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Abstract

This article explores the photographic physiognomy of Victorian asylum superintendent Hugh Welch Diamond. Through close readings of Diamond's photographs as well as commentary published by Diamond and Dr John Conolly, the author argues that Diamond expanded the meaning of the word physiognomy to include metonymic traits such as clothing and hairstyle. Diamond used physiognomy for both diagnostic and therapeutic purposes, and he staged his photographs to maximize their efficacy for both, creating a mediated mirror through which his patients viewed themselves. Through photographic physiognomy, Diamond tried to change the nature of asylum practice, using images of his patients to nurture them to health without physical restraints.

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Introduction

In 1861, the English middlebrow family monthly the *Cornhill Magazine* published an article discussing the strengths and weaknesses of physiognomy and phrenology.¹ While granting that late eighteenth-century innovator Johan Caspar Lavater (1741–1801) 'showed more clearly than it had ever been done before that rules there must be, and a system there is, in the language of the human form', the piece was sharply critical of his failure to demonstrate that very system.² Rather, the article contended, Lavater's legacy was '[n]o order, no logic, no finish - nothing but a dense tangled shrubbery of facts, most of them stunted and but half developed'.³

This lamentable state of non-scientific affairs was, however, on the cusp of change, according to the *Cornhill*. With the aid of photographic reproducibility, the article argued, physiognomy was about to achieve its elusive set of rules, becoming a true system of classification and taking its place among other sciences:

It is to be hoped that the discovery of the photograph will prove to be the dawn of a new day for [the physiognomist]. As the science of chemistry was nothing until a perfect balance was invented, and as the science of physiology was really unknown until the microscope was improved, so it may be that the faithful register of the camera, supplying us with the countless numbers of accurate observations, will now render that an actual science which has hitherto been only a possible one.⁴

As the next edition of the magazine read, '[i]t is equally true that with such portraits and engravings of portraits as we have had, it has been utterly impossible to get beyond the nebulous science of a Lavater. We required the photograph'.⁵

The *Cornhill* was not alone in heralding photography as the redemptive technology of physiognomic claims. In an 1856 paper to the Royal Society, Victorian asylum doctor and well-known photographer Hugh Welch Diamond (1809–1886) emphasized ways in which photography aided physiognomy.⁶ Diamond used his camera not only to chart but also to instigate 'the characteristic features of different mental diseases in their commencement, continuance, and cure'.⁷ With the aid of the camera, Diamond hoped to overcome the challenges Lavater faced in his quest to classify physiognomic types. Lavater bemoaned his lack of trustworthy evidence, relying as he did on artists of differing skill levels:

I shudder when I remember the supposed likenesses which are found between certain portraits and shades, and the living original [...] Each slander, in which there is but a shade of truth, is as usually supposed to be the full and exact truth, as are so many thousand wretched portraits supposed to be real and exact likenesses.⁸

According to the *Cornhill*, with the aid of mechanical objectivity over space and time, the contested terrain of physiognomic efficacy would soon become proven and universally accepted.⁹ The photograph would provide the exact archive that was missing from the Lavaterian examinations.

Except that, in making these predictions, the *Cornhill* was missing the point. The strength of photographs was precisely that they were not exact reproductions, but rather productions made by photographers, who could, and did, emphasize physiognomically meaningful symbols. The likenesses produced by the camera were highly mediated, a condition that Diamond used to expand the range of physiognomically meaningful signs. In the case of the mentally ill, the mirroring function of photographs was enhanced by the intermediary of both the camera and the photographer to aid viewers to see what, in person, might remain obscured.

Diamond turned his camera on his patients at the Surrey County Lunatic asylum for diagnostic, classificatory and therapeutic purposes. The first practitioner of diagnostic photography, Diamond was an innovator, both in his conceptions of the self and the ways in which he captured them photographically.¹⁰ He was an innovator in the more traditional sense as well, exploring and explaining a number of new photographic techniques. It is, however, his therapeutic and communicative theories that I seek to explore here. Through close readings of Diamond's asylum photographs, read in conjunction with his own commentaries and those of asylum doctor John Conolly (1794–1866), I explore Diamond's notions of the individual (insane) self, and the ways in which he used photography to produce and export his physiognomic ideas. As an advocate of the insane, Diamond was part of growing group of asylum doctors, led by Conolly, who protested systems of restraint. As an advocate of visual imagery as therapy for his patients, it was Diamond who was the leader.

Diamond insisted that looking at photographic representations of themselves provided patients with the accurate self-reflection required to force them to recognize their illness. He chronicled a number of cases in which 'Photography unquestionably led to the cure'.¹¹ For Diamond, cure emerged from acknowledgment of insanity, and that treatment consisted of matching internal understanding with external representations. Madness developed out of a

schism between the way patients appeared and the way they thought they looked. In this, Diamond pushed physiognomical principles in a dramatically new direction, one that established a discourse of internality, a concept echoed by later doctors Jean-Martin Charcot (1825–1893) and Sigmund Freud.¹²

Photography did not usher in the *Cornhill's* predicted new era of scientific physiognomy. Nor, contrary to Diamond's own stated goals to the Royal Society, did photographic physiognomy produce a universal language of diagnosis.¹³ What physiognomic photography did do, in the hands and through the eyes of Diamond, was increase the rhetorical power of physiognomy by extending it to clothing, hair, and other metonymical markers of states of mind. Through his exhibitions and writings, Diamond invited large audiences to execute analyses on his constructed images, standardized across time and space. By the same token, these invitations were extended to the subjects of the images. Diamond's medical photographic project invited patients to turn the physiognomic gaze inwards upon themselves as a therapeutic device. Diamond's photographs, then, were mediated mirrors that helped viewers to see the subjects through the eyes of the photographer. Through the application of physiognomic principles, these images provided access to sites normally obscured: the hidden depths of the mental asylum and the even more hidden depths of the deranged human mind.

The Eyes of Dr Hugh Welch Diamond

Diamond, unlike many other physiognomic practitioners, explicitly engaged in the questions of change, in behaviour and on the face.¹⁴ Many of his photographs were before-and-after sequences, charting the process of cure through physiognomic improvement. In contrast to other medical physiognomists, and indeed to Lavater himself, Diamond never conceived of physiognomy as a vast system of human classification that required additional data to realize its potential.¹⁵ Again unlike Lavaterian physiognomy, Diamond's photographic analyses were tracing behaviour rather than personality, based on the assumption that a mind gone wrong could be righted. Insane behaviour was marked in the faces, but also in the clothing, hair, and bodies of the patients. Finally, unlike Lavater, Diamond allowed no space for the instinct of his observers; orchestrating his images to support rather than produce physiognomic analyses, Diamond left little to chance. For Diamond, the camera was a tool that he used to reproduce his own vision and allow others to see what he saw.

Diamond was the superintendent of the Female Department of the Surrey County Lunatic Asylum from 1848–1858, at which point he resigned his position under somewhat mysterious and scandalous circumstances.¹⁶ His tenure at the asylum coincided with his growing interest in photography, to which he devoted a great deal of time and energy. Not content with a superficial level of skill, Diamond worked hard to master and even pioneer a number of innovative photographic techniques, which he generously shared with other interested gentlemen amateurs.¹⁷

Diamond's many contributions to the photographic field were recognized by a £300 purse presented in 1855 by a group of amateur photographers, one of whom was the physicist Michael Faraday (1791–1867).¹⁸ Contributions were requested in various publications, including an early volume of the *Asylum Journal of Mental Science*, which commented that 'the services rendered by Dr. Diamond to photography [...] have incited a numerous and influential body of photographers and archaeologists to mark their sense of obligation by presenting him with a testimonial'.¹⁹

Widely respected, Diamond was well-known for his photographic as well as his medical skills, and particularly for the ways in which he combined the two. His articles about photographic physiognomy appeared in medical, photographic, and cultural journals, including the professional *Asylum Journal*, the specialist *Journal of the Photographic Society*, and the highbrow cultural journal the *Athenaeum*. The broadness of Diamond's appeal was witnessed by the various publications in which he was featured; his *Athenaeum* obituary noted:

Diamond is also to be remembered for the assistance he rendered photographers at moments when they were in urgent need of a scientific tutor endowed with artistic discernment, sufficient knowledge, and manipulatory adroitness [...]. Diamond, without fee or any thought for material reward, acted as scientific instructor to the increasing number of persons who were from different motives interested in the new art.²⁰

For Diamond, the pursuit of science and the pursuit of art were intermingled, and both were done in service of the training of the self. The idea that photography could be used for self-improvement, drawing on the resources of both art and science, was a common thread throughout his work with interested amateurs and, especially, with his patients.

Diamond's reputation as a psychiatric photographer was cemented for both scientific and artistic audiences during his 1852 exhibit at the London Society of Arts. This display, entitled 'The Types of Insanity' was composed of a series of photographs that he had taken of his asylum patients.²¹ With these pictures, Diamond was joining a tradition of medical illustration practised by such eminent physicians as (Sir) Charles Bell (1774–1842), whose studies linked expression to anatomy, and Diamond's predecessor at the Surrey County Asylum, (Sir) Alexander Morison (1779–1866), whose 1838 atlas, *The Physiognomy of Mental Diseases*, made extensive use of portraits to discuss the facial features and expressions associated with insanity.²² Likewise, in France, asylum physician J. E. D. Esquirol (1772–1840) had more than two hundred patients at the Salpêtrière sketched for his *Mental Maladies: A Treatise on Insanity*.²³

The critical response to Diamond's display was positive; viewers were particularly impressed by Diamond's harnessing of the power of the photographic medium to effectively capture the pathos of insanity. In its review of the exhibit, the *Athenaeum* noted that 'the Doctor has been enabled to produce a group of portraits of insane and idiotic people who could probably not be induced to remain quiet long enough to be taken by the other processes. This is but one of the many ways in which photography may be made subservient to science'.²⁴

Reflecting on his work, Diamond emphasized the role photography played in faithfully rendering and preserving insanity, a condition often reduced to ridicule in the artistic record. Though Diamond did not explicitly acknowledge the role of the camera and the photographer in *producing* physiognomic effects, his use of photographs emphasized the mediation inherent in the mirror that he called 'a perfect and faithful record':

I may observe that Photography gives permanence to these remarkable cases, which are types of classes, and makes them observable not only now but forever, and it presents also a perfect and faithful record, free altogether from the painful caricaturing which so disfigures almost all the published portraits of the Insane as to render them nearly valueless either for purposes of art or science.²⁵

To Diamond, the ‘painful caricatures’ were medically problematic and physiognomically unhelpful; the images they produced were not just useless for purposes of record-keeping, diagnosis, and therapy, but were in fact harmful, presenting inaccurate images that communicated false information. The mad could not look at these distortions as a way to get a truer sense of self; doctors could not use them to standardize illness categories; lay people could not view them as a way to calm their fears about the insane. Photographs, as, in Diamond’s words, ‘the copy *drawn to life*’ offered a solution to all these objections.²⁶

Anticipating the photographic project of late-nineteenth-century Salpêtrière asylum doctor Charcot, Diamond used his camera to bring not just photographic representations but physiognomic signs into being. Charcot used photographs to chart the various stages of hysteria and, eventually, as a tool to produce them. He too was obsessed with the recording function of the camera, ignoring the role of the photographer in excavating the effects that the camera mediated. Unconsciously echoing the words of Diamond, Charcot protested his invisibility in the archiving process: ‘What a marvel this would be if I could, in fact, fabricate illnesses according to my whims or fantasies. But in fact all I am is a photographer. I describe what I see’.²⁷

Like Charcot after him, Diamond’s images of the exterior contributed to the construction of interiority that he excavated and produced. In his writings and his pictures, Diamond expressed the belief that images speak louder than words; in both cases, Diamond was talking along with his work.

What words can adequately describe either the peculiar character of the palsy which accompanies sudden terror without hope [...]. Yet the photographer secures with unerring accuracy the external phenomena of each passion, as the really certain indication of internal derangement, and exhibits to the eye the well known sympathy which exists between the diseased brain and the organs and features of the body.²⁸

Though powerful, Diamond’s images alone could not effectively produce a language of the insane self. It took the writings of Conolly, commenting on the photographs, to make meaningful these images in a diagnostic context. However, for Diamond’s most proximate audience, the pictures alone were all that was needed.

Diamond’s commitment to communicating his vision was effective in reaching his colleagues in the asylum world. His admirers and collaborators in the pursuit of photography were equally able to access his images and ideas, and many of them emulated his work.²⁹ Diamond has rightly been lauded as a pioneering diagnostic photographer and a major contributor to the development and dissemination of photographic techniques.³⁰ His role as a therapist and his use of the camera and its images as therapeutic technologies have been more overlooked. In a radical move, Diamond suggested using his photographs to treat patients – not as a pleasant pastime akin to games and dances, and not as healthy labour like working in the fields or at crafts, but in order to force patients to see themselves through Diamond’s eyes. In this, Diamond was proposing a concept of self and an idea of illness that was highly performative and representational.

This therapeutic approach was only possible because Diamond reoriented the physiognomical discourse to include external symbols outside the face, including hair, body, and clothing. For him, the face itself was an important diagnostic and record-keeping device, but it was other markers of insanity, ones he emphasised in his pictures, that provided him with a point

of therapeutic access and the possibility of change. These pictures stood witness to the patients' state of being. The opportunity for accurate self-reflection was, Diamond wrote, a particularly valuable aspect of asylum photography: 'There is another point of view in which the value of portraits of the Insane is peculiarly marked. – viz. in the effect with they produce upon the patients themselves'.³¹

To Diamond, the face, the hair, the clothing, the *physiognomy*, of his patients had the potential to be transformative of concepts of self. The physiognomic photograph was a reflection of an inner world, in the classic physiognomic formulation, but it was one that could be changed. Diamond gave as an example a patient whose 'delusions consisted in the supposed possession of great wealth, and of an exalted station as a queen'.³² Showing her photographs of all the other patients who fancied themselves queens 'was the first decided step in her gradual improvement', leading to her being 'discharged perfectly cured'.³³

Diamond's principles suggested that concepts of the self-determined health and illness were reflected not just in appearance, but also in understanding of appearance. And, in order to understand appearance, a mirrored reflection was not enough. In looking through a mirror, patients would see what they expected to see; only through the distance provided by the mediation of photography could the necessary shock and later recognition be achieved. Mediation had power, not only to provide distance but to furnish the necessary signs marking illness; Diamond staged his photographs to make meaningful those markings that, without an intermediary, remained, to the patients, invisible.

The success of Diamond's approach was contingent on patients believing in photographs as mimetic and powerful representational objects. They had to believe they were seeing themselves as others saw them. Of course, what they were really looking at were images of how Diamond saw them; as their doctor, that was exactly the point. The camera then, became a producer rather than a recorder. The camera both brought into being the physiognomic signs with which Diamond infused his scenes, and it also acted as the mediating object that created the distance necessary to allow patients to see themselves through Diamond's eyes. As John Tagg has argued, the truth-value attached to the photograph bound the body to a particular identity, creating a representational archive for surveillance and control.³⁴ Here, the surveillance was being done both by Diamond and those viewing the photographs, but the possibility of (self) control was being urged upon the patients themselves. The patients were special kinds of photographic subjects; they were meant to be transformed by their own images, thereby rendering these representations invalid soon after they were produced and viewed.

Diamond was taking the notion of moral management – granting privileges based on appropriate behaviour – and pushing it in a new direction.³⁵ He was establishing normative standards not through actions but through appearance, and he was asking patients to recognize those same norms. In a sort of art therapy, Diamond was using photographs as revelatory of the patients' inner states, but it was he and his camera that provided the revelation, rather than the patients themselves. The therapy was not in the production of art as a leisure activity (as in moral management), nor was it an exercise in subconscious personal exposure (as in the art therapy movement pioneered in the 1940s), but in the training of personal judgement.³⁶ This judgement was, according to Diamond, absent from patients when they encountered themselves directly in mirrors. It took a representational image for patients to see themselves, attesting to a different form of truth from a strictly mechanically objective rendering. The mediation offered by the camera forced a different way of seeing.

Picturing Madness

Diamond's patients, as inhabitants of a large (and growing) underfunded public asylum, were generally poor, often long-term inhabitants, many of whose families had little or no hope of cure.³⁷ There is no evidence that Diamond procured permission from his patients or their families to take and display these photographs. As poor dependents, it is possible that Diamond thought such permission was unnecessary; in his next posting, at a private asylum that he opened in Twickenham in 1858, Diamond took no known photographs of his patients, perhaps because their rich families or they themselves had objected.

The living conditions of the patients were relevant not just because they provided Diamond with compliant subjects, but because, to some Victorian doctors, poverty contributed directly to mental instability. In his writings in general and in his commentary on the Diamond photographs in particular, Conolly attributed mental and visual physiognomic disorder in female patients to social circumstances, such that a corresponding change in these circumstances could affect cure.³⁸ Conolly sought to clothe the naked, metaphorically and literally. In so changing their surface, he believed he would affect their interiors.³⁹ Again, the state of the body and its adornment reflected the state of the mind, and photographs provided the necessary mirror which inspired patients to appropriately adorn their bodies. To Diamond and Conolly, clothing became as important a physiognomical symbol as the face, and one that was manipulable by the patients themselves.

The first image I examine is likely the most well-known, both in terms of its content and its iconography (figure 1). In this photograph, the patient is wrapped in a black shawl or mantle, evoking notions of poverty, deprivation, and salvation. Her eyes are focused away from the



Figure 1. Hugh Welch Diamond, Plate 32, albumen print from a wet collodion negative, 1852. Reproduced by kind permission of the Royal Society of Medicine, London.

viewers, looking off to the side in an exhausted, blank stare. The patient's cheekbones are highlighted, suggesting under-nourishment or a lack of physical health. Far from enjoying the experience, she seems to have no interaction at all with the photographer and, thus, the viewers. Most striking is the garland placed around her head by Diamond himself as he was arranging her pose. A powerful symbol of insanity, the garland likens this sitter to Shakespeare's Ophelia, a character often represented in Victorian art and literature to represent the asylum mad woman.⁴⁰

The mantle theme is continued in a number of Diamond's poses, including Plates 27, 30, 42, 44, 46 and 50 (figures 2, 3). In all these pictures, the sitters are wrapped, often huddled, in

some type of ragged shawl or blanket. Both infantilizing and impoverishing, these pictures draw on the power of photography to isolate a state of being and freeze it. The patients in these images were stopped at a particular moment in time that was revisited with each viewing of the photographs. What viewers saw were people who looked as though they had just been rescued and had blankets placed upon them for warmth or for comfort. These mantles dominate the images, drawing the eye away from the very faces that Diamond claimed to be highlighting. These blankets also serve to make the sitters appear to be in a state of undress, or, at least, not fully dressed, hinting at a lack of personal care and hygiene associated with insanity.

In Figure 2 the subject clutches a dead bird in her hands. With her head tilted slightly up, she appears deliberately to be looking away from the victim; it is unclear whether she is mourning or celebrating its death, or indeed whether she is at all aware of it. The darkness of the



Figure 2. Hugh Welch Diamond, Plate 27, albumen print from a wet collodion negative, 1852. Reproduced by kind permission of the Royal Society of Medicine, London.

background causes the woman to blend into it; fading away, she and the bird stand on either side of the life/death divide. Unlike the bird, however, she can still be saved. Figure 3 shows a



Figure 3. Hugh Welch Diamond Plate 30, albumen print from a wet collodion negative, 1852. Reproduced by kind permission of the Royal Society of Medicine, London

woman with messy dark hair covered by a loose shawl. Her hands are also resting in her lap, with the top one placed on the other. She looks directly at the camera and at the viewers, but does not seem to see anything. Her dress and her shawl are both striped, but with contrasting patterns that make her appearance unsettling and jarring for viewers.

The themes of poverty and salvation were echoed in the language of Conolly in his commentary on Diamond's photographs, published in the *Medical Times and Gazette* in 1858.⁴¹ In a classical physiognomical approach, Conolly wrote a great deal about the physical features of these subjects, but he also focused closely on the more easily altered and noticeable external symbols, intertwining the two. Of a patient 'labouring under religious melancholy', Conolly read the text of her face and her clothing interchangeably:

The high and wide forehead, generally indicative of intelligence and imagination; the slightly bent head, leaning disconsolately on the hand; the absence from that collapsed cheek of every trace of gaiety; the mouth inexpressive of any varied emotion; the deep orbits and the long characteristic eyebrows; all seem painfully to indicate the present mood and general temperament of the patient. The black hair is heedlessly pressed back; the dress, though neat, has a conventual plainness; the sacred emblem worn round the neck is not worn for ornament.⁴²

Conolly's written commentary was an important part of the codification of medical physiognomic symbols, both physical and sartorial, which drew heavily on his own therapeutic approaches and concerns. Thirteen years before his writings on Diamond's pictures, Conolly observed that '[d]ress is women's weakness, and in the treatment of lunacy it should be an instrument of control, and therefore recovery'.⁴³ Alongside this theme, the class of the subjects was an important line of analysis for Conolly, reflecting his sense that poverty and deprivation could lead to serious mental imbalance. In his comments, Conolly noted both individual markings and those which indicated membership in a particular social group, thereby using photographic physiognomy as means to identify both specific and general characteristics.

In his commentary on the 'suicidal melancholic' depicted in Plates 3 and 4 (figure 4), pictures of a woman who appeared to begging something of the viewer, Conolly noted:



Figure 4. Hugh Welch Diamond, 'Suicidal Melancholy', albumen print from a wet collodion negative, 1852. Reproduced by kind permission of the Royal Society of Medicine, London.

It is evidently not the portrait of an educated or refined person, but a woman of the poorer ranks of life, --- from which ranks our large crowded county asylums are filled [...] And the worst of them, too impatient of this lot [...] deviate from the walks of industry [...] It is easy to moralize on these things, and virtuously to condemn; but God alone can judge such matters Justly. If a man would try to do so, he must realise to himself an almost unfurnished home, and hungry children, and rent to pay [...] He must fancy the state of his mind under the privation of all indulgences and all amusements, and in the utter absence of all comfortable recreation for mind or body. Who is there, more happily placed, who can estimate or even imagine the physiological results of all this combination of misery and privation?⁴⁴

Conolly went on to analyse the photograph in detail, commenting on the ‘inclination of the head to the right, the starting muscles on the left side of the neck, the excessive corrugation of the integuments of the forehead’, which ‘all tell the same story of intense and painful emotion’, ‘[t]he copious and disheveled hair [...] parted with no care, but straggles in sympathy with a tortured brain’.⁴⁵ He concluded his analysis with an ‘actual history of the patient’, who was ‘born of a mother on whom wretchedness had already done its work [...] her sole inheritance was poverty and labour, and a brain disposed to disease.’⁴⁶ Conolly left readers with a gesture towards inherited degeneration, hinting that the state of the daughter began with the propensities of the mother.⁴⁷ Using the image as a text from which to read not only behavioural but historical characteristics of the subject, for Conolly the photograph became the patient, and physiognomy was the key to penetrate this representation. In his reading, however, Conolly was citing details that he already knew, using the text to support his ideas. Unlike Lavaterian physiognomy and the pocket variant that followed, for Conolly photographic physiognomy proved rather produced his conclusions.

In this photograph, the patient’s head was tilted, but she looked more directly at the camera, and indeed, at the viewers. Her interaction with the camera is striking in its distinction from other images; in addition to eye contact and begging hands, her dress stands out rather than fading in. She has no blanket or shawl, and even the sides of her chair are visible. This image is meant to underscore the humanness of the patients. Where the other photographs evoked pathos at the patients’ difference and deadness, this one underscored their liveliness.

This image, more than others, acted as a mirror for the subjects and for other audiences. In this woman, viewers saw someone not so different from themselves, someone whose desperation indicated a desire to change. The possibility of cure, through the simple expediency of clothing changes, and through more complicated therapeutic endeavours, seemed a realizable hope. The pathos in this image was not because the woman appeared so different and so deranged, but precisely because she did not.

Two striking before-and-after sequences of sickness and cure demonstrate that the physiognomy of insanity and sanity was best represented photographically by changes in fashion sense and self-presentation. These pictures highlight the trust that viewers had to have in the photographers and commentators; arranged by photographers long before the images were released, viewers had no evidence outside the images that cure actually occurred, and that the images were arranged in an accurate temporal sequence. Here, the mirror acts to reflect time, showing all viewers, including the subjects of the images, the changes that they could not themselves compare without the photographic medium.

Plate 14 shows the progress of a woman through the stages of puerperal insanity and cure (figure 5).⁴⁸ Though there were changes in her expression, the most obvious improvement was found in her personal comportment and attire. In the initial stages of the disease, she was dressed

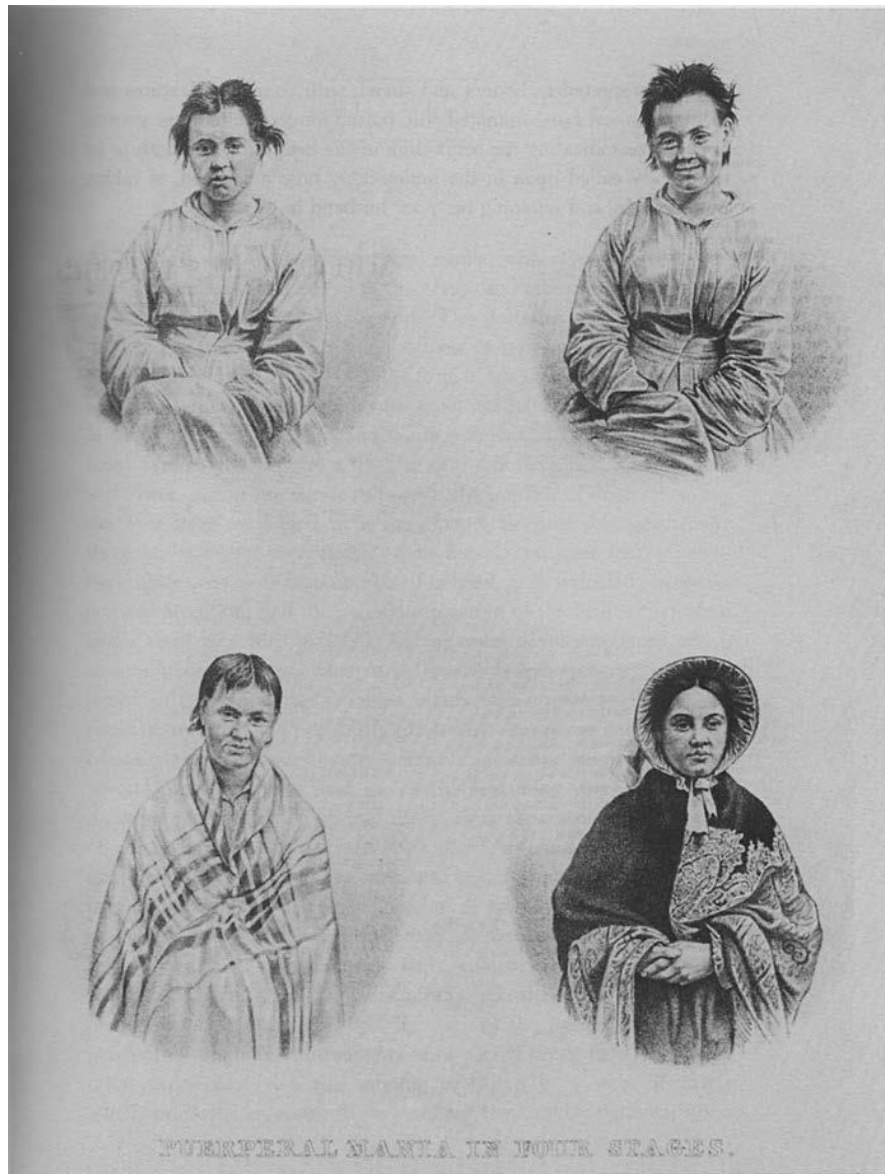


Figure 5. Hugh Welch Diamond, 'Puerpera Mania in Four Stages', from photographs, in *Medical Times and Gazette* (June 1858), between 632 & 633. Reproduced by kind permission of the Royal Society of Medicine, London.

in plain clothing with messy and apparently unwashed hair, which, in a rare direct reference to his photographs, Diamond commented upon in his 1856 paper. He wrote that she had reached 'that stage of Mania which is marked by bristled hair'.⁴⁹ Here, Diamond noted that she progressed along a predictable disease course, making her one of many similar maniacs.

This state progressed as, according to Conolly, she at times ‘tore her clothes out of an excess of animal spirits’.⁵⁰ Her hair was highly disordered and she showed complete disregard for it. The third picture marked the initial stages of improvement. Her hair was tidy and brushed, and Conolly commented that she was ‘neatly dressed’.⁵¹ He made this claim, despite an inability to see what she was wearing, as she was covered in the shawl that represented the coming redemption while still firmly situating her as uncured. Conolly’s commentary echoed that of Diamond, who noted that ‘[t]he Hair [*sic*] falls naturally and the forehead alone retains traces, tho’ slight ones, of mental agitation’.⁵² As in many of the other pictures, hands remain an important point of communication with the viewers. Here, the patient’s hands are hidden, representing her lack of control. It is only when she is presented as recovered are her calmly clasped hands visible.

It was in the final picture, in which she was, according to Diamond, ‘clothed and in her right mind’, and to Conolly, ‘represented in bonnet and shawl’, that the patient was pronounced cured.⁵³ She was wearing more clothes, which was an important photographic physiognomic marker of sanity. The most significant addition for Conolly, however, was the bonnet. Uncovered hair was a source of great anxiety for him; many of his comments revolved around the patients’ state of bare-headedness.

The next sequence of recovery and cure, on Plate 15, showed a woman who had been diagnosed with religious mania (figure 6). While in the throes of madness, her hair was messy and uncovered, and her dress was disordered and lacking accessories. When recovered, this patient was neatly tied, belted, and literally re-covered with a bonnet on her head. Of another recovered patient, Conolly noted that ‘subsequent photographs are scarcely to be recognised as being likenesses of the same patient’, particularly as ‘the hair is well arranged’.⁵⁴



Figure 6. Hugh Welch Diamond, ‘Religious Melancholia and Convalescence’, from photographs, in *Medical Times and Gazette* (October 1858), between 368 & 369. Reproduced by kind permission of the Royal Society of Medicine, London.

By showing patients their pictures, Diamond was holding up his mediated mirror not just of the patients' states of mind, but also, their stations in life. Plate 17 showed two different patients, both of whom were, in the words of Conolly, 'illustrative of some of the modifications of features and expression in women who have fallen into the habits of intemperance'.⁵⁵ Again the subjects were hatless and disorderly-haired women in dishevelled attire. The begging pose in Plates 3 and 4 was repeated by one of the patients, an attempt to evoke pathos from the viewers. Of this first subject, Conolly noted that she had been reduced to a state of poverty from 'a respectable station', losing everything to the pawnbroker including 'the clothes of her mother and herself'.⁵⁶ The other patient, with 'disordered, uncombed, capriciously cut hair, cut with ancient scissors or chopped with impatient knife', had less possibility of redemption, having been born into a 'low and degraded life, into whose mind, even before madness supervened, no thoughts except gross thought were wont to enter'. Even she, however, was to be treated with mercy, her fall to 'singing in a public house' a predictable outcome of her circumstances.⁵⁷ In his commentary of these images, Conolly distinguished the subjects as individuals with unique histories and experiences, while simultaneously categorizing them as members of groups whose pathologies progressed along standard lines.

Conolly introduced his discussion to the patient in Plate 11 (figure 7) with comments about her headgear, calling her 'the old lady in the reversed bonnet'.⁵⁸ He commented that 'one feels sure that once this poor woman was of a merry mind [...] and turned her bonnet round for very mirth'.⁵⁹ Her mental state was visible from 'the strong descending lines from the *alae nasi* to the depressed corners of the mouth', which spoke to her 'alternations of depression with



Figure 7. Hugh Welch Diamond, 'Chronic Mania', from a photograph, in *Medical Times and Gazette* (April 1858), between 404 & 405. Reproduced by kind permission of the Royal Society of Medicine, London.

excitement, and make the physiognomy indicative of past attacks of mania and melancholia'.⁶⁰ Her insanity, he explained, was from 'the exhaustion incidental to daily labour', the effects of which were lessened in the asylum due to the 'regular life led there, the good food, the general regulations of the place, and occasional Medical treatment'.⁶¹ For this lucky patient, 'the asylum-influences had a happy effect upon her, and in about eleven months she was discharged cured'.⁶² Nevertheless, traces of her insanity lingered, he admitted, with occasional 'fits of violence', though the most common sign of her former state of mind was her benign 'eccentricity of dress'.⁶³

With these images, Diamond was participating in the iconography of Victorian symbols of female deviance and abnormality. In a number of prominent Victorian paintings all made after

Diamond's exhibit, there were repeated images of women about to, in the process of, or recovering from a fall into reduced circumstances.⁶⁴ A number of symbols are familiar from the Diamond pictures, including dark shawls, disordered and exposed hair, and postures of begging or prayer. The rhetorical effect of these visual symbols was powerful, as Diamond well knew. Physiognomic communication only worked because there was a consensus that it should. Diamond made skillful use of this consensus in picturing the face of madness and recovery.

In the Diamond photographs, the Conolly commentaries and the later Victorian paintings, Lavaterian physiognomical signs were complemented by metonymical symbols that were more easily manipulated, and thus, subject to change and possible cure. These symbols were emphasized by Diamond in the staging of his photographs, and underscored by Conolly in his writings. For both men, this type of physiognomical analysis did tremendous rhetorical work in their attempts to present the mad as curable and containable without restraints. These poses served to tame images of the mad in the public eye, presenting them as neat, ordered, and utterly human and helped.

Diamond, invested in developing the art form of photography, was participating in the establishment of new conventions and visual symbols that became prominent in the Victorian era. These developments rested on the conditions of possibility set by the increasing prominence of physiognomy as a way of seeing in nineteenth-century England. Hair and clothing were emphasized by Diamond's camera, adding elements to the reflections of themselves that patients saw. These metonymical symbols built upon, rather than replaced, the physiognomy of facial features. In these photographs, clothing became an archive of past experience that contributed to the reading of the body. Diamond established other sources of meaning in his photographs, which he and Conolly taught viewers – patients and otherwise – to see and understand.

Critic and author Lady Elizabeth Eastlake (1809–1893) wrote about the information that clothing communicated and the importance of examining it carefully in the literary-political Tory journal *The Quarterly Review* in 1847. She noted that 'dress becomes a sort of symbolical language – a kind of personal glossary – a species of body phrenology, the study of which it would be madness to neglect'.⁶⁵ Eastlake had extensive experience examining clothing in photographic images as the wife of the first President of the Royal Photographic Society and an important critic in her own right. Like Diamond, Eastlake used the photographic medium to increase the power of sartorial signs for greater physiognomic meaning.

Captured by Camera

Throughout the first half of the nineteenth century, a number of asylum directors advocated the abolition of physical restraints as a form of treatment. John Conolly introduced non-restraint into the Hanswell Asylum in 1839, and has often been credited with recognising the therapeutic advantages of physical freedom. However, it was the 24-year-old House Surgeon at Lincoln, Robert Gardiner Hill (1811–1878) who first developed non-restraint in 1834.⁶⁶ Conolly, motivated by both medical and humanitarian concerns, was the most visible advocate of the approach, generating widespread support for its application.

Speaking against the iconic story of the liberation of the insane from their chains, Foucault has shown ways in which the nineteenth century saw an internalization of these very restraints.⁶⁷ He argued that systems of surveillance and moral treatment were a different and, in many ways, equally powerful form of restraint. Diamond's physiognomic photography offered a

new technology of chaining, urging patients to judge themselves through Diamond's eyes. The mediated mirror not only reflected patients, it defined and confined them.

Despite a commitment to abolishing physical confinement, doctors continued to emphasize the importance of instilling a sense of judgement and limitation upon the patients. Hill, in outlining his treatment approach, commented in a footnote that, '[i]t is essential [. . .] that the patient should be aware that he is observed [. . .] and aware also that the person who observes him is powerful enough to control him'.⁶⁸ Thomas Wakely (1795–1852), surgeon, radical MP and founder and editor of the influential medical journal the *Lancet*, strongly supported the work of Conolly, while noting that Conolly's system was, in fact, forcing a different type of confinement from that of physical chains. In the pages of the *Lancet*, he recognized the inadequacy of the term 'nonrestraint', preferring 'humane system', as, he noted, there were many forms of restraint still in use:

The term 'non-restraint' is not literally correct; for when the system is most rigidly carried out, the patient is confined to the asylum, and in many cases to his room. But this confinement is not felt like fetters; it is less degrading, irritating and exasperating, than ligatures on the limbs. The restraint is little more severe than the voluntary confinement of servants to the house, or of workmen to their daily task. The violent, raving maniac has, however, necessarily to submit to further restraint; the keeper's arms are called into action, and have to supply the place of the straight waistcoat, straps and chains.⁶⁹

Diamond's camera, and the cameras of other asylum superintendents who followed his approach, was equally a form of control and restraint, as was physiognomy itself. Already an observational activity, physiognomical observation became a more powerful surveillance technique with the recording mechanism of the camera. Diamond constructed his pictures for maximum sympathetic and communicative effect, using not just the images but the process by which they were taken to control the way others saw his patients, and the way they saw themselves. For Conolly and Diamond, both active advocates of 'non-restraint', photographic physiognomy was a therapeutic breakthrough that allowed a form of mental restraint that released patients from the tyranny of the physical.⁷⁰

Dr John Charles Bucknill (1817–1897) was one of Diamond and Conolly's most important professional supporters. The first editor of the *Asylum Journal of Mental Science*, founded in 1853 as the publishing organ of the Association of Medical Officers of Asylums and Hospitals for the Insane, Bucknill frequently endorsed the use of physiognomy in diagnosing mental illnesses in addition to treating it. In 1858, he co-authored *A Manual of Psychological Medicine*, the first and most influential psychiatric textbook of the nineteenth century, the frontispiece of which contained seven lithographic copies of photographs taken at the publicly funded Devon County Lunatic Asylum (figure 10).⁷¹ The caption read 'Types of Insanity' and the appendix contained a detailed description of each case. Bucknill's co-author, Dr Daniel H. Tuke (1827–1895), in addition to being a descendent of the famous York Retreat founder Samuel Tuke, was also the author of a prize-winning essay on 'Improving the Condition of the Insane'.⁷²

Bucknill and Tuke both followed the lead of Conolly in non-restraint campaigns and Diamond in the use of physiognomy as a diagnostic device. Other practitioners emulated Diamond's more creative application of photography, and used it for therapeutic purposes. T. N. Brushfield, superintendent of the Surrey County Lunatic Asylum, and William Charles Hood, medical superintendent of the famous Bethlehem (or Bedlam) Asylum, wrote about the role of



Figure 8. John Charles Bucknill and Daniel H. Tuke, Frontispiece, lithographs from photographs taken at the Devon County Lunatic Asylum, in *A Manual of Psychological Medicine Containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity. With an Appendix of Cases*, London: John Churchill, 1858.

photographic portraiture in bringing about the cure of mental disorder. In an 1857 letter to the *Journal of the Photographic Society*, Brushfield admitted that he did not study Diamond's photographs in depth, knowing his work only at the level of 'an ordinary newspaper article', but still agreed with him that in his own experience, 'patients are very much gratified at seeing their own portraits'. He recounted an anecdote in which 'a patient, who was formerly one of our most violent cases, begged for a portrait of herself, that she might send to her son, who was in Ireland, to show how much better she was'.⁷³ Here, Brushfield acknowledged that seeing really was believing, granting the son the ability to diagnose improvement from the evidence of a photograph.

Conolly's and Diamond's interest, and the interest in photography of those public asylum superintendents, was strongly linked to their commitment to improving the lives of the patients in their asylums; photography provided a public face for the mad, rendering them as picturesque as the subjects of mid-Victorian slum photographs. Well aware of the value of visual evidence, Conolly encouraged the use of illustrations to highlight the conditions in his publicly funded asylum. As the *Illustrated London News* commented in an 1848 caption beneath an illustration of the Twelfth Night Ball at Hanwell, 'the accompanying engraving presents a very interesting illustration of the non-restraint system pursued at Hanwell. [. . .] Good humour and mirth prevailed during the entire evening, not a single circumstance occurring to mar the happiness which all appeared to enjoy'.⁷⁴ The article praised the non-restraint approach, using this image to underscore its benefits, both to the patients, and those who chose to look at them.

Conolly's support of photographic physiognomy was strongly connected to his interest in improving asylum conditions. His writings revealed a deep concern about poverty and the effects that it had on mental health and its corresponding physiognomic indicators. He asked, for instance, of one of his patients: 'Walking feebly homeward, hungry, and faint, and assailed with offers of food and wine and money, what could poor girls so placed do but yield to temptation?'⁷⁵ To Conolly, proper conditions in the asylum were critical to treatment, given that it was often poor conditions themselves that had led to the patients' present illnesses.

By demonstrating the potential for patient cure as he did in his commentary to Diamond's photographs, Conolly effectively used the pictures to illustrate the ways in which improved conditions in asylums improved patients' mental health. Photographic physiognomy, then, was a means to represent disease categories that were not only mental but also circumstantial. For Conolly, one of the important roles of photography was to reveal the possibility of cure under the correct conditions of physical comfort. By the same token, the camera could easily document the effect that proper conditions had on the state of the patient. As Conolly commented in a non-restraint treatise in 1856:

To be well clothed, to have a comfortable bed and sufficient good food every day may, of course, be considered as having peculiarly comforting effects on pauper patients, too long accustomed to scanty fare, and miserable lodging, and wretched clothing. They often come to the asylum half starved, and good food is not infrequently of far more consequence to them than medicine of any kind.⁷⁶

In good conditions and in strictly choreographed settings, patients could be presented in a more attractive fashion; gone, or so claimed Victorian psychiatrists, was the expression of fear that early-nineteenth-century doctor and illustrator (Sir) Charles Bell (1774–1842) noted in the

faces of the ‘outrageous maniac’ upon his visit to an asylum. As Conolly commented in response to the Bell writings:

In those times, the galleries and cells of asylums presented vivid expressions of malady to the artists: such as now will be looked for in vain. It was not simple malady indeed which was generally depicted in the faces of the wretched people who then raved or moped in such places: but malady aggravated by mechanical coercion, or by neglect, or by positive cruelty.⁷⁷

The physiognomies of these patients marked not only their mental states and disease categories, but the ways in which they, as individuals, had been treated in the past. Changing the latter could change the former, which would have resulting effects on the appearance and indeed the physiognomies of the patients. These changes would not be merely aesthetic; the mental health of patients would improve under better conditions, thereby improving their physiognomies.

Early illustrators of the insane were reproducing the inhumane methods of treatment and the nature of the asylum environment in addition to the physiognomy of insanity. As a sketch and accompanying text from Morison’s *The Physiognomy of Mental Diseases* showed, ‘he is represented with the leather sleeves made use of in the Hanwell asylum’.⁷⁸ Conolly’s Hanwell, he argued, provided a much more accurate picture of the true face of the mad. His asylum had nothing to fear from private objections and public outcry; he welcomed the photographer’s camera to capture not only the face of insanity but its surroundings.

By presenting pictures of relatively neat, ordered, and restraint-free patients in their textbook, Bucknill and Tuke calmed fears about the appearance and behaviour of the mad, as well as reinforcing the sense that their improved condition was due in part to the more humane treatment that they received. As Bucknill and Tuke noted in the textbook, the calm demeanour of the patients was a disappointment for some visitors:

We have seldom been more amused by the disappointment of a friend, than we were by that of an accomplished gentleman, who has now, for years, made it his business and his delight to read Shakspeare [sic] to the English public. After patiently examining the numerous inmates of the Devon Asylum, he pronounced his opinion that they were all ‘stale, flat, and unprofitable’. Doubtless they were so in his point of view, for he said, ‘Where is the poetry of madness? I see none of it – no flashing eye, no foam on the mouth. Why, your people are as sober and respectable as a vestry meeting!’⁷⁹

Rather than feel attacked by their guest’s complaints, Bucknill and his staff felt honoured by the implications. ‘It was a great artistic disappointment; but, rather flattered than abashed, we admitted that, since the insane had been treated on rational and humane principles, they had ceased to offer the best and most constant examples of exaggerated passion’.⁸⁰

The accuracy of the photographic images presented in their textbook was of particular importance to Bucknill and Tuke’s agenda of visually acquainting the public with their patients. As they wrote, the expectations of this gentleman guest as to the appearance of the mad were based on widely held misconceptions drawn from misinformed and overly eager artists and writers:

If we may trust the descriptions transmitted to us by dramatists, poets, and painters, the facial expression of insanity was much more intense in the olden times, than at the present day; and the idea entertained of a madman, by the public is more frequently taken from such descriptions than from personal observations.⁸¹

In place of these personal observations, the observations of the camera were the next best thing, and in some ways even better; through photographs, viewers could see the true face of the mad. The distance provided by the camera, and the mediation inherent in its mirror, produced effects that were often obscured or ignored in person. The camera, rather than acting as a silent observer, was in fact as active as the eyes behind it, using its advantages to emphasize external physiognomic markers that would, according to Diamond, produce therapeutic change.

Conclusion

Rather than acting as mechanically objective physiognomic reflections, Diamond's photographs were in fact highly manipulated and staged. Contrary to the predictions of the Cornhill and of Diamond himself, photography did not provide incontrovertible evidence for the scientific efficacy of physiognomy. This condition was far from crippling, however; it was precisely because of the mediated nature of the photographs that they were effective as therapeutic and rhetorical tools. Photography provided an important medium by which to call into being physiognomically and therapeutically meaningful signs, which Diamond used to help patients see themselves through his eyes. The mediation inherent in Diamond's photographs made them a far more effective mirror than a looking-glass, which only reinforced the mental images already present in the minds of the mad.

In their written analyses, Diamond and Conolly were both reading far more than facial features, concentrating on clothing and hair to highlight the potential for cure in comfortable conditions. Photography assisted Diamond and Conolly in the project of expanding the power of physiognomy by making use of the advantages of photography over the naked eye. In addition to providing mediated distance for the patients to view themselves, what photography could do was capture the always significant clothing cues. In so doing, Diamond's physiognomic photography contributed to as well as establishing conventions in the iconography of female insanity.

Clothing had long been an important social and character symbol; this trend developed dramatically in the nineteenth century, as increased social mobility made distinctions all the more significant. Diamond and Conolly documented and expanded this trend by including clothing in the diagnostic framework. In the imperial discourse, especially in travel literature, nakedness or lack of Western clothing had been the mark of savagery; dressing up the natives marked the first stage to civilization. For example, the clothing of Man Friday was an important priority for Robinson Crusoe.⁸² So too in England, as William Hogarth's (1697–1764) *A Rake's Progress* chronicled, one of the first stages of an improvement in social station was an improvement in clothing. By the same token, degradation in dress marked social and mental degradation. Asylum photography formalized the relationship between civilization and sartorial appropriateness, taking Hogarth's trajectory and showing how it could be reversed in service of cure.

Photography changed the nature of the physiognomic subject from one immediately and instinctually assessed to one observed over time. The framing of the subject lay in the hands of the photographer, Diamond, and his commentator, Conolly. Rather than recording extant

physiognomic cues, Diamond's camera often produced them, which he used for therapeutic and rhetorical ends.

Drawing on a long tradition of diagnostic physiognomy, Diamond combined the powerful technologies of photographic representation and scientific classification to communicate his personal vision as a universal one. In so doing, Diamond included clothing and hair as important physiognomic signs, thereby predetermining the ways in which his viewers would read his images. Diamond both recorded and produced his vision through manipulation of the clothing and hair of his patients and subjects. In this way, Diamond's physiognomic photography captured and reproduced the metonymical as well as the physiognomical face of madness.

Notes:

1. The first of the inexpensive 'shilling monthlies', the Cornhill Magazine appealed to a well-educated middle class audience who disdained the cheaper sensational publications but who nevertheless did not buy the expensive high-brow journals like Blackwood's. Launched in 1860, the Cornhill sold 120 000 copies of its first edition, sparking a stream of successful imitations, including Temple Bar. The imitations sold well, but the Cornhill retained the bulk of the market.

2. 'On Physiognomy', Cornhill Magazine 4 (July–December 1861), 472.

3. Ibid., 473.

4. Ibid., 475.

5. 'The First Principle of Physiognomy', Cornhill Magazine 5 (1861), 570.

6. Hugh W. Diamond, 'On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity', in *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*, ed. Sander Gilman, New York: Brunner/Mazel 1976.

7. Ibid., 22–23.

8. Johan Caspar Lavater, *Essays on Physiognomy; for the Promotion of the Knowledge and the Love of Mankind*, trans. Thomas Holcroft, 17th ed., London: C. Whittingham 1800, 58. Lavater took a very active role in the execution of his own portraits in order to avoid communicating false physiognomic information. For more on Lavater's portraits, see Joan K. Stemmler, 'The Physiognomical Portraits of Johann Caspar Lavater', *Art Bulletin* 75 (1995).

9. For a comprehensive review of the status of physiognomy in the nineteenth century, see Sharrona Pearl, 'As Plain as the Nose on Your Face; Physiognomy in Nineteenth-Century England' (PhD dissertation, Harvard University, 2005).

10. Gilman, *The Face of Madness*, 1976, 8.

11. Diamond, 'On the Application of Photography', 23.

12. Charcot suggested that hysterical states could be produced by manipulation, a concept pushed by his student Sigmund Freud, who used past experiences to explain and eradicate manifestations of mental illness. Both these approaches were contingent upon a notion of interiority that explained mental phenomena.

13. Diamond's Royal Society paper suggested three uses for photographic physiognomy in the asylum: record-keeping, diagnosis, and therapy. Diamond, 'On the Application of Photography'.

14. Diamond was one of few physiognomists to engage with the question of change over time. As a technology of immediate diagnosis and decision-making, change was largely irrelevant for its most frequently used application,

pocket physiognomy. Few of the polite and professional physiognomists addressed the question, even as they sought to scientize the practice. Lavater touched briefly on the issue of change, noting that though the inherited body set out certain parameters, there was always the possibility of developing in different directions based on a variety of environmental factors. The face itself, however, would be unlikely to change; as in the case of Socrates, a notoriously ugly man, people inclined to rise above their physiognomical fates would have to overcome the faces they were born with, rather than change them. See Lavater, *Essays on Physiognomy*, 84, 103, 10, 107, 235, for his comments on this question.

15. Diamond did, however, share in common with other medical physiognomists a belief in the value of physiognomy for diagnostic purposes.

16. Carolyn Bloore, *Hugh Welch Diamond 1808–1886: Doctor, Antiquarian, Photographer*, [London]: Carolyn Bloore 1980, and Gilman, *The Face of Madness*. The 1856 death of a Surrey Asylum patient, Daniel Dolley, sparked an investigation into the cruelty of his physician, Mr Charles Snape, due to an anonymous letter alleging that the death was not from natural causes. The exhumation of Dolley's body found its heart to be absent, which Diamond had examined following the post-mortem and subsequently burned. Diamond's investigation was based on his own dissatisfaction with the finding of natural causes in Dolley's death. Snape was acquitted of murder by the grand jury, but his livelihood and reputation were ruined. The lack of the heart made further inquiry impossible, and Diamond received severe censure for his actions throughout the course of events, leading to his resignation. For details of the Dolley trial, see Adrienne Burrows and Iwan Schumacher, *Portraits of the Insane: The Case of Dr Diamond*, London and New York: Quartet Books 1990, 22–34.

17. Bloore, *Hugh Welch Diamond*, 4. Expensive and time-consuming as a hobby, there emerged a strong distinction between 'amateur' and 'professional' photographers. Amateurs, with time and leisure, and without the profit-making motive or necessity, experimented with 'art'. By the same token, professionals were providing a mechanical and reproducible service of 'craft'. For more on the distinction between amateur and professional photographers, see Jennifer Green-Lewis, *Framing the Victorians: Photography and the Culture of Realism*, Ithaca and London: Cornell University Press 1996, 51. See also Grace Seiberling with Carolyn Bloore, *Amateurs, Photography, and the Mid-Victorian Imagination*, Chicago: University of Chicago Press 1986, for a discussion of Victorian amateur photography.

18. Gilman, *The Face of Madness*, 7.

19. 'Testimonial to Dr. Diamond, of the Surrey County Asylum', *The Asylum Journal of Mental Science* 1 (1855). Details of this journal are discussed below.

20. 'Dr Diamond', *The Athenaeum* (3 July 1886), 17.

21. These photographs were exhibited a number of times in both London and Norwich under similar titles, including 'Phases of the Insane' (1854), 'Portraits of Insane Persons' (1856), 'Studies of Insane Persons', (1857), and 'Illustrations of Mental Disease' (1859). For a complete listing of Diamond's photographic exhibitions, see 'Photographic Exhibitions in Britain 1839–1865', <http://www.peib.org.uk> (accessed 21 May 2006).

22. Sir Charles Bell, *The Anatomy and Philosophy of Expression as Connected with the Fine Arts* London: C. Bell 1883, Alexander Morison, *The Physiognomy of Mental Diseases*, London: Longman and Co., 1843.

23. E'tienne Esquirol, *Mental Maladies: A Treatise on Insanity*, trans. E. K. Hunt, Philadelphia: Lea and Blanchard 1845.

24. 'Exhibition of the Photographic Pictures at the Society of Arts', *Athenaeum*, no. 1314 (1853), 23.

25. Diamond, 'On the Application of Photography', 24.

26. *Ibid.*, 20. Emphasis in original.

27. Jean-Martin Charcot, *Charcot The Clinician: The Tuesday Lessons*, Christopher G. Goetz, trans., Raven Press: New York 1987, 107.
28. Diamond, 'On the Application of Photography', 20.
29. Diamond published photographic articles extensively in the informational journal *Notes and Queries* between 1852 and 1854. His writings provided guidance for many aspiring photographers, medical and otherwise. Among those to follow in his diagnostic footsteps were doctors John Charles Bucknill, Daniel H. Tuke, Samuel Hitch, T.N. Brushfield, and especially Sir William Charles Hood. Another important asylum photographer was Sir James Crichton-Browne, whose pictures were examined by Charles Darwin as he researched *The Expression of Emotions in Man and Animals* (1872).
30. For more on Diamond as a medical pioneer, see Sander Gilman, *Seeing the Insane*, Lincoln: University of Nebraska 1996 and Gilman, *The Face of Madness*. Diamond's work with amateur photographers is chronicled in Seiberling and Bloore, *Amateurs, Photography, and the Mid-Victorian Imagination*.
31. *Ibid.*, 21.
32. *Ibid.*, 23.
33. *Ibid.*
34. Jonathan Tagg, *The Burden of Representation: Essays on Photographies and Histories*, Minneapolis: University of Minnesota Press 1993.
35. Moral management accompanied the removal of physical restraints from the mad in the eighteenth century, becoming an increasingly sophisticated technique, until the size of large public asylums made its thorough application difficult. Some forms of moral management are still in use today, particularly in the treatment of eating disorders. For more on Victorian moral management, see Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840–1883*, Cambridge: Cambridge University Press 1984.
36. The term 'art therapy' was coined by British artist Adrian Hill in 1942. Since the 1940s, art therapy has developed a number of different approaches, with a rich literature and a wide variety of options for those wishing to train in the field. The most comprehensive exploration of modern art therapy and its intellectual precursors can be found in Susan Hogan, *Healing Arts: The History of Art Therapy*, London: Jessica Kingsley 2001.
37. Following the original optimism of the early asylums designed around the principles of 'moral treatment', large public asylums found themselves overcrowded and unable to meet the needs of most of their patients. Rather than acting as short-term therapeutic options, Victorian asylums became longterm housing solutions for the mentally ill. For more on moral treatment and the construction of asylums, see Tomes, *A Generous Confidence*.
38. As superintendent of the female ward of Surrey County Lunatic Asylum, the bulk of Diamond's patients and subjects were women, though there are few extant images of men. Conolly in particular was interested in female lunatics; his approach to cure was, more amenable to saving so-called fallen women.
39. Many of the photographic conventions established by Diamond were elaborated in the famous hysteria photographs taken later by French doctor Jean-Martin Charcot (1825–1893). Charcot was in many ways following Diamond's project of the construction of interiority through imagery.
40. The Ophelia theme in Diamond's work has been examined in depth in Shari Addonizio, 'Portraits of Madwomen: Another Look at Dr Hugh Welch Diamond's Photographs of the Insane Female in Victorian England', *Athanos* 17 (1999). For more on Ophelia images in the nineteenth century, see Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830–1980*, New York: Pantheon Books 1985, 90.
41. Conolly's commentary is reprinted in Gilman, *The Face of Madness*.

42. John Conolly, 'Case Studies from the Physiognomy of Insanity with Plates 1–17', in Gilmanm The Face of Madness, 27.
43. John Conolly, The Construction and Government of Lunatic Asylums and Hospitals for the Insane, London: Dawsons 1968, 61.
44. Conolly, 'Case Studies'. 33.
45. Ibid., 37.
46. Ibid., 38.
47. The degeneration discourse became increasingly prominent through the second half of the nineteenth century with the writings of Max Nordau (1849–1923), Cesare Lombroso (1835–1909) and Benedict August Morel (1809–1873). As a literary theme, degenerationist ideas can be found for example in the novels of Emile Zola, Robert Louis Stevenson, and Georges Du Maurier. Victorian novelists used family resemblances as a literary device to explain common familial behaviour. See, for an analysis of nineteenth-century literary and scholarly writings on degeneration. Victorian novelists used family resemblances as a literary device to explain common familial behaviour.
48. Puerperal insanity was the diagnosis given to new mothers whose states of mental imbalance followed immediately the birth of their children. Hilary Marland, Dangerous Motherhood: Insanity and Childbirth in Victorian Britain, Houndmills: Palgrave Macmillan 2004, has looked at the development and demise of this diagnosis, drawing in part on the Diamond photographs and analyses.
49. Diamond, 'On the Application of Photography', 21.
50. Conolly, 'Case Studies', 60.
51. Ibid.,
52. Diamond, 'On the Application of Photography', 21.
53. Conolly, 'Case Studies', 62.
54. Conolly, 'Case Studies', 48.
55. Ibid., 67.
56. Ibid., 67, 70.
57. Ibid., 71–72.
58. John Conolly, 'The Physiognomy of Insanity', The Asylum Journal of Mental Science 4 (1860), 52.
59. Ibid., 49.
60. Ibid.
61. Ibid., 50.
62. Ibid., 52.
63. Ibid., 53.
65. [Elizabeth Eastlake], 'Art of Dress', Quarterly Review 79 (1847), 375.

66. Robert Gardiner Hill, *A Lecture on the Management of Lunatic Asylums and the Treatment of the Insane*, London: Simpkin, Marshall and Co. 1838.
67. Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, New York: Pantheon Books 1965. In 1792, Philippe Pinel (1745–1826), head of the Bicêtre asylum in France, put into practice his beliefs about the somatic nature of mental illness by removing the patients from their restraints. Under his stewardship, the Bicêtre and later the Salpêtrière were converted from madhouses to hospitals for the insane, complete with treatment and possible cures. In 1796 in England, William Tuke (1732–1822) opened up the retreat at York for the humane treatment of the insane. These two pioneers, particularly Pinel, have been elevated to iconic status for their actions in ‘freeing the mad from their chains’.
68. Hill, *A Lecture on the Management of Lunatic Asylums*, 45.
69. Thomas Wakely, *The Lancet* (1840).
70. Diamond’s opposition to physical restraints is outlined in Andre_e Leigh Flageolle_, ‘The Demystification of Dr Hugh Welch Diamond’ (M.A. thesis, University of New Mexico, 1994) 39.
71. John Charles Bucknill and Daniel H. Tuke, *A Manual of Psychological Medicine Containing the History, Nosology, Description, Statistics, Diagnosis, Pathology, and Treatment of Insanity. With an Appendix of Cases*, London: John Churchill 1858. Gilman, *Seeing the Insane*, 176. The textbook went through four revised editions in 29 years.
72. Daniel H. Tuke, *Rules and List of the Present Members of the Society for Improving the Conditions of the Insane; and the Prize Essay Entitled the Progressive Changes Which Have Taken Place since the Time of Pinel in the Management of the Insane and the Various Contrivences Which Have Been Adopted Instead of Mechanical Restraint*, London: John Churchill 1854.
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