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'The annexed photos were taken today':¹ Photographing patients in the late-nineteenth century asylum.

Keywords: photography, asylum, psychiatry, nineteenth century, patients.

Photographing patients was a common practice in many asylums in the nineteenth century. Asylum casebooks contain thousands of patient photographs varying in style and content but they have been paid relatively little attention by historians of medicine. When patient photographs have been considered, one type of photograph has been taken to represent all patient photography. Through a comparison of casebook photographs from two very different institutions, this article argues that photographic practices were fluid, ambiguous and diverse in the nineteenth century, and the camera was used in a variety of ways inside the asylum. Examining the visual patient record can enhance and even challenge established histories of mental illness and medico-psychiatric practices, as we consider the photographing of patients as a stage in the doctor-patient encounter, an important part of diagnosis and resulting treatment, and as a feature of patient experience.

¹ Notes for Constance C., Wellcome Manuscript (hereafter WMS) 5157/5157, Holloway Sanatorium Case Book No. 2 Females: Certified patients admitted January-September 1889, 193.

In June 1898 Caroline R. was admitted to the private Holloway Sanatorium in Virginia Water, Surrey. She was 55 years old and suffering from mania with delusions of persecution. A line from her case notes on admission reads ‘obstinately refuses to have her picture taken’.² This statement and its recording of what is *not* there, invites us to examine the role of photography in custodial institutions; an aspect of the history of mental illness that has rarely been considered.

The medical casebooks for Holloway Sanatorium contain hundreds of photographs of patients. These images, and thousands more like them from other asylums and medical institutions across Britain and Europe, constitute a barely explored record of patient experience in the late-nineteenth-century asylum. For many asylum medical superintendents, the patient photograph was a necessary accompaniment to the written patient record. For the historian, the patient photograph provides a vitally important alternative patient record to the written medical case history, one which offers insight into the workings of power and control in the institution, the ways in which inmate identities were constituted and represented in official records, and the use of photography in medical discourse. Most importantly, examining the visual patient record can enhance and even challenge established histories of mental illness and medico-psychiatric practices, as we consider the photographing of patients as one stage in the doctor-patient encounter, a part of diagnosis and resulting treatment, and as a feature of patient experience. These encounters could take many forms and might occur when a doctor took the photograph themselves or came face-to-face with an image of their patient as they compiled or handled the casebooks. The exact circumstances of asylum photography are largely

² Notes for Caroline R., WMS5157/5159, Holloway Sanatorium Case Book No. 11 Females: Certified patients admitted May 1898-May 1899, 36.

undocumented, meaning that casebook photographs are complicated, ambiguous, and multi-faceted sources to use. However, visualisation was an integral component in the production of medical knowledge in the nineteenth century and the visual record of asylums deserves more attention than it has so far been paid.³

It is now accepted that patient experience is a valid subject of significant historical importance.⁴ It has been through trying to recover patient experience that historians have engaged with and reconsidered the established narrative of asylum history, which characterised institutions and institutionalisation as a top-down imposition on largely oppressed and passive minority populations. Historians have made extensive use of asylum archives, usually in the form of medical casebooks, admission and discharge data, and other documents like letters, reports, and inventories, to highlight the continuation of relationships between institution and outside world or home, the role families played in admissions and discharges, the everyday workings of the institution, and the material life of the inmates.⁵ These

³ Photography was part of what Jennifer Tucker calls the 'viewing culture around science' which included world fairs, public science, and advertising. Jennifer Tucker, 'The Historian, the Picture, and the Archive', *Isis*, 2006, 97, 111-120, 114.

⁴ One of the first articulations of this was Roy Porter, 'The Patient's View: Doing Medical History From Below', *Theory and Society*, 1985, 14, 175-98. A clear recent example in the historiography of asylums is Louise Hide, *Gender and Class in English Asylums, 1890-1914* (Houndmills: Palgrave Macmillan, 2014).

⁵ Early examples investigating the relationship between the institution and home include Constance M. McGovern, 'The Myths of Social Control and Custodial Oppression: Patterns of Psychiatric Medicine in Late Nineteenth-Century Institutions', *Journal of Social History*, 1986, 20, 3-23; Patricia E. Prestwich, 'Family Strategies and Medical Power: 'Voluntary' Committal in a Parisian Asylum, 1876-1914', *Journal of Social History*, 1994, 27, 799-818; David Wright, 'Getting Out of the Asylum:

studies also enrich our understanding of the context in which casebook photographs were produced. That patients may have been inmates for relatively short spells of time complicates the notion of a passive, and ultimately lost, inmate body implied by the discourse of social control and confinement. If contemporaries accepted the institution as both an alternative *and* sole form of care, it may mean that the photographs which do appear as representations of repression (in the sense of a passive, controlled and mistreated population, with little agency) begin to sit more uneasily within understandings of the history of the asylum. What does it mean if a photograph of 'repression' is produced in an environment in which the patient may have placed themselves voluntarily or at the behest of their family or loved ones?

I suggest that the question is not a strict choice between narratives – between mass confinement and well-meaning familial strategy. Rather, there are degrees of repression and degrees of representation of repression resulting from the impact of the multiple forces at work in any photographic object. Previous views of institutional photography have given prominence to the photographer and the institution while the sitter is at the mercy of those commissioning, taking, or viewing their image.⁶ There

Understanding the Confinement of the Insane in the Nineteenth Century', *Social History of Medicine*, 1997, 10, 137-55. On the material life of the asylum see Jane Hamlett and Lesley Hoskins, 'Comfort in Small Things? Clothing, Control and Agency in County Lunatic Asylums in Nineteenth- and Early Twentieth-Century England', *Journal of Victorian Culture*, 2013, 18, 93-114.

⁶ There are numerous discussions of the work of one particular photographer, Dr Hugh Welch Diamond (1809-1886), who photographed his patients at Surrey County Asylum in the 1850s. See for example, Sander L. Gilman, *The Face of Madness: Hugh W. Diamond and the Origins of Psychiatric Photography* (New York: Brunner/Mazel, 1976); Jennifer Green-Lewis, *Framing the Victorians: Photography and the Culture of Realism* (Ithaca and London: Cornell University Press, 1996), 145-86;

has, thus, been little room for the subject's own agency in their photograph. However, recent work has shown that patient agency can be detected in some photographs expressed through resistance and refusal but also complicity with the photographic process.⁷ As Susan Miller discusses in her attempt to recover the voices of another group marginalised in the archives, children, resistance and complicity should be regarded as part of a continuum, rather than as polarised opposites.⁸ Accepting that patient photographs are not merely taken *of* the patient but co-created *by* them is one way in which patient agency and subjectivity can be reconsidered. This article builds on this suggestion by arguing that there is much more diversity in patient photographs than has previously been realised. By examining the multiple complex layers of meaning in patient casebook photographs from two very different psychiatric institutions, I argue that this diversity complicates and challenges the narrative of both asylum history and patient experiences inside the institution.

The interest in using photographic sources in writing the history of medicine is not a new one.⁹ However, practices and methodologies are by no means standardised

Sharrona Pearl, 'Through a Mediated Mirror: The Photographic Physiognomy of Dr Hugh Welch Diamond', *History of Photography*, 2009, 33, 288-305.

⁷ 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*, 2017, 43, 99-110.

⁸ Susan Miller, 'Assent as Agency in the Early Years of the Children of the American Revolution', *Journal of the History of Childhood and Youth*, 2016, 9, 48-65.

⁹ There is a growing literature examining other types of medical photograph including those published in medical textbooks, see for example Jason Bate, 'At the Cusp of Medical Research: Facial Reconstructive Surgery and the Role of Photography in Exchanging Methods and Ideas (1914-1920)', *Visual Culture in Britain*, 2016, 17, 75-98; Sander L. Gilman, *Picturing Health and Illness: Images of Identity and Difference* (Baltimore and London: John Hopkins University Press, 1995); Mieneke M.G.

across the discipline. This is in part due to the ingrained hierarchy of archival sources that places texts above images and, in addition, is a result of anxiety around using visual culture which seems somehow more open to interpretation and subjectivity than the written word.¹⁰ Since the 1970s, Sander Gilman has sought to explain the cultural construction of disease categories, including 'madness' and hysteria, and the role of visual culture in this enterprise. However, his focus tends towards representations and iconography, which is an important, but limited, approach in the light of current theories of the meanings of photographs and photography.¹¹ In this article I take cues from the work of Ludmilla Jordanova and Jane Hamlett who advocate an approach which takes note of the context, as well as content, of an image, and one which considers factors like patronage, and the methods and processes of production.¹² I also take into account the highly influential work of scholars like Elizabeth Edwards who insist that any analysis of a photograph must acknowledge its status as an object in its own right,

te Hennepe, 'Depicting Skin. Visual Culture in Nineteenth-Century Medicine', (unpublished PhD thesis, Maastricht University, 2007); Erin O'Connor, 'Camera Medica: Towards a Morbid History of Photography', *History of Photography*, 1999, 23, 232-44; Tania Woloshyn, *Soaking up the Rays: Light Therapy and Visual Culture in Britain c.1890-1940* (Manchester University Press, 2017).

¹⁰ Gilman, *Picturing Health* especially Chapter 1, 'How and why do historians of medicine use or ignore images in writing their histories?', 9-32.

¹¹ Relevant works by Gilman include, *Face of Madness; Seeing the Insane* (1982; Lincoln and London: University of Nebraska Press, 1996, first pub. 1982); *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca and London: Cornell University Press, 1988); and *Picturing Health*.

¹² Ludmilla Jordanova, 'Medicine and Visual Culture', *Social History of Medicine*, 1990, 3, 89-99; 'Image Matters', *The Historical Journal*, 2008, 51, 777-91; Jane Hamlett, "'Nicely Feminine yet Learned": Student Rooms at Royal Holloway and The Oxford and Cambridge Colleges in Late Nineteenth-Century Britain', *Women's History Review*, 2006, 15, 137-61.

rather than simply a two-dimensional representation of something else.¹³ Patient photographs were handled, displayed, cropped, and arranged on casebook pages. Some were supplied by family members or taken from casebooks to be published in doctors' textbooks and professional journal articles or circulated amongst peers. With this changing material context comes shifting meanings which, in turn, result in images of patients that are highly fluid and ambiguous.

Prominent historians of medicine and psychiatry have occasionally referred to patient images in their work. In *Dangerous Motherhood* (2004) Hilary Marland does include some images of patients but only as supporting evidence; the photographic record of puerperal insanity is never her main focus of study, nor does she claim this to be the case.¹⁴ Likewise, although Mark Jackson's study of feeble-mindedness does consider historical photographs, they are of a very specific type – photographic plates of one particular condition appearing in only three published texts.¹⁵ They are, therefore, not of the same order as the asylum casebook photographs analysed in this article. When patient photographs *have* been the primary focus of investigation three configurations of the patient image have dominated the literature - the repressive frontal head shot; the disinterested, neutral, clinical photograph; and the dramatised,

¹³ Elizabeth Edwards and Janice Hart, 'Introduction', in Elizabeth Edwards and Janice Hart, eds, *Photographs Objects Histories* (New York: Routledge, 2004), 1-15.

¹⁴ Hilary Marland, *Dangerous Motherhood: Insanity and Childbirth in Victorian Britain* (Houndmills: Palgrave Macmillan, 2004). See also Hilary Marland, 'Disappointment and Desolation: Women, Doctors and Interpretations of Puerperal Insanity in the Nineteenth Century', *History of Psychiatry*, 2003, 14, 303–20.

¹⁵ Mark Jackson, "Images of Deviance:" Visual Representations of Mental Defectives in Early Twentieth-Century Medical Texts", *The British Journal for the History of Science*, 1995, 28, 319-37.

eroticised, feminised hysteric. All three offer very different propositions about, not only patient photography, but patient experience.

In the late 1980s, and influenced by Foucauldian theory and Allan Sekula's writings on photographic portraits, John Tagg identified the camera as one of the foremost tools of social control in the nineteenth century, 'bound up' with new institutional practices of observation and record keeping.¹⁶ For Tagg, photographs of patients and criminals were robbed of all individuality, personality, and agency; the camera stealing their image in the most literal expression of 'taking a picture'. Moreover, Tagg argued that the asylum patients' head-on portrait pose 'connote[d] cultural subordination'.¹⁷ In addition, in their general survey of medical photography published the same year, Daniel Fox and Christopher Lawrence argued that by 1890 clinical medical photography had adopted a very specific style; the patient subject was anonymised by blacking out the eyes and posed against a neutral plain background. In these photographs the focus of the image was the diseased 'part' or symptom, which was visually isolated from the rest of the subject's body through the use of close-ups or artfully arranged fabric. Furthermore, they claim that by 1900, when illness in medical photographs had been totally 'naturalised as pathology', 'the conventions used in portraiture no longer had a place in pictures taken to record and display

¹⁶ Allan Sekula, 'The Traffic in Photographs', *Art Journal*, 1981, 41, 15-25; 'On the Invention of Photographic Meaning' in Victor Burgin, ed, *Thinking Photography* (London: Macmillan, 1982), 84-109; 'The Body and the Archive', *October*, 1986, 39, 3-64; John Tagg, *The Burden of Representation: Essays on Photographies and Histories* (London: Macmillan, 1988), 5.

¹⁷ Tagg, *Burden*, 17.

disease and its results'.¹⁸ The third and final version of patient photography concerns the infamous figure of the female hysteric. Paul Régnard's photographs of Jean-Martin Charcot's hysterical women of the Salpêtrière in Paris during the 1870s are frequently reproduced to exemplify how the 'mad' or 'insane' patient was visualised through photography. Here was the ultra-feminine hysteric; eroticised, dramatised and displayed for male medical and public scrutiny.¹⁹

While each description of the history of patient photography is convincing to a certain extent, their usefulness for helping understand patient photography and patient experience *as a whole* is limited as all three characterisations of the patient photograph are based on one type of image only. This masks the extent of the variety of patient images and does little to explain the various ways in which patients were photographed and interacted with their portrait being taken.²⁰ The result is a narrative

¹⁸ Daniel M. Fox and Christopher Lawrence, *Photographing Medicine: Images and Power in Britain and America Since 1840* (New York and London: Greenwood Press, 1988), 26-27.

¹⁹ The most sustained book length analysis of photographic practices under Dr J.-M. Charcot remains Georges Didi-Huberman, *Invention de l'Hystérie: Charcot et l'Iconographie Photographique de la Salpêtrière* (Paris: Macula, 1982). For a more recent discussion on the photographic practices at the *Salpêtrière* see Beatriz Pichel, 'From Facial Expressions to Bodily Gestures: Passions, Photography and Movement in French C19th Sciences', *History of the Human Sciences*, 2015, 29, 27-48

²⁰ The photographs produced at the Salpêtrière are a case in point. When they are cited, it is the photographs of Augustine that are taken to be typical of photographic practices at the hospital, when, in fact, they are only indicative of the first attempts at photography in the 1870s and published in the *Iconographie Photographique de la Salpêtrière*.(1875-1880). When the photographs produced in the *Nouvelle Iconographie de la Salpêtrière* from 1888 onwards are considered the picture is far more complex; there are images of young and old, male and female, hysteric and paraplegic, before and after shots and so on. For a discussion of the photographs see Katherine D. B. Rawling 'Visualising Mental Illness: Gender, Medicine and Visual Media, c. 1850-1910' (unpublished Phd thesis, Royal

of photography and medicine that is too simple, that assumes that the camera was used for the same reasons and with the same effects in all situations, and suggests that the practice of photography in the institutional setting was straightforward and self-evident. Fox and Lawrence's claim that it was standard practice to anonymise patient images, or that photographs of isolated body parts or symptoms were favoured over 'whole' patients, may apply to some examples but certainly not all, and does not hold for asylum casebook photographs, either when viewed in their original material context or when extracted for publication. However, such visual devices are suggestive that in some contexts an attempt was made to conceal the identities of photographic subjects. Moreover, these techniques affected both the original production of the image but also how it is read; photographs in which patient identities are obscured speak to issues of consent, stigma and shame, while close-ups of isolated body parts may serve to detach people from symptoms and help transform individual patients into clinical specimens.

In assuming that one type of patient photograph stands for all we fail to consider what can be gained from comparing patient images, a crucial exercise if we are to give the context of photographic records our full attention and appreciate the conflicting elements embedded in the photographs and the archives. Patient photographs can be compared either according to type of patient (male/female, young/old, poor/well-to-do, manic/melancholic), type of institution (county asylum/private sanatorium) or type of image (published/unpublished, single subject/group shot, posed portrait/informal snapshot) and so on. Only by comparing different types of image can we place medical photos in their full discursive context and begin to appreciate the spectrum of

Holloway and Bedford New College, University of London, 2011); and Pichel, 'From Facial Expressions'.

institutional photographic practices and the powerful and complex role the camera played in medico-psychiatric discourse. Only then can we begin to understand the part the camera played in one's embodied experiences of being a patient and how this was shaped, understood, and recorded.

Caroline Bressey, Rory du Plessis and Jennifer Wallis have all explored discrete collections of asylum patient photos. Taken together, these investigations are suggestive of how varied photographs of patients could be, but each study remains focused on the photographic archives of just one asylum.²¹ My approach here is to compare the photographic practices and outputs of two very different psychiatric institutions to begin to map the use of the camera across a range of asylums. By so doing, I wish to challenge the dominance of the frontal portrait or the dramatic hysteric as catch-all descriptions of psychiatric patient photographs, and to restore an under-researched part of patient experience to the historical record. It is clear from the surviving patient photographs taken at Holloway Sanatorium, Surrey and Newcastle-upon-Tyne City Lunatic Asylum that there was huge variety and complexity in why and how patients were pictured. This suggests that photography in clinical practice, rather than being a fixed or standardised practice done *to* the patient was, instead, a fluid, experimental, and ambiguous process. This has implications for the versions of the history of psychiatry and its institutions we have so far, histories that, at their heart, seek to understand the mechanisms of power, surveillance, control, and experience

²¹ Caroline Bressey, 'The City of Others: Photographs from the City of London Asylum Archive', *19: Interdisciplinary Studies in the Long 19th Century*, 2011, 13; Rory du Plessis, 'Beyond a Clinical Narrative: Casebook Photographs from the Grahamstown Lunatic Asylum, c.1890s', *Critical Arts*, 2015, 29, 88-103; Jennifer Wallis, *Investigating the Body in the Victorian Asylum: Doctors, Patients, and Practices* (Houndmills: Palgrave Macmillan, 2017).

inside the asylum; I suggest that patient photographs can help provide insight into the relationships and interactions that occurred in the everyday life of the asylum. Photographic practices in this environment are better understood in the light of the history and theory of photography more generally, in which scholars have emphasised the complex layers of dialogue and negotiation entwined in a photograph's production and viewing.²² An appreciation of these various iterations of power and agency produced by both photographer and subject can shed light on other encounters happening simultaneously, most obviously that between the patient and practitioner. The photograph was more than simply a convenient way of capturing data; it was a productive medium for both doctor/photographer and patient/subject.

The casebook photographs of the two chosen institutions stand in marked contrast, not only to each other, but to the three apparently definitive 'types' of patient photograph described above. At Newcastle every patient was photographed on, or very soon after, admission, and their image was placed on the admission page next to their vital statistics and admission information such as age, sex, marital status and religion. Thus, the patient image formed a common and regular part of the patient record and was to be viewed alongside the case notes. This indicates that patient case notes were both textual and visual documents, in which the two types of data informed each other.

Founded in 1864 and opened in 1866, the Newcastle-upon-Tyne City Lunatic Asylum was a large borough asylum. It was founded twenty years after the first wave

²² Susan Sontag articulates the argument for the changing character of photographs throughout her collection *On Photography* (London: Penguin, 2002) but in particular in the essay 'The Heroism of Vision', 85-112.

of lunacy reforms of the 1840s through which the Commissioners in Lunacy and nationwide provision for the insane were established, and at the beginning of the rapid growth in asylum populations. In the annual reports for Newcastle, the Commissioners recorded a yearly increase in patients at the asylum for the period 1891-1906, each year stating more strongly the extent of overcrowding in the wards. In March 1891 they reported a total of 405 patients and observed that 'the asylum is practically full'.²³ In November 1895 there were 500 patients, 'about 50 more than can properly be accommodated'.²⁴ In 1906 the total number of patients remaining in the asylum at the end of the year was 807.²⁵ The hospital treated both male and female patients across a wide age range, from children as young as nine to the elderly in their eighties. The patients suffered from a huge variety of conditions, caused by both moral and physical stimuli, with the majority suffering from various forms of either mania or dementia. Patients were typically labourers and tradesmen, domestic servants and housewives or simply described as 'poor' and many had spent intermittent periods in workhouses or other asylums in the area, such as Sedgefield or North Riding.

Owing to the apparent systematic photographic practices at this particular asylum, it seems likely that there was a conscious decision to begin photographing the patients sometime in 1895. By the late-nineteenth century the regular use of the camera in some capacity in asylums was generally accepted and encouraged by

²³ County Lunatic Asylum Reports (hereafter CLAR): *Twenty-seventh Annual Report, 1891, Newcastle-on-Tyne City Lunatic Asylum* (Newcastle-upon-Tyne: Daily Journal Office, 1892), 8.

²⁴ CLAR: *Thirty-first Annual Report, 1895, Newcastle-on-Tyne City Lunatic Asylum* (Newcastle-upon-Tyne: Daily Journal Office, 1896), 10.

²⁵ CLAR: *Forty-second Annual Report, 1906, Newcastle-on-Tyne City Lunatic Asylum* (Newcastle-upon-Tyne: Daily Journal Office, 1907), Table IX, 23.

professionals in the field. In their round-up of Commissioners' annual reports for 1886, the editors of the *Journal of Mental Science* noted a comment in the report from Derby Asylum which observed '[A] photographic apparatus has been purchased, and is used by the assistant medical officer, who takes the photographs of the patients for insertion in the Case Book, so as to facilitate the better illustration of the cases. This ought to be done in all asylums.'²⁶ Clearly not all asylums acted on this recommendation however; the fact that there are no photographs of patients in the Newcastle casebooks until 1895 is a case in point, although by 1900, the Commissioners noted that there was a 'good room provided for photography' at Newcastle.²⁷ In addition, the Commissioners' earlier comments can be open to interpretation, particularly around the use of the term 'illustrate'. The term can mean identify – the act of putting a face to a name – which made photographic records useful in instances of escape or readmission. Dr Hugh Welch Diamond, one of the first alienists to photograph his asylum patients, referred to this function in a paper delivered before the Royal Society in 1856. He stated:

It is well known that the portraits of those who are congregated in prisons of punishment have often times been of much value in recapturing some who have escaped, or in proving with little expense, and with certainty a previous conviction; and similarly the portraits of the Insane who are received into Asylums for protection, give to the eye so clear a

²⁶ No author, 'Asylum Reports for 1886', *Journal of Mental Science*, 1887, 33, 310-20, 314. Emphasis added.

²⁷ CLAR: *Thirty-sixth Annual Report, 1900, Newcastle-on-Tyne City Lunatic Asylum* (Newcastle-upon-Tyne Daily Journal Office, 1901), 8.

representation of their case that on their re-admission after temporary absence and cure – I have found the previous portrait of more value in calling to my mind the case and treatment, than any verbal description I may have placed on record.²⁸

Yet Diamond's explanation suggests that the meaning of 'illustrate' in this context can go beyond mere identification when the image helps visualise, clarify or describe the symptoms or condition, in addition to, or in place of, a verbal description. However, despite this ambiguity, the Commissioners' comments on Derby clearly position photography as a legitimate and necessary part of asylum practice. Certainly, by the late-nineteenth century, the camera and the photograph were established as common cultural and material objects outside the asylum.²⁹ Commercial photographic studios were a familiar feature of the British high street and portable, affordable cameras with relatively fast exposure times were becoming increasingly accessible to the amateur photographer.³⁰ Indeed, by the last quarter of the nineteenth century,

²⁸ Hugh W. Diamond, 'On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity' (1856) reprinted in Gilman, *Face of Madness*, 19-24, 23-24. Any discussion of psychiatric patient photography invariably starts with Diamond and his practices at Surrey County Asylum in the 1850s.

²⁹ Tagg discusses the impact of the increasing accessibility of photographic technologies in Chapter 1 of *The Burden*, 34-59.

³⁰ The invention of the dry-plate process made photography more accessible and quicker in terms of exposure and development times. Instantaneous photography was introduced from around 1888 with George Eastman's 'Kodak'. Most general histories of photography give an overview of technological developments. A good summary is provided by Ian Jeffrey, *Photography: A Concise History* (London: Thames and Hudson, 1981).

many psychiatric patients will have experienced photography in some way either inside or outside the institution. Nevertheless, how to photograph patients remained a subject of debate amongst medical superintendents in professional publications and during association meetings. As late as 1901, a discussion amongst the members of the Northern and Midland Division of the Medico-Psychological Association revealed the continuing ambivalent attitudes held by the profession; those gathered disagreed over their use, with some doctors arguing that photographs should be taken secretly, without the subject's knowledge, whilst others claimed it should not be done at all.³¹

INSERT FIGURES 1-5 ABOUT HERE

Throughout the collection of over 1500 photographs of Newcastle patients, the subjects are always arranged frontally, facing into the camera. The backdrop is plain and unremarkable with no hint at asylum decor or furnishings. Some photos show that a sheet or screen was erected to provide a neutral background and the photographs are always taken indoors presumably (from around 1900), in the 'good' room provided specially for the purpose (Figures 1-4). By the time the patients were photographed at Newcastle, technology had developed sufficiently to allow for successful indoor photography on dry plates. Exposure times had been reduced from the late 1870s onwards, so that it was possible to produce something close to a 'snapshot' in terms of speed. It was no longer necessary for sitters to hold still for extended periods of time and technology was able to capture fleeting facial expressions and bodily movements. But despite the technological ability to do so, very rarely are the patients represented as anything 'out of the ordinary' as we may have come to expect if we were only

³¹ No author, 'Notes and News' *Asylum Journal of Mental Science*, 1902, 48, 202-4.

familiar with Hugh W. Diamond's or Charcot's visualisations of the 'insane'. Moreover, there are no images of gesticulation or overt 'performance' of unusual symptoms or poses, as in some of the startling images in contemporary journals or textbooks.³² There are no full length or 'action' shots; patients are always photographed seated, from the waist or mid-chest upwards, with little facial expression or extravagant posing. The customary sense of occasion that is so integral to the idea of the fundamentally 'honorific' portrait described by Sekula is hard to detect in the Newcastle images.³³ In terms of their 'inter-visibility', they are much closer to police file photography than conventional photographic portraiture, which favoured angled bodily arrangement with the sitter's gaze often reaching behind the camera or off into the distance (Figure 5).³⁴

In contrast, the Newcastle patients slump in their chairs, or stare blankly into the lens. Tagg notes that 'the head on stare, so characteristic of simple portrait photography, was a pose which would have been read in contrast to the cultivated asymmetries of aristocratic posture.'³⁵ He suggests that as photography was disseminated down the social hierarchy, the 'burden of frontality' was passed down as

³² See for example the photographic plates in W.H.B. Stoddart's *Mind and its Disorders: A Text Book for Students and Practitioners* (London: H.K. Lewis, 1908) fig. 41, 197; fig 54, 236; fig. 59, 248 in which patients are shown in animated poses or arranged in tableau-like groups striking poses.

³³ Sekula, 'Body and Archive'.

³⁴ Julia Hirsch cites the following from Henry Snelling, a contemporary American authority on photographic portraiture "The eyes [of the sitter] should be fixed on some object a little above the camera, and to one side, but never into, or on the instrument, as some direct; the latter generally gives a fixed, silly, staring, scowling, or painful expression to the face", *The History and Practice of Photography* (1849), in Julia Hirsch, *Family Photographs. Content, Meaning and Effect* (Oxford: OUP, 1981), 98.

³⁵ Tagg, *Burden*, 36.

a code of social inferiority until it came to rest on the lower classes.³⁶ According to this narrative then, the insistence on frontal poses at Newcastle can be explained by its role in signifying the pauper lunatics of Newcastle as socially inferior to 'healthy' or 'normal' society. However, when these photos are placed in the wider context of photography more generally, in which there are many examples of middle-class sitters looking directly into the camera, Tagg's assumption that frontality equates to social or cultural subordination is less convincing. Audrey Linkman argues that photographers had three categories of portrait at their disposal - head and shoulders, half or three-quarter length, or full length. Furthermore, within each category they had three further choices, of profile, three-quarter, or full-frontal views.³⁷ This implies that professional photographers were legitimately able to use full-frontal poses for their paying clients. Frontality then, though the dominant pose in the Newcastle casebook photographs, is not necessarily a sign of oppression or subordination here, rather it may more appropriately be described as evidence of the influence of photographic convention.

Furthermore, through examining inventories of asylum patients' unclaimed property and patient letters, Jane Hamlett and Lesley Hoskins have found that patients regularly requested specific items to be sent to them or had influence over their appearance and dress.³⁸ In the same way, there are some signs in the Newcastle casebooks that patients might be allowed a degree of autonomy or control during the photographic process. Three male patients are photographed with flowers in their jacket lapels. In these three cases the patients' flowers are not signifiers of symptoms

³⁶ Ibid., 36-37.

³⁷ Audrey Linkman, *The Victorians: Photographic Portraits* (London and New York: Tauris Peake, 1993), 46.

³⁸ Hamlett and Hoskins, 'Comfort in Small Things'.

like frivolity or extravagance, nor are they pathologically or diagnostically significant as they might be for a female patient.³⁹ Rather, in light of the clothing policy of most public asylums in which patients surrendered their own clothes and were supplied with institutional issue, the wilting lapel flowers provide a reminder of other factors beyond oppression and institutionalisation at work in the content of the patient images. The flower in the lapel appears because of a series of choices - a choice by the patient or some other to place it there, a choice by the photographer to let it remain, a choice by the medical officer to include the photograph in the notes. The exact nature of this potential version of patient or, indeed, photographer agency is hard to determine. However, by examining such images we have the opportunity to consider the complexities and subtleties of patient experiences inside an asylum.

That said, the photographs in which patients do wear flowers, hats or more elaborate accessories are, at Newcastle at least, relatively rare, and when viewing the photographs as an entire collection, one is struck by the uniformity of the images. This is largely due to the similarity of pose and expression, as each individual is photographed in exactly the same way. The sheer volume of images compounds this impression of sameness and anonymity. The frame is filled with the patient's head and shoulders leaving little, to use Jennifer Green-Lewis' phrase, 'interpretative space' and less literal spatial room for bodily arrangement, angling or posing.⁴⁰ Some of the images are very small, trimmed to fit into the margin space of the page and show only a close-up of the face, similar to a modern-day passport photograph. The patient

³⁹ Flowers were prominent symbols in the iconography of female madness and closely related to the 'Ophelia' type. See Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London: Virago, 1987), 84-98.

⁴⁰ Green-Lewis, *Framing the Victorians*, 25.

image is thus relegated to a peripheral position in the documents, literally the margins. In the case of a few patients, the authorities decided to reprint an earlier portrait of the patient for use in a subsequent casebook suggesting that there was less impetus to obtain an accurate, up-to-date image of the patient than simply having 'an' image, any image.⁴¹

The concentration on the face, leaving no room in the frame for bodily display or dramatic gestures makes an intense, tightly focused image. There is little interest here in capturing the effects of insanity on the body, unlike the fascination with physical symptoms like contractures or corporeal stigmata, which so occupied the doctors at the Salpêtrière. There is no sense of creating a visual 'persona' for mental conditions or of using the photographic image to identify the typical 'face of madness' that lay behind both early images of the insane, and later images of degeneracy.⁴² Nor is there explicit interest here in the aetiology or symptomatology of insanity as shown in photographs published in medical journals or textbooks. In the case of photographic practices at this particular institution, all that was required was the face shot. The peripheral status of the images within the documents detracts from any honorific effect they may have as portraits. Therefore, according to this formulation, when the honorific or distinctive functions are absent from a portrait, only repression remains. The case notes never refer to the images and no directions are given to the viewer on how to

⁴¹ Tyne and Wear Archives Service (hereafter TWAS) HO.SN.13/13, Newcastle City Lunatic Asylum Case Book Males, 346, 415, 466, 565, 577.

⁴² For notable examples of the former see Alexander Morison, *The Physiognomy of Mental Diseases* (1838; London: Longman and Co. 1843) and of the latter see Cesare Lombroso and William Ferrero, *The Female Offender*, with an introduction by W. Douglas Morrison (1893; London: T. Fisher Unwin, 1895).

view the image or how to interpret it. This is in sharp contrast to other types of patient photograph and their various functions, in which photographs may be used to represent physical or mental 'types' and are therefore given a title and caption to channel its meaning. In many ways these images seem to fit with Tagg's formulation of institutional photography; the subject appears controlled, repressed (mainly because when a picture is not honorific it must be repressive), and stripped of all individual identity and agency.

However, viewed in terms of the continuum between complicity and resistance, and when set in a wider context and compared with other types of Victorian institutional photography, the narrative of passive, oppressed inmates is complicated further. Apparent blankness, or lack of agency, might in fact be a sign of refusal, and therefore an assertion of the self. Writing on criminal photography, Steve Edwards argues that sitters could refuse to engage with photography by distorting their features, closing their eyes and so on, and thus transform themselves from a passive object to an active subject.⁴³ In addition, the seemingly blank facial expressions of the patients might be a sign of them adopting a 'dignified' or defiant pose in the face of incarceration and identification as a lunatic; again we are reminded of stern, yet respectable, middle-class facial expressions.

If the Newcastle images can be characterised as standardised and uniform, then the Holloway photographs are striking for their infinite variety. They provide a point of comparison with the homogenous and rather repetitive style of photograph we may have come to expect from patient photography. They suggest that the camera

⁴³ Steve Edwards, 'The Machine's Dialogue', *Oxford Art Journal*, 1990, 13, 63-76.

could be used in a range of ways to capture patients, and that staff were prepared to experiment with different methods and approaches.

In June 1885, the Prince and Princess of Wales attended the opening of the Holloway Sanatorium in Virginia Water, Surrey. Amidst great spectacle and fanfare the guests were shown around the thirty-four acres of landscaped grounds and marvelled at the lavishly painted and gilded surfaces, vaulted ceilings and lecture theatre.⁴⁴ The *Daily News* described it in one report as ‘as great a contrast to the ordinary idea of a lunatic asylum as may well be conceived.’⁴⁵ The social class of the patient body contrasted with that of Newcastle. Patients were reasonably well-to-do; the men, commissioned military officers and professionals, the women of no occupation, or simply described as ‘Lady’. The Sanatorium was established to fill a gap in provision for non-pauper patients, that is, as one report noted ‘the doctor, lawyer, artist, clerk, or any professional breadwinner, whose work cannot, like an ordinary business, be carried on by a deputy, and whose income ceases absolutely when he is unable to work.’⁴⁶

Once discharged from certified control some patients stayed on as voluntary boarders, hinting at the standard of living and care they received. However, certain regulations were attached to the Sanatorium marking its difference from a county asylum; no patient was to stay longer than twelve months, no patient was to be re-admitted after being discharged, no incurable cases were to be treated, and finally,

⁴⁴ ‘Holloway College and Sanatorium’, *The Daily News*, 13 September 1881, issue 11048.

⁴⁵ ‘The Holloway Sanatorium: Opening by the Prince of Wales’, *The Standard*, 16 June 1885, issue 19008, 3.

⁴⁶ *Ibid.*, 3.

patients should be of the middle class (or higher).⁴⁷ However, the actual admissions show that all but the last rule were not strictly adhered to. As at Newcastle, patients suffered from a huge range of conditions, and the Sanatorium treated male and female patients in their late teens to their eighties. The annual reports for the Sanatorium noted the improvements made to the institution year by year. This included the building of a more secure boundary between the grounds and the nearby train tracks for the protection of the residents and the construction of additional blocks for excited patients.⁴⁸ In 1889, the Sanatorium was equipped with its own photographic room.⁴⁹

Although many photographs appear on, or close to, the admission page, there is no standardised system governing either the size, shape, or placement of the photo, with some images being affixed after the case had closed or inserted loosely amongst the ledger pages. While patient images at Newcastle occupied only the margin space, some Holloway photographs take centre stage on the casebook page or are framed by ruled or free-hand lines drawn in blue ink or pencil, the text flowing around the image on all sides. As material objects, the Holloway casebooks are more 'free-form' than Newcastle and more akin to other types of document containing both text and image like scrap books or albums (Figures 6 and 7). Similar to these other photographic objects, casebooks were composed and created with photographs, the

⁴⁷ *Ibid.*, 3.

⁴⁸ 'Report of the House Committee to the General Committee and Governors, Third Annual Report for the year 1888' in *Annual Reports (3rd, 4th, 5th) for Holloway Sanatorium, Registered Hospital for the Insane (1888-1890)* (London: John Barker and Co. 1890), 6.

⁴⁹ Sutherland Rees Philipps, 'The Medical Superintendent's Report for the year 1889, Fourth Annual Report for the year 1889', in *Annual Reports (3rd, 4th, 5th) for Holloway Sanatorium, Registered Hospital for the Insane (1888-1890)* (London: John Barker and Co. 1890), 17.

producer selecting and arranging images in particular and deliberate ways. By framing the photographs in ink, snipping off corners or cutting prints into decorative shapes like ovals, asylum staff were engaging with the common practices of wider photographic culture that would be recognisable to other readers and viewers. Like albums and scrap books, medical casebooks are works-in-progress and undergo continual revision and re-creation as more content is added. They are, therefore, productive spaces in which knowledge is created. At the Sanatorium patients were photographed seated, standing, in bed, in the garden, by a window, in front of a white screen, arms outstretched, hands over their face, screaming and shouting, or smiling for the camera (Figures 6-11). Some patients such as Agnes S. were photographed several times, while others were never photographed despite being resident for many years.⁵⁰ There are examples of patients presenting themselves as if for a professional studio portrait while others ignore or do not see the photographer or, as in the case of Caroline R., refuse to have their picture taken altogether. In particular, the very first photographs taken at the Sanatorium in the mid-1880s are indicative of the ways in which conventions of both photography and portraiture influenced institutional patient photography.

INSERT FIGURES 6,7,8,9,10,11 ABOUT HERE

⁵⁰ See the full case notes for Agnes S. in which four photographs appear, WMS 5157/5158 Holloway Sanatorium Case Book No. 4 Females: Certified patients admitted July 1890-June 1891, 143-46, 169-70, 198, 201-202, 226, continued in Surrey History Centre 3473/3/18, Holloway Sanatorium Supplementary Case Book Feb 1887-May 1926, 97-100, 211-12, 327-28.

These images are informed more by what a photograph 'should look like' than what a criminal, deviant or lunatic 'should look like'. The earlier casebook images have more in common with elegant photographic portraits of ladies than with photographs of asylum inmates.⁵¹ In a merging of discourses, these images display individuals able to retain, for their photograph at least, their previous well-to-do identities and, importantly, their status, even within the walls of an institution. They are a response to conventions which, according to Linkman in her study of Victorian photographic portraiture, dictated that ladies should be posed with their 'arms describing gentle curves' or 'closely confined to the body' and their hands clasped to suggest 'containment, quiescence and passivity.'⁵² In one of the most striking portraits from the first casebook, Maria W. is photographed posing amongst the columns of the covered colonnade, dressed fashionably in sumptuous fabrics (Figure 6). These portraits show no signs of 'disturbance' and are not informed by apparently clinical photographic styles found in medical journals or other casebooks. Such photographs suggest a sense of self-composure and self-presentation that speaks of a patient at ease, or, at least, complicit with, the camera.⁵³ That so many later images from the 1890s and early 1900s continue to connect inter-visually with photographic convention which was exemplified, in many cases, by the three-quarter pose, confirms that the influence of studio photography was still very strong as the twentieth century approached and contradicts previous narratives that claim, firstly, photographic practices were standardised and, secondly, that subjects were anonymised by this point in time (Figures 12 and 13).

⁵¹ This point is discussed further in Rawling 'She Sits All Day,' 107.

⁵² Linkman, *The Victorians*, 46.

⁵³ This is addressed further in Rawling 'She Sits All Day'.

INSERT FIGURES 12 AND 13 ABOUT HERE

It is proposed that many of these images should be seen as patient *portraits*, a term which brings with it its own cultural and theoretical baggage, as portraiture is informed by concepts of status and power. In fact, there has been much recent interest in the ‘medical portrait’ as a sub-genre of the medical image that sits within the visual culture of science and medicine more generally.⁵⁴ Histories of photographic portraiture have made clear the relationship between photography and other media, namely painting, and it is through the photographic portrait that some of the tensions between photography’s status as both an art and a science are played out.⁵⁵ Many patient photographs straddle these two realms when subjects pose as if for a professional portrait but with the explicit purpose of collecting and displaying scientific data.⁵⁶ The term ‘portrait’ suggests the camera was used in a specific way, in which pose and arrangement were paramount, and also suggests a certain relationship between photographer and sitter, a complicity not present in those photographs taken without the subject’s knowledge or consent, of which there are many in the casebook collections. ‘Portrait’ in this context, then, is problematic when one considers the images obviously taken without the patients’ knowledge, so many of which seem to

⁵⁴ See the special issue of *Medical Humanities*, 2013, 39 which was devoted to the subject of the medical portrait.

⁵⁵ The status of photography as an art or a science was a matter of debate from its invention see, Jennifer G. Tucker, *Nature Exposed: Photography as Eyewitness in Victorian Science* (Baltimore: John Hopkins University Press, 2005)

⁵⁶ This tension can be found in other fields of medical photography, for example the heliotherapeutic portraits of Auguste Rollier, see Tania Woloshyn, ‘Patients Rebuilt: Dr Auguste Rollier’s heliotherapeutic portraits, c.1903-1944’, *Medical Humanities*, 2013, 39, 38-46.

suggest intense and intimate vulnerability (Figures 14 and 15). The original function of the portrait, to elevate and honour the sitter, is, therefore, complicated when the sitter is, firstly, not aware they are sitting for a portrait and secondly, a patient in an asylum. However, placing these photos in their wider discursive context of portraiture, can help us appreciate the extent to which photographic practices and conventions seen in the commercial photographic studio influenced photographic practices inside the asylum walls.

INSERT FIGURES 14 AND 15 ABOUT HERE

However, it is important not to see patient photographs such as these as simply a fascinating anomaly but to include them in a wide range of what we think of as a 'patient photograph'.⁵⁷ This has several results. Firstly, their visual difference from other casebook images complicates the narrative of patient photography that sees it visually and discursively connected to police or prison images. Secondly, they are at times strikingly intimate, again in contrast to the downcast anonymity of other collections and the apparently objective public display of clinical journal or textbook

⁵⁷ It has been claimed that 'The Holloway photographs *are like no other* institutional images of the period' in Susan Sidlauskas 'Inventing the Medical Portrait: Photography at the 'Benevolent Asylum' of Holloway, c.1885–1889', *Medical Humanities*, 2013, 39, 29-37, 29. Emphasis added. However, we cannot say this for certain as no sustained analysis of institutional photography has yet been carried out for the period. Moreover, they are very similar to some patient images produced at Bethlem Hospital at a similar time. The Bethlem Royal Hospital Archives holds an extensive collection of patient photographs some of which are reproduced along with the individual case histories in Colin Gale and Robert Howard, *Presumed Curable: An Illustrated Case Book of Victorian Psychiatric Patients in Bethlem Hospital* (Petersfield and Philadelphia: Wrightson Biomedical Publishing, 2003).

images. Finally, as photographs, they have much in common with non-institutional photography, that is, the photography of the professional studio or domestic setting. This complex tension between non-institutional and institutional, medical and domestic, 'abnormal' and 'normal' imagery is played out in the casebook pages, creating an intriguing visual discourse, which defies hitherto proposed narratives of photography and mental ill-health.

Unlike the more familiar photographs of psychiatric patients, we know very little about who took the photographs at the two institutions, or when exactly they were produced. This lack of information concerning their production compounds the complexity and ambiguity surrounding patient photographs as historical sources. The scale and variety of surviving collections of medical photographs demonstrate that the camera was used in many different circumstances, however, the precise detail of those instances is much harder to come by.

A brief note in the Sanatorium minutes mentions that the resident chaplain took some photographs of patients, but this is never referred to in the casebooks.⁵⁸ The only images that are ever attributed are those initialled by Jane B. Henderson (d.1928), a doctor who joined the staff as a resident clinical assistant in 1890, and was then promoted to third assistant medical officer in 1891, a position she held until 1893.⁵⁹ The *Manchester Times* reported her appointment as follows:

⁵⁸ 'Report of the Medical Superintendent', *Eighth Annual Report of Holloway Sanatorium Registered Hospital for the Insane For the Year 1893* (London: John Barker and Co., 1894), 34.

⁵⁹ Henderson's appointment to clinical assistant was noted by Rees-Philipps in his annual report for 1890, Sutherland Rees Philips, 'Report of the Medical Superintendent for the year 1890', in *Fifth Annual Report of Holloway Sanatorium, Registered Hospital for the Insane, for the year 1890* (published not identified, 1891), 25. A report in the press on her promotion reveals she was third

The lady doctors continue to make headway against prejudice. Their latest triumph is the appointment of a young Scotch lady, Miss J.B. Henderson, to a salaried position as a medical officer at the Holloway Sanatorium, where she has been for some time clinical assistant. Miss Henderson's is the first appointment held by a medical woman at an asylum for mental diseases.⁶⁰

In 1892 Henderson visited Paris and attended Charcot's *Leçons du Mardi* at the Salpêtrière. After Charcot's death in 1893, she published her reminiscences of her time in Paris in the *Glasgow Medical Journal*.⁶¹ In this piece she made no direct reference to Charcot's photographic techniques, but she was undoubtedly aware of them, and it seems safe to speculate that she was aware of the potential uses and role of photography in her field. Her position in the Sanatorium meant that she recorded patient observations and notes in the casebooks on a regular basis and would have encountered patient photographs each time she turned to a patient's notes. She would have been responsible, along with her colleagues, for the correct upkeep of these records, which included the addition of any available photographs and other documents like temperature charts or annotated pro forma anatomical diagrams.

assistant medical officer, a junior position within the asylum hierarchy, 'Music, Art, Science and Literature', *The Bath Chronicle and Weekly Gazette*, Thursday May 14, 1891, 6.

⁶⁰ No author, 'Afternoon Chat', *Manchester Times*, Friday May 22 1891, issue 1763, p.6. For a broader discussion of 'lady' doctors and their place in asylums see Hide, *Gender and Class*, 44-46, 58-64.

⁶¹ Jane Buchanan Henderson, 'Personal Reminiscences of M. Charcot', *Glasgow Medical Journal*, 1893, 40, 292-98.

Occasionally, other members of staff like nurses and attendants were also captured by the camera and are visible at the edges of the frame as they encouraged, supported, or restrained their patients. Photographs in which staff appear alongside patients are a visual reminder of the many types of relationships and interactions that took place inside institutions, and also indicate that photography was a collaborative exercise that might require the assistance of other members of staff. There is no indication that attending staff members, who, after all, had most daily contact with the patients, responded to or interacted with patient photographs beyond that first moment when the photo was taken, but this does not detract from the point that successful photography was dependent on the co-operation of several parties. Moreover, the dual role assumed by a doctor or chaplain who is also a photographer introduces another layer of meaning to the process of taking a patient photo. In such an encounter, power dynamics are further complicated by the different types of authority wielded by individuals who are both doctor and photographer, as well as the experiences of people who are both a patient and a sitter for a portrait.

Unfortunately, there is no information indicating who the photographer was at Newcastle; this may have been a member of staff or a professional contracted in for the task, although by the 1880s, portable cameras were widely available to amateur photographers meaning it would not have been necessary to engage a professional. Photographs appear so regularly in the casebooks that it is clear they were deemed necessary by the staff. It would also stand to reason that asylum expenditure was unlikely to be wasted on expenses like a photographer's fees, unless it was required. There is some evidence that the Commissioners in Lunacy used the inclusion of 'good' photographs as one indication of whether the casebooks at Newcastle were 'well-kept'

or not, as they made comment on the quality of casebook photos in their reports for 1909, 1911 and 1913.⁶²

At both Holloway and Newcastle, and in asylum practice more widely, the camera became a clinical tool. The case notes were made fuller by an inclusion of the patients' images which acted as a means of quick identification, but also as a valuable part of the case history. Notes pointing out when a photograph was *not* present combined with comments from the Commissioners on the presence or quality of photography, both suggest that photography had an important part to play in the workings of an asylum, and photographs were missed when they were not there. At Holloway in particular, the photographs provide additional insight and illustration into the case, working together with the case notes to elaborate, and sometimes provide evidence of, the individual patients. A relatively small number of cases were photographed several times, each image providing additional illustration of the patients' state of mind, demeanour, appearance, or attitude. For example, in 1898-99 the medical officers included two different shots of Constance B. (Figure 8), a young woman suffering from acute mania following a bicycle accident. The first is a rather standard head and shoulders frontal portrait of the patient, but the second shows Constance standing on carpeted stairs, her arms loose by her sides, her head dropped so her chin rests on her chest. The white sheet or screen erected in the background conceals any distracting features that might have been present in the room and provides a neutral backdrop for the patient and her unusual pose showing clear intent

⁶² CLAR: *Forty-fifth Annual Report, 1909, Newcastle-on-Tyne City Lunatic Asylum* (Newcastle-upon-Tyne Daily Journal Office, 1910), 11; *Forty-seventh Annual Report, 1911, Newcastle-on-Tyne City Lunatic Asylum* (Newcastle-upon-Tyne Daily Journal Office, 1912), 11; *Forty-ninth Annual Report, 1913, Newcastle-on-Tyne City Lunatic Asylum* (Newcastle-upon-Tyne Daily Journal Office, 1914), 11.

to capture a 'good shot'. The hat tied under her chin with a ribbon draws the eye to her bowed head but is also decorative and symbolic of normative femininity. The Medical Officer's notes written alongside the photo stating 'usual attitude - head bent, arms falling to side' are rare directions to the reader on how to understand the photograph.⁶³ Clearly the patient images in this case had evidential value for the medical staff, but what comes to the surface also are intimate, atmospheric, and highly individual records of patient experiences. We cannot know the exact circumstances around taking this photograph – presumably Constance was directed to stand in that position but there is no additional information to indicate her feelings about being pictured, or how many attempts it may have taken. What is known, is that the doctors thought it worthwhile to capture her in this way. Thus, the patient photograph helped medical officers understand and document their patients' conditions and can help us to consider the complexities of patient experience of life in an institution. It is also important to note that patient photographs were used in clinical research carried out in asylums, published in medical textbooks and journals as visual evidence and to educate readers, and collected and exchanged between doctors.⁶⁴ The camera's role in various aspects of asylum practice was not insignificant then, despite the inherent

⁶³ Notes for Constance B., WMS 5157/5159 Case Book No. 11 Females: Certified female patients admitted May 1898-May 1899, 7.

⁶⁴ Wallis highlights the use of photography in clinical research into skin conditions associated with GPI at the West Riding Lunatic Asylum, Wakefield in *Investigating the Body*, 25-51. For a discussion of photographs in medical textbooks see Jackson, 'Images of Deviance'; Rawling, 'She Sits All Day'; Rawling, 'Visualising Mental Illness', 131-51. For the exchange and collecting of patient photographs by doctors see Rawling, 'She Sits All Day', 102-4.

ambiguity of the photographs, and these encounters between doctors and images of their patients form another layer of meaning to the photographs.

It is clear that many institutions took photographs of their patients and these photographs took several different forms. I've argued that these photographs, the visual record of asylums, should be considered when writing the history of institutions and patient experiences within them. To engage critically with patient images, psychiatric photography needs to be placed in the wider discursive practices of photography outside the institution. On first viewing, the Newcastle photographs might suggest evidence of a controlling, oppressive state medical system which objectified patients, photographed them against their will and stripped them of all identity and agency. In this narrative there is no room for the possibility that subjects, patients, or inmates may have adopted the conventions of a dignified expression, or as Edwards suggested in the case of criminal photography, showed signs of refusing official photography and thus transformed themselves from objects to subjects. Equally, the standardised style of the images might be symptomatic of the response of an overcrowded borough asylum dealing with increasing numbers of patients. They are evidence, however, of only one style of patient photograph. They have none of the performance of the Salpêtrière or the explicit evidential status of published textbook images. Photographing all the patients in the same way can have the effect of erasing the individuality and personality that is evident in other patient photographs and, more importantly, begins the institutionalisation process from the moment of their admission. Set against the context of increasing professional and popular disillusionment with the curative possibilities of the asylum system, they reinforce the growing contemporary impression of countless hopeless cases. However, we should not take this for granted.

If we see these photographs against the context of revised asylum history in which the institution may have been used for respite care, seen as a truly therapeutic environment, or more importantly, as a place that the experience of which could be shaped by its inmates, the apparent passivity of the frontal patient head-shot begins to sit more uneasily. Rather than perpetuating the view that things are done to patient-inmates, or to patients more generally, we may be able to detect patient agency in photographs of the sitter looking away, closing their eyes, trying to resist or simply not engaging by refusing to be complicit in presenting themselves 'as one should' for a photograph. Here we have action by degree, when lack of co-operation could be an act of resistance as much as outright refusal. The context of patient photographs provides insights into the meaning of the images; when convention expected subjects to look a certain way for their photograph, failure to do so carried additional meaning.

For significant numbers of institutional patients, being photographed was part of their experience whilst in the asylum. The photographs that remain, therefore, have much potential as historical sources, a potential that has, so far, been largely unrealised. It should be remembered that asylum casebooks were visual, as well as written, records and the visual component should be given as much consideration as the accompanying text. Patient photographs can help us consider the ways in which individuals may have attempted to retain or remodel their sense of self when placed in an institution. Both by presenting themselves as one should for a photograph, as they may have done countless times in the past, or by refusing to engage in the process altogether, patients could assert themselves and suggest they could be active players in their experiences. It is crucial to regard photography as a two-way process, a type of dialogue, in which both the photographer and subject play a part. There is agency and assertion present both in refusal and disengagement *and* acceptance and

complicity, with these actions operating on a continuum. When we appreciate that the medical photo is a visual record of the doctor-patient encounter, we can use these photos to think about the dynamics of power and agency between practitioner and patient.

The patient photograph is a record of a patient produced in an institution. It is an object created and shaped by institutional authority, patient agency, and the context in which it is made and viewed. Many forces exert themselves on the image, making them complicated and fluid objects. Selecting and comparing casebook images from two very different institutions not only goes some way to suggest the sheer variety of patient photographs that were produced, but also questions previous narratives that see one type of patient photograph as representative of all. While some photos confirm previous versions suggesting that patient photographs display a more 'clinical' style from 1890, or look the same as criminal photographs, there are countless others that show this was not a general rule. By considering the diversity in patient representations in the nineteenth century we can dispel the notion that all psychiatric patient photographs and, therefore, patient experiences, look the same and mean the same things. Without a general system or consistent method across all photographs, the photographic practices used within medical discourses of insanity as a whole are as diverse and as wide-ranging as the medical theories that governed diagnosis, treatment and care of the insane. In casebooks, images function as part of the case history, as an integral step in information gathering and knowledge formation about the patient and their condition. That said, the lack of clear production process, the use of photographs that do not show the face, or the placement of photographs in the notes after the case is closed, suggest that the motives behind photographing patients were not solely about administration or identification.

The glaring blank space in the case notes of Caroline R. where her photograph should have been, and the note of palpable frustration recorded by the Medical Officer explaining why a photograph could not be obtained, points to the ambiguous, yet valued, role photographs played in the doctor-patient relationship and the creation of patient notes. Caroline's case notes reveal that a year later, the doctors did manage to obtain a photo of their uncooperative patient; clearly photographing patients was a meaningful part of clinical practice and the life of the asylum. This article is an attempt to restore patient photographs to the historical record of asylums and psychiatric practice, and an exercise in thinking about patient experience. There is much more to be done to appreciate the full range of approaches to patient photography used by asylum authorities in the nineteenth and early-twentieth centuries. However, recognising that patient photographs are diverse, complex, and powerful records is a good place to start.

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