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'She Sits All Day in the Attitude Depicted in the Photo': Photography and the Psychiatric Patient in the Late-Nineteenth Century.

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ABSTRACT

The links between mental state and art in all its various forms and media have long been of interest to historians, critics, artists, patients, and doctors. Photographs of patients constitute an extensive but largely unexplored archive that can be used to recover patient experience in the late-nineteenth and early-twentieth century. The camera and the photograph became tools to communicate information about mental ill health between doctors, their patients, and their colleagues. They were published in textbooks and journals, exhibited, exchanged, and pasted into medical case books alongside case notes. But they were also used by patients to communicate their own experiences, identity, and sense of self. This article uses published and case book photographs from c.1885-1910 to examine the networks of communication between different stakeholders and discourses.

INTRODUCTION

The connections between images and mental illness have a long history and burgeoning historiography; the links between mental state and art in all its various forms and media have long been of interest to art historians, art critics, artists, historians, patients and doctors.ⁱ[1,2] That madness could be detected both in the subject and the artist has been of significant interest to those engaged in retrospective diagnosis or analysis.[3] There is also continued contemporary interest in artists such as Richard Dadd who produced a large body of work whilst a ‘criminal lunatic’ at Bethlem.[4] Moreover, there is an iconography of madness at certain times and in certain places or contexts; think, for example, of Shakespeare’s or, indeed, John Millais’ *Ophelia* (1851-52, Tate Britain, London) or William Hogarth’s Tom Rakewell in *A Rake’s Progress* (1732-33, Sir John Soane’s Museum, London). But what of images or, more broadly, the visual in medical and psychiatric knowledge and practice?

The visual products of patients have been used as clues to condition and diagnosis as well as therapy in themselves.ⁱⁱ[5] In addition, the image of the patient has been explored in recent work that highlights the importance of lunatics’ appearance and (un)dress as signs of mental state and quality of institutional care.[6-9] Aside from artistic depictions of ‘madness’ or ‘The Mad’ – such as Théodore Géricault’s *Woman Alienated by Envy Monomania (The Hyena of Salpêtrière)* (c.1820-24, Musée des Beaux Arts, Lyon) – medical texts have incorporated drawings and sketches (see Charles Bell’s *Madness* (1806)[10], Ambroise Tardieu’s drawings illustrating J. E. D. Esquirol’s *Des Maladies Mentales Considérées sous les Rapports Médical, Hygiénique et Médico-légal* (1838),[11] and Alexander Morison’s patient sketches in his *The Physiognomy of Mental Diseases* (1838).[12] However, there is another form of image available – patient photographs. Less than twenty years after its ‘invention’,ⁱⁱⁱ the camera was being used in the pursuit of the troubled mind, in an attempt to capture the outer manifestations of inner disturbance. [14,15] It is important to see photography as part of a continuum, a tradition, in fact, of trying to envisage madness through visual media which began long before photographic technologies were available. As such, patient photographs owe much to both earlier forms of representation such as portraiture and established ways of representing madness.

Photographs offered a technological development (a new way to create images), but also a representational one, involving discourses of truth, accuracy, and realism not found in other media like drawing or painting.^{iv}[16,17] For early doctor-photographers, such as Hugh Welch Diamond (1809-86),[18] photography was both a scientific and artistic pursuit. The camera and the photograph became tools to communicate information about the individual patient, and mental disturbance more generally; to illustrate how they were feeling; to assist practitioners in administration, diagnosis and identification; to provide clinical evidence, and, in some contexts, to help patients see for themselves the effects of their own condition. For example, Diamond claimed that when presented with a photograph of themselves taken in their 'mad' state, the 'startle effect' of seeing the image would shock the patient on to the road to recovery.[18,19] That they could do all these things leaves them highly ambiguous objects, that inhabit the worlds of art, science, and medicine simultaneously.

Photographs were exhibited, exchanged, and published, in addition to being inserted into case books and medical documents. Many asylums (along with other institutions such as prisons, hospitals and children's homes) took photographs of their patients, leaving an extensive but largely unexplored archive.[20-22] Over the past thirty years, and encouraged by work in other disciplines like anthropology, art history, and visual studies,[23-27] historians have shown an increasing interest in the visual records of the past as historical data in themselves, rather than as mere illustration or supporting evidence for written sources.[28-30] Recent historical scholarship has highlighted the potential of patient photographs as a new way of recovering the *experience* of being a psychiatric patient in the late-nineteenth century.[31] The art historian Susan Sidlauskas identifies patient photographs from the first Holloway Sanatorium (Surrey) case book (1885-1889) as experiments in how to represent well-to-do female lunatics.[32] Rory du Plessis is keen to emphasise the range of meanings of a patient photograph, arguing they are not only a record of clinical cases, but representations of individuals.[33] Caroline Bressey uses photographic archives from the City of London Asylum as evidence to reintegrate the history of people of colour into the history of London.[34] Furthermore, other studies have highlighted that psychiatric photography was practised not just in Britain but in many diverse locations, as Octavian Buda's history of psychiatric photography in Romania reveals.[35] This article draws on and develops this work by exploring the means by which

photographs communicated medical knowledge, social norms, agency, and selfhood. While previous analyses of institutional photography characterise the sitter as oppressed and passive,[36] or focus on the aesthetic or iconographic tropes in images of the mad,[19,37] I suggest that an analysis of the photographic record of asylums can form part of the project to recover the 'patient voice', called for by Roy Porter over thirty years ago.[38] I argue that photographs were 'multi-communicational' tools, not only for the doctor-photographers who took them, but also for the patients who posed in front of the camera. They operated in networks of communication between various makers, subjects, and viewers.

Ludmilla Jordanova has urged historians to use images carefully and subject them to scrupulous analysis.[28,29,39] It is difficult, however, to find a specific methodology for doing so. There have been calls for historians to treat images just like any other 'text', [40] or follow a simple set of rules for interrogation.[41] These approaches can be difficult, however, when basic information such as maker, date of production, method or circumstances of production are missing, as is the case with many patient photographs. To help mitigate this, Jordanova insists that context is all important. This means considering the context or circumstances of production and the motives of the photographer. Such an approach would reflect on the methods and processes of production but also factors such as patronage; she asks 'under whose auspices was this photograph produced?' (Jordanova p.96).[28] For historian Jane Hamlett, 'a criticism of a photograph should include the analysis of composition, an attempt to link the photograph to other records and to situate it within the genre in which it was produced.' (Hamlett p.139)[42] For an analysis of patient photographs this involves close content analysis of the subject of the photo, consideration of the photograph within the surrounding text which could be case notes, textbook content or captions, and situating it within photographic portraiture, medical photography, and medical practice more generally. The photograph should also be considered as a material object, one which is handled, exchanged, or removed from its original material context such as a case book, and reproduced in a medical textbook that, in theory, could be accessed by anyone, not just staff at an institution. Quite rightly, why and how a photograph was made are key questions to ask when photographic records are placed at the centre of analysis. These are not the only questions to ask however, and in the discussion that follows, much emphasis is placed on considering the content of an image, as well as what happens when this image is taken out of its original material context and placed into another. Psychiatric

patient photographs, therefore, are ambiguous objects, not only because their original purpose and circumstances of production are sometimes uncertain, but because their meaning can change according to circumstance and context.

This paper is based on a selection of images from a large number of possible examples,^v drawn from British medical textbooks and institutional medical case books from c.1885-1910. Case book examples have been taken from the archives of two institutions; Holloway Sanatorium in Surrey, a private fee-paying institution for non-pauper certified and voluntary patients, and Newcastle upon Tyne City Lunatic Asylum, a large borough asylum. Bearing in mind ‘the precise mechanisms whereby pictures are made, ... displayed and responded to’,^{vi} (Jordanova p.96) [28] photographs are used to examine firstly, the ways in which doctors used photographs to communicate their knowledge and assumptions, and secondly, to explore the role of the photograph in forming patient experiences and identities through the assertion of individual agency and selfhood.

THE CAMERA IN THE ASYLUM

During the second half of the nineteenth century, being photographed became an increasingly everyday occurrence in institutional life, just as it did outside the asylum walls. By the 1890s, when many of the photographs reproduced below were taken, professional photographic studios were a recognisable feature of British high streets and the photograph was an everyday material and cultural object.[44,45] Portable cameras with faster exposure times and easier methods of reproduction meant photography was within reach of those with a disposable income as well as the State, enabling hospitals and institutions, including their staff and residents, to take advantage of this new technology. The influence of professional studio photography is clear to see in many medical and institutional images; when patients posed as if for a professional portrait, arranging themselves according to the conventions of photographic portraiture, they presented themselves ‘as one should’ for one’s photograph,[46] a fact which defies historical narratives that see all institutional photography as confined to the ‘mug-shot’ type.[36]

Practical technical considerations, such as equipment or lighting, sometimes dictated that patients were photographed in professional studios complete with standard props and scenery, rather than in the institution (figure 1), and such photos represent evidence of a

conflation of discourses through which the medical and non-medical, the scientific and artistic, are merged together. Images in which a partially or entirely naked patient posed amongst decorative furniture and Greco-Roman pillars, cast the subject as both aesthetically (and conventionally) arranged sitter *and* medical specimen.

[FIGURE 1 HERE]

By the 1880s, most case book patient photography was taking place inside the institution itself, either in an onsite photographic room and often against a neutral backdrop, as at Holloway Sanatorium^{vii},[47] or by using a portable camera in the asylum grounds. Indeed, asylum superintendents discussed the use and practice of photography at professional meetings. Notes from the Northern and Midland Division of the Medico-Psychological Association in 1901 detailed members' opinion on the use of the camera in the asylum with some disagreement over best practice and ethics:

Dr. GILL said it was a question whether there was any advantage to science in photographing all patients. He agreed that if it was to be done it should be done in a very secret way, and the photograph destroyed after the patient left [...] Dr. POPE said that he had never seen any objection to it, and the case-books were kept under control. It seemed to him that [the government inspectorate] the Lunacy Commissioners looked for it, for they made in their reports such entries as "No photography done," "No photograph room provided." [...] Dr. HITCHCOCK spoke of the undesirability of photographing patients. He did not think that anyone had a right to photograph insane patients [...] The only argument in favour of photographing the patients was that of identification of large numbers in large pauper asylums, and that criminal lunatics might be so identified.(pp.202-203)[48]

Such discussions indicate the fluid and uncertain place of psychiatric photography and the ambivalence of medical professionals towards it at the turn of the twentieth century. At once secret and open, necessary and useless, required and erratic, patient photography was practised in irregular and unsystematic ways at many institutions, and the resulting images put to a variety of uses by those who featured in, took, or viewed them.

However, despite their ambiguous status, photos were an integral and expected part of the patient record. Patient photographs were often included alongside standard admission information such as doctors' certificates, corroborating testimony from relatives, and notes concerning physical and mental state on admission (figure 2). It is therefore safe to assume that in many institutions photographing the patient was a common step in the

admission process. That said, photography was not simply confined to admission procedures; at Holloway Sanatorium patient photographs were likely to appear at any point during the course of the patient's case, sometimes years after admission.^{viii} Some case book ledgers were printed with allotted space reserved for a photographic print or gaps were left in case note text in anticipation of a patient portrait. The case notes for Eva Margaret A. a patient at Holloway from December 1898-July 1899, show a clear space left on the page for a photograph to be fixed. In addition, the date it was taken was noted pre-emptively on the page ('Taken June 2.99')(Eva Margaret A. p.242).[50] However, the photograph is missing from the document and no explanation is provided. In some instances of missing photographs, a reason is given; the notes for Alice T. (admitted November 1898) include the information 'Photo was taken but negative smashed accidentally', (Alice T. p.213)[50] and episodes when patients refused to be photographed are also noted, an issue which is discussed in below.

In most cases it is hard to determine who the photographers were. As a result, information about methods and circumstances of production, and motives of the photographer is hard to come by. In the case of Newcastle, it is unclear whether case book photographs were taken by a member of staff or a professional photographer employed for the task. However, the photographer/s, whoever they were, either chose to, or were instructed to, photograph all patients in the same way, creating a consistent style of representation in the case books over a long period of time (see again figure 2). At Holloway, the only photographs attributed to any photographer are those by Jane B. Henderson (d.1928), Assistant Medical Officer from 1890-94. The doctor-as-photographer adds another layer of meaning to patient photographs that are both scientific data and carefully composed portraits; there is a difference between a photograph taken by a doctor of his or her patient and one taken by a professional photographer in a studio.[28] Bearing this in mind, the photographs of patients are imbued with ideas of authority, hierarchy, and power so common in the doctor-patient relationship, but also are invested with the priorities of a photographer in terms of arrangement, pose, composition and style. In addition, the patient photograph is also a visual record of a doctor-patient encounter. That said, the specific practices of photography are unclear; the Holloway case books contain such a variety of styles of patient photograph (inside or outside, standing or seated, in groups or alone, formal or informal) that no simple or regular system can be identified.

However, patient photographs were more likely to be included in case notes than not, so although they were more varied than Newcastle, they were no less integral to the creation of medical records. Such differences in institutional practice add to the ambiguity surrounding these sources and their purpose.

[FIGURE 2 HERE]

IMAGES AND COMMUNICATION

I. Doctors

Placing patient photographs at the centre of historical analysis opens up the question of what is being communicated through these images? On the most fundamental level, photographs were data and cameras were tools for gathering clinical information.

Photographs were documents for communicating ideas, knowledge, and information about mental ill health. Thus some medical textbooks for students carried photographs of *Some Types of Madwomen* to inform readers of physical signs and appearance of the ‘typical’ lunatic (figure 3).[51] In a representational leap, which took the photograph of an individual patient and placed it as an example to represent the whole, images were chosen to show viewers the most typical of cases, regardless of individual patient circumstances. Moreover, when conditions were congenital (rather than acquired) it was likely that captions would read ‘Microcephalic Idiot’ rather than ‘Idiocy’, signalling that the patient’s complete identity was defined entirely by their condition, and their photograph.^{ix} In this case ‘microcephalic idiocy’ was a particular type of ‘idiocy’, seen to be particularly suited to visual illustration. As historian Mark Jackson has shown, such conditions as ‘weak-’ or ‘feeblemindedness’, ‘imbecility’ and ‘idiocy’ were thought to be intimately connected with appearance and physical stigmata. As a result, medical practitioners were trained to recognise the physical and facial signs of disorder. In the late-nineteenth and early-twentieth century, when fears of national degeneration were at their height, the ability to spot the signs of ‘mental deficiency’ was vitally important; photography became an invaluable tool in providing clinical records as evidence and illustration.[54]

When doctors used patients’ bodies and faces to communicate knowledge about mental ill health the message was ‘see, this is what a lunatic looks like’. As Erin O’Connor claims for medical photography more generally:

the photograph merges person and pathology. The result: particular bodies come to stand as occasional settings for conditions that are themselves transcendent, shown to be constant across bodies and over time. In the medical photograph, minute particulars meet broad generalization, and time is compressed into an eternal present: this is what it means to convert an individual to a case.(O'Connor, p.235)[55]

O'Connor describes the imperative of medical photography as to 'know through naming',(O'Connor, p.234)[55] a reinforcing process whereby doctors get to name photos and their contents and viewers understand or know what they are seeing because it is named. In some cases the captions and textual information helped the viewer to understand the photograph 'correctly' by providing measurements, or explanations – for example, that the patients were holding their heads and shoulders to one side because they were 'listening for the voice' rather than conforming to the standard three-quarter portrait pose,(Forbes Winslow, caption text to plates facing p.206).[51] In this way, doctors and authors made sure that the viewer saw the 'right' things.

[FIGURE 3 HERE]

On some occasions, doctors published photographs of 'before and after' shots to document the effects of treatments or the passage of time. In figures 4, 5 and 6, photographs of the same patient were reproduced to illustrate the effects of treatment for cretinism. Often the images published in medical textbooks originated as case book photographs, thus their meaning and use changed according to material and discursive context. This was the case with a case book photo of Emily C., a patient at Bethlem,(Gale, Howard, p.92)[56] taken in July 1893 during a session of prolonged bath treatment. This image was then later used in Stoddart's *Mind and Its Disorders* (1908) to illustrate this form of treatment.(Stoddart, p.437, fig.74)[52] These examples, and that of the patient with so-called microcephalic idiocy mentioned above (see nt.x), point to practices of collaboration and the sharing of images, the swapping of visual documents and information which communicated knowledge about mental disorder. From these examples it is possible to suggest that photographs were used in a network of exchange between doctors. The latest image of the young male patient (figure 6) was supplied to Drs George H. Savage and Edwin Goodall by a colleague, Dr Charles Caldecott, formerly of Holloway Sanatorium.^x This is suggestive of doctors communicating through and with patient photographs, with each other and with their readers, about 'good' visual examples of specific treatments and

conditions. These multiple uses make them fluid and ambiguous objects; when doctors extracted case book images to respond to a colleague's request for a 'good' example of a particular condition or symptom, again an image that was originally related to an individual case was used to represent the whole. It should be noted that figures 4, 5 and 6 are further examples of medical and conventional photography converging in one image; the pose, style and staging of the portraits, particularly the latest image in which the painted decorative backdrop is clearly visible, again place scientific specimens in the realms of conventional portraiture. In addition, photographic evidence was used as another level of legitimacy to validate medical claims and as visual proof of therapeutic efficacy, just as it was used in other areas of medicine, including infectious disease (particularly tuberculosis)[57] and surgery (especially facial reconstructive surgery from 1914 onwards).[58]

[FIGURES 4, 5, 6 HERE]

However, not all doctors were convinced of the usefulness of photographs in medical pedagogy. In the preface to his popular textbook *Psychological Medicine* (1905),[59] Sir Maurice Craig (1866-1935) explained his refusal to use photographs in his work:

In the majority of instances it is impossible to give a typical photograph of a sufferer from any disease until that disease is confirmed... Photographs, therefore, do not assist the diagnosis of mental disorders in their earliest forms, the point upon which I desire to lay especial stress'.(Craig, p.iv.)[59]

Craig was referring specifically to the use of photographs in diagnosis but he clearly did not see the use in reproducing photos to illustrate symptoms or treatment either as there are no photographic plates in any of the four editions of his textbook.

Whilst doctors did refer to photographs in their published work, it is rare to find them making any reference to the presence of photographs in their case books. If they do acknowledge them, doctors tend to point to the photographs' use as illustration. Elizabeth D., a married woman of no occupation who was admitted to Holloway Sanatorium in 1887 suffering from severe delusions of persecution, was photographed 16 years later in 1903 (figure 7). The case notes directly adjacent to the photograph read:

Aug 13 [1903]: Continues as on last note – is very deluded - entirely unoccupied and sits all day in the attitude depicted in the photo. Cannot be induced to walk or even attempt to stand.(Elizabeth D., pp.191-192) [60]

In this example, the photograph serves as a useful clinical tool, enabling the medical reporter to describe the patient's condition in images rather than words. In the surrounding

case notes from September 1890 to April 1907, when her notes cease, frequent mention is made of Elizabeth's habit of continuously covering her face with her hands and the rationale she sometimes gave for doing so. In August 1895 she stated 'her face is not her own and so she has to keep it covered' (Elizabeth D., p.99)[60]; in June 1901 she claimed 'she covers her face because of her "great beauty"' (Elizabeth D., p.116)[60]. The decision, sometime in 1903, to replace these verbal descriptions with a photograph is an intriguing one and the reasons behind this are unknown. This may have been the first opportunity to obtain a suitable photograph of this patient; the case notes suggest that she was uncooperative when it came to eating, speaking, and walking, so it may be that this unwillingness extended to being photographed. (Elizabeth D., pp.97-100, 115-116)[60] As noted, the exact details of how photographs were produced here are unclear. The occasional dating of some photographs in the case books suggest that photography was practised in batches, as many individual patient images are marked with the same date. Nearly half of the photographs in the male case books for admissions 1895-1904 were dated 1903 suggesting there was a sustained effort to photograph patients during this year.[49,61-63]. However, what is clear is that the photograph of Elizabeth enabled the medical reporter to dispense with verbal description at this point; the direction in the text 'sits all day in the attitude depicted in the photo' instructs the reader/viewer to refer to the image for more information and serves to illustrate the case.

[FIGURE 7 HERE]

II. Patients

The patient photograph was essential in forming patient identities as photographs could literally help identify the patient in cases of escape or readmission.[18] Furthermore, the patient's photograph was integral to establishing their identity *as a patient*, especially when photographed in institutional uniform or pasted into institutional documents. In this way, the photographic portrait had great power in identifying the sitter as a specific type of subject.[64] For historian John Tagg, this is exemplified by the frontal head-on pose, the 'burden of frontality' imposed on objectified and oppressed subjects.[36] It is in case books like those from Newcastle, in which every patient is photographed in exactly the same way by a close-up frontal head shot, that the similarities between psychiatric and criminal photography become most apparent (see figure 2). In Tagg's narrative, the two types of

photograph become interchangeable as one Victorian total institution merges into another. While it is true that an argument can be made for seeing the patient portrait as a clear example of the influence of the total institution on persecuted problem populations, it should be remembered that such photos are not typical of all patient photography and they should not be seen as representative of the whole. In fact, in the archives examined so far, there are as many conventional portraits of patients as there are mug-shots.^{xi}

If photography helped form and visualise the subject's identity as a patient, it was not simply a one way process of the medical authorities imposing such visualisations. It would be a mistake to leave unquestioned the narrative that casts all patients as victims of medical oppression, or inherently passive in the processes of institutionalisation. In contrast to O'Connor's claim that medical photographs are devoid of personhood, that in fact the person is incidental to the portrait of the disease (O'Connor p.235),^[55] I argue that asylum case book photography was a site through which patients might assert, maintain or recreate their own identity and sense of self. This is not to assume any straightforward link between personality or condition and photograph; complying with photography can be seen as another form of agency just as looking away, ignoring the photographer, rising out of shot, or refusing the process entirely is. Photography might be used as an opportunity for patients to resist authority and instruction. Equally, presenting oneself for a portrait as one would outside the institution might be another way of resisting the label of lunatic or indeed patient. There are numerous examples of patients presenting themselves for their photograph, smiling and composed, recreating the angled three-quarter pose so typical of professional studio portraiture. Here, the identity presented for the camera is a familiar and recognisable one; through photography, patients appear as refined ladies and gentlemen before they are inmates or lunatics. In images which defy the assumption that there is a 'look of madness' that can be captured in photographs, the influence of conventional photographic practices signified by the three-quarter seated pose, a woman's hands clasped with the arms forming gentle curves, the location at the foot of ornamental steps, a gentleman's golden watch chain on display, is clearly at work (figures 8, 9).^[46]

[FIGURES 8, 9 HERE]

Recovering the conscious choices of these patients is highly problematic and often impossible; information is sketchy, case notes are brief at best, and any detail on the processes and purposes of photography is elusive. Recent work on patient experience and

sense of self has looked to the material culture of the institution (patient dress, personal adornment, possessions, and so on) to argue that through requesting personal items through letters and through controlling their appearance, patients might assert and preserve their sense of self whilst being away from home.[9] In addition, case notes do sometimes mention if a patient had a particular love of self-adornment, 'unusual' habits or, in the case of the patient pictured in figure 10, a tendency to surround herself with 'a useless litter of bric-a-brac' (Eleanor Frances M., p.208).[65] This prompts the question: are the photographs Eleanor holds fanned out in her hand for the camera part of this collection of items? Is this photograph an attempt by the photographer to capture an unusual feature of her condition, or an attempt by the patient to present herself in a particular way for her portrait? Or both? It was common practice to equip oneself with specialised props or adornments whilst being photographed in a professional studio. There was significant cross-over between institutional and non-institutional photography; firstly in terms of where it was practised, by whom and who experienced it, and secondly, in terms of the types of images produced in both settings. Therefore, it is possible that similar motives lay behind the decision to pose, or be posed, in a certain way in both settings too. Furthermore, the degree of variety in the Holloway photographs suggests that there was some flexibility in the ways patients were photographed, either on the part of the photographers and medical officers and/or the patients themselves.

[FIGURE 10 HERE]

There are also examples of patients refusing to have their photograph taken. Medical officers noted such instances in the case books, so whilst the fact that photographs often appeared was unremarkable for medical officers, it was noted very clearly when a photograph could not be obtained. In some cases the reporter's frustration is evident, as in the notes for one female patient in the late 1890s which read 'obstinately refuses to have her photo taken' (Caroline Matilda R. p.36).[50] Refusal was a prominent trait in Caroline's condition; her admission notes state she had to be fed via a tube whilst at Bethlem Hospital and she continued to refuse food, medicine, and rest throughout her stay at Holloway (Caroline Matilda R. pp.35-38, 46).[50] However, it was not simply the more resistant patients who refused to step in front of the camera. Emma S. the wife of a diamond merchant, was able to hold a conversation and answer questions coherently when she was admitted to the Sanatorium in February 1890. The medical reporter judged her conduct to

be 'fairly reasonable' yet she 'refuse[d] to have her photo taken'(Emma S. p.97)[50] Some doctors supported patients in their decisions not to be photographed, a point made in the discussion by members of the Medico-Psychological Association referred to earlier; 'Dr. MACPHAIL thought that if any of the patients could give a good reason why they should not be photographed they should have the right to do so' (p.202).[48] That said, it is clear from this debate, that others thought it preferable to photograph without consent; the Chairman argued that '[if there were] processes of photographing patients without their knowing anything about it, [t]hey would then get a much truer likeness'(p.202).[48] Opinion was divided, therefore, on whether the interests of the patient or of science should take precedence.

There are precedents for incarcerated populations asserting themselves through engagement with resistance and refusal of photography. Both Steve Edwards[66] and Linda Mulcahy[67] use criminal photographs to explore ways in which objects of police photography might subvert the process by resisting or refusing to be photographed or, indeed, comply by sitting still. By so doing, the apparently passive and 'docile' object transforms themselves into an active subject of the photograph, who engages in a dialogical exchange with the photographer (and, I would add, the viewer). In this conception of photography, the 'studio' that is, for Edwards, any place where photography happens, is the site of a power struggle between photographer and sitter.[66] In the case of asylum photography (and it must be said, criminal photography) it cannot be assumed that patients would either want to resist or comply. However, examples of clear refusal and complicity in patient photographs offer the possibility that patients too transformed themselves from potential objects to the subjects of photographs.

[FIGURE 10 HERE]

Since Roy Porter's call to recover the patient voice, historians of medicine have concerned themselves with attempting to recover patient experience.[38] Analysing psychiatric photography can play a significant part in this project, when, for example, images provide signs of patient complaint, protest, resistance, rejection, or cooperation. The number of surviving patient photographs suggests that being photographed was a common and sometimes frequent experience for many patients. The standardised practices of a large institution like the City Asylum in Newcastle suggest that patients were photographed on, or

very soon after, admission. The uniformity of images in this visual archive in terms of pose, style, size, shape, and position in the document points to a regular and well established system of image production, and suggests that photography was one of the tools used to administer a large and increasing patient population.^{xii} In contrast, the experience of patients at Holloway Sanatorium was more varied, with some patients photographed several times and some not at all, and in all manner of poses and situations, including asleep in bed or outside in the airing court. The sheer variety in style, pose, frequency, method, and use of photography suggests there was no standard set of practices that all institutions followed, and that the social class of patient may have influenced the degree of engagement with, and freedom in, photography.^{xiii} This means that there is still much work to be done on psychiatric photography to gain a fuller understanding of how and why the camera was used in psychiatric institutions.

CONCLUSION

Patient photographs are multi-communicational – through them the patient and the doctor can communicate ideas and feelings about mental ill health, with each other and with the viewer (who might be another medical practitioner or professional, medical students, or patients themselves. Therefore it is important to see the patient photograph as a tool of communication, one which has meaning for several relationships and in several contexts. Patient photographs represent a network of communications reaching between doctor and patient, public or peer, patient and self. At the same time they are imbued with ethical ideas of complicity and consent, as well as resistance and refusal. But they were also an important part of the patient's sense of self. Then, as now, the subject of the photograph is able to invest much in their image. This reveals a fascinating tension between the doctor-photographer's presentation of 'the case' and the patient's assertion of 'the person'. They are highly ambiguous objects which straddle science and 'art', casting the subject as both medical specimen and portrait sitter. Their ambiguous status is only heightened by the lack of surviving information around their creation, the ambivalent attitudes of practising doctors, and the sheer variety of patient representations. This is then compounded by the fluidity and instability of their use. Nevertheless, it is this very ambiguity that should prevent the characterisation of all patient photography as oppressive, rendering its objects passive. By considering how photographs were used to communicate mental ill health from the

point of view of the doctor-photographer *and* the patient, the complicated role of agency and selfhood within the institution can be explored.

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[69] CLAR: *Forty-second Annual Report, 1906, Newcastle-on-Tyne City Lunatic Asylum*. Newcastle upon Tyne: Daily Journal Office, 1907: 23, Table IX.

FIGURE LEGENDS/CAPTIONS:

Figure 1: Photographer unknown, *Exostoses ostéogéniques de développement*, from Enzo Simonini, Contribution a la casuistique des exostoses ostéogéniques ou de développement. *Nouvelle Iconographie de la Salpêtrière 1905 ; vol.XVIII*: 635-650, pl. LXXII, facing p.638. Wellcome Library, London. Wellcome Image: L0067132.

Figure 2: Photographer unknown, Photograph of typical page, Newcastle upon Tyne City Lunatic Asylum Case Book Males (30 Mar 1903 - 1 Feb 1905), Tyne and Wear Archives Service HO.SN/13/13: 37. Permission to reproduce from Tyne and Wear Archives Services.

NOTE: in the final piece the patient's name needs to be redacted/obscured.

Figure3: Photographer Unknown, Some types of Madwomen, from L. Forbes Winslow, *Mad Humanity: Its Forms Apparent and Obscure*. London: C.A. Pearson 1898: facing 238.

Figures 4 (left), 5 (centre), 6 (right): Photographer Unknown (4, 5) and Charles Caldecott (6), Fig.43, Cretin under treatment, aged 14; Fig. 44, The same patient as in Fig.43, aged 14; Fig. 45, The same patient as in Figs.43 and 44 aged 19, after treatment (Caldecott). George H. Savage and Edwin Goodall, *Insanity and Allied Neuroses: A Practical and Clinical Manual*, 4th Edition. London: Cassell and Co. 1907:517-519.

Figure 7: Photographer Unknown, Elizabeth D. Holloway Sanatorium, Case Book A, Females (Certified patients admitted Aug 1885-Dec 1887), WMS 5157/8159: 192, Wellcome Library, London. <http://wellcomelibrary.org/item/b19129932#?c=0&m=0&s=0&cv=0&z=-0.6759%2C-0.08%2C2.3519%2C1.6006>

Figure 8: Photographer unknown, Herbert D., Holloway Sanatorium, Case Book No.9, Males (Certified patients admitted Feb 1898-Apr 1899), WMS5157/5163: inserted between 137-138. Wellcome Library, London. Wellcome Images: L0051622.

Figure 9: Figure 9: Photographer Unknown, Edith C., Holloway Sanatorium Case Book Females admitted Jun 1885-Jan 1889, Surrey History Centre 3473/3/1: 133. Reproduced by permission of Surrey History Centre. Copyright of Surrey History Centre.

Figure 10: J.B. Henderson, Eleanor Frances M. (Spring 1891), Holloway Sanatorium, Case Book No. 4, Females (Certified patients admitted Jul 1890-Jun 1891), WMS 5157/5158: 207. Wellcome Library, London. Wellcome Images: L0067124.

ⁱ The Salpêtrière in Paris under Jean-Martin Charcot is well known for its role in the discourse of madness and the visual. In collaboration with colleagues such as Paul Richer, Charcot investigated signs of mental disturbance in works of art, see Charcot and Richer.[1] Gilman explains the well established fascination with the mad and art. In the late-nineteenth century some doctors developed models in which a patient could be diagnosed according to their artistic style (childlike and primitive signalled dementia, unreal use of colour for chronic mania) see Gilman (p.581).[2]

ⁱⁱ Moreover, the current fashion for popular colouring books for adults can be seen as an extension of art therapy.

ⁱⁱⁱ It is generally accepted that photography was 'invented' in 1839 with the public announcement of two rival photographic processes in France and England. However, Louis Daguerre's announcement of his process in January 1839 and William Henry Fox Talbot's disclosure of his own work later that year (the Talbotype/Calotype was then patented in 1841) were the culmination of a long series of experiments taking place over the preceding centuries? See the summary of developments in photographic processes in Falconer and Hide.[13]

^{iv} It should be noted that the concept of truth was a complex one for the Victorians; we should not assume that the Victorians were unquestioningly accepting of the photograph's apparent reality and truthfulness. For a discussion of the problematic relationship between the Victorians, science, photography and truth see Green-Lewis[16] and Tucker.[17]

^v The case books for St Nicholas' Hospital in Newcastle alone for the period 1895-1910 contain over 1500 photographs of patients.[43]

^{vi} The original quotation refers to 'images' in general, including, but not restricted to photographs, and reads 'the precise mechanisms whereby pictures are made, sold, displayed and responded to' (Jordanova p.96).[28] 'Sold' has been omitted from the paper to avoid confusion, as it does not generally apply to the case of patient photographs.

^{vii} A photographic room was added to the Sanatorium in 1889.(p.17)[47]

^{viii} Some patients were admitted in 1898 but first photographed in 1903, see Case Book No.9.[49]

^{ix} Two different photographs of the same patient are used in separate textbooks of the late-nineteenth and early-twentieth centuries; see photographer unknown, *Microcephalic Idiot*, from Stoddart (p.391 figure 71)[52] and photographer unknown, *Microcephalic Idiot*, from Savage and Goodall (p.502 figure 36).[53]

^x Savage notes Caldecott's contribution and generosity in his preface to his textbook; 'I must also make acknowledgement to Dr. Caldecott, of the Earlswood Asylum, who, in addition to help in other forms, has supplied photographs for the illustrations of a cretin in Chapter XXIII', see Savage and Goodall (p. v).[53]

^{xi} I elaborate on this point in Rawling.[31]

^{xii} In March 1891 The Commissioners in Lunacy commented that with a total of 405 patients the asylum was 'practically full' (p.8).[68]By 1906 the total number of patients remaining in the asylum at the end of the year totalled 807 (p.23, table IX).[69].

^{xiii} I elaborate more fully on the impact of social class on the patient in Rawling.[31]