Out of Sight, Out of Mind:

The Visual Archive of Asylum Artist-Patient William Bartholomew, 1853-1877

by

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Abstract

This paper examines the visual archive of the patient-artist William Bartholomew during his care at the Royal Crichton Institution and Southern Counties Asylum in Scotland during the middle of the nineteenth century. The asylums were overseen by Medical Superintendent W.A.F. Browne who was guided by contemporary practices of "moral therapy" and had a particular interest in art practice as part of that therapy. In this project I will examine the relationship between Bartholomew, the written record, art production, and Browne's care, from multiple perspectives around the theme of inside and outside-ness. I situate my approach in conversation with Roy Porter's appeal for an analysis of the two-way encounter between doctor and patient in the history of medicine. I argue that examples of patient experience and patient produced sources can inform historical understandings of treatment practices and also create opportunities for the archive and the ethics of medical case records to be visible in new ways. Bartholomew's art reveals the negotiation between the internal and external in Browne's phrenological conceptualization of moral therapy; this was a view that prioritized engagement between the inner mind and the outside world through art. Furthermore, in depicting his fellow patients, I argue that we can see Bartholomew's relationship to his subjects shift as he took on a commission from Browne to create educational physiognomic images. These works required the negotiation of a visual language that drew connections between the inner moral and mental state and the external characteristics of the face. Bartholomew's collection of images therefore offers a complicated instance of the patient's gaze, which pushes against the rigidity of medical authority in an effort to situate the patient more clearly in Porter's two-way encounter.

Lay Summary

This project explores the works of artist-patient William Bartholomew that were created during his time at the Royal Crichton Institution and Southern Counties Asylum in Scotland during the middle of the nineteenth century. Bartholomew's care was overseen by Medical Superintendent W.A.F. Browne. Browne was a supporter of "moral therapy" in asylum care and he had a particular interest in art production as a part of patient therapy. Through the lens of Bartholomew's artwork, this paper examines the themes of inside and outside to reveal how visual sources help to situate the patient more clearly in relation to doctors and their medical records. I examine the ways that understandings of the connection between the inner self and the external self were tied up in discourses of care and medical diagnosis and I argue that Bartholomew's portraits are important tools for understanding the patient in relation to such medical conceptions.

Preface

This dissertation is original, unpublished, independent work by the author, K. Powell. All figures are used with permission.

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Acknowledgements

I would like to extend many thanks to my supervisors Professors Joy Dixon and Robert Brain for their guidance, encouragement, and feedback throughout this project. Many thanks to Graduate Chair Professor Coll Thrush and my history graduate writing seminar classmates for their supportive comments and the helpful conversations which ultimately shaped the earliest draft of this thesis. I am also indebted to my cohort and the faculty of the Science and Technology Studies program for their early advice in planning my project. Many thanks are also due to the archivists and librarians at the University of Edinburgh and Dumfries and Galloway Local Archives. I also wish to gratefully acknowledge funding for this project from UBC's History Department and the Social Sciences and Humanities Research Council of Canada. Finally, a special thanks to my friends and family for their support and endless supply of tea and coffee throughout my program.

Introduction

21 July 1849 — "Acute Mania. Traumatic. Single — nervous temperament — native of Edinburgh — well educated — Presbyterian religion. Served apprenticeship to a hatter, but latterly followed his father's business that of engraver."[1]

Thus begins the case record of William Bartholomew from his first admittance to the Royal Edinburgh Hospital in 1849. The rest of Bartholomew's life was marked by such medical notes and repeated admittance to Scottish asylums. An account of his care in Edinburgh bookends the main subject of this paper's focus: his admittance to the Royal Crichton Institution in Dumfries and the adjacent pauper Southern Counties Asylum from 1853 to 1877.[2][3] During his early years at the Crichton and the Southern Counties Asylum, Bartholomew's care was overseen by Medical Superintendent W.A.F. Browne. Following his 1837 publication *What Asylums Were, Are, and Ought to Be,* Browne was praised by contemporary Scottish and English alienists

[1] Case Records of William Bartholomew, 21 July 1849, Royal Edinburgh Hospital Case Book vol. 7 June 1847-April 1851, LHB7/51/7, Royal Edinburgh Hospital Collection, Lothian Health Services Archives, University of Edinburgh Special Collections.

[2] Bartholomew moved between three institutions throughout his life. He was first admitted to the Royal Edinburgh Hospital in July 1849 and discharged in January 1850. He was subsequently admitted to the Southern Counties Asylum from September 1853 to August 1855. A few months later he was admitted to the Royal Crichton from December 1856 before returning to Southern Counties in November 1864. His final admission to the Crichton was from April 1871 to November 1877 after which he was transferred back to the Royal Edinburgh, where he stayed until his death on 3 June 1881.

[3] By the 1840s the Crichton was already facing spatial constraints and it was proposed that a second asylum for pauper patients would be built to the South of the current asylum. The Southern Counties Asylum was built in 1846 and like the Crichton, was overseen by W.A.F. Browne.

as being at the forefront of innovative practices of modern "moral therapy," and, most importantly for this study, the use of art production as an early form of occupational therapy.[4]

Of the many patients who created art under Browne's care, I have singled out William Bartholomew in this case study due to the subject and context of his images. Like many other patients, Bartholomew utilized his skills to undertake numerous art works as a facet of his prescribed medical care; fifteen of Bartholomew's works of this type have survived. However, unlike most of the patient art from the Crichton, which depicts landscapes and nature studies, Bartholomew's images are predominantly of fellow patients.[5] These images offer instances when he exerted a creative role over the representation of others in the asylum, and by extension, was an active creator of records that reveal aspects of his own perspective.

My approach in this project is in keeping with the call made by Roy Porter in his seminal 1985 article "The Patient's View: Doing Medical History from Below." Porter argues that the history of medicine, long dominated by the history of the doctor, needs to be inclusive of patient narratives to demonstrate that medicine is a "two-way encounter" between lay and formalized medical actors.[6] The role and power held by Browne in this account cannot be excluded, but my aim is to nonetheless move beyond the traditions of the "great doctor" hagiographic studies.

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[4] Browne published his lecture series entitled *What Asylums Were, Are, and Ought to Be, Being the Substance of Five Lectures Delivered before the Managers of the Montrose Royal Lunatic Asylum* in 1837. Impressed by his theories, Elizabeth Crichton, the patroness of the Crichton Royal Institution, asked Browne to become the CRI's first medical superintendent.

[5] There are still a wealth of possible research projects linking the production of landscape art to broader themes of moral therapy. However, due to the specificity of Bartholomew's work, this paper will not address the details of the relationship between art production and the Romantics' view of the natural world.

[6] Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14, no. 2 (1985): 175.

This work differs from the approach adopted by Chris Philo in a recent publication on the topic of the artist-patient. While Philo traces some biographical fragments of the artist-patient, it is in service to a larger narrative about the medical profession, namely the work of Thomas Laycock at the medical school in Edinburgh. Philo is reluctant to offer any sustained reading of the images themselves, because Laycock himself did not make any direct commentaries on the images or interpret their subject matter as part of ill-health discourse.[7] The medical work of W.A.F. Browne at the Crichton is a necessary part of this story and certainly his views on the medical role of art helped to facilitate the creation of the art collection in question. However, in the spirit of Porter's appeal, I would argue that we can seek to situate the visual archive adjacent to the medical casebook in an effort to see them as coeval sources in seeking out the history of the patient in a meaningful way.

I am interested in looking at these sources to understand how medical knowledge intersected with, was challenged by, or supported through the cultivation of art practice at the patient level. Such an approach must tread carefully to not idealize such experiences or likewise solely point to pain narratives.[8] Porter argues that "it is precisely the dynamic interplay between sufferers and practitioners that requires study, the tug-of-war supply and demand, patient power and doctor power. By starting with the patient we can put medical history back on its feet."[9] Bartholomew's depiction of other patients pushes against the rigidity of medical authority while,

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[7] Chris Philo, "Madness, memory, time, and spaces: the eminent psychological physician and the unnamed artist-patient," *Environment and Planning D: Society and Space* 24 (2006), 905.
[8] Porter, 182
[9] Porter, 185.

in some contexts, it also contributes to the dissemination of formalized medical knowledge. It is therefore a powerful site from which to explore the possibilities of Porter's two-way encounter.

In this project I will examine the relationship between Bartholomew, the written record, art production, and Browne's care, from multiple perspectives around the theme of inside and outside-ness. I adopt this theme from the work of social and cultural geographer Hester Parr from her study on late nineteenth and twenty-first century art therapies. I would argue that when viewed within the context of Bartholomew's images, we can reveal moments that as Parr notes, "complica[te] how social positions of inside and outside might be created as a result of arts practice."[10] I will examine aspects of this concept through three themes within the case of Bartholomew. The first chapter will explore this theme in relation to the role of art-marking within the larger rubric of therapy at the asylum. Browne's phrenological views about the mind and body prioritized an engagement with the outside world as a tool of therapy. Art was a means by which the therapeutic qualities of the asylum, could be rendered inside the diseased mind. Bartholomew's images in this context were an important facet of care, and also enabled him to depict his fellow patients and the daily life of the asylum.

The second chapter will examine the two-way encounter in the context of a series of physiognomic portraits commissioned by Browne (Figure 1). This project reflects a change in Bartholomew's positioning from a patient to a producer of medical imagery. The visual discourse of physiognomy purported that aspects of an individual's internal self were reflected in the visual characteristics of their face. Browne characterized these portraits as "in many cases

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[10] Hester Parr, "Mental health, the arts and belongings," *Transactions of the Institute of British Geographers* 31, no. 2 (2006): 151.

striking likenesses," and added labels to the images with the patient's corresponding mental illnesses.[11] While these images reflect Bartholomew's continued interest in portraiture, they also place him as the creator of representations within the framework of psychiatric nosology. In depicting his fellow patients, Bartholomew was simultaneously partaking in a project to characterize and typify mental illness. Bartholomew turned his own gaze and expertise onto fellow patients within a medicalized context and consequently expanded his role into a new space of artistic authority.

Figure 1: William Bartholomew, *Mania of Vanity*, 1830s, graphite and watercolour, 76 x 55 cm, EU1388 © University of Edinburgh Art Collections.

[11] W.A.F. Browne, "Art II - Mad Artists," *Journal of Psychological Medicine and Mental Pathology* (1880): 33, DGH1/6/18/28, Records of Crichton Royal Hospital, Dumfries and Galloway Archives and Local Studies, Dumfries, Scotland. A note on language: The terms "madness," "lunacy" and "insanity" are used in this paper not with their contemporary pejorative meaning, but as used in medical terminology during the nineteenth century. Contemporary language such as mental health or mental-ill-health is used to situate this historical language.

In the final chapter, Bartholomew's archival presence as an artist-patient is examined alongside his patient record in the case file. When drawing out the patient experience in the history of medicine, ethical questions around patient identity, and the privacy of medical records present challenges for the case record. I argue that visual sources from the patient-artist act as important interlocutors in such discussions. They reorient focus on the patient in an effort to create balance in representations of a two-way encounter.

Another example of the potential offered by sources that Bartholomew produced is visible in the earliest known personal portrait that he created during his care in Dumfries (Figure 2). It depicts James Yorstoun Thorburn who was admitted to the Southern Counties Asylum in December of 1853 after a transfer from a prison, and previous confinement in Bicêtre Hospital in Paris. Browne's case book describes Thorburn as "a surgeon of liberal education but eccentric habits" and, like Bartholomew, he was interested in the social and natural sciences.[12] The image is an ink portrait on paper and Thorburn faces forward with a three-quarter profile looking at the viewer. Below the image a caption reads: "James Yorstoun Thorburn Chevalier of the Grand Cross of Poland to Cowper James Yorstoun Thorburn with Papa's Love, June 19th 1855. Sketched by Mr. Bartholomew of Edinburgh." The letter that accompanied the image was written by Thorburn and was intended for his son Cowper. In it, Thorburn expressed his eagerness for a reply from his son and commented on the quality of the depiction: "I have sent

[12] Case Records for James Yorstoun Thorburn, 12 December 1853, Southern Counties Asylum Case Book vol. 5 April 1853-1854, DGH1/5/21/2/5, Records of Crichton Royal Hospital, Dumfries and Galloway Archives and Local Studies, Dumfries, Scotland. Sources from this collection are hereafter abbreviated to "CRI Records."

you a rough sketch which is said to be a good resemblance of your Old Father. Take care of it."[13] Such an introduction to Bartholomew and Thorburn's experiences as patients differs greatly from representation in the case files which make no mention of Thorburn's family or any details of the informal interactions that occurred within the asylum spaces. In this instance, Bartholomew's action as a creator of the imagery speaks to his own creative agency within the larger framework of the asylum.

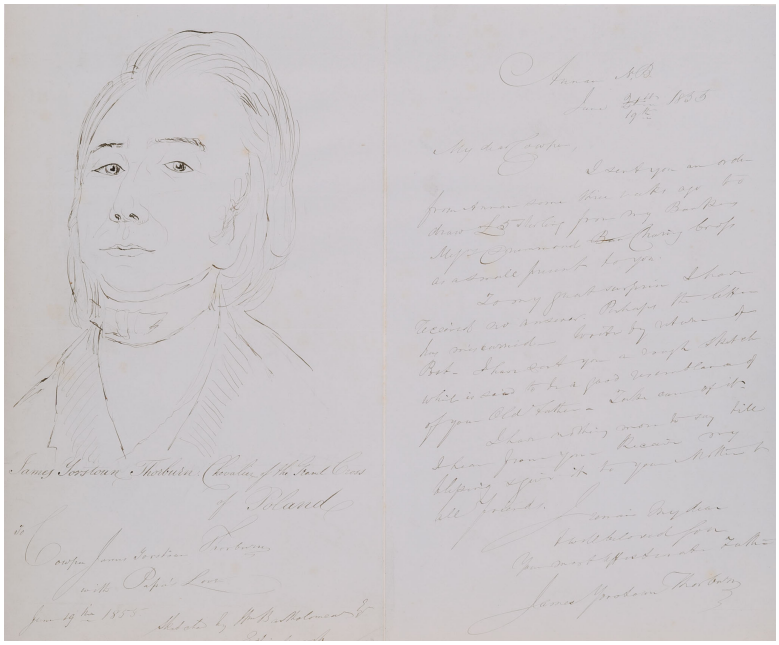

Figure 2: William Bartholomew, *Portrait of James Yorstoun Thorburn*, 1855, pen and ink, 31.3 x 18.4 cm, Dumfries and Galloway Archives and Local Studies, Image: Wellcome Library, London

While the case record isolates the individual to a single chart, Thorburn's portrait and correspondence, and the images from Browne's lectures indicate the potential of the patient's gaze, their visual read of the asylum, and the historical discourses surrounding their care. Such a

[13] Letter from James Yorstoun Thorburn to Cowper James Yorstoun Thorburn with sketch, 1855, DGH1/7/3/1/15, CRI Records.

vantage point makes Bartholomew's perspective in relation to his fellow patients and Browne, more visible.

Of those who have previously examined W.A.F. Browne in the history of Scottish mental health care, this project is particularly indebted to research conducted by Maureen Park and Morag Williams on the history of the Crichton. Park's work is a comprehensive and detailed archival overview of Browne and the institutional practices at the Crichton. She identifies her work as filling a gap in existing scholarship where "the links between art, mental illness and moral therapy have not been the subject of focused research."[14] The focus of my project is narrower; motived by an interest in a history from below, I seek to examine the work of one patient-artist to build a micro history. This is not only to examine Bartholomew in relation to the institution, but in relation to the archive.

While Park identifies her own project as an "archival study," I argue that the archive can ultimately be rendered even more complicated not only through the use of art, but through the lens of a patient who sought to represent patients himself through a purely visual medium.[15] Park notes that the history of psychiatry "point[s] to the incompleteness of some case notes, the areas of bias in their recording and their occasional inter-textual discrepancies," but such a critique of the archive is not a sustained aspect of her argument or project.[16] Yet it is precisely the matter of visuality which situates Bartholomew as an artist-patient in a position of archival complexity that requires further investigation. His archive points to the challenges that case records pose not only

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[14] Maureen Park, "Art in Madness: Dr. W.A.F. Browne (1805-1855), Moral Treatment and Patient Art at Crichton Royal Institution, Dumfries, with Special Reference to his medical superintendence, 1839-1857" (PhD diss., University of Glasgow, 2007), 354.
[15] Park, "Art in Madness," 27.
[16] Park, "Art in Madness," 28.

to the "completeness" of the account, but their ethical challenges as doctor-produced sources. Bartholomew's art visualizes the asylum in ways that are indicative of his care. Yet they also prompt a reassessment of the authority of case records by pushing against the patient category through his physiognomic portraits and patient's gaze.

Most scholarship on contemporary mental ill-health draws on oral testimonies in an effort to integrate patient experience into the discourse of historical psychiatric practices. Kerry Davies calls these the patient's "outer experiences," in that they reflect "a shift in emphasis from changing theories of mental illness and its treatment, to the practices and processes of psychiatry."[17] The central aim of Davies' project is not to examine psychiatric history as a study of the patient acted upon by medial forces, but rather to create opportunities for the patient's experience to inform the historical understanding of what and how treatment was carried out. [18] I therefore with to attend to these outer experiences in the study of Bartholomew's works. As an artist, patient, and artist-patient, he bridges these categories not through the oral or written records, but through his own representation of fellow patients. As we shall see, moral therapists viewed patients as active agents in their treatment. Therefore, seeking out the site of this action (in this case art-making) not only reveals aspects of care, but importantly, situates the patient contributions to that care at the forefront of this project.

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[17] Kerry Davies, "'Silent and Censured Travellers'? Patients' Narratives and Patients' Voices: Perspectives on the History of Mental Illness since 1948," *The Society for the History of Medicine* 14, no. 2 (2001): note 268.
[18] Davies, 268.

The Artist as Patient: The Inner and Outer Mind

1 June 1857 — "His drawings possessed similar qualities, […] incongruous, absurd and mythical: generally blurred or coloured by coloured pigment the flour [sic]*, or flowers around supplied. His habits with erratic degraded and destructive furnished a fertile source of dispute and disquietude with the authorities: and gave to his aspect an air of shabby gentility which no care or comment could prevent."*[19]

In 1864, several years after his retirement from the Crichton, W.A.F. Browne was asked to return to the asylum to give a lecture to the medical students of physiologist Dr. Thomas Laycock. Reflecting on his earlier career, Browne described moral therapy as he had practiced it at the Crichton. He reminded the students that the trappings of the modern asylum with its gardens and recreational activities were not to be viewed as mere decorations to create beautiful surroundings, but rather as specific tools that were unique to the needs of each patient. He wrote: "It must be confessed that while there are grand principles upon which this accessary mode of cure is based, every trivial detail, every daily occurrence, every change of dress, diet, season, may be converted into a moral agent and a remedy."[20] Browne was one of the many early alienists who adopted the practice of "moral therapy" during the first three quarters of the nineteenth century and the use of art practice as demonstrated in Bartholomew's archive reflects such an approach to care.

In this chapter I examine a negotiation between the inner and outer and the medical assertions that underpinned Browne's encouragement of art making. For moral therapists, the

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[19] Case Records of William Bartholomew, 1 June 1857 Crichton Royal Institution Case Book vol. 11 June 1854-1859, DGH1/5/21/1/11, CRI Records.
[20] W.A.F. Browne, *The Moral Treatment of the Insane: A Lecture* (London: Printed by J.E. Adlard, 1864), 8. Emphasis in original.

production of images reflected a dynamic between the inner self's condition of mind and the external therapeutic environment. These works were also sites of interaction between artist and subject, fellow patients, and the materiality of art production amidst the sights, sounds, and engagement with the external world. Examining these outer environmental practices conducted under moral therapy, particularly those of art practice, reveals a dimension of Browne's own phrenological assertions. Browne argued that the "I hold in equal faith and reverence that there is a love for and a delight in the beauties of external nature implanted in every heart, so intense as occasionally to assume the aspect of nostalgia, and so undecaying that few minds are so blind or dead as to be unaffected by it."[21] Browne's project can be understood within a broader system of relationships between diseases of the mind, and the curative potential of outer world of the asylum and its therapeutic practices. However, in addition, Browne noted that a passive relationship with the natural vistas offered by the asylum was not enough. Instead he also cited the value of occupation as a means of "diverting the mind from itself towards muscular action and external objects."[22] Therefore active engagement through occupation-based therapies was an important part of this inner/outer conception of care.

Through this lens, an examination of patient art practice becomes more than simply a means of understanding the daily operations of the asylum. When viewed through this conception of the inner/outer world, art practice reveals a space of externalized interactions between nature, humans, the physicality of art production and the corresponding links to one's own mind. Building on the earlier arguments about the role of art in representing the patient's

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[21] Browne, "Moral Treatment of the Insane," 316.
[22] Browne, "Moral Treatment of the Insane," 318.

perspective, understanding how and why art was encouraged in the asylum enables a greater understanding of this network of interactions that the patients experienced in their care. While questions of agency in the asylum context are complicated by the institutional nature of the space, such a network of interactions (as demonstrated through the artist-patient's human, spatial, and object-driven interactions) reveals opportunities to investigate the potential of individual actors, both Browne and Bartholomew. Furthermore, from the perspective of medical views of the sciences of the mind, this offers a conceptualization of the artist-patient that further complicates a simply interiorized view of self-control.

Moral therapy as a practical concept was implemented in Britain under William Tuke at the Quaker York Retreat and in France in the work of Philippe Pinel at Bicêtre and Pitié-Salpêtrière Hospitals and sought out the psychological, rather than simply the physiological, aspects of "madness."[23] Such a view of treatment of insanity was a conscious reaction against previous practices in the eighteenth century that had utilized physical restraint and long-term incarceration. Under the guidance of William Tuke, the Retreat's practices implemented what Anne Digby calls, "a concentration on the rational and emotional rather than the organic causes of insanity."[24] In service to such aims, the Retreat was also the first institution to alter the architecture and surrounding landscapes to take on the visual language of non-restraint by concealing signs of confinement.

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[23] Susan Hogan, *Healing Arts: The History of Art Therapy* (London: Jessica Kingsley Limited, 2001), 38.
[24] Anne Digby, "Moral Treatment at the Retreat, 1796-1846," in *The Anatomy of Madness*, eds. W.F. Bynum, and Michael Shepherd, vol. 2 (London and New York: Tavistock, 1985), 53.

While the Retreat was viewed for many years as the cornerstone of early British psychiatric care, many historians have subsequently critiqued a singularly positive read of its practices. From an historiographic standpoint, Susan Hogan is cautious to ascribe too much credit to the work of William Tuke and Philippe Pinel as the originators of moral therapy, for, like historian Anne Digby, she suggests that they were simply enacting medical ideals that had emerged on a much broader scale by the end of the 1700s.[25] Barry Edginton's work identifies the abuses of power in the asylum and the ways in which the ideals of moral therapy and non-restraint were frequently violated at the Retreat (and subsequently other institutions). Like Foucault, he argues that although the Retreat abandoned physical restraint in theory, through the use of middle class morality and religious judgement, such practices simply forced patients to internalize that emotional restraint in an effort to instil bourgeois values.[26]

Despite these critiques of the Retreat's methods by historians today, for nineteenth century psychiatrists, the design, space, and ideals of the Retreat were highly influential throughout much of the century. As psychiatry developed as an independent medical field, specialized spaces of confinement served to reinforce professional standing and expertise. In appealing to a patient's rational self through positive domestic surroundings and soothing natural landscapes, medical men such as Browne hoped that they could appeal to the emotional sensibilities of each patient. The patient had to address their condition from within, through the

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[25] Hogan, 38.
[26] Barry Edginton, "A Space for Moral Management: The York Retreat's Influence on Asylum Design," in *Madness, Architecture, and the Built Environment: Psychiatric Spaces in Historical Context*, eds. Leslie Topp, James E. Moran, and Jonathan Andrews (New York and London: Routledge, 2007), 86.

regulation of self, and consequently, the influencing outer environment had to be regulated, controlled, and morally stimulating.

Browne's scholarship suggests that he too subscribed to the intellectual framework of moral therapy which favored a narrative of self-cultivation through environmentalism, medical theories, and occupational therapies.[27] However, as a medical man educated in Edinburgh during the early nineteenth century, Brown's personal interest in phrenology and his proximity to debates over the work of Franz Joseph Gall and Johann Gaspar Spurzheim are also evident in the way in which he viewed and treated madness. Dedicating his published lecture series to Dr. Andrew Combe, one of the founding members of Edinburgh's Phrenological Society, Browne wrote: "I have to offer the assurance that Insanity can neither be understood, nor described, nor treated by the aid of any other philosophy."[28] However, is it also clear that Browne himself was aware of the unstable place that the theory had within medical circles, stating that he had avoided using phrenological language for fear of alienating audiences and obscuring his larger objectives under moral therapy.[29] While theological and philosophical issues underpinned much of the polarized reception of phrenology among Scottish anatomists and moral philosophers, it is to the social dimension of phrenological interest that I wish to first point in Browne's conception of

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[27] For further detail on Browne's education, training and involvement with the Edinburgh phrenological society, see Maureen Park and Robert Hamilton, "Moral treatment of the insane: Provisions for lifelong learning, cultural engagement, and creativity in nineteenth-century asylums," *Journal of Adult and Continuing Education* 16, no. 2 (2010): 100-113; Maureen Park, "Art in Madness: Dr. W.A.F. Browne (1805-1855), Moral Treatment and Patient Art at Crichton Royal Institution, Dumfries, with Special Reference to his Medical Superintendence, 1839-1857" (PhD diss., University of Glasgow, 2007).

[28] W.A.F. Browne, *What Asylums Were, Are, and Ought to Be, Being the Substance of Five Lectures Delivered before the Managers of the Montrose Royal Lunatic Asylum.* (Edinburgh: Black, 1837), viii.

[29] Browne, *What Asylums Were*, viii.

moral therapy in asylum operation. As the work of Steven Shapin and others has emphasized, the Edinburgh Phrenological Society existed outside of the city's formal academic circles and was aligned with middle and working classes. Phrenology in this context was therefore linked with elements of social reform.[30]

Phrenology offered a view where the functions of the mind were localized in discrete brain faculties. These faculties interacted with one another to prompt more complex sets of behavioral outcomes, and repeated actions or cumulative inter-generational circumstances taxed certain faculties and could produce diseased mental states. For phrenologists, the treatment of madness was therefore a project to bring the mind back into balance through the treatment of diseased faculties and the cultivation of areas of the mind that could support mental health.[31]

It is important to include this context for the ideas of moral therapy and phrenology, because while they present formal medical conceptions of the asylum, they also reveal that for Browne, patients were to be active participants in aspects of their own treatment. The inner condition of the mind was addressed through a negotiation with the external world; therefore, examining how Browne conceptualized treatment is a starting place from which Bartholomew's art-marking can be further understood. Writing in an 1837 lecture series on asylum management, Browne noted:

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[30] Steven Shapin, "Phrenological Knowledge and the Social Structure of Early Nineteenth Century Edinburgh," *Annals of Science* 32, no. 3 (1975): 228. Such views of "social reform" manifested in many ways throughout the century. While Shapin references examples such as education and poor aid, phrenology alongside other pseudo-sciences was also used to promote sexist, racist, classist, and ableist views and later taken up to bolster arguments around eugenics and Social Darwinism. See Stephen Tomlinson, *Headmasters: Phrenology, Secular Education, and Nineteenth Century Social Thought* (Tuscaloosa: The University of Alabama Press, 2005).
[31] Stephen Tomlinson, *Headmasters: Phrenology, Secular Education, and Nineteenth Century Social Thought* (Tuscaloosa, University of Alabama Press, 2005), 85.

> It may be supposed that patients of this disposition are beyond the pale of humanity — beyond the reach of art, or of alleviation. It is not so. […] by binding the mind to a certain routine of purely intellectual or mechanical tasks, and thus excluding the operation of propensities, these unfortunates have been reclaimed.[32]

While an individual's mind possessed particular strengths and weaknesses (as evidenced for phrenologists by the shape of the skull), this localized understanding of the brain meant that these areas could be worked on or improved.[33] Browne lectured on the need to engage with the minds of patients, to address their "intellectual, emotive, and instinctive faculties" and the unique characteristics of the individual based on their particular mental state; this, he argued, must be reflected in "everything done *to*, and *for*, and *around* the insane."[34] As spaces of care, asylums were required to structure and manage the patient's external world in an effort to aid in the recovery of ailing mental faculties.[35] The ideal asylum operated as finely tuned environment and managers paid attention to details of architectural and landscape design in an effort to create a soothing, bright, and well ventilated facility.[36] Occupational therapies, such as art practice,

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[32] Browne, *What Asylums Were*, 23.
[33] Shapin, 232.
[34] Browne, *What Asylums Were*, 8. Emphasis in original.
[35] This project was not dissimilar to that of the Tukes at the York Retreat. However, the theories that underpinned the approaches differed. While the York Retreat stressed the moral causes of insanity, phrenological approaches derived from Spurzheim's writings offered a focus on organic materialism. While both of these approaches were invested in spatial concerns within the asylum's architecture and the sensory experience of the patient, phrenological methods offered a means by which the treatment of madness could be addressed within a secular and increasingly scientific vocabulary. See Tomlinson, 88-89.
[36] The proliferation of asylum construction in Britain during the first half of the nineteenth century coincided with a wide range of specialized plans and designs that sought to create the most effective modern asylum. Reports with a focus on design were circulated by Commissioners in Lunacy and published in *The Lancet* and *Builder*. Asylum landscape design was intimately linked to care and the works of Sarah Rutherford and Clare Hickman have explored the means by which Romantic aesthetics of the picturesque and the sublime were actively incorporated into sprawling asylum grounds.

adhered to these values of the external world. As patients undertook the mechanical and intellectual practice of art making, they were also exposed to the asylum's landscape and outside spaces.

Under Browne's tenure as Medical Superintendent between 1838 and 1857, there are numerous examples that demonstrate how these values were instilled within the asylum's long-term operations. Art and art practice are first mentioned in Bartholomew's case file after he arrived at the Southern Counties Asylum where, in October of 1854, he was described as having "considerable artistic talents and dexterity."[37] After his later admittance to the Crichton in 1856, the first entry in December noted "[h]is drawings possessed similar qualities … absurd and mythical"[38] Such remarks reoccur after his transfer back to the Crichton in 1871, when the case record noted "[w]hen at his best as he has been lately he devotes himself to artistic work such as drawing portraits copying prints music &c. He was an engraver by trade and his work when at his best is remarkable for its beauty and perfection."[39] The entry goes on to express admiration for a series of copies that Bartholomew made of Raphael's works, noting that the images were so impressive that they were also praised in the asylum's annual report.[40]

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[37] Case Records of William Bartholomew, 6 October 1954, Southern Counties Asylum Case Book vol. 5 April 1853-February 1854, DGH1/5/21/2/5, CRI Records.
[38] Case Record of William Bartholomew, 5 December 1856, Crichton Royal Institution Case Book vol. 11 June 1854-June 1859, DGH1/5/21/1/11, CRI Records.
[39] Case Records of William Bartholomew, 29 April 1871, Crichton Royal Institution Case Book vol. 14 September 1870-March 1876, DGH1/5/21/1/14, CRI Records.
[40] Case Records of William Bartholomew, 29 April 1871, Crichton Royal Institution Case Book vol. 14 September 1870-March 1876, DGH1/5/21/1/14, CRI Records.

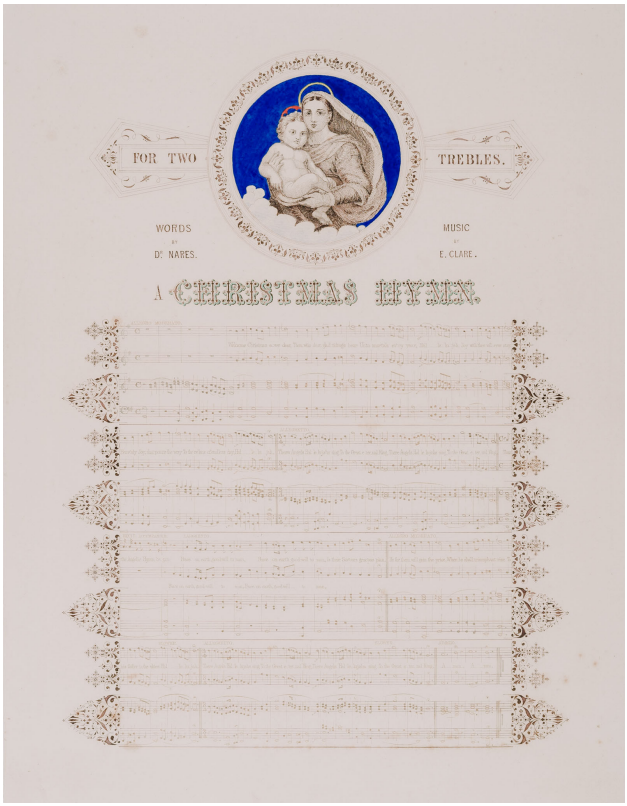

Figure 3: William Bartholomew, *Christmas Hymn Music Sheet*, c. 1871, pen, ink and watercolour, 35.5 x 27.4 cm, Dumfries and Galloway Archives and Local Studies, Image: Wellcome Library, London.

The art created by Bartholomew reflects the objectives of moral therapy and the patient's requisite outer participation in their treatment. This participation reveals aspects of social life that existed within the asylum's world. Like the letter for Thorburn, art makes social interactions in the asylum legible through the patient's own medium of outer representation. A detailed page of sheet music (Figure 3) from c.1871 is an example of the type of recreational activities that were integrated into the asylum's management. Bartholomew sketched the detailed copy of the Virgin and Child on a bright blue watercolour background above the hand printed sheet music for a Christmas hymn. The style of the image and the skill of its execution at such a small scale speaks to Bartholomew's experience as an engraver. His zeal for Christmas was also noted in his case record when he injured himself after "decorating the apartment in which the great display of the

season was to take place."[41] Browne also spoke to the importance of holiday festivities in the 1855 annual report where the Crichton raised the first Christmas tree in a Scottish asylum, and the "spectacle was inaugurated by carols and music … its green branches bent under the load of trophies of art and taste."[42] Browne remarked that the decorations and gifts on the branches conveyed to the patients "a lesson or an encouragement," and linked the values of moral therapy to the pleasing occasion.[43] This example of Christmas celebrations reveals the active participation required by the patient and it is clear from Browne's commentary that such events were framed within his rubric of therapy and self-cultivation.

In addition to general recreational activities, the fine arts were regularly integrated into patient excursions, which Browne termed as the "harvest of a quiet eye." These trips allowed patients "a sense of partial liberty" where they were able to take in the beneficial sensory qualities of the outer natural world.[44] One handbill from the summer of 1860 advertised weekly picnics and outings that would also include "practical classes for Botany, Geology, Entomology, Photography, and Sketching," in addition to historical lectures on nearby ruins and castles that patients had visited.[45] There is evidence that Bartholomew was partaking in such outdoor activities while creating art works. The 1857 note in his case record quoted at the start of this chapter indicates that he was using native flora to create the pigments for his images, offering an

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[41] Case Records of William Bartholomew, November 1861, Crichton Roya Institution Case Book vol. 11 June 1854-June 1859. DGH1/5/12/1/11, CRI Records.
[42] *Sixteenth Annual Report of the Crichton Royal Institution for Lunatics*, 11 November 1855, DGH1/2/2/2/, CRI Records.
[43] *Sixteenth Annual Report of the Crichton Royal Institution for Lunatics*, 11 November 1855, DGH1/2/2/2/, CRI Records.
[44] *Sixteenth Annual Report of the Crichton Royal Institution for Lunatics*, 11 November 1855, DGH1/2/2/2/, CRI Records.
[45] Handbill, 1860, Recreation and Printing Scrapbook, DGH1/6/17/2, CRI Records.

ideal example for moral therapists of the connection between creative enterprise and the (natural) environment.[46]

The only surviving landscape image that has been attributed to Bartholomew is a sketch of Caerlaverock Castle, c. 1860. (Figure 4) Maureen Park's research suggests that the informal sketched style of the images indicates that it was painted on location.[47] Located less thaneleven kilometers from the Crichton, the castle was a frequent excursion site for the asylum patients and the authors of *New Moon* patient newspaper noted in their activity report in July 1849 that it was visited four times within one month.[48] Browne put great emphasis on exposure to the outer world (and consequently the artistic expression of this outside world) and such engagement with nature was a common priority for moral therapists; from such outward interactions instances of Bartholomew's own creative eye emerge from the framework of asylum care.

Like his fellow patients, it is evident that Bartholomew was partaking in such activities and drawing on those experiences when creating his various art works. However, in addition to works that reflect the outer social life of the asylum, Bartholomew's personal images also comprise a series of portraits. It is to these images we now turn, as they set Bartholomew apart from the landscape studies that were far more typical of Browne's collection and also engage further with issues of externalized interactions and the overarching asylum context.

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[46] Case Records of William Bartholomew, 1 June 1857, Crichton Royal Hospital Asylum Case Book vol. 11, June 1854-June 1859, DGH1/5/21/2/5, CRI Records.
[47] Maureen Park, *Art in Madness: Dr. W.A.F. Browne's Collection of Patient Art at Crichton Royal Institution, Dumfries* (Dumfries, Dumfries and Galloway Health Board, 2010), 153.
[48] *New Moon*, 3 July 1849, DGH1/7/1/1/1, CRI Records.

Figure 4: William Bartholomew, *Caerlaverock Castle and Sketch and Text*, c. 1860, pen and ink, 21.9 x 17.3 cm, Dumfries and Galloway Archives and Local Studies, Image: Wellcome Library, London.

The medium of portraiture carries certain implicit expectations from the viewer, which Ludmilla Jordanova argues is the "promise to reveal something particular about a person."[49] In contrast to his physiognomic works in chapter three, Bartholomew is not making explicit claims about the mental condition of his subjects. These are not environmental works, and the figures are drawn with little to no adornment or detailed backgrounds to visually situate them in a "therapeutic" space.[50] Unlike some of Bartholomew's physiognomic portraits, most of these subjects do not look at the viewer. The portrait of Thorburn, which is the one exception, engages

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[49] Ludmilla Jordanova, "Portraits, patients and practitioners," *Medical Humanities* 39 no. 1 (2013): 3.

[50] Bartholomew's collection of patient portraits includes nine surviving works. They all depict men and reflect the gendered organization of the asylum. Most are pen and ink or pencil sketches and depict their subjects at a portrait length in three quarter or profile view.

with the viewer more intimately through eye contact, the openness of the subject's gaze perhaps reflecting that the portrait was destined for a family member. The other images depict subjects who gaze out of the frame, suggesting physical distance between the sitter and the artist or of emotional distance, reflecting an interiorized, and less accessible subject. However, while showing the faces of fellow patients, the images also include inscriptions that often identify the individual portrayed. The *Portrait of John Smith* (Figure 5), for example, includes the inscription: "John Smith, Joiner" and "the case of Dr. Browne, Crighton [sic] Royal Asylum." Therefore, while the portrayal is not making overt claims about the subject as a patient, Bartholomew has chosen to make clear textual references that situate these images within the reality of the asylum.

Figure 5: William Bartholomew, *Portrait of John Smith*, c. 1868, pencil, pen and ink, 27.9 x 31.7 cm, Dumfries and Galloway Archives and Local Studies, Image: Wellcome Library, London

What can be revealed from these works are aspects of the "portrait transaction," the site of exchange between the artist and the sitter, one that includes the logistical and human concerns

entangled in its creation.[51] While we cannot know the details of the moments of interaction between Bartholomew, and Thorburn or Smith, the notion of the portrait transaction speaks to the external networks of connection in the asylum space that were tied up in Bartholomew's creative works, and the objectives of moral therapy at large.

Returning to the portrait of John Smith, Bartholomew's choice to include text that framed the work in the context of the asylum is significant for other works as well. Bartholomew is representing his asylum fellows in his own voice of visual representation, but this position is inherently entangled in his own patient status in the asylum. His work *Sketch of Three Gentlemen* (Figure 6) offers a tangible representation of this dynamic. This work portrays three men from different perspectives. This image includes a commentary from a medical staff member with the words "[b]y a maniac with degraded propensities" written on the verso. It is not clear if this was written by Browne or his successor Dr. Gilchrist, but it is the only instance where text of a medical authority is imposed on Bartholomew's personal art. Here we see the artist-patient illustrating his asylum world (from multiple perspectives) and, yet, this representation is simultaneously collapsed into his diagnosed state of health by the overseeing medical authority. While Bartholomew's work expands the means by which we quite literally see asylum patients, Browne interrupts this outer representation to express textual diagnostic authority with a reminder of Bartholomew's patient status and internal mental state.

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[51] Ludmilla Jordanova, *Defining Features: Scientific and Medical Portraits, 1660-2000* (London: The National Portrait Gallery and Reaction Books, 2000), 140.

Figure 6: William Bartholomew, *Sketch of Three Gentlemen*, c. 1860, pencil and ink, 22.9 x 33.8 cm, Dumfries and Galloway Archives and Local Studies, Image: Wellcome Library, London.

It is necessary to clarify that Browne was careful not to make claims that Bartholomew or other artists-patients' conditions were legible in the art itself. In 1880 he stated that with few exceptions, "there cannot be detected in this large collection a trace or allusion or revelation of the place or circumstances under which the work was undertaken or of the mental or moral lesion under which the workmen suffered."[52] Browne did not believe, as later theories of art therapy have gone on suggest, that art was reflective of the inner condition of the mind. Rather, art making, the active process of creating and engaging with the external, was itself the site of therapy. Therefore, Browne's commentaries on the art are instead a means to demonstrate the persistence of Bartholomew's artistic abilities despite his condition. This draws out the larger

[52] Browne, "Mad Artists," 35.

connection with phrenological understandings of madness and the belief that insanity could manifest locally within faculties of the mind while others remained healthy (or indeed, were actively cultivated).

These views are not explicitly stated in the case records or indeed any sources contemporary to Bartholomew's care. In 1880, several decades after leaving the Crichton, Browne offered the most comprehensive account of his collecting practice in an article published in the *Journal of Psychological Medicine and Mental Pathology* entitled "Art II - Mad Artists." Here he referenced the work of Bartholomew and clarified the unique role of art-making in his vision of moral therapy. Browne began the article by stating that "an opinion has been prevalent that art is more conservative of the stability and integrity of the human mind than are poetry or light literature."[53] Like any moral therapist, Browne did not disregard the benefits of many different therapies, but his work proposed that art skills and art knowledge functioned differently in relation to mental illness when compared to other creative activities. In particular, he argued, "those who have received instruction in drawing, painting, &c. many become of unsound mind but continue to exercise their acquired powers contemporaneously with the most advanced and appalling forms of disease."[54] As Bartholomew possessed the abilities of an engraver, he was in a better position, according to Browne, to retain his skills in the face of illness.

These assertions about the importance of art making, and the persistence of artistic skills in spite of mental illnesses, are further linked to Browne's overarching reasoning for taking an interest in this particular outlet of therapy. Despite the fact that Browne encouraged a range of

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[53] Browne, "Mad Artists," 33.
[54] Browne, "Mad Artists," 33.

social activities at the Crichton and Southern Counties Asylum, art practice held a distinguished position. While Maureen Park's research on the Crichton estimates that only 5.3% of male patients and 1.7% of female patients took up fine art as their primary source of occupational activity, it is ultimately through Browne's own writing and collecting that we are able to get a much clearer sense of his particular interest in the fine arts as a tool of moral therapy.[55] During his time at the Crichton, Browne amassed three collections of art, totaling 134 pieces. The subjects of these images are largely landscapes, architectural sketches of other asylums, and subject studies of flora, with a small number of portraits. The collection reveals that Browne remained involved in the art of the Crichton even after his departure. Some of Bartholomew's works include dedications "For W.A.F. Browne," such as the *Portrait of George Radcliffe* (Figure 7) which was drawn c. 1860, roughly three years after Browne left the Crichton. This is indicative of Bartholomew's personal engagement with Browne, which, as we shall see in the next chapter, encompassed other creative projects that fell outside of a strictly moral therapy context.

[55] Park, *Art in* Madness, 64.

Figure 7: William Bartholomew, *Portrait of George Radcliffe*, c. 1860, pen and ink, 18 x 11.2 cm, Dumfries and Galloway Archives and Local Studies, Image: Wellcome Library, London.

Throughout his time at the Southern Counties Asylum and the Crichton, Bartholomew's art production reflected significant dimensions of Browne's program of moral therapy. The case file demonstrates that the quality and quantity of Bartholomew's work was a metric by which Medical Superintendents gauged his state of well-being. A focus on art practice in this context reveals the overarching values of moral therapy and Browne's particular interest in phrenological applications to asylum care. In attending to Bartholomew's images, we can see the ways in which Browne's science of the mind was a negotiation between an internal mental condition and the ameliorating benefits of the external. Furthermore, such an external world is the site from which a network of patient actions and interactions can be situated in a visual medium. Bartholomew's portraits reveal a site of tension between the artistic agency and the "portrait transaction" between the artist and sitter, as well as the overarching collapse of such works into

Bartholomew's patient category. However, it was not the only context in which Bartholomew depicted his fellow patients. Browne sought out Bartholomew's unique skills to incorporate art not only in therapeutic practice, but in diagnostic and educational spaces as well.

The Artist as Viewer: Inside and Outside the Medical Gaze

6 October 1854 – "… He has relinquished the completion of the gallery of Portraits of fellow patients in which he had engaged with great zeal to become a gardener, and is now browned with the sun…."[56]

When Browne first wrote about the Bartholomew's physiognomic portraits it was framed in a larger discussion about the duties of asylum staff. In the Crichton's 1855 Annual Report, Browne stressed the challenges that attendants faced in their work and he spoke to situations where "their sympathies for mental decay [were] dulled and deadened" due to the daily demands of their work.[57] Browne explained to his stakeholder readers how he had organized a series of lectures for the asylum's officers, attendants, patients with medical training, and some public visitors, citing it as the first ever project to instruct asylum attendants on the characteristics of madness. [58] This was carried out through weekly lectures that ran from October 1854 until May 1855. Browne wrote that he did not wish to appeal to the "ignorant obedience" or the "motive of gain," in asylum attendants, but rather to impress upon them the importance of their own role in care, and to engender in them greater knowledge of and sympathy towards the patients' conditions.[59]

In the report, Browne shared his hopes that the staff had taken his message to heart: that "every kind word and consoling look" could help to collectively and cumulatively ameliorate the

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[56] Case Records of William Bartholomew, 6 October 1854, Southern Counties Asylum Case Book vol. 5 April 1853-February 1854 DGH1/5/21/2/5, CRI Records.
[57] *Sixteenth Annual Report of the Crichton Royal Institution for Lunatics*, 11 November 1855, DGH1/2/2/2/, CRI Records, 28.
[58] *Sixteenth Annual Report of the Crichton Royal Institution for Lunatics*, 30.
[59] *Sixteenth Annual Report of the Crichton Royal Institution for Lunatics*, 27-28.

mental state of the patients; he sought to reinforce this approach by teaching the staff how to identify various conditions so that they would be reminded of "what might be accomplished by a judicious selection and adaptation of the means of alleviation."[60] This aim of expanding knowledge of moral therapy was a through line of Browne's entire career. Like the Crichton lecture series, his earlier publication *What Asylums Were, Are, and Ought to Be* was circulated with the goal of disseminating medical knowledge about asylum care more widely, with a particular aim of reaching non-medical lay readers who might be moved to advocate both emotionally or financially for the care of the mentally ill.[61]

As we shall see, visual aids were of intrinsic value for Browne's aim in the lectures and he drew on the popular visual language of physiognomy to demonstrate diagnosis. To this end, Browne sought out Bartholomew, the artist-patient, to create a series of fifty-five portraits of fellow patients (Figures 1, 8-9). As the annual report reveals, Bartholomew was a perfect example of the potential that Browne extolled to his staff. He anonymously described Bartholomew's contribution to the lectures: "[t]he descriptions were powerfully aided by portraits of patients familiar to the auditor, most graphically executed by a patient who had lost, but regained, his genius as an artist."[62] The return of Bartholomew's artistic genius is demonstrated as a product of Browne's care and his use of Bartholomew's imagery in the formal lecture series simultaneously reinforces the power and potential of attentive care to moral therapy. I include this context to demonstrate that these images can still be situated in the

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[60] *Sixteenth Annual Report of the Crichton Royal Institution for Lunatics*, 30.
[61] Browne, *What Asylums* Were, vii.
[62] *Sixteenth Annual Report of the Crichton Royal Institution for Lunatics*, 30.

landscape of moral therapy. In this framing, the images, like those previously examined, demonstrate Bartholomew in relation to his treatment as a patient.

Figure 8: William Bartholomew, *Melancholia*, 1830s, graphite and watercolour, 76 x 55 cm, EU1393 © University of Edinburgh Art Collections.

Figure 9: William Bartholomew, *Fatuity*, 1830s, graphite and watercolour, 76 x 55 cm, EU1385 © University of Edinburgh Art Collections.

However, I argue that when viewed from the perspective of the artist, this commission also pushes at Bartholomew's position of power in relation to Browne and his portrait subjects in important ways. Historian of science and medicine Ludmilla Jordanova notes that, "before an artist, every sitter is in some sense a patient – a person to be looked at repeatedly, carefully, with a kind of attention that derives from expertise, experience, and skill."[63] While this bears on his personal portraits, it carries particular weight for Bartholomew's lecture series images. Not simply a subject of the medical narrative and gaze, Bartholomew turns his own gaze and expertise onto fellow patients within a medicalized context and consequently expands his role into a new space of artistic authority. He becomes more clearly linked to the medical-gaze itself when the images become incorporated in the lecture series. It is important to clarify that this does not erase Bartholomew's status as a patient. However, it does complicate his positioning as simply a subject of Browne's medical view. Therefore, through these images, Bartholomew's engagement with portraiture blurs boundaries between patient, subject, and medical authority that were much more boldly drawn in the incidents that were described in the previous chapter. In doing so, these images demonstrate a tangible instance of a two-way encounter between Bartholomew and Browne.

This negotiation between inside and outside is therefore important in this chapter for two reasons. The first, as we have just discussed, pertains to Bartholomew's relation to the sitter and the context of medical display in the two-way encounter with Browne. The second is in reference to the language of visual representation that is being used in these works. This series of portraits

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[63] Jordanova, "Portraits, patients and practitioners," 3.

by Bartholomew engaged with the visual vocabulary of physiognomy and reflects this aesthetic framework's aims of making internal states of mind and morals legible on the external body. As we have seen in the previous chapter, art production was tied up in understandings of the inner mind and outer environment with regards to moral therapy. When looking at Bartholomew's physiognomic portraits, another dimension of the inner/outer is visible.

Physiognomy offered moral therapists like Browne a framework by which facial qualities could be categorized and typified. The face, now "legible," was linked to corresponding internal qualities and states of mind. By creating portraits that visually represented such medical knowledge and classifications, Bartholomew was engaging his art with a discourse of medical knowledge around the inner and outer self. At the same time, his position as an artist in the portrait transaction was no longer clearly situated inside the patient category.

The project to sketch the collection of images was first commissioned by Browne one year after Bartholomew was first admitted to the Southern Counties Asylum. Each image is closely framed with the subjects positioned at either a full face or three-quarter view. Shallow flattened backgrounds place further emphasis on the faces of the subjects, where all, save for three, look outside of the frame and away from the viewer. While all of Bartholomew's surviving personal work represented male patients, we know that five of the eleven remaining portraits depicted women.[64] The images are 76 cm by 55 cm, a relatively large size compared to

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[64] The women are shown with the following conditions: mania of vanity, mania-delusion, theomania extatica, melancholia, and melancholia-religious; the men: imbecility, fatuity, mania, mania-jargonneur, mania-sanguinary impulse, and mutism. While the scope of this project is not able to address discussions of the gendered views of Victorian madness. While her analysis has been challenged by more recent research, see for example, Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon Books, 1985).

Bartholomew's other works of which the largest is 24.9 cm by 41.8 cm. There would have been a reasonably sized audience for Browne's lectures; based on institutional records from 1855, the Crichton employed thirty-four attendants, while the Southern Counties Asylum had twenty.[65] With the addition of members of the public and an unknown number of patients, this would have allowed the substantial audience to engage with the images from a distance, rather than necessitating an intimate close viewing. The softness and sketched lines of Bartholomew's personal work is less present here; instead they are "bold, graphic, magnified delineations," which add three dimensionality to the faces and their expressions.[66] The visibility of the features was important because Browne wanted the audience to take away physiognomic knowledge about the external characteristics of different types of madness.

Browne made clear links to this mode of representation in the case records: "during the winter [Bartholomew] drew in chalk a great number of portrait illustrations of the physiognomy of different forms of insanity treated in the Lectures delivered by the Medical Superintendent to the officers and executed them with great fidelity and beauty."[67] Physiognomy experienced a resurgence in the public sphere during the nineteenth century due to the publication of Johann Caspar Lavater's *Essays on Physiognom*y (1775-1778). For Lavater, a semiotics rooted in the visible body reflected a reliable (and divinely originating) system of human legibility. Lavater

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[65] Monthly Meeting of Trustees and Directors, November 1855, Sederunt Book no. 3 1854-1859, Records of Crichton Royal Hospital, DGH1/2/1/1/3, CRI Records, 193.
[66] Browne, "Mad Artists," 34.
[67] Case Record of William Bartholomew, 1 June 1855, Southern Counties Asylum Case Book vol. 5 April 1853-February 1854 DGH1/5/21/2/5, CRI Records.

stressed that the visual medium was a more true-to-Nature representation than that of text because it was unencumbered by the follies of humans.[68]

In addition to the popularity that physiognomy gained in the public sphere, it also gained currency (though not without its detractors) within scientific and medical communities. Sharrona Pearl has argued that due to its shared interests in inner/outer manifestations of the body, physiognomy laid the groundwork for the emergence of phrenology as it provided "a more exact and superior scientific system that was less accessible, more expert, and therefore more valuable" in some medical circles.[69] Like phrenology, physiognomy's essentialism was also used during the nineteenth century to perpetuate scientific racism, misogyny, class difference, and later Social Darwinism.[70] Therefore, physiognomy in both a medical and lay context is tied up in problematic ways with the dehumanization and othering of individuals, among them, the "insane." However, Browne demonstrated that for him these two systems were compatible system of knowledge in psychiatry. Physiognomy could serve as a useful tool to aid in the legibility of madness and serve to disseminate Browne's views of treatment under moral therapy to a lay public of attendants who might already be familiar with the general concepts of the imagery. Furthermore, it served to expand upon Browne's existing frameworks for conceptualizing the inner self in relation to the outer world and external body.

Tracing the history of physiognomy in Scotland during the late eighteenth century, R.A. Houston argues that lay applications of physiognomy were transitioning by the turn of the

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[68] Christopher Rivers, *Face Value: Physiognomical Thought and the Legible Body in Marivaux, Lavater, Balzac, Gautier, and Zola* (Madison: University of Wisconsin Press, 1994), 79-80.
[69] Sharrona Pearl, *About Faces: Physiognomy in Nineteenth-Century Britain* (Cambridge, MA and London: Harvard University Press, 2010), 190.
[70] Pearl, 10.

century towards uses that had greater currency within psychiatry; this change, he argues, "was not so much in what was seen or the interpretation placed on seeing, but on the body of knowledge to which each related and the consequent heuristic value to the physician."[71] The application of physiognomic visual language to the classification of mental pathologies was utilized by some of the most prominent alienists of the first three quarters of the nineteenth century, among them: John Conolly (alongside Hugh Welch Diamond), Jean-Étienne-Dominique Esquirol, and Alexander Morison.

In his 1880 article, Browne referenced Morison's work while describing the characteristics of Bartholomew's portraits and the conditions they depicted. Morison had published *The Physiognomy of Mental Diseases* (1838) during his employment as a visiting physician at London's Bethlem Royal Hospital. Browne wrote in his article:

> The aspects of disease presented included monomania with delusions; ecstatic mania, theomania, dementia, &c., and were any scientific object to be gained by such an addition, the whole narrative of the case, from its beginning to its close, might be accessible, and in this respect surpassing the illustrations of mental disease published many years ago by Sir A. Morison, as the result of his observations on physiognomy in Bethlehem. [72]

This transaction between Browne and Bartholomew represents a two-way encounter between the visual and the verbal representation required in physiognomic discourse. In the context of Houston's argument, I would agree that the growth of psychiatric authority is tied up with the production of texts or lectures that disseminate moral therapy from within the profession. As previously discussed, this was clearly important to Browne. Therefore, the role of the verbal or

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[71] R.A. Houston, "The Face of Madness in Eighteenth-and Early Nineteenth-Century Scotland," *Eighteenth-Century Life* 27, no. 2 (2003): 61.
[72] Browne, "Mad Artists," 34.

textual language acts to communicate professional standing and the "value of the physician." While Lavater stressed the importance of the visual, authority still rested with the "understanding friend of physiognomy, the man of taste."[73] While the importance of "what was seen, or the interpretation placed on seeing," was invaluable in the context of diagnostic imagery and moral therapy in general, this two-way encounter ultimately prioritized the authority of the physiognomic doctor.

Nonetheless, Browne offered some thoughts on Bartholomew's abilities to capture, as Lavater termed it, "the fleeting transitions of nature."[74] Bartholomew was a skilled engraver working within a visual language of representation that situated him as a professional authority. In his 1880 article, Browne linked Bartholomew's personal relation to the subject matter with the success of the visual renderings. He argued that Bartholomew's images carried distinctive benefits because of his simultaneous status as an artist and patient: "[t]he chief interest hinges upon the fact that the painter was himself a maniac, knew the nature of the subjects with which he was dealing, the purpose for which they were coveted, and caught the very attitude, feature, and expression which was desired."[75] For Browne, Bartholomew's personal proximity to the subject enabled him to create productive representation that adhered to the visual language of physiognomy.

Browne's rubric for assessing the effectiveness of Bartholomew's images is also tied up in the visual language of physiognomy itself and the tension between representation of likeness

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[73] Johann Caspar Lavater, *Essays on Physiognomy: Designed to Promote the Knowledge and the Love of Mankind*, trans. Thomas Holcroft, 8th ed. (London: William Tegg and Co., 1853), 170.
[74] Lavater, 172.
[75] Browne, "Mad Artists," 35.

and the portrayal of type. Portraiture in a general sense is engaged with questions of likeness which are inherently complicated by a myriad of functions and goals, shaped by shifting styles, norms of representation and mediated by a range of possible interests.[76] It is clear from the Thorburn's letter that creating a portrait that was deemed to be a good likeness by the sitter was within Bartholomew's skills. When referencing the physiognomic portraits, Browne himself noted that the works were a "good likeness" of their subjects. However, within the framework of physiognomy, these depictions are further complicated by issues of particularity and generality. Central to the aim of physiognomy was the creation of rubrics and systems whereby the individual could be situated and made legible within a larger "divine" framework of type.

One example that points to such a tension between likeness and type is Bartholomew's treatment of *Mania of Vanity*. Browne described the condition in *What Asylums Were, Are, and Ought to Be* as a "moral metamorphosis" where the individual would draw on a particular delusion of grandeur. For example: "if a person of fashion be imitated, rags are arranged in their most elegant folds – ribbons, and stars, and orders, load the breast – there is the mincing step, the stoop, the lisp – all the frivolity of the character."[77] The figure is female, which reflects Browne's argument that such a condition was most common in women and research conducted by Maureen Park has identified the subject of this portrait as a local woman named Mary Lawrie who had been admitted to the asylum after giving birth.[78] There is therefore evidence of efforts to portray the subject in a manner that was recognizable to the viewer.

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[76] Jordanova, *Defining Features*, 14.
[77] Browne. *What Asylums Were*, 26-27.
[78] Browne. *What Asylums Were*, 27; Park, *Art in Madness,* 93.

However, unlike the other images, Bartholomew has taken great care to include details of the figure's face and embellishments in the figure's attire. Here the detailed rendering of the lace, ribbons, and shawl equals the attention given to the subject's face. This portrait was drawn while Bartholomew was at the Southern Counties Asylum, where, unlike in the Crichton, patients were required to wear simple clothing provided by the institution. An intake form from c. 1839-1840 noted that, "[p]auper patients when admitted [would] receive a dress, and be provided with all articles of clothing belonging to the institution; their own clothes being retained until dismissal or death."[79] As the other portraits reveal simple apparel, the details included may well not have been true to life and instead point to the aspects of typification and categorization in physiognomic discourse. Such a depiction therefore offers a challenging representation of the external self. It at once seeks to portray individual likeness, while simultaneously endeavouring to subsume the individual into a diagnostic category. Furthermore, through the adoption of physiognomy, the external is no longer simply the site where the patient experiences the therapeutic environment. Instead, it becomes a reflective rendering of the characteristics of the internal condition.

Browne's physiognomic project of tracing a system of medical semiotics is complicated by issues of legibility. While labels and diagnoses were affixed to the images, the means by which the viewer understood how the characterization was achieved remains ambiguous both in Lavater's descriptions and in the case of Bartholomew's images.[80] What remains are depictions that are "unmoored from their grounding in historical referentiality," defined not by identity, but

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[79] Intake Form, c. 1839-1840, Recreation and Printing Scrapbook, DGH1/6/17/2, CRI Records.
[80] Rivers, 77, 79.

by a label for a medical type.[81] The personal portraits that Bartholomew created as part of his therapy moved the patient representation outside of the case file and they revealed the connections between diseases of the mind and the role of the outer world in therapy. However, for these images Bartholomew is not clearly situated as a patient. While Browne pointed to the importance of Bartholomew's familiarity with his subjects, Bartholomew's role carried particular medical objectives that were not connected to his own therapy. These images offer an example of a two-way encounter between Bartholomew and Browne where the artist-patient's gaze and creative role is re-situated within a medical dialogue and consequent space of representative authority.

[81] Peter Melville Logan, "Imitations of Insanity and Victorian Medical Aesthetics," *Romanticism and Victorianism on the Net* 49 (2008), 17.

The Artist as Text: Inside and Outside the Archive

1 June 1855 – "I am in a false position, I am distrustful and it is in vain for me to endeavour to regain my liberty until those who are in authority over me are of the opinion that I am entitled to obtain it."[82]

Between 1849 and his death in 1881, Bartholomew spent less than four years outside of the asylum system, moving between the Royal Edinburgh Hospital, the Southern Countries Asylum and the Crichton Royal Hospital. After nearly two years in the Southern Counties Asylum, the above comments from Bartholomew were quoted in the case file. Beyond this, we are left with the words of Browne and other medical staff when it comes to learning of Bartholomew's experiences through case records. The medical case record had the specific role to document treatment, however, as an historical source it presents challenges in representing aspects of the asylum that extend beyond the doctor.

Throughout the previous chapters, text functioned in particular ways in relation to Bartholomew's images. In the context of his personal portraits, words identified the portrait subjects, situated them in the context of the asylum, and in one case, were used by Browne to overlay Bartholomew's condition onto his art. In the physiognomic works, they were the text applied to the images by Browne to make the diagnoses more legible to the audience. Text consistently reflected aspects of the medicalized context of the works and the authority held by Browne within the asylum.

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[82] Case Notes of William Bartholomew, 1 June 1855, Southern Counties Case Book vol. 5 April 1853-February 1854, DGH1/5/21/2/5, CRI Records.

In their retrospective on the legacies of Porter's patient view, Alexandra Bacopoulos-Viau and Aude Fauvel suggest that disciplinary discourse regarding Porter or Michel Foucault's approaches to the history of psychiatry speak powerfully to the question of visibility as a category of analysis: "[t]he Foucauldian idea that madmen have always been 'outside of history' is just one side of the story … patients have never talked more than after having been reduced to silence. By creating asylums and large-scale inmate populations, psychiatric modernity has also rendered this population more visible."[83] I agree that case records have rendered patients' care more present in the archive. However, the matter of being "inside" or "outside" of history is a much larger issue, particularly if case records are the sole means of enabling patients to "speak," where they have previously been "silent." An approach that seeks out the patient within the context of the case file must not diminish the fact that it was a category often marked by stigma and ostracism from the greater public. While an archive of case files makes the patient more visible in the history of psychiatry, it does inherently reflect the doctor positioning in the two-way encounter.

I argue that the inclusion of visual sources aids in addressing ethical issues around privacy and representation in the archive of psychiatry. When considered in the thematic framework of inside and outside, case records were historically out of sight from the patient and the wider public. Yet, so often, they are the primary means by which the patient is accounted for in history of an asylum. Such a tension reveals ethical challenges in presenting a history of psychiatry that is inclusive of the (outer) action-based and (inner) thought-based experience of

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[83] Alexandra Bacopoulos-Viau and Aude Fauvel, "The Patient's Turn: Roy Porter and Psychiatry's Tales, Thirty Years on," *Medical History* 60, no. 1 (2015): 13.

the patient. Therefore, I argue that focusing on the sites of two-way encounter, were the patient exerted not only creative authority, but was an active agent in the production of such sources, are important means of resituating the patient themselves in the historical two-way encounter.

In service to such an aim, it is important also to represent aspects of Bartholomew's life that extended beyond the asylum in an effort to explore the ways in which art reveals connections beyond the patient category. While much of his life was spent within asylum walls, there is more that can be discovered about Bartholomew. A case record entry in 1855 intimated the close relationship that Bartholomew had with his family and spoke of the "strong affection which still [bound] [Bartholomew's] father and friends to this man and his earnest protestations of a desire to reform."[84] Bartholomew was a member of the Bartholomew engraving family, the proprietors of the Edinburgh-based Bartholomew and Son Ltd., which earned a significant reputation over the course of the nineteenth century in engraved and lithographic cartography.[85] His father George's investment in supporting his son's asylum care is evidenced by the terms of his last will and testament. For William, he noted, a sum "shall be held and applied for the maintenance and support of my said son William so long as he shall continue incapable of managing his own affairs."[86] William was the only of his brothers to survive their father's death in 1871, and his father's will indicated that he wished his estate to be divided equally between William and daughters Margaret and Joanna.

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[84] Case Records of William Bartholomew, 2 August 1855, Southern Counties Asylum Case Book vol. 5 April 1853-February 1854 DGH1/5/21/2/5, CRI Records.
[85] Leslie Gardiner, *Bartholomew 150 Years* (Edinburgh: John Bartholomew & Son, 1976), 24, 41-42.
[86] Last Will and Testament of George Bartholomew, 1872, Edinburgh Sheriff Court Wills, SC70/4/137, © Crown Copyright, National Records of Scotland, 135-136.

Figure 10: William Bartholomew, *Portrait Bust in Profile*, c. 1860, pencil, 19 x 14.1 cm, Dumfries and Galloway Archives and Local Studies, Image: Wellcome Library, London.

Like the letter from Thorburn, Bartholomew's art reveals an instance when he sought out his family's aid during his time at the Crichton and situates him in a network that extends beyond the asylum. This sketch fragment, *Portrait Bust in Profile* (Figure 10) which was drawn on a torn piece of newsprint includes the text: "J. Bartholomew Esq. Advocate," most likely referencing his elder brother John who was also head of the family's business. Text written on the verso is to his father George, and requests that he "send this sketch to Mr. Gourlay Steel (the Michel Angelo of Royal Institution). Ask him to favour me with a sketch of the drawing in clay and then you can employ W. Calder Marshall to cut it in marble and I will see that he is paid for his trouble. William Bartholomew." Demonstrating his own knowledge of the Edinburgh art circles,

Bartholomew referenced two prominent artists of his hometown.[87] The inscriptions suggest that Bartholomew was hoping to create a memorial bust and it is possible that this project was in memory of his brother John who died in 1861. Further evidence of Bartholomew's relationship with his brothers is supported in a later case book entry dated from 29 April 1871 from the Crichton. The entry notes that Bartholomew was able to transfer from the rate-payer funded Southern Counties Asylum to the semi-private care of the Crichton due to financial support left for him by a deceased brother.[88] These art works created by Bartholomew aid in contextualizing him as more than simply a patient acted upon in the case file. They connect him more clearly to his family and broader community network.

In contrast, Bartholomew the patient was first documented in the case book following his admission at the Royal Edinburgh Hospital in July 1849. His instance of "acute mania" was noted by the physician as occurring after three or four days of labouring in his father's garden, which was followed by a state of "delirium" which several doses of opiates could not relieve, and marked an outburst of "dreadful frenzy" that culminated in a severe head injury following a fall down a flight of stairs. It was shortly thereafter that his family admitted him to the Royal Edinburgh Hospital at Morningside where he remained in the hospital's custody until January 1850 when, against the wishes of the overseeing physician, he was released to his father as "uncured."[89]

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[87] Maureen Park, *Art in Madness*, 156.
[88] Case Records of William Bartholomew, 29 April 1871, Royal Crichton Institution Case Book vol. 14 September 1870-1876, DGH1/5/21/1/14, CRI Records.
[89] Case Records of William Bartholomew, 21 July 1849, Royal Edinburgh Hospital Case Book vol. 7 June 1847-April 1851, LHB7/51/7, Royal Edinburgh Hospital Collection, Lothian Health Services Archives, University of Edinburgh Special Collections.

Entries in Bartholomew's case file after his admittance to the Southern Counties Asylum and the Crichton Royal Institution range in length and detail, sometimes with entire years elapsing between entries. Many mention that Bartholomew's case had not changed since the previous entry. Records for Bartholomew were maintained by Browne during his time at the Southern Counties Asylum and the Crichton and then by Dr. James Gilchrist after Browne's departure in 1857. Bartholomew's day books entries, which documented daily medication or treatments and were maintained by asylum attendants have not survived.

Case records as historical sources are also complicated by contemporary views of the asylum and the desires of patients and their families with regards to privacy; the archival anonymity of the Crichton's records was part and parcel of the institution's objectives. The Crichton was in a position to guarantee certain privileges to its paying patients.[90] One report published by *The Shipping and Mercantile Gazette* on the occasion of the asylum's opening advertised the Crichton as "a private establishment" and stressed that the "strictest secrecy [would] be observed as to the persons who are treated."[91] As dictated by the social atmosphere of the asylum, being remembered or identified in relation to confinement was not assumed to be a desired part of the patient experience. Writing on the asylum's proposed opening in 1834, one local journalist in the *Dumfries Times* remarked, "They should know that the erection of a public

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[90] Rates posted from 1839-1840 ranged from the simplest pauper rooms at £15 per year to the most spacious at £350. Differences in cost were reflected in the number of private rooms available to the individual, the quality of available light, the richness and variety of the diet, the patient to attendant ratio, and access to the asylum's carriage.

[91] Morag Williams, *History of Crichton Royal Hospital, 1839-1989* (Dumfries: Dumfries and Galloway Health Board, 1989), 16. The Crichton was established with a sliding scale of rates to accommodate the wealthiest individuals as well as the poorer members of society. Bartholomew was first admitted to the Southern Counties Asylum at a rate of £17 per annum.

madhouse is a mode of appropriation which the town and neighbourhood entirely object to as hateful and uncalled for."[92] While the relationship and engagement with the surrounding community changed over time, such public sentiments of what would now be known as NIMBYism offer context to attitudes towards the institution and the social impact for admitted individuals. As a result, inserting, elucidating or tracing patient identities is complicated by the policy of anonymity that was desired by patients and/or their families in institutions at the time. A climate of stigma and discourse around the hereditary nature of madness may have motivated many individuals to suppress familial connection with an asylum, and there are consequent challenges in using the cases of these patients (or the case of one patient in specific) in an effort to bring awareness of the individual experience.[93]

Medical case records (particularly certifications of unsound mind) are what Carol Berkenkotter and Cristina Hanganu-Bresch refer to as an "occult genre" of documents in that they were seldom viewed or accessed save for by overseeing medical staff. They embody the power and authority of the psychiatrist over the patient.[94] Berkenkotter and Hanganu-Bresch chart the lives of two patients through their medical fragments and secondary materials in an effort to re-situate the patient narrative. However, in these sources, we ultimately see the absence of the patient self, as their argument for the significance of individual experience becomes lost in

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[92] *Dumfries Times*, 19 November 1834, quoted in Morag Williams, *History of Crichton Royal Hospital, 1839-1989* (Dumfries: Dumfries and Galloway Health Board, 1989): 13.
[93] Logan, 16.
[94] Carol Berkenkotter and Cristina Hanganu-Bresch, "Occult Genres and Certification of Madness in a 19th-Century Lunatic Asylum," *Written Communication* 28, no. 2 (2011): 221. Some such intake documents survive from the Crichton. Newly admitted patients were accepted only with the submission of a medical certificate signed by a local physician and a Sheriff's Warrant authorized by a relation or guardian.

a larger story of the administrative systems of textual records. By the very nature of the fact that these admission and case records were private, inaccessible, and ambiguous to the rest of society, Berkenkotter and Hanganu-Bresch demonstrate not only the increased professional power of the psychiatric field, but also the mystifying and uncertain nature of documentation and asylum intake.[95] This speaks to the limitations of the case file in fully reflecting the nature of the patient narrative and asylum custody.

Utilizing such archival sources raises important questions of identity, the right to anonymity, and the ethical responsibility of the historian in the archive. When an individual or their relatives seeks out a space of anonymity, such circumstances weigh on the use of the corresponding materials. With the changes in the representation of the archive in the digital age and the improved availability of individual narratives, such an expansion of record accessibility is also tied up in the present day placelessness and spatial decontextualization of the digital archive.[96] My objective here is not to advocate for censorship of such records, but rather, given

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[95] Over the course of the nineteenth century, social anxieties about the medical authority of asylum superintendents and the process of asylum intake culminated in lunacy panics over fears of wrongful confinement (most notably in 1829-1830, 1858-1859, and 1876-1877). Such public fears reveal both the forbidding image of the asylum and equally and an underlying distrust of the asylum authorities and their ability to accurately assess cases of insanity. See Peter Melville Logan, "Imitations of Insanity and Victorian Medical Aesthetics," *Romanticism and Victorianism on the Net* 49 (2008); and Peter McCandless, "Dangerous to Themselves and Others: The Victorian Debate over the Prevention of Wrongful Confinement," *The Journal of British Studies* 23 (1983): 84-104.

[96] Holly L. Crossen-White, "Using digital archives in historical research: What are the ethical concerns for a 'forgotten' individual?," *Research Ethics* 11, no. 2 (2015): 110. For the case of British psychiatric history, this is particularly pronounced, as historically, and certainly in the case of the Crichton, records have remained at highly localized community or institutional archives rather than at central national repositories. With the advent of large scale digitization projects, notably by the Wellcome Trust for the Crichton's records, these previously seldom accessed "occult" medical records are now available online.

the opportunities offered by such digital context, I argue that it becomes even more important to seek out means of situating the patient in relation to the two-way encounter. As Jane Nicholas suggests, the act of writing such histories, and bringing them "to light" involves confronting issues of identity and image circulation. This project has endeavoured to reflect Nicholas' sensitive warnings, while also contributing work that foregrounds historiographic debate and context to "render the politics of archiving, reproduction, and publication essential to our histories."[97] In the absence of informed patient consent, methodological approaches must be sensitive to the "debt" that we have to the people that we write about.[98] This is particularly pronounced in the context of institutionalized custody. For Bartholomew, these texts which now publicly reflect much of his life were always out of sight and out of his own grasp.

Through Bartholomew's art, we can endeavour to look beyond the boundaries of the case and draw on materials that may speak to the dynamic between Bartholomew and Browne. While the case files are a necessary part of the archive, moments reflective of Bartholomew's own actions and engagement with a broader community are revealed by examining images produced for and by patients. Looking to sources where Bartholomew was directly involved in creating his own representations of asylum care are essential to seeking out balance in the depiction of the two-way encounter.

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[97] Jane Nicholas, "A Debt to the Dead? Ethics, Photography, History, and the Study of Freakery," *Histoire Sociale/Social* History 47, no. 93 (May 2014): 153.
[98] Nicholas, 155.

Conclusion

1 May 1876 – "Mr. Bar. is not better mentally. … He draws but his insanity has forsaken him."[99]

Bartholomew's later years at the Crichton reflect a shift in both the type and quantity of works produced. An entry in 1871 from the Crichton notes that he was still producing portraits and creating copies of prints and sheet music, and when at his best, the work was "remarkable for its beauty and perfection."[100] However, three years later he had "quite given up all artistic work" and by 1876, the file noted, "he draws but his insanity has forsaken him."[101] The final year before his transfer back to the Royal Edinburgh Hospital, the case book remarked, "Mr. Bartholomew is not improving, he occupies some of his time drawing, his genius in the way of pictures has a tendency towards the indecent."[102] The final years of Bartholomew's life were marked by a deterioration of health; he suffered from "chronic mania" and "advancing dementia."[103] There was also a shift in the characteristics of his surviving art. He maintained a personal notebook after being transferred to the Royal Edinburgh Hospital in 1877 and he worked on a script for a play with historical and fictional characters that included King Lear,

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[99] Case Notes of William Bartholomew, 1 May 1876, Crichton Royal Institution Case Book vol. 14, 1870-1876, DGH1/5/21/1/14, CRI Records.
[100] Case Notes of William Bartholomew, 29 April 1871, Crichton Royal Hospital Asylum Case Book vol. 14, September 1870-March 1876, DGH1/5/21/1/14, CRI Records.
[101] Case Notes of William Bartholomew, 1 October 1877, Crichton Royal Hospital Asylum Case Book vol. 14, September 1870-March 1876, DGH1/5/21/1/14, CRI Records.
[102] Case Notes of William Bartholomew, 1 October 1877, Crichton Royal Hospital Asylum Case Book vol. 14, September 1870-March 1876, DGH1/5/21/1/14, CRI Records.
[103] Case Notes of William Bartholomew, 16 November 1877, Royal Edinburgh Hospital Case Book vol. 30 October 1876-April 1878, LHB7/51/30, Royal Edinburgh Hospital Collection, Lothian Health Services Archives, University of Edinburgh Special Collections.

Don Quixote, Ali Baba, Lady Jane Gray, and Alexander von Humboldt. The sketches in the notebook include annotated maps, with caricatures of different countries drawn with humanoid features with notes about historic events, individuals and topographic features.[104] Bartholomew maintained his notebook until shortly before his death and after over a year of case entries that noted "no change" in his condition, he fell ill suddenly and passed away on 4 June 1881. The case file recorded long term cardiac disease and the "softening of the brain" as the cause of death.[105]

In examining the possibilities of portraiture in the sciences and beyond, historian Ludmilla Jordanova argues that it "constructs not just the identity of the artist and the sitter, but that of institutions with which they are associated;" Bartholomew's work reflects the interplay of each of these three elements.[106] His artistic contributions are entangled with Browne's educational goals to represent illness and the patients of the Southern Counties Asylum and also disseminate the objectives of moral therapy. Such views of treatment placed great importance on the interplay between localized faculties of the brain and the beneficial qualities of the external world. In this context, Bartholomew's portraiture reflects the social world of the asylum, but his position as an artist is still firmly in the patient category. However, by depicting other patients for Browne's lecture series, Bartholomew's status as a patient becomes far less rigid. In situating

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[104] Notebooks of William Bartholomew, December 1880-June 1881, GD16/2/5/1/1-2, Fonds of the Physician Superintendents of the Royal Edinburgh Hospital, Lothian Health Services Archives, University of Edinburgh Special Collections.
[105] Case Notes of William Bartholomew, 4 June 1881, Royal Edinburgh Hospital Case Book vol. 30 October 1876-April 1878, LHB7/51/30, Royal Edinburgh Hospital Collection, Lothian Health Services Archives, University of Edinburgh Special Collections.
[106] Jordanova, *Defining Features*, 18-20.

his portraits in a physiognomic context, the artist becomes tied to the production of medical diagnostic knowledge. Furthermore, the very vocabulary with which he engages places his subjects in an essentialist framework of inner/outer representation. Finally, in attending to this dynamic between Bartholomew and Browne, patient art becomes a productive means by which Davies' conception of "outer experiences" can be more central to the history of psychiatry.[107] As such, examples of patient experience and patient produced sources can inform historical understandings of treatment practices and also create opportunities for the archive itself to be visible in new ways. This, as Jane Nicholas suggests, aids in rendering the ethics of the record and its archival keeping more present in scholarship. [108]

Through patient-produced non-textual sources we are able to view aspects of the asylum through a medium that complicates the patient-doctor narrative of power. While such visual sources were created under the control of an asylum infrastructure, they sit adjacent to top down medical records. In this way, patient art operates to further Porter's approach by de-centring the doctor's voice as the primary vocabulary of experience. By investigating the context and images that were the product of Bartholomew's patient gaze, we can come closer, not to a comprehensive view of his experience, but something that reveals the potential of the visual archive in service to the two-way encounter in the history of psychiatry.

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[107] Davies, 268.
[108] Nicholas, 155.

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