plea around the concept of "knowing right from wrong." Because it took place at this particular juncture in the history of both law and medicine, it provides a revealing portrait of how medical and legal concepts on insanity interacted with the indigenous social and political circumstances of antebellum America.

Abner Baker, Jr., was born in 1812, the youngest of 14 children, six sons, and eight daughters. Captain Abner Baker, Sr., his father, was a respected citizen of Clay County, Kentucky for 25 years. He was one of the early settlers of Clay county and served as the county's first clerk of both courts and as a part-time clergyman.

At an early age Abner Baker, Jr., apparently exhibited a kind and thoughtful disposition, was affable in his manners, and had many friends. He attended common schools until the age of 14 or 15, and eventually East Tennessee College at Knoxville, TN. At the age of

about 18, he entered the service of the United States Navy and returned to Clay County in 1834. He was then appointed Clerk of the Clay County Court, a position he held for two years. A short time later, Baker embarked upon a brief and unsuccessful business venture which left him deeply in debt. He then decided to pursue a career in medicine—a natural choice because three of his brothers had graduated from the Medical Department of Transylvania University, in Lexington, KY.

In 1838, Abner Baker, Jr., attended lectures at the Medical Institute at Louisville, KY, and received the MD the following year. It was in medical school that Baker first exhibited the er-

Dr. White is assistant professor of philosophy, College of Mount St. Joseph, Mount St. Joseph, OH 45051.

matic behavior characteristic of his later years. While studying in Louisville Baker resided with his sister Elizabeth and her husband Carrick Crozier. They later testified that when Baker was living with them, he would often alarm the family late at night "by crying out that some persons were in the house. We would light a candle, and followed by Dr. Baker, who was armed with the tongs or shovel would examine every apartment, even to the garret, and he would, after this, still insist that there were persons in the house, as he heard them whispering."¹ In another incident at the Medical Institute, it was reported that Dr. Baker disrupted a class by verbally abusing and threatening a fellow student for allegedly staring at a grey lock of hair in the front of Baker's head. After graduation Baker engaged in a brief medical practice in Knoxville, TN, where he was "highly spoken of as a successful and scientific practitioner, and esteemed for his urbanity of manners, with the exception of an occasional exhibition of his strange conduct and unnatural deportment."²

When Baker eventually returned to Clay County to establish a medical practice his friends noted occasional lapses. Nevertheless, in May, 1844 the 32-year-old Baker married Susan White, the 14-year-old daughter of James White, a successful entrepreneur in the Clay County salt industry. The question arises, why would one of the wealthiest families in the county permit their 14-year-old daughter to marry a known eccentric like Baker? One might speculate that in a small rural community marriage oppor-

tunities for a young woman of Susan's social status would be very limited. Furthermore, Baker's reputation as a skilled and respected physician would probably weigh heavily in her father's decision.

After the marriage ceremony the young couple moved in with Baker's sister Mary (called Polly) and her husband Daniel Bates, who was also a salt manufacturer. Any hopes for a successful and happy relationship were soon clouded by Baker's growing suspicion that his young wife Susan was a nymphomaniac. After examining her womb and finding it enlarged, the ever suspicious husband and physician concluded that she had been pregnant before he married her. Subsequently, Baker began to accuse his young bride of having intercourse with a host of other men, before and after their marriage, including: "Sam'l Chastine, . . . Mat. Adams, Dougherty [sic] White (an uncle), Frank White (an uncle) and the Rev. Mr. Brown, of Richmond (one of her teachers when she was nine or ten years old)." Among the legions of purported violators of his wife's virginity, Baker also accused his host and brother-in-law, Daniel Bates, who allegedly "squeezed her foot and got her out of bed, and cohabitated with her in the room. . . [and]. . . made a negro woman stand over him [Baker] with a Bowie knife, while Bates had his wife on the floor."³ Baker reportedly had suspected foul play earlier as he once told a friend that he had "seen Bates showing his penis and winking at her."⁴

In light of these alleged transgressions, Baker forced his young wife to sign cer-

tificates acknowledging her guilt and presented them to her father and requested \$1,000 so that the couple could move to Missouri. But in August, only three months after their marriage, Baker and his wife separated and the White family made arrangements for a divorce on grounds of Baker's insanity.

Baker learned of these plans while visiting his brothers in Knoxville, and vowed to return to Kentucky and secure a divorce on what he considered to be the proper grounds.

Meanwhile, Baker also became convinced that Bates and his slaves were plotting to murder his sister Polly and himself. In what he believed to be a preemptive strike, Baker approached Bates' saltworks on 13 September and shot the alleged adulterer and conspirator in the back, just to the left of the backbone, as he sat near the entrance to his furnace. The gunshot startled Baker's horse, and the deranged assassin fled on foot before a group of bewildered neighbors. He then spent at least part of that evening in the home of Susan's grandfather Hugh White, who lived a half-mile from the scene of the crime. The following morning he surrendered to the Justice of the Peace.

On his death bed, Bates denied any wrong-doing and bequeathed \$10,000 out of his estate to secure Baker's conviction. Moreover, Bates also signed a nuncupative will in the presence of four witnesses which stated that: "The said Daniel Bates informed us that he had a will in his desk at his residence which he wished destroyed and that his wish was

that the law in regard to his estate should take its course or govern."⁵

The trial was held in Manchester, a town situated upon a hill about 300 feet above Goose Creek. When the case came to court there was considerable confusion over who would try the case and where the proceedings would take place. This initial trial was eventually held at the "Seminary, a commodious building in the neighborhood." On Tuesday, September 24, Baker was discharged by Theophilus Garrard and John Gilbert, Justices of Clay County, on the grounds of insanity. The prosecuting attorneys, apparently suspecting prejudice in favor of Baker, refused to participate. Nevertheless, according to Baker's attorney, J. A. Moore:

The investigation was full and fair, so far as I know or believe. There were many witnesses examined on part of the prosecution and for the accused. There being no prosecuting counsel in attendance, the Justices interrogated the witnesses on the part of the Commonwealth. There was nothing relied on in the defence but the fact of insanity, which was, I think, abundantly proven to exist at the time of the killing, and for some considerable period before, and existing and increasing to the time of the trial.⁶

The court then released the obviously deranged Baker to the custody of his brothers William and Harvey, physicians from Knoxville. After administering medical treatment and some debate over whether the patient should be committed to the Kentucky Lunatic Asylum at Lexington, they decided instead to send Baker to Cuba for a better climate and change of scenery. However, as Baker reposed in Havana during the winter, Kentucky Governor William Owsley, under pressure from some of

Daniel Bates' friends, declared Baker a fugitive of justice and offered a reward of \$1,000 for his return to the Clay County jail. Confident that a fair trial would establish Baker's insanity, the brothers returned Baker to Kentucky.

On July 7, 1845, the new proceedings commenced in Manchester with Tunstel Quarles, judge of the fifteenth district presiding. Although the official attorney for the Commonwealth of Kentucky was William Moore, several other lawyers were hired by the Bates family to insure the conviction. Baker pleaded innocent and was defended by a rather famous public figure at the time, George Robertson (1790–1874). Robertson was a lecturer in the law school at Transylvania University, and a former member of the lower house of the Kentucky legislature.⁷

When the trial commenced, rumors immediately circulated that Baker's brothers and father were planning to rescue the defendant from jail by employing a military of 300 or 400 hundred men from Tennessee.⁸ Although the Bakers denied any such plot, the prisoner was guarded by 200 men under the command of General Peter Dudley of Frankfort; the Madison County Militia, consisting of about 130 men, camped along main street; and the Colonel and some members of the militia occupied several houses across the street from the court house. Sentinels were strategically posted. Drill, dress, and parade musters were carried on together with all other duties of a regular camp.⁹ The State even contributed 300 armed guards to the ordeal. Thus, 600 armed men represent-

ing the prosecuting party remained in full view of the proceedings.

At the 10-day trial, witnesses testified that they had seen Baker commit the crime and James White described how Baker had attempted to extort money from the family. The attorney for the defense, however, did not dispute the facts of the case, but rather chose to establish that Baker was insane at the time of the crime and should not be held responsible for his actions.

The use of the so-called "insanity plea" in Western jurisprudence can be traced back at least to the Middle Ages, and there were indeed a number of significant cases during the early eighteenth century. However, evidence suggests that it was only in the nineteenth century that it became more common and controversial—if not much more successful.¹⁰ In 1843, a British jury acquitted Daniel McNaughtan for killing Edward Drummond, secretary to prime minister Sir Robert Peel. The case set an important precedent because the House of Lords posed questions to the 15 judges of the Queen's Bench. The answers were "accepted" by the House, but no legislative or other "establishing" action was taken by them. They were intended to be simply a statement of what the judges considered to be the current law of England regarding criminal insanity. Nevertheless, these rules became widely accepted in the governance of future cases involving the insanity plea. The McNaughtan Rules, as they were called, established that:

A person laboring under partial delusions only, and not otherwise insane, who did the act

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charged with a view, under the influence of insane delusion, of redressing or revenging some supposed grievance or wrong, or of producing some public benefit, is punishable, if he knew at the time that he was acting contrary to the law of the land.

To establish a defense, according to the McNaughtan ruling:

It must be clearly proved that, at the time of committing the act, the party accused was laboring under such a defect of reason from disease of the mind, as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know that what he was doing was wrong. If the accused was conscious that the act was one which he ought not to do, and if that act was at the same time contrary to the law of the land, he is punishable.¹¹

In later years, the McNaughtan rules, which emphasized one's intellectual ability to discern right from wrong, were adopted in the penal codes of the majority of, if not all, the American states. Thus the application of the 1843 McNaughtan ruling in Baker's case certainly ranks among the earliest in the history of American jurisprudence. In view of this legal precedent, Baker's attorney was faced with two tasks: first, to establish that his defendant suffered from a "defect of reason," and, secondly, to prove that the delusion impaired Baker's general capacity to differentiate right from wrong.

In contrast to the definition of insanity emanating from the legal profession via the McNaughtan ruling, there was also a budding American psychiatric profession. The first professional psychiatric organization in the United States, the Association of Medical Superintendents of American Institutions for the Insane, was not yet a year old when

Baker killed his brother-in-law. Moreover, in Kentucky, Eastern State Hospital, though 20 years in operation, hadn't hired its first full-time medical superintendent until 1844.¹² Hence, the psychiatric profession in the United States and in Kentucky was young, inexperienced, and hardly influential. The medical profession, however, was well established in the cities of Lexington and Louisville with their respective medical colleges: the venerable Transylvania Medical School in Lexington, and the Louisville Medical Institute. But expert testimony by urbane physicians in the mountains of Clay County would indeed prove to be a perilous tactic.

At Baker's trial, the key medical witness for the defense was William H. Richardson, MD, a practicing physician for 39 years and a professor at the medical school at Transylvania since 1817. Richardson testified that he had visited the Lunatic Asylum at Lexington on many occasions and had "acquired an extensive knowledge, theoretical and practical, of the phenomena of insanity in its various forms and degrees."¹³ Within two or three days prior to giving his testimony, Richardson examined Baker in jail. Consistent with early nineteenth-century medical theory and practice, the Lexington Professor looked for bodily symptoms indicating mental derangement. At the trial, the physician testified that he had found the patient "in a state of mental excitement with manifestations of bodily derangement: such as quick pulse, cool extremities, countenance wild and unnatural, the muscles of his face flaccid, and ferocious

expressions of his eyes. This latter symptom was greatly aggravated when he dwelt on those subjects, or delusions, that lead to the unfortunate and unnatural murder."¹⁴ "When on those subjects," Dr. Richardson explained, Baker's "eyes became singularly red and excited and obviously maniacal."¹⁵ He also observed that the patient's appetite, digestion, and sleep were irregular. Richardson's diagnosis was that the Baker suffered from monomania, a mental disease characterized by deranged thought on one or more subjects.

Monomania was also rather new to Western medicine: dating back at least to Phillipe Pinel (1725–1826) when the French physician observed in 1801 that: "Melancholics are frequently absorbed by one exclusive idea, to which they perpetually recur in their conversation, and which appears to engage their whole attention."¹⁶ But it was Jean Etienne Dominique Esquirol (1772–1840) who coined the term "monomania" and also noted that patients suffering from the disease often exhibit ideas of a "gay and cheerful nature." In 1835, "monomania" was admitted into the dictionary of the French Academy.¹⁷ Two years later James Cowles Prichard (1786–1848), a noted British authority on mental diseases, classified monomania as one of four main forms of insanity along with moral insanity, mania, and dementia. According to Prichard, monomania is characterized by: "some particular illusion or erroneous conviction impressed upon the understanding, and giving rise to a partial aberration of judgment. The individual affected is ren-

dered incapable of thinking correctly on subjects connected with the particular illusion, while in other respects he betrays no palpable disorder of mind."¹⁸

In America, Isaac Ray, the leading expert on the relations between insanity and the law, stated that in cases of monomania: "the patient has imbibed some single notion contradictory to common sense and to his own experience."¹⁹ In its simplest form, according to Ray, "the understanding appears to be, and probably is, perfectly sound on all subjects but those connected with the hallucination."²⁰ Ray also provided a rather detailed contrast between the homicidal acts of real criminals versus monomaniacs. When monomaniacs commit murder, Ray explained, the act is usually done: "without any motive whatever strictly deserving the name; or at most, with one totally inadequate to produce the act in a sane mind." The homicidal monomaniac "testifies neither remorse, nor repentance, nor satisfaction. . . ." Moreover, the criminal, says Ray, often "consults none of the usual conveniences of crime. . . perhaps [commits the crime] in the presence of a multitude, as if expressly to court observation; and then voluntarily surrenders himself. . . . The criminal often has accomplices and always vicious associates; the homicidal monomaniac has neither. [Crimes committed by monomaniacs] are perhaps always preceded by some striking peculiarities in the conduct or character of the individual strongly contrasting with his natural manifestations; while those of the criminal are in correspondence with the tenor of his past history or

character.” Finally, “in homicidal insanity a man murders his wife, children, or others to whom he is tenderly attached; this the criminal never does, unless to gratify some evil passion or gain some other selfish end, too obvious to be overlooked in the slightest investigation.”²¹

The theoretical tenets of phrenology popular during the first half of the nineteenth century reinforced the concept of monomania by providing a conceptual framework consistent with the prevailing somaticism. Phrenology grew out of the anatomical studies of Franz Joseph Gall (1758–1828). According to Johann Kaspar Spurzheim (1776–1832), Gall’s student and the leading proponent of phrenology in America, the brain was to thought to be a multiple organ which naturally conformed to the shape of the skull. Each constituent organ was deemed responsible for one specific faculty of the mind, therefore the phrenologists argued that a person’s character could be read from the external contours of the skull. The idea of differentiating between the various “faculties of the mind” originated with Aristotle. It appears, however, that Spurzheim derived his list of faculties from the writings of the Scottish philosophers Thomas Reid (1710–1796) and Dugald Stewart (1753–1828).²² Spurzheim differentiated between two principle classes of faculties: the “Affective Faculties” such as destructiveness and Amativeness, which accounted for emotional behavior; and the “Intellectual Faculties” such as order and calculation which constituted intelligence. All in all, Spurzheim recognized 35 individual faculties and located them

in various locations within the human cranium.²³

Charles Caldwell, medical professor at the Louisville medical school, and formerly of Transylvania, was an early and ardent defender of phrenology and the author of a book titled, *Elements of Phrenology* (1824).²⁴ In his lectures Caldwell suggested that the brain could be divided into three regions: the animal, moral, and intellectual branches; with the animal region located at the base of the brain below the others.²⁵ By physically separating moral (or affective) faculties from the intellectual faculties, phrenology provided a neat conceptual framework. Because derangement of one or more of the moral faculties and the ability to reason correctly could co-exist in the same person (in different locations in the brain), theoretically, a patient suffering from monomania might maintain intellectual faculties but still be deemed insane.

Phrenology and monomania were both well known among university trained physicians in Kentucky. In 1842, John Metts, a medical student at Transylvania University, described some of the perplexities of monomania and its phrenological implications.

In cases of monomania the diagnosis is difficult, and the casual observer would be more disposed to admire their wit, their acute reasoning and quickness of thought, than to suspect a dangerous and hopeless disease, yet these are the cases which require the strictest scrutiny, and the most prompt and energetic measures. Their ingenuity and sophistry are often unparalleled, and are often artfully managed to conceal their intentions, . . . and it’s not until they are guilty of the most ruthless act, that they are looked on as insane persons and

dealt with accordingly, in some instances a precocious development of a particular organ exists to the almost entire obliteration of others. . . .²⁶

Therefore, when Professor Richardson diagnosed Abner Baker as suffering from monomania, it was at least consistent with current medical opinion. But this line of reasoning was not altogether consistent with the dictates of the McNaughtan Rules. For example, someone deranged in one or more of the moral faculties might know, intellectually, that society condemns certain actions, but still not condemn them personally. Moreover, the monomaniac might display a warped sense of morality or simply a weakness of the will, despite intellectual awareness that his behavior would not be morally acceptable.²⁷ Although it was true that Baker exhibited all of the symptoms of monomania, theoretically he might still know right from wrong in regard to the specific act.

At the trial, Baker's defense found it extremely difficult to communicate to the judge and jury the intricacies of the McNaughtan rules and the symptomatology of monomania. Moreover, Dr. Richardson's "expert testimony" was ridiculed by the prosecuting attorneys. They even accused the Lexington physician of being "rather insane on the subjects of phrenology and mesmerism."²⁸ One prosecuting attorney showed outright contempt for the urbane physician, suggesting to the jury that these Lexington Doctors had been brought ". . . here to enlighten and astonish ignorant mountaineers, could look at you and through you, and feel your

pulse and your head, and then tell you all you are, and all you think and feel."²⁹ In one particular exchange between Richardson and the prosecuting attorney, the question was raised as to whether derangement was becoming more common in the United States. The topic had been hotly debated in European and American psychiatric literature at least since the time of Benjamin Rush (1745-1813), who probably raised the issue at the turn of the century. Psychiatrists by the 1840s were arguing that the rise of "Jacksonian democracy" had precipitated a rise of the incidence of insanity. Thus when Dr. Richardson responded affirmatively to the attorney's question the following exchange ensued:

Question. Can you tell us why it is so, Doctor?

Answer. There are many, very many, causes. The very genius of our government tends to produce insanity.

Question. Doctor, do you believe that a free and liberal government like ours tends to produce derangement?

Answer. I certainly do.

For this view Richardson was deftly depicted by the prosecuting attorneys as "an enemy to free government."³⁰

Robertson, Baker's attorney, gave a long address in which he chastised the team of prosecuting attorneys from Knox, Madison, and Laurel Counties. "At every up hill step of the hired three," proclaimed Robertson, "you might have heard the whip of the \$10,000 crack over their heads."³¹ However the bulk of Robertson's defense remained committed to explaining the complexities of monomania and its legal consequences to the jurors by quoting esteemed medical writers such as Esquirol, Prichard, and

Isaac Ray. However, despite his best efforts, the judge remained of the opinion that there was no such legal disability as monomania.

After all the evidence was presented, the jury deliberated for two days amidst a courtroom of armed and influential citizens.³² Baker was found guilty of the murder of Daniel Bates. Immediately after the trial, Governor William Owsley was inundated with petitions both for and against a pardon. The governor, therefore, postponed his decision until all of remonstrances were received and made no statement until August, when he ordered the execution to be stayed until October 3. Members of the community opposed to an executive pardon were either friends of the Bates family or citizens who resented state interference in local affairs. Petitioners in favor of a pardon were either friends of the Baker family or physicians.

Eight members of the jury even signed a petition requesting a pardon, explaining that "they believed that the prisoner labored under insane delusion as to Bates when he shot him, and that he was insane at the trial, but that they believed that he had capacity enough to determine between right and wrong generally." From the general instructions given them by the judge, the jury felt compelled to find the defendant guilty "if he knew that there was a such a being as a God, or such laws in existence as would punish the killing of a man; or knew, generally, right from wrong."³³ One jury member, Abraham Carter, also revealed that some members of the jury did not consider the works cited by Rob-

ertson to be authoritative. Therefore, as they understood the law as it related to the case, the jury felt obligated to convict the prisoner.

As the petition drive mounted, the governor received letters from a wide range of concerned citizens, including professors on the medical faculty at Transylvania. Thomas D. Mitchell Professor *Materia Medica and Therapeutics*, and Dean of the Faculty, wrote on behalf of the faculty. In regard to Baker's monomania, as described in Professor Richardson's account of the case, Mitchell and his colleagues wrote that they "consider this one of the clearest and best defined cases which they have known, or of which they have heard."³⁴ Other Transylvania faculty members composed similar letters of support, including the recently appointed medical superintendent at the Kentucky Lunatic Asylum, John Rowan Allen. "After having seen a great number of insane persons, and after an uninterrupted intercourse with more than two hundred of them for twelve months," Allen indicated that he was convinced that Baker suffered from monomania "upon the subject of his wife's chastity, and ideas naturally connected with it; with symptoms indicating a strong tendency to degenerate into general derangement."³⁵

After the governor refused pardon, with pen knife in hand Abner Baker, Jr., wrote a suicide letter in which he requested that his grave marker read as follows "Dr. A. Baker, Died of his own hand on the — day of — after being convicted by a jury of his country calling themselves honest men, for shooting his

brother-in-law for having illicit intercourse with his wife: Aged 33—1845.”³⁶ He concluded by declaring that his “last glory is, that D. Bates fell by my own hands—not that I loved him less, that I loved honor more; so his friends may attribute his death to his own baseness and nothing else.”³⁷ But the self-inflicted wound to Baker’s femoral artery by the small pen knife did not take his life. Hearing of Baker’s suicide attempt, his father came to the jail hoping to visit with his condemned son but was prevented by local authorities. Immediately, Abner Baker, Sr., dispatched a petition to Judge Buckner at Lexington, for a writ of *habeas corpus* to try the question of insanity. Though in favor of the petition the judge felt, perhaps for political reasons, that he could not rule against the expressed wishes of the governor. Local authorities were apparently prepared for any outside intervention; as it was rumored that a “keg of powder” had been buried beneath the jail to insure Baker’s death in the event of a last minute executive pardon.

On October 3, 1845, surrounded by the militia, Dr. Abner Baker, Jr., went to the gallows insisting that he was perfectly sane and that he was merely “the victim of a whore, and a whore’s friends.” His last words were, “Go on, go on; let a whore’s work be finished!”³⁸ Baker was hanged for 50 minutes amidst a crowd of jeering soldiers and jubilant citizenry.

The trial of Abner Baker reveals a kaleidoscopic slice of judicial and medical life in antebellum America. The case clearly embodied several important his-

torical forces at work; especially, the use of the McNaughtan Rules and the diagnosis of the disease of monomania. Because Baker was a physician, and obviously intelligent, it was difficult to convince the judge and jury that Baker was unable to discriminate right from wrong, even though his behavior seemed strange at times. Later in the century, psychiatrists would further develop the concept of “moral insanity,” which would also postulate that a person might be intellectually competent but morally deranged.

The social historical circumstances surrounding the trial were very complex. When Isaac Ray reviewed C. W. Crozier’s book (which documented Baker’s ordeal) in the *American Journal of Insanity* in 1846, the case gained national notoriety. Ray concluded it was simply an overt failure of the judicial system in Kentucky.³⁹ Indeed given the social status of Daniel Bates and the White family, the large military presence, and the \$10,000 dedicated to secure the conviction, that conclusion seems unreplicable. But it is also interesting that virtually no one took seriously Baker’s claim that his wife was a nymphomaniac nor his charge that Bates had violated her. In fact, Mary Bates was never called to the witness stand. However, a letter from Abner’s brother addressed to Mary dated October 15, 1845 does raise some intriguing questions. Addressing his sister Mary, William wrote:

I am well apprised that after Abner left your house that Mr. Bates did in the presence of individuals induce you to make statements, by kindly appealing to you which were not strictly true; but situated as you were and regarding your husband’s character, your own and your

children's, you probably said Bates was innocent of the charges alleged by Abner, and that you had not seen anything wrong in Susan. At the same time you had every reason to believe that something was not right between them, though you could not say it was certainly so. And now allow me to say that learning from Lucretius Mr. Bate's treatment to you, and his intercourse with one or more of his own servants, a habit which I regret to say he had formed before you were married and which I think in all probability was never abandoned. Now I ask, is it not probable, if a man would so far forget his duty and obligations to his wife as to cohabit with his servants, is it not much more probable that he would so act with a young and likely white person, if she would allow of it. I do not say she did. I only ask the question as you knew the man and his conduct, as you have stated to Lucretius. . .⁴⁰

There may indeed have been compelling reasons for Mary Bates to deny any wrong-doing on the part of her husband in order to preserve, not only the good name of her husband, but also her own and that of her children. Nevertheless, for any judge or jury (even today) it still would have been difficult, if not impossible to establish whether the murder was committed as a consequence of mental disease, out of Baker's attempt to gain an inheritance, or simply as a matter of honor and revenge for the violation of his young wife.

The trial of Abner Baker, Jr., stands as an important case in the history of American jurisprudence because it reveals the fundamental tension between the medical concept of monomania and the McNaughtan rules. Perhaps even more importantly, it also serves to remind us how social conditions influence the interaction of medicine and law—a postulate as true today as it was in 1845.

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 40. Letter from William J. Baker to Sally Bates, October 15, 1845. (Located at the Kentucky Department for Libraries and Archives, Frankfort, Kentucky)