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Chapter 11: Patient Photographs, Patient Voices: Recovering Patient Experience in the Nineteenth Century Asylum, Katherine Rawling

Introduction

Do voices always have to be spoken? What do we really *mean* when we imagine the 'patient voice' and how can researchers access these marginalised yet potentially powerful 'voices' from the past? When historians search for patient voices in the archive, they often focus on various versions of direct testimony found in patients' life writing, letters, or written speech. Through these channels, we can move closer to finding the elusive patient voice and access what is truly at the heart of this search – the recovery of various forms of patient experiences, agencies, and subjectivities. This approach involves searching archives for evidence of patients communicating; evidence, perhaps, of resistance and compliance, or, simply, of everyday patient experiences. Often the purpose behind attempts to recover patient 'voices' is really about a quest for recognition, understanding, and even empathy between historical patients and contemporary readers or researchers. But direct evidence of patient voices is notoriously hard to find in medical archives; patient experiences and subjectivities are usually filtered through practitioners' own narratives in case notes or histories recorded in casebooks, with the result that patients can be de-personalised as scientific subjects, specimens, or data. As Sally Swartz notes, when engaging with historical case notes and documents 'the reader learns a great deal about doctors and their systems of self-representation, and almost nothing of the patients of whom they wrote.'¹ For Swartz, concerned as she is with written records, patients are 'subalterns' and, as such, are 'silenced subject[s] of history'.² To address the challenge of apparently 'silent' patient records outlined by Swartz, I, like the other authors in this section, employ an expanded concept of patient 'voice' that includes non-spoken or non-written communication, allowing me to consider the alternative visual archival records that might provide insight into patient experiences. This approach is based on two inter-related propositions. The first is that the search for patient 'voices' is, in essence, the search for patient experiences and patient communication. The second is that communication itself is not exclusively verbal, and that photographic images are themselves used to communicate and conceived of as 'speaking' or as having a 'voice'. By taking these two principles together I suggest that considering the ways in which photographic images might be used to communicate offers another possible avenue for researchers wanting to uncover the patient 'voice' in asylum records.

Almost since its invention, photography was used in medical and psychiatric practice, in fields as diverse as surgery, infectious disease, and dermatology.³ As the nineteenth century progressed, and photographic technologies became more efficient and accessible, being photographed became an increasingly common experience for many patients. As a result, there are thousands of photographs of patients pasted into asylum casebooks, appearing consistently in English examples from around the 1880s onwards. They are, however, a relatively untapped source of patient records as, with some notable exceptions, historians have preferred to focus their attention on the written case note rather than the patient photograph.⁴ And yet, photography was a widespread practice adopted by institutions as diverse as Newcastle-upon-Tyne City Lunatic Asylum, a borough asylum housing a large pauper population, to Holloway Sanatorium in Surrey, an exclusive private hospital for the middle and upper classes of the South East of England. These hospitals have been chosen to represent two ends of the institutional spectrum and demonstrate the variety of photographic styles

and practices that were adopted by psychiatric institutions in the last decades of the nineteenth century.

A selection of photographs chosen from the surviving casebooks from these two very different hospitals will be used to consider the possibilities of using the patient photograph as a means of accessing the patient 'voice' in its broadest sense. By paying attention to alternative forms of evidence of patient 'voices', two things happen. Firstly, patient experience can be considered more fully, as something that was verbally *and* visually lived and recorded; many casebooks were both textual and visual documents meaning the image and text were intended to be read and viewed together. There are instances, however, when the patient's case notes and their photograph sit uneasily alongside each other. In drawing attention to these contradictions between image and text in the examples in this chapter, I wish to suggest that giving the patient photograph full consideration moves us closer to recovering patient voices and experiences that would be lost by simply studying the casebook text alone. Secondly, scrutinising casebook photographs offers the opportunity to see psychiatric photography not simply as something done *to* patients, but something that patients could have an active role in. While not recovering the patient's *spoken* voice, some photographs can hint at forms of patient agency and experience ranging from opposition to compliance with the photographic process that might well be overlooked if the visual record is not taken into account. I argue that rather than being only an administrative method of recording the identity and physical appearance of asylum patients, patient photographs are also evidence of the multiple, and sometimes competing, subjectivities and 'voices' that operated within the institution and its records. The examples reproduced in this chapter, some of which show staff as well as patients, shed light on the highly complex relationships between text and image, practitioner and patient, and photographer and photographed, that are active in casebook records.

The 'Voice' of a Photograph

The dynamic and complex relationship between image, text, and language is one that has been noted since the introduction of photographic technologies in the first half of the nineteenth century.⁵ In a paper read before the Royal Society in 1856, the asylum alienist and pioneering photographer Dr Hugh Welch Diamond (1809-86) was clear that the photographic image had far greater powers of communication than the written word; he claimed:

The Photographer, on the other hand, needs in many cases no aid from any language of his own, but prefers rather to *listen*, with the picture before him, to the silent but telling language of nature – It is unnecessary for him to use the vague terms which denote a difference in the degree of mental suffering, as for instance, distress, sorrow, deep sorrow, grief, melancholy, anguish, despair; *the picture speaks for itself* with the most marked precision and indicates the exact point which had been reached in the scale of unhappiness between the first sensation and its utmost height – similarly the modification of fear, and of the more painful passions, anger and rage, jealousy and envy (the frequent concomitants of insanity) being shown from the life by the Photographer, arrest the attention of the thoughtful observer more powerfully than any laboured description.⁶

A year later, the photograph's ability to communicate was praised by the writer Lady Elizabeth Eastlake (1809-93) in the *Quarterly Review*:

What are her [photography's] representations of the bed of the ocean, and the surface of the moon...but facts which are neither the province of art nor of description, but of that *new form of communication between man and man* – neither letter, message, nor picture – which now happily fills up the space between them?⁷

In the same essay, Eastlake referred to the use of the camera in psychiatric institutions (no doubt in response to Diamond's attempts to photograph his patients at Surrey County Asylum in the 1850s) stating 'What are her studies of the various stages of insanity – pictures of life unsurpassable in pathetic truth – but facts as well as lessons of the deepest physiological interest?'⁸ These early articulations of the relationship between photography and communication positioned the camera as an invaluable tool in the fields of medicine and psychiatry.

In contemporary photographic theory, too, photographs, voices, and communication have been intimately connected. Allan Sekula has described photographs as 'utterances' which convey a message, a message which is determined by context. Thus, a photograph is only 'readable' when the reader/viewer is fluent in the language that makes the implicit message in a photograph clear. Sekula claims that when seeing a photograph for the first time a viewer will not understand it unless she or he is 'literate' in the language that gives the image meaning.⁹ He states: 'every photographic image is a sign, above all, of someone's investment in the sending of a message'.¹⁰ In addition, Jennifer Green-Lewis has pointed out that photographs are generally conceived of as being able to 'tell stories' and are, therefore, wholly reliant on 'language'.¹¹ The story-telling inherent in photographic practices has also been made clear by scholars arguing that the materiality of the photograph (its status as an object, not just an image) is central to understanding its meaning. This enables analysis to go beyond the superficial description of what a photograph might 'show' to consider its use, social biography, and social value.¹² Elizabeth Edwards's discussion of the sensory theory of photographs relates directly to the idea of photographs having a 'voice' by claiming that they communicate through their material, haptic, and embodied qualities. She gives the example of family members sitting together to view a family album of old photos of relatives. In this scene, some photographs are touched, some are talked to, many are talked about, and a narrative is formed around them that is generated by the viewers' engagement with the photo-object. The oral dimension of viewing photographs, the literal version of 'telling stories', as well as other sensory experiences like listening, all enable the photograph to communicate. Moreover, Edwards claims that it is through this process that 'photographs become active voices' themselves.¹³

Photographs, therefore, are intimately tied to communication. In the context of Edwards' own research on photography and anthropology, the orality of photographs can help in the histories of 'fracture and dispossession', particularly in the colonial context or in the histories of indigenous peoples.¹⁴ I extend this to suggest that photographs are also useful for recovering the histories and experiences of other dispossessed and marginalised groups, in this case, psychiatric patients. When doctors discussed and exchanged photos of their patients with their colleagues, orality and communication were embedded and embodied in practice.¹⁵ Just as relatives might huddle around an old album, handling the photographs as they talk, when

doctors swapped and discussed patient photographs as illustrative examples of symptoms or diagnoses, the same principles were at work. In both cases 'the spoken and the seen cease to be separate modalities; instead they are bound together in and through the human body'.¹⁶

Examining the photographic record of asylums is not without precedent and both historical and contemporary photographs have been used to access the apparently closed worlds of mental ill-health and its institutions. The end of large-scale institutional care in Britain and Europe beginning in the 1960s and gaining pace from the 1980s provided opportunities for photographers to enter once grand nineteenth-century hospitals to photograph decaying infrastructure and empty corridors or wards. The potential power of documentary photography, usually in dramatic monochrome, was well-suited to this task as photographs captured these vast, yet silent, spaces in stark realism.¹⁷ Such images were designed to elicit an emotional reaction from viewers, to 'speak' to them of the inhumanity and ultimate failure of institutional therapy. Interestingly, this form of documentary or reportage photography was sometimes the first stage in the afterlife of institutions that may then be demolished or redeveloped, as discussed in Gibbeson and Beatties' chapter in this collection.

In addition, a body of recent work has begun to use patient casebook photographs to explore the role of photography in visualising the insane patient and in the genre of medical portraiture more generally.¹⁸ Moreover, there is growing appreciation of the complexity and fluidity of patient photographs.¹⁹ Rory du Plessis encourages historians to view casebook images, not simply as clinical data, but as representations of individuals, while Caroline Bressey shows how the photographic archive can be used to uncover the experiences of marginalised groups, namely people of colour, in asylums.²⁰ What this work has in common is the desire to pay attention to the extensive non-textual record of mental ill-health and its institutions, and to use the visual to access patient experiences and subjectivities.

Both evocative documentary-style photography of buildings in decay and historical casebook patient photographs can elicit similar emotional and personal reactions in the viewer. Barbara Brookes claims that coming face-to-face with a casebook photograph reminds viewers of the 'suffering of individuals' and restores 'humanity' to long-forgotten patients. She continues, '[A]t times the thin biographies in the case notes, varying according to the physical ailments and troublesomeness of the patients, are brought to life by a photograph'.²¹ For Brookes, patient photographs clearly have the potential to communicate, to give voice to the silent, by enabling an empathetic connection between past and present that 'the written text rarely can', a process similar to that described by Cheryl McGeachan in the next chapter.²² Brookes implies that it is the image, and only the image, that creates this connection. This is problematic on two levels. Firstly, stating that it is only the photograph that can establish a connection between long-gone and present-day people, diminishes the potential impact words can have on the emotions or reactions of readers. Secondly, by concentrating attention purely on the photograph, it is extracted from its original context. This means that the intended relationship between the words and image that was so integral to the casebook as a clinical document, is obscured. Rather, I wish to emphasise here that case notes and case photographs were part of the same whole. That said, the nature of the relationship between image and text can be highly ambiguous, particularly when the two elements of the document do not appear to match. Here I discuss examples of such cases in an effort to detect the possible traces of competing 'voices' that are at work in patient records.

A Picture Tells a Thousand Words?

William²³ was admitted to the Newcastle-upon-Tyne City Lunatic Asylum on 29 November 1905. He was a 15-year-old labourer, admitted suffering from mania associated with a 'Congenital Mental Defect', a term used in the period to distinguish between those conditions thought to be present in the patient since birth and those that were acquired later.²⁴ His medical certificate noted that he had a 'strange look' and notes on his present mental state describe him as 'very miserable and frightened and is continually crying'.²⁵ William's photograph is placed directly next to these notes and is in a standard format for this particular institution – a close-up head shot, the form and style of which might be recognisable to present-day viewers as similar to a standard identity photo, like a modern passport photograph. The photographic print is cut down to size to fit neatly into the margin space of the page and shows a teenage boy, facing into the camera with a calm expression, the slightest trace of a smile visible on his lips (figures 1,2).

The first page of a patient's case history was standardised to contain vital information like age, marital status, religion, and condition on admission. From around 1895 the patient photograph became part of this standardised casebook information at Newcastle with each patient being photographed in the same way (seated, in front of a plain background), with the resulting photograph then being placed next to the admission notes.²⁶ In other cases like those of Margaret admitted in July 1896,²⁷ Matilda admitted in June 1900,²⁸ Mary admitted in June 1903,²⁹ and Louisa admitted in August 1904,³⁰ the description of the patient recorded in the case notes does not match the photograph displayed in the casebook. These patients are described in the written notes as 'frequently crying' and 'melancholic',³¹ 'very much afraid of something',³² 'wild and excited',³³ or 'dazed [and] vacant',³⁴ states that are not in evidence in the portraits which show patients with placid or smiling expressions (figures 3,4,5,6). This is in marked contrast to earlier psychiatric photography in which photographs were taken as an explicit illustration of the patient's mental state. In the late 1850s Diamond's portraits of his patients at Surrey were published in a series in *The Medical Times and Gazette*, alongside John Conolly's case studies, with the lithographs from photographs acting as direct illustration of the case histories. Conolly spent much time in his text describing the patients' features and appearance, encouraging the reader to view the 'admirable' and 'faithful' portraits in conjunction with his narrative.³⁵ In the Newcastle patient notes, there is no such immediate imperative for the reader/viewer to analyse the image provided, or indeed support the text with an illustrative image.

INSERT FIGURES 1, 2, 3, 4, 5, 6.

Similar disparities occur in the casebooks from the private Holloway Sanatorium produced in the same period. Photographs of Constance, a patient on two separate occasions at the Sanatorium, appear in the female casebooks for the period 1889-91. On her first admission aged 19 in May 1889, the photographs pasted into the ledger alongside her case notes seem entirely consistent with her condition. She is described as acutely maniacal and never still, throwing her arms and legs about and with a habit of sticking out her tongue instead of answering the Medical Officer's questions.³⁶ The three photographs accompanying these notes suggest a high degree of animation and movement on her part. In the first, a slim photographic object fitted neatly into the page margin, she is shown with female attendants flanking her on either side (figure 12). In

the second and third shots she is pictured close-up, apparently in a state of high agitation, her mouth open to suggest a scream, shout, or exclamation of some sort (figure 7). The occasional and rather superficial references in the notes to these photographs ('The annexed photos were taken today') demonstrate the ways in which doctors might use patient photos to add detail or flesh out the narrative; the implication being that the images are included to provide additional visual evidence or information to complement the case notes.³⁷ The photographs of Constance taken during her first admission are arresting, evocative, and even alarming. However, the fourth photograph which accompanies the notes for her second admission fourteen months later is, considering the immediate context of the image, possibly even more striking. Constance was admitted for the second time in April 1891, again suffering from acute mania, characterised by excitement, restlessness, noisiness, and general incoherence. This time, her photograph, placed alongside notes that describe her as 'throwing her arms about, laughing, shouting, whistling and talking incoherently' show a lady of calm serenity, her neat dress, smooth hair and conventional pose all suggesting modesty, order, and respectability (figure 8).³⁸

INSERT FIGURES 7, 8.

In all these cases, there would have been some time lapse between the initial clinical assessment and photographs being taken, and, of course, expressions, moods, and conditions change. There is no reason that someone suffering from mental ill-health should look a certain way all, or indeed, any of the time. Nonetheless, the discrepancies between the Medical Officers' description of the patient and the (re)presentation of the patient in the photograph raises certain questions, particularly if (as it is commonly assumed) that photographs in this context served purely as illustration or evidence. Why do the photos and description not match? Is it possible that these patients recover themselves sufficiently for their portraits? Were the conventions of how one should sit for one's photograph so ingrained by the last decades of the nineteenth century, that posing in such a way became almost second nature? The influence of photographic convention on pose, style, and arrangement is in evidence in many medical photographs in which patients are pictured against decorative backdrops, leaning against columns or chairs, or recreating the recognisable three-quarter angled pose. But despite the conventions of studio photography being evident in some medical photos, there were no standard procedures dictating how institutions should practise photography, if at all. Doctors were still undecided as to whether photography was of use in their work and the archives of patient photographs that remain suggest that practices were experimental, fluid, and often improvised.³⁹ In another example, despite describing Rose, a patient at Holloway Sanatorium in the late 1880s, as 'excitable', 'objectionable', 'exuberant' and 'annoying' in her case notes, the medical officers chose for the casebook a portrait of her leaning on the newel post at the foot of a substantial flight of stone steps in the Sanatorium grounds. Her feet are crossed at the ankles, her hands clasped in the conventional style of numerous professional and amateur portraits of the time.⁴⁰ Her pose and demeanour suggest ease and comfort, an assured familiarity with how one should present oneself for a photo (figures 9,10).

INSERT FIGURES 9, 10

The surviving archives of numerous asylums indicate that photographs formed a part of the patient record. Different institutions had different approaches to photography; while all patients at Newcastle were photographed as part of standard procedure, photography at Holloway Sanatorium was more erratic and irregular. Nevertheless, photography and photographs were deemed important and useful at both institutions. However, it seems that in some cases it was not considered necessary for the two types of evidence to match or for the image to support the statements in the notes. When considering the materiality of these image-objects, the placement of the photograph directly next to the case note text has a jarring effect on the reader/viewer; when one is confronted by the text saying one thing and an image suggesting another, the usual assumed function of photographs as illustration, or as supporting evidence of the patient's condition, is disrupted.

No such disruption exists in other records that contain both patient photographs and text. In published sources like medical textbooks and journal articles, whilst images appear less frequently, they serve a more clear-cut purpose. In standard textbooks of the day like Savage and Goodalls' *Insanity and Allied Neuroses* (four editions 1884-1907) or W.H.B. Stoddart's *Mind and Its Disorders* (five editions 1908-26) photographic plates are used to illustrate explicit examples, with the reader being instructed in how to 'read' the images correctly through the use of captions or direction in the main text.⁴¹ This cannot be said for the casebooks in which medical officers rarely make any direct reference to photographs, or even acknowledge their presence on the page. The standardised and regular photographing of patients at Newcastle suggests that it was an important activity, even an integral part of clinical and administrative practice, but at the same time, not a practice that required comment and not one in which any disjunction between image and text was deemed problematic. The relationship between photographs and case notes, then, is an ambiguous and disorientating one, especially in the context of photography's assumed (though highly problematic) evidential or factual status.

Medical case notes are, of course, mediated; they are versions of patient experience filtered through, interpreted, and presented by the doctor. However, it is in cases like those above that we can begin to consider other factors apart from the medical officer's voice in these official records. When text and photo seem mismatched, contradictory even, patients might begin to compete with the dominance of the doctor's narrative and something apart from the doctor's voice emerges – some form of subjectivity on the patient's part that makes them sit for a photograph in a particular way. Such cases open up the possibility of multiple voices and subjectivities within the documents, not just in the form of certifying doctors, family and friends, recording medical officers, the patients themselves (sometimes direct testimony in quotation marks, sometimes paraphrased by others), but also, the patient image. These examples are a reminder of the complex relationship between the two types of evidence presented in official patient records.

Multiple Voices

For Brookes, viewing patient images 'provides one vivid way into their lives'.⁴² If patient photographs can help present-day viewers access the past by offering traces of people's experiences of mental ill-health and institutional life, those casebook photos that show staff, as well as patients, are a direct reminder of one aspect of patient experience – the practitioner-patient encounter. The inclusion of staff in patient photographs is a visual reminder of relationships within the asylum, and of the potential

connections made between staff and patients. The asylum was a place of human interaction, dialogue, and communication. In the instances in which staff do appear in the photograph, their role is often highly ambiguous. Staff might feature in patient photographs by way of a comforting or restraining hand, holding the patient in their chair for the duration of the exposure or holding up the patient who is having trouble standing. Sometimes it can be hard to determine whether we are seeing images of resistance and restraint or assistance and practical physical (or, indeed, emotional) support. Take for example the photo of Agnes, a patient admitted in December 1890 to Holloway Sanatorium (figure 11).⁴³ The rather large photographic print appears on her admission pages next to her physical condition on admission notes.⁴⁴ Two female attendants appear in the image with her – a relatively rare glimpse of staff in these documents. But are they holding her up or holding her back? Keeping her still for what reason – because she cannot physically stand up or will not? On the same point, do the attendants who are visible either side of Constance in her first casebook photograph (figure 12) help her to stand, or, hold her still because she will not do as she is instructed? Does the nurse that Frances clings to offer this close contact with her patient, or resist it by stepping back from her? (figure 13).

INSERT FIGURES 11, 12, 13.

Any answers to these questions will inevitably be informed by individual and subjective views of the institution, after all, our selves are always present in how we view, read, or interpret the past. It is a well-established principle of photographic theory that, as Susan Sontag notes, 'a photograph changes according to the context in which it is seen.'⁴⁵ For Swartz, this might be an example of the way patient experiences are 'appropriated' both by the historical discourses of psychiatry, asylum management, and clinical practice, but also by historians or other researchers who read, view, and interpret the case note material. But that said, while these examples seem to offer up more questions than answers, in other examples it is easier to explain the presence of staff within the frame. The Newcastle casebooks contain occasional photographs of patients in which they are being held by the head by an attendant, and the hands placed on the elderly Thomas' shoulders while a patient at the Sanatorium are clearly there to prevent him rising out of his chair and spoiling the photo (figures 14, 15). Such images can make uncomfortable viewing, especially if one takes Brookes' point that, not only do we view these images in the full knowledge that, at the time, mental illness led to incarceration, but that coming 'face-to-face' with a photograph restores 'humanity' to a patient and 'reminds us of our own mortality'.⁴⁶ While Brookes goes too far in implying that written case notes cannot have the same effect, what the patient images certainly *do* add is another striking layer of information and context to the search for patient voices that cannot be accessed through textual references alone.

INSERT FIGURES 14, 15

Patient photographs can suggest both resistance and complicity, both of which, as I argue elsewhere, are reliant on subject agency.⁴⁷ In photographs in which the patient attempts to look away *and* in examples in which they arrange themselves as if for a professional studio portrait, they are responding to the circumstances they find themselves in.⁴⁸ Both types of image then, are evidence of their experience. Photography can offer an opportunity to present a particular identity, one that might be aspirational, validating, or fantasised. It is well-known that professional

photographers gave their clients props, costumes, and backdrops to help them construct an imagined identity which was then captured on camera.⁴⁹ The photograph of a working-class client posing with the borrowed trappings of someone better off, might be relatively straightforward to analyse; patient photographs are more complex, however. It is hard to know for certain what dynamics of power were operating in any given photography session – who was directing the shot? What instructions were given? Were these followed or ignored? The shifting dialogue between photographer and sitter is further complicated by the influence of the doctor-patient relationship, which assigned to the doctor who also took photographs a double dose of authority over their patient-sitter. We might assume that power was distributed unevenly in this encounter, but the precise attribution of power to those present (as is arguably the case in any photograph) is much harder to gauge. Again, we might speculate that a photographic process in which the patient had no say would be entirely in keeping with their status as a patient in an asylum, and there is little extant evidence to suggest that doctors sought consent from their patient subjects. And yet, the apparent awareness of how one should be photographed or the desire to resist this process in some way is a tangible force in some patient images.⁵⁰ What is clear is that the uncertainty of patient photographs is itself a reminder of the complexity of patient records and the multiple voices that operate within them; their trickiness is a characteristic of the fractured and uneven record of patient experience in the past.

Conclusion

Photography was introduced into medical practice because of its apparent ability to capture ‘faithful’ images of patients and their symptoms. Seemingly devoid of the artist’s interference, the ‘facts’, as Lady Eastlake called them, offered the possibility of a ‘new form of communication between man and man’.⁵¹ In practice though, the meaning of patient photographs was much more ambiguous, especially in cases in which the image and text contradicted each other; in these instances, the evidential or factual function of the patient image is called into question. The smiling patient who is described as crying in the notes should alert us to competing, or, at least, *alternative*, subjectivities and voices that might be present in the documents. Moreover, photographs in which staff are pictured also can act as a prompt to consider the asylum as a place of human interaction.

Recovering patient experience should no doubt be a priority, not only because it continues the now well-established call for a history ‘from below’, but because it furthers our understanding of the past by including many standpoints and experiences. It is important to note that the examples discussed in this chapter span a range of cases in terms of gender, age, social class, diagnosis, and symptoms.⁵² Both Edwards’ sensory theory and Brookes’ description of the powers of emotional connection inherent to historical photographs can be used to think about the notion of the patient voice and patient experience within psychiatric institutions. Considering the patient photograph pasted on to a patient record, as well as the notes, not only appreciates the archive in full, but adds another voice to the multiple traces of voices that are active at any one time in the documents. Despite the complexity, it is this layering of voices that helps the historian and present-day viewer/reader access past patient experiences. In examining the photographic record of psychiatric medicine, we are reminded that we need not look to written testimony only in the search for patient voices, if, as Diamond suggested, we ‘listen’ to the voice through the photograph and let the picture ‘speak’.⁵³

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¹ Sally Swartz, "Can the Clinical Subject Speak? Some Thoughts on Subaltern Psychology," *Theory and Psychology* 15 (2005): 505-525, 507.

² Ibid.

³ Daniel Fox and Christopher Lawrence provide a general overview of the varied applications of photography to medicine from the 1840s, see Daniel M. Fox and Christopher Lawrence, *Photographing Medicine: Images and Power in Britain and America since 1840* (New York and London: Greenwood Press, 1988).

⁴ Notable recent exceptions to this are Rory du Plessis, "Beyond a Clinical Narrative: Casebook Photographs from the Grahamstown Lunatic Asylum, c. 1890s," *Critical Arts* 29 (2015): 88-103; Katherine D.B. Rawling "'The Annexed Photos Were Taken today': Photographing Patients in the Late-Nineteenth-century Asylum," *Social History of Medicine* (2019) <https://doi.org/10.1093/shm/hkz060>; Jennifer Wallis, *Investigating the Body in the Victorian Asylum: Doctors, Patients, and Practices*, (Basingstoke: Palgrave MacMillan, 2017).

⁵ The generally accepted date of the 'invention' of photography is 1839 when Daguerre announced his photographic process in France. However, the concept of, and the desire to photograph, predates this by many years. Most general histories of photography discuss its origins and 'invention'. See for example John Falconer and Louise Hide, *Points of View: Capturing the Nineteenth Century in Photographs*, (London: The British Library, 2009); Mary Warner Marien, *Photography: A Cultural History* (London: Laurence King, 2006); Ian Jeffrey, *Photography: A Concise History* (London: Thames and Hudson, 1981).

⁶ Hugh W. Diamond, 1856, "On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity" (1856) reprinted in Sander L. Gilman, *The Face of Madness: Hugh W. Diamond and the Origins of Psychiatric Photography* (New York: Brunner/Mazel, 1976), 19-24, 19-20. Emphasis added.

⁷ Lady Elizabeth Eastlake, "Photography" *The Quarterly Review* 101 (1857): 442-468, 465. Emphasis added. Her remarks were made regarding the question of whether photography could be regarded as 'Art'. She argued that the camera's ability to record 'fact' made it a wholly different enterprise to Art and a comparison between the two was futile.

⁸ Ibid.

⁹ Allan Sekula, "On the Invention of Photographic Meaning" in *Thinking Photography*, ed. V. Burgin (London: MacMillan, 1982), 84-109, 85-86.

¹⁰ Ibid. 87.

¹¹ Jennifer Green-Lewis, *Framing the Victorians: Photography and the Culture of Realism*. (Ithaca: Cornell University Press, 1996), 20-21.

¹² Elizabeth Edwards, "Thinking Photography Beyond the Visual," in *Photography: Theoretical Snapshots*, eds. J.J. Long, A. Noble and E. Welch (London and New York: Routledge, 2009), 37-43.

¹³ Ibid. 42.

¹⁴ Ibid. 41.

¹⁵ I discuss evidence of this practice in Katherine D. B. Rawling, "'She Sits All Day in the Attitude Depicted in the Photo': Photography and the Psychiatric Patient in the Late-nineteenth Century," *Medical Humanities* 43 (2017): 99-110, DOI: 10.1136/medhum-2016-011092: 104.

¹⁶ Edwards, *Thinking Photography*, 39.

¹⁷ For an example of photography in an Italian institution see John Foot, "Photography and Radical Psychiatry in Italy in the 1960s. The Case of the Photobook *Morire di Classe* (1969)," *History of Psychiatry* 26 (2015): 19-35. For a discussion of the 'repurposing' of asylum photography and the use of psychiatric images by the creative arts see Barbara Brookes, "Pictures of People, Pictures of Places: Photography and the Asylum," in *Exhibiting Madness in Museums: Remembering Psychiatry*, eds. C. Coleborne and D. Mackinnon, (London: Routledge 2011), 30-47, 31, 38-44.

¹⁸ Katherine D.B. Rawling, *Visualising Mental Illness: Gender, Medicine and Visual Media, c.1850-1910* (Ph.D. Thesis, University of London, 2011) and Rawling, "She Sits All Day"; Susan Sidlauskas, "Inventing the Medical Portrait: Photography at the 'Benevolent Asylum' of Holloway, c.1885-1889," *Medical Humanities* 39 (2013): 29-37. DOI:10.1136/medhum-2012-010280.

¹⁹ Rawling, "The Annexed Photos".

²⁰ du Plessis, "Beyond a Clinical Narrative"; Caroline Bressey, "The City of Others: Photographs From the City of London Asylum Archive," *19: Interdisciplinary Studies in the Long Nineteenth Century* 13 (2011). DOI: <http://doi.org/10.16995/ntn.625>.

²¹ Brookes, "Pictures of People," 34.

²² Ibid. 36.

²³ The decision to anonymise patient names can be a contentious one; in a collection that seeks to recover the 'voice' of silenced people, anonymising those very people can be construed as another marginalising act, as well as being counterintuitive when their images are reproduced on the pages. However, anonymization is a standard condition of archival use and one that I am bound by here. For discussion of some of the ethical issues around patient images and names see Wallis. *Investigating the Body*, 32-34 and Tania Woloshyn, *Soaking up the Rays: Light Therapy and Visual Culture in Britain, c.1890-1940* (Manchester: Manchester University Press, 2017), 34-37.

²⁴ This term is also linked discursively to other historically contingent diagnostic categories like 'feble-mindedness', 'idiocy' and 'imbecility'. For more on these categories see Anne Digby and David Wright, eds. *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities* (London: Routledge, 1996); Mark Jackson, *The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England* (Manchester: Manchester University Press, 2000); Patrick McDonagh, *Idiocy: A Cultural History* (Liverpool: Liverpool University Press, 2008); Rebecca Wynter, "Pictures of Peter Pan: Institutions, Local Definitions of 'Mental Deficiency', and the Filtering of Children in Early Twentieth-century England," *Family and Community History* 18 (2015): 122-138.

²⁵ Notes for William, Newcastle-upon-Tyne City Lunatic Asylum, Casebook Males, Tyne and Wear Archives Service (hereafter TWAS) HO.SN/13/14. 280.

²⁶ This is a good deal later than other institutions. Dr Diamond and the professional photographer Henry Hering were photographing patients at Surrey and Bethlem respectively in the 1850s. Doctors at the West Riding Pauper Lunatic Asylum,

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- Wakefield began compiling an album of patient photographs from the 1870s. For a discussion of this album see Wallis. *Investigating the Body*, 21-59.
- ²⁷ Notes for Margaret, Female Casebook, TWAS HO.SN/13/34, 475.
- ²⁸ Notes for Matilda, Female Casebook, TWAS HO.SN/13/36, 322.
- ²⁹ Notes for Mary, Female Casebook, TWAS HO.SN/13/38, 115.
- ³⁰ Notes for Louisa, Female Casebook, TWAS HO.SN/13/38, 442.
- ³¹ Notes for Matilda, Female Casebook, TWAS HO.SN/13/36, 322.
- ³² Notes for Margaret, Female Casebook, TWAS HO.SN/13/34, 475.
- ³³ Notes for Mary, Female Casebook, TWAS HO.SN/13/38, 115.
- ³⁴ Notes for Louisa, Female Casebook, TWAS HO.SN/13/38, 442.
- ³⁵ John Conolly, "Case Studies from the Physiognomy of Insanity" *The Medical Times and Gazette* (1858-59) reprinted in Gilman, *Face of Madness*, 27-72.
- ³⁶ Notes for Constance, Holloway Sanatorium Casebook No. 2, Females (Certified patients admitted January-September 1889) Wellcome Manuscript (Hereafter WMS) 5157/5157, 192.
- ³⁷ *Ibid.* 193.
- ³⁸ Notes for Constance, Holloway Sanatorium Casebook No. 4, Females (Certified patients admitted July 1890-June 1891) WMS 5157/5158, 249.
- ³⁹ No author, "The Photographing of Insane Patients: Notes From a Meeting of the Northern and Midland Division of the Medico-Psychological Association," *Journal of Mental Science* 48 (1902): 202-204.
- ⁴⁰ Notes for Rose, Holloway Sanatorium Casebook Females (Admitted June 1885-Jan 1889) Surrey History Centre 3473/3/1, 94.
- ⁴¹ George H. Savage with Edwin Goodall, *Insanity and Allied Neuroses: A Practical and Clinical Manual* (London: Cassell & Co., 1884); W.H.B. Stoddart, *Mind and Its Disorders: A Text Book for Students and Practitioners* (London: H.K. Lewis, 1908). Textbook images are discussed further in Rawling, "She Sits All Day", 102-106.
- ⁴² Brookes, "Pictures of People," 33.
- ⁴³ Notes for Agnes S., Holloway Sanatorium Casebook No. 4, Females (Certified patients admitted July 1890-June 1891) WMS5157/5158, 143-46, 169-70, 198, 226.
- ⁴⁴ *Ibid.* 143. The photograph measures 7.8 x10.5 cm.
- ⁴⁵ Susan Sontag, "The Heroism of Vision," in *On Photography* (London: Penguin, 1977), 83-112, 106.
- ⁴⁶ Brookes, "Pictures of People," 36.
- ⁴⁷ Rawling, "She Sits All Day," 107-108; Rawling, "The Annexed Photos".
- ⁴⁸ *Ibid.* See also Rawling, *Visualising Mental Illness*.
- ⁴⁹ Audrey Linkman, *The Victorians: Photographic Portraits* (London and New York: Tauris Parke, 1993). I expand on the influence of photographic convention on casebook photographs in Rawling, "She Sits All Day," 106-108.
- ⁵⁰ See Rawling, "She Sits All Day," 106-109 for a fuller discussion of the patients' role in casebook photography.
- ⁵¹ Eastlake "Photography," 465.
- ⁵² Roy Porter, "The Patient's View: Doing Medical History From Below," *Theory and Society* 14 (1985): 175-198.
- ⁵³ Diamond, "On the Application," 19.