People with intellectual disability at the Grahamstown Lunatic Asylum: humanizing photographs, stories and narratives from the casebooks, 1890 to 1920

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Abstract

In the medical literature of South Africa in the early twentieth century, Dr Thomas Duncan Greenlees published a dehumanized portrayal of people with intellectual disability (PWID) who were institutionalized at the Grahamstown Lunatic Asylum. To restore the humanity of the institutionalized patients, the asylum's casebooks provide a valuable resource. To this end, the article investigates the casebook entries and photographs to explore the humanity of PWID. The investigation of the casebooks follows Ariella Azoulay's call for us to engage with, and retrieve, the stories of the photographed PWID that tell of times before and after their admittal to the asylum, of multiple spaces in and beyond the asylum, and by including the various roles and positions that they performed in the asylum's body politic. These stories are enriched by adopting a disability mode of analysis.

Keywords:

Grahamstown Lunatic Asylum, Thomas Duncan Greenlees, casebooks, people with intellectual disability, South Africa

Eva Feder Kittay laments that people with intellectual disability (PWID) have been "consigned to the garbage heap of human history".[1] This is largely the outcome of nineteenth-century eugenic texts that denied the humanness of PWID, campaigned for the unworthiness of their lives and their rights to care, as well as advocated for their extermination. To provide a "voice" to the PWID whose lives and experiences have been '"historically' silenced",[2] disability scholarship calls for researchers to embark upon historical research to examine their stories. In this article, I seek to respond to this call by examining the stories of the PWID[3] who were institutionalised at the Grahamstown Lunatic Asylum,[4] from 1890 to 1920.

During his tenure – from 1890 to 1907 – as the medical superintendent of the Grahamstown Asylum, Dr Thomas Duncan Greenlees, authored numerous publications on intellectual disability. As a disciple of eugenics,[5] Greenlees used his publications to disseminate a dehumanized depiction of PWID. Greenlees labelled them to be "monstrosities"[6] and to be a source of degeneration for the human race.[7] Moreover, by exclusively calling attention to how they are "handicapped in every sphere of life,"[8] Greenlees presented them to live an unfulfilled and unjust existence that was burdened with incessant suffering and day-to-day struggles.[9] Ultimately, Greenlees advocated for them to be

[1] Kittay, "Equality, Dignity and Disability," 95.
[2] Hans, "Introduction," 3.
[3] I use the term people with intellectual disability (PWID) to refer to the patients of the Grahamstown Lunatic Asylum who were diagnosed with imbecility and idiocy. I preserve the nineteenth-century term 'imbecile' when quoting directly from the casebooks. When speaking about the patients, I identify them by their first names to foreground an emphasis on their individuality. This approach to the use of terminology and naming was adopted from Licia Carlson's *The Faces of Intellectual Disability*.
[4] In the late nineteenth century, Grahamstown was a commercial settlement with close proximity to the eastern border of the Cape Colony. It was populated by British colonial settlers, as well as by the amaXhosa who were forced off their land by the colonisers. Grahamstown is presently known as Makhanda.
[5] Hodes, "Kink and the Colony".
[6] Greenlees, "The Etiology, Symptoms and Treatment," 21.
[7] Ibid., 20.
[8] Greenlees, *On the Threshold,* 37.
[9] Greenlees, "The Etiology, Symptoms and Treatment".

sterilised, to receive the "lethal chamber,"[10] and for "the destruction of infants" with intellectual disability.[11]

In a co-authored article, Greenlees published the first clinical photographs of a South African PWID.[12] The article presented a clinical case report of a brother and sister who suffered from Friedreich ataxia (a disease that causes nervous system damage and problems with movement). In addition to the diagnosis of ataxia, the brother, identified as Charlie, was intellectually disabled. In reference to Charlie, the article reported on the "pathological details"[13] of his clinical examination and this was supported by the inclusion of several close-up photographs of Charlie's physical deformities (Figure 1). The photographs published in the article are characteristic of eugenic literature of the early twentieth century,[14] whereby PWID were portrayed by the eugenicists with an emphasis on the presence of physical abnormalities – labelled the "stigmata of degeneracy."[15] The stigmata provided the eugenicists with a means of "capturing the distinctive degenerate pathologies that were thought to set defectives apart from the normal population."[16] Stated differently, the stigmata served to typify PWID in terms of "anatomico-pathological features"[17] and to fix them as a "distinct and inferior class of society."[18] Owing to the eugenicists' interest in the stigmata, they primarily featured photographs in their texts of PWID who displayed extreme abnormalities.[19] In amplifying and exaggerating these abnormalities[20] – for example, by

[10] Ibid., 21.
[11] Greenlees, *Insanity*, 19.
[12] Greenlees and Purvis, "Friedreich's Paralysis."
[13] Ibid., 135.
[14] Elks, "Visual Rhetoric".
[15] Ibid., 16.
[16] Jackson, "Changing Depictions of Disease," 168.
[17] Jackson, "Images of Deviance," 327.
[18] Ibid., 337.
[19] Elks, "Visual Rhetoric".
[20] Ibid.

taking close-up photographs – the PWID were demonstrated to be "scientific and dehumanized specimens of the pathologizing gaze."[21]

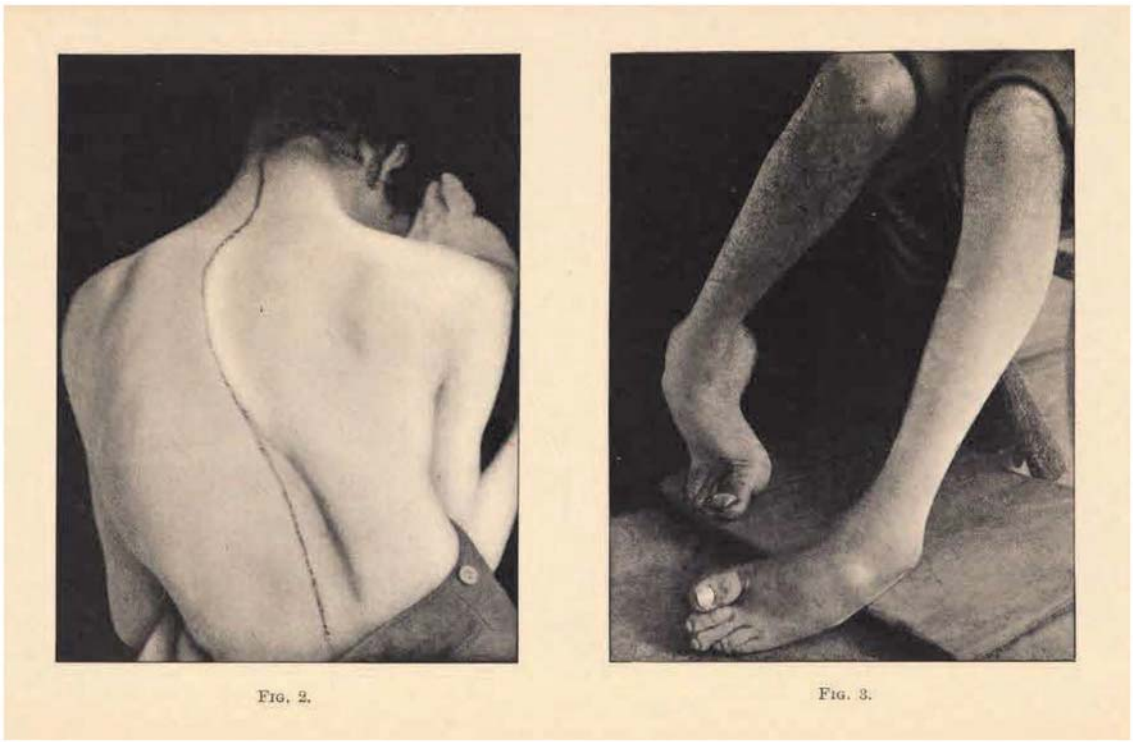

Figure 1: Clinical photographs of Charlie's spine, legs and feet (Greenlees and Purvis, "Friedreich's Paralysis").

In sum, the publications by Greenlees present a dehumanized portrait of PWID: in images, they are rendered as scientific specimens and as objects of pathology for medical investigation; and in text, they are portrayed in terms of their deficiencies and labelled to be a source of degeneration. With Greenlees's focus on pathologising intellectual disability, and enumerating on its aetiology and symptomology, there is almost no mention of the life stories of PWID. Owing to the absence of the life stories of PWID in Greenlees's publications, one may reason that he, like many other psychiatrists of the early twentieth century, deemed that they "did not really have a history."[22] But, on scrutinising the casebooks of the asylum, it is evident that they contain, to varying degrees, information on the patients' life histories, their

[21] Watson, "Precarious Memory," 70.
[22] Jarrett, *Those They Called Idiots*, 8.

experiences of institutionalization, as well as glimpses of their relations with kin and others.[23] Thus, it is clear that in the publications Greenlees authored, he omitted the life stories of PWID that are contained in the casebooks. The omission offered Greenlees the means to focus solely on the impairments and deficiencies of PWID in order to propagate a libellous portrait of them.[24] If the omission of casebook evidence was instrumental in Greenlees disseminating an ignominious and dehumanized portrayal of the patients, the inclusion of certain lines of casebook content may hold the potential to bring to light the "diversity, ubiquity, and uniqueness"[25] of PWID.

In general, photographs of the asylum's patients are included in the casebooks. The majority of these resemble mugshots or are akin to portraits, as their main purpose was to produce a photographic record of the patients for their identification while institutionalized.[26] In resembling mugshots or portraits, the casebook photographs are thus not focused on capturing the "stigmata of degeneracy", but rather on the likeness of the person. Accordingly, the casebook photographs capture a variety of people who look "very much like anybody else in the world".[27] With the casebook photographs' emphasis on the likeness of a person, they provide researchers with a means to "resurrect individuals in all their particularity".[28] Thus, while doctors "may have photographed patients in an attempt to create typologies of mental illness",[29] for today's researchers we are implored to interpret the photographed subjects by appreciating their "individuality"[30] and the "singularity of another being".[31]

[23] Du Plessis, *Pathways of Patients*.
[24] Du Plessis, "The Janus-Faced"; Du Plessis, "The life Stories".
[25] Rembis, Kudlick, and Nielsen, "Introduction," 12.
[26] Du Plessis, "Beyond A Clinical".
[27] Elks, "Visual Rhetoric," 182-183.
[28] Brookes, "Pictures of People," 55
[29] Ibid.
[30] Ibid., 50.
[31] Stevenson, "Looking Away," 8.

In cognisance of the abovementioned discussion, the article investigates the casebooks of the Grahamstown Asylum as a resource to "show us the humanity"[32] of PWID.[33] This investigation is aligned to the field of disability scholarship that calls for researchers to bring attention to the humanity of people with disabilities.[34] Kim E. Nielson articulates the impetus for the call as stemming from the fact that "many people with disabilities lived, and live, in times and spaces when their very humanity has been questioned … When we study people whose humanity has been questioned, it is vital to remember and honor that humanity."[35] By embarking upon this study of PWID within the field of disability scholarship, I thus have an accountability or "debt to the dead" to tell of their "complex stories to provide a counter-narrative"[36] to the dehumanized portrayals published by Greenlees.

While I investigate the casebook entries and photographs to explore the humanity of the patients, this does not mean that the casebook medium is an uncomplicated source. The entries of the casebooks are dominated by clinical observations; they concentrate on itemising illnesses, as well as point out any indiscretions, misdemeanours and disobediences committed by a patient.[37] Overwhelmingly, the entries call attention to how the doctors perceived the patients in terms of faults and failings, in terms of their "lack, deviance, or need,"[38] as well as how the patients were criticised and condemned by the doctors according to the prevailing race and gender norms. Moreover, the casebooks do not hold any first-hand accounts or letters authored by PWID, and in the instances where a patient's voice is cited by the doctors, we hear only the snippets that the doctors chose to document.[39] While we are only offered a

[32] Brookes, "Pictures of People," 31.
[33] The asylum's casebooks were kept up to date from the commencement of Greenlees's tenure in 1890. By 1920, the casebooks were replaced by case files for each patient.
[34] Nicholas, "A Debt to the Dead?"; and Nielsen, "The Perils and Promises".
[35] Nielsen, "The Perils and Promises," 16.
[36] Nicholas, "A Debt to the Dead?," 154.
[37] Du Plessis, *Pathways of Patients*.
[38] Glew, "Documenting Insanity," 27.
[39] Du Plessis, *Pathways of Patients*.

biased, selective and mediated account of a patient's voice, the information contained in the casebooks nevertheless can offer a valuable resource for researching traces of a patient's life story. These traces are found in the margins of the text, they are subtle asides in the casebook entries rather than prominent declarations, they are ambiguous, fragmentary, incomplete and disjointed, and they are echoes that are often lost in the texts' excessive focus on clinical perspectives.[40] By way of example, I cite an entry from the casebook for the 12-year-old Gertrude: "Taking frequent [epileptic] fits – mostly at night. She is very variable in her behaviour and is subject to fits of violent temper during which she is almost unmanageable. Her language is frequently very bad … Since being here she has learnt to sew".[41] By reading the casebooks "carefully, tenderly, [and] compassionately,"[42] I retrieve the textual traces that can be weaved together to tell stories that "insist on the humanity"[43] of the patients. This approach can be briefly illustrated by returning to the above cited casebook entry for Gertrude. My attention is directed to the remark that Gertrude learnt to sew. Although this is a minor element in the cited entry, it does recur over numerous casebook entries. By weaving together these entries, a picture begins to emerge of Gertrude being praised by the asylum's staff for her sewing abilities, how her sewing became part of her larger interest and responsiveness to her environment, as well as how it eventually contributed to the doctors declaring that "mentally she is very bright".

In adopting this approach in the article, I thus steer away from rehearsing clinical observations and damage-centred narratives of abuses and trauma that may "perpetuate vulnerabilities and inequities"[44] or that have the "potential to maintain harmful rhetorics that

[40] Du Plessis, *Pathways of Patients*.
[41] Grahamstown Lunatic Asylum Casebooks, Western Cape Archives and Records Service (hereafter cited as HGM) Volume 24, 49. The article makes extensive use of quotes and information obtained from the casebooks. Thus, to avoid repetitive and identical citations in my discussion, I only cite the first instance in which a casebook reference is used.
[42] Nielsen, "The Perils and Promises," 6.
[43] Ibid., 3.
[44] Nicholas, "A Debt to the Dead?," 139.

continue to impact disabled people's lives."[45] Thus, I forego narrating how the patients were "objects of medical investigation", and instead tell of how they are unique beings who are "worthy of respectful historical investigation."[46] In this way, I aim to produce "histories sensitive"[47] to the subjects of the past, and in solidarity with the subjects of the present.[48]

Although the casebook photographs did not focus on capturing the "stigmata", they did at times capture patients who were despondent and depressed, anxious and fretful, in fits of fury, waning from an illness, or sneering in contempt at the asylum authorities. Such photographs invite dialogue from contemporary viewers to consider our own "morality"[49] or to remind us that we can "share their fate."[50] This form of dialogue is valuable for encouraging viewers to express a sense of grief, compassion, empathy and mourning for the sufferings, illnesses and the pain experienced by the patients.[51] Nevertheless, the focus is on humanizing the suffering of the patients and establishing empathy with them, rather than "emphasizing the person first and the disability later."[52] Along these lines, I seek to "reckon with their humanity"[53] by prioritising an understanding of each patient as a "particular person in a particular time and place and with a particular history."[54] To do so, I adopt Ariella Aïsha Azoulay's interpretative strategy for photography, outlined in *Potential History: Unlearning Imperialism*, which calls for us to refuse the "stories the shutter tells."[55]

[45] Brilmyer, "Towards Sickness," 38.
[46] Jarrett, *Those They Called Idiots*, 15.
[47] Nicholas, "A Debt to the Dead?," 155.
[48] Brilmyer, "Towards Sickness".
[49] Brookes, "Pictures of People," 36.
[50] Ibid., 45.
[51] Rawling, "Patient Photographs".
[52] Elks, "Visual Rhetoric," 184.
[53] Nicholas, "A Debt to the Dead?," 153.
[54] Logan, "Imitations of Insanity".
[55] Azoulay, *Potential History*, 25.

Figure 2: Ernest. Western Cape Archives and Records Service HGM Volume 3, 132.

For Azoulay, the shutter of the camera "acts like a verdict—a very limited portion of information is captured, framed, and made appropriable by those who become its rights holders."[56] This is illustrated by the casebook photograph of Ernest (Figure 2).[57] Shortly after his admission in May 1894 to the asylum, Ernest was photographed. The photograph captures Ernest in a woebegone and forlorn state: his shoulders are slouched, he is negligent in his dress with unbuttoned items of clothing and crooked collars, and his face is slumped, which allows him to gaze at the camera with eyes shadowed by his brows. The photograph captures Ernest during his first few days at the asylum and is framed by the casebook entries that

[56] Ibid., 19.
[57] HGM Volume 3, 132.

detail his medical certificates and his condition on arrival. In the medical certificates, Ernest was described to have a "dull and stupid appearance". The notes for his condition on admission pronounce him to have a "weak" facial expression. After his first year at the asylum, the doctors pronounced him to be "hopeless". The desecrated depiction of Ernest continues with later entries that proclaim him to have "almost no intelligence" and to be an "automaton".

The story told by the photograph speaks to Ernest's status as an inmate of the asylum who is framed by deficiencies and demarcated to be a soulless drone. Consequently, the action of the camera's shutter can be argued to uproot Ernest from his "life-world,"[58] as well as disconnect him from his life story that preceded his status as an asylum inmate. Along these lines, Azoulay admonishes us to recognize that the "the shutter commands zero degrees of neutrality, because whatever comes from its operation is already stripped bare of its singularity, its singular way of being part of the world."[59] To undo and reverse the shutter's work, Azoulay calls for us to engage with, and retrieve, stories that tell of times before and after admittal, of multiple spaces in and beyond the asylum, and by including the various roles and positions that individuals performed in the asylum's body politic.[60] In this article, I study the casebooks with the aim to retrieve an outline of the stories delineated by Azoulay. In doing so, I invite the reader to bring into view these stories when they gaze at the casebook photographs. By the reader keeping these stories in mind, the photograph no longer tells only the story of the shutter, but includes, extends and embraces the patient's broader life story.

In searching Ernest's casebook for stories that can undo the shutter, I discover entries from the early decades of the twentieth century that can be weaved together to allow us to glimpse his personhood. From 1900, Ernest was praised for being a good worker who could be trusted to deliver messages between staff members and was placed on partial parole – he

[58] Azoulay, *Potential History*, 25.
[59] Ibid.
[60] Ibid., 28.

could work without staff supervision and he received a relative freedom of movement on the grounds of the asylum. In later years, he worked closely with the gardener and carried "out all that he is asked to do". In addition to establishing a strong working relationship with the gardener, Ernest took to writing letters to other gardeners of the surrounding area to ask for seeds, plants and planting tips. It is at this time that Ernest began writing letters to his sister, who would often write back. By 1916, he was still working in the gardens and on partial parole. In 1919, the doctor noted that Ernest is able to give a "fair account of himself" and is a valuable worker on the asylum's farm. At the time of this entry, Ernest was in his late fifties and an inmate of the asylum for a quarter of a century. By viewing Ernest's casebook photograph with the above stories in mind, Ernest is no longer framed as a despondent patient with the status of an automaton, but has become "reindividualised … through new contextual links"[61] that speak of him mastering gardening, of establishing interpersonal relations with the asylum's gardener, as well as expanding his world beyond the asylum's walls by communicating to a network of gardeners and maintaining connections to his sister. In sum, the camera's shutter may have captured Ernest as a clinical subject who is framed as an automaton, but by reading the image along with entries from the casebook, we are offered new insights, perspectives and affirmative accounts of Ernest's character, as well as bear witness to the testimony of his life story.

The adoption of Azoulay's interpretative strategy allows the viewer to behold the photographed subject as "an *individual* with a name and a history,"[62] but this does not mean that a visual analysis of the photograph is discarded. Rather, it advocates for the use of the casebook's content and stories as an expansive context for the interpretation of the photographs.[63] In doing so, the glimpses in a photograph of a patient's agency, appearance

[61] Edwards, *Raw Histories*, 13.
[62] Stevenson, "Looking Away," 7.
[63] Jordanova, "Portraits, Patients and Practitioners"; Rawling, "'The Annexed Photos'", 259; and Rawling, "Patient Photographs," 243.

and experiences can be understood and compared with other instances that are recorded in the entries of the casebooks. With this approach in mind, we can consider that Ernest's downcast, dispirited and despairing expression in the photograph may be indicative of his sorrowfulness and disdain at being institutionalized. In providing a personal history for Ernest, his parents stated that his behaviour and conduct had always been lively. This stands in contrast to his behaviour when under examination by the certifying doctors who stated that he was quiet and dull. He remained in this state when we entered the asylum. Thus, Ernest's expression in the photograph is not to be understood according to the viewpoints of the certifying doctors and Greenlees who held it to be "symptomatic of an underlying pathological state",[64] but rather may stem from his feelings of angst and stress from being separated from his home and family, being subject to clinical examinations, as well as being detained in the asylum.

In the discussion that follows, four photographed subjects were selected, and I explore their casebooks with the aim of developing a basic apprehension of the stories underlined by Azoulay. Owing to the absence of the direct and unmediated voice of the patients in the casebooks, I adopt the "practice of holding the individual in personhood"[65] by writing, on their behalf, the types of stories underlined by Azoulay. Accordingly, the stories that are told in this article are the result of me having searched the casebooks for indirect and mediated accounts of PWID that I hold to be important for recognizing and appreciating their "acts, experiences, characteristics, roles, relationships, and commitments".[66] The adoption of this practice relies on me making use of speculations in the form of "perhapses and maybes"[67] when forwarding the motivations that may have guided the patients to take a course of action or to adopt a response. This certainly runs the risk of misidentifying elements of a story, but

[64] Bogdan and Taylor, "Relationships with Severely Disabled People," 142.
[65] Nelson, "What Child Is This?," 30.
[66] Ibid. It is certain that future investigators of the casebooks will tell different stories based on elements that are of interest to them. Thus the analysis and the findings of the study will always be open to alternative and competing interpretations that arise from further scholarship and future investigations of the asylum's casebooks.
[67] Nicholas, "A Debt to the Dead?," 154.

its value lies in the "goodness of acknowledging" the personhood of the asylum's patients "with our own".[68]

I aim to enrich the understanding and interpretation of the stories by adopting a disability mode of analysis with four axis points. First, I do not ascribe to the reigning paradigm for personhood that is "fixated on intellect, independence, and productivity"[69] and that thereby leads to the exclusion of PWID. I instead uphold Kittay's expansive definition of personhood which focuses primarily on an individual "having the capacity to be in certain relationships with other persons, to sustain contact with other persons, to shape one's own world and the world of others".[70] With this definition in mind, I investigated the casebooks to explore how the PWID embody personhood by their responsiveness and reciprocation to others, as well as in the way that they exerted some bearing over their lives and the lives of those around them.

Secondly, intellectual disability is not to be framed as having a "condition of infirmity."[71] To this end, I unshackle the patients from ignominious casebook evaluations – that defined their condition as fixed, static and hopeless, and that deemed them to lead an impoverished life – by shedding light on how their experiences at the asylum are laced with meaningful milestones, as well as changes and development. Thirdy, the study seeks to "reframe kin in ways that potentially enrich and alter the biography"[72] of PWID. Although the institutionalization of PWID segregated them from their families, it did result in the "creation of kin communities unrelated to law or biology."[73] I explore the interpersonal bonds between PWID with members of the asylum community, as well as how they received caregiving from various individuals.

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[68] Nelson, "What Child Is This?," 32.
[69] Kittay, "When Caring Is Just," 560.
[70] Ibid., 568.
[71] Moss and Dyck, *Women, Body, Illness*, 8.
[72] Nielsen, "The Perils and Promises," 9.
[73] Ibid., 8.

Lastly, while I value and honour the "individual humanity"[74] of the four photographed subjects, I contextualize their stories by reflecting on how they share narrative tropes with patients from the same demographic profile. The asylum's patient population was segregated into categories of race and gender, with each grouping being governed by a distinctive ethos and regimen.[75] Consequently, by drawing attention to the manifestation of shared narrative tropes for patients from the same demographic profile, I am able to address how racism, disability and gender were tied together.[76]

Bertram's story and narrative tropes for white men

Figure 3: Bertram. Western Cape Archives and Records Service, HGM Volume 4, 31.

[74] Ibid., 15.
[75] For an in-depth discussion of how a patient's institutionalization was influenced by their demographic profile, see Du Plessis, *Pathways of Patients*.
[76] Brilmyer, "Towards Sickness".

On admission to the asylum in February 1895, the doctors remarked that the 20-year-old Bertram (Figure 3) had "the most limited kind" of intelligence and was "incapable of learning anything". A month later, the doctors proclaimed that he is "a chronic and hopeless case."[77] By the end of April, the doctors' entries started to diverge from their initial pessimistic assessment as Bertram was praised for being "useful" in hall duties where he would lay the tables with devout enthusiasm and detailed care. Nevertheless, his hall duties only lasted several months as his zealous commitment to his work led to him bossing the other patients around, and when enraged by them he would sometimes break crockery.

In 1897, Bertram was assigned to assist the painter and later the plumber. In both posts, he was again commended as a "very good worker" and "trustworthy". Outside of his work duties, Bertram enjoyed attending the weekly dances and, while there, he was characterized to be "happy" and "self satisfied". The later label was allotted on the grounds that he wears a "dress suit at dances" and "is proud of his appearance". In these years, he was inclined to "lose his temper and raise his voice" at his fellow patients, did not like to be "chaffed" by the staff, but when out on parole, visited his friends and enjoyed their company.

After working very hard with the painter for several months, Bertram's health took a turn for the worse as he had contracted lead poisoning. Following a period where he was taken off duties to recover, he returned to work with the painter. He was deemed to be an "excellent hand" to the painter and was applauded for being indispensable to the asylum, as he could "turn his hand at anything". In 1903, the doctors reiterated and reaffirmed that Bertram is a "capital workman and living a quiet contented life". The staff rewarded him for his work by granting him full parole and all its associated privileges. However, his work

[77] HGM Volume 4, 31.

duties did come at a cost to his health, as he would regularly suffer from lead poisoning with some attacks requiring hospitalization.

Following one month's probation in early 1905, Bertram returned to his "old occupation of general factotum: helps the painter, the carpenter and runs messages etc." At the close of the year, he was granted probation to accompany Greenlees's family to a seaside holiday home in Port Alfred. In the subsequent years, he worked chiefly with the painter and was so ardent in his work that he would "boss" everybody around and would often become very irritable when the government would refuse to send more paint. Over the years, he continued to work "well with the painter", and by mid-1915, the painter took him to the seaside for two weeks. Bertram was said to have "enjoyed the change". At the end of the year, the painter again took him to the sea for a period of three weeks. In 1920, the casebook closes with mention that Bertram continues to "do useful painting work".

In analysing Bertram's photograph from the context of the casebooks entries, it may be possible to argue that the dress suit he wore to the dances was the one he wore in the photo. On the one hand, this may point to Bertram having chosen to "dress up" and pose for the camera as if it was an act of citizen portraiture.[78] In doing so, he presents himself to be a gentleman who is scrupulous in his personal cleanliness and neatness: he is meticulous in his dress with the shirt and waistcoat being neatly buttoned; and his toothbrush moustache signifies his dapper and debonair sensibilities but it does not conceal his engagingly youthful grin. Bertram certainly knew how to present himself as a gentleman before the camera but this was certainly not an isolated act, as during the dances – that he was an avid aficionado and attendee of – he would be on his best behaviour, as well as show much enjoyment and appreciation for the night's festivities by dancing, singing and delivering speeches. In this sense, Bertram presented, conducted and carried himself as a gentleman before the camera, as

[78] Bogdan, *Picturing Disability*, 144.

well as during the asylum's entertainment evenings. On the other hand, the acceptance and inclusion of Bertram's dress suit as a casebook photograph, points to the staff granting him "a degree of autonomy or control during the photographic process".[79] Thus, Bertram's dress suit photograph is not only the product of his choice but also the choices of the "photographer to let it remain", as well as the "choice by the medical officer to include the photograph"[80] in the casebooks. The photograph, in this sense, can be regarded as the product of a relationship or collaboration between Bertram and the staff.[81] Accordingly, it is likely that the photo only took place once the staff no longer believed that Bertram was "incapable of learning anything" and instead recognised that he was able to enter into dialogue with the staff about his choices, interests and requests. In sum, reading Bertram's photo alongside the stories of the casebook allows us to reject the initial assessments of Bertram as "hopeless" and instead appreciate his bonds of kinship with others, as well as his active role in presenting his identity and character before the lens of the camera and during the asylum's events.

Greenlees envisaged the asylum for the treatment of acute, recent, and curable forms of mental illness. As PWID held no prospect of being "cured", Greenlees did not favour their admittance to the asylum. He regarded them to be an "awful curse" that "help to swell the over increasing crowds within the walls of our asylums."[82] Greenlees's dream of the asylum being reserved for acute and curable forms of mental illness never materialised, as he received a heterogeneous patient body with the majority in various states and stages of mental illness, a minority with intellectual disability, as well as some with multiple disabilities and physical infirmities. Although the asylum received a diverse profile of patients, Greenlees embarked upon curating the patient profile of the asylum to be in alignment with his vision by transferring chronic patients to the poorly resourced and understaffed facilities of the

[79] Rawling, "'The Annexed Photos'", 268.
[80] Ibid.
[81] Eastoe, *Idiocy, Imbecility and Insanity*; and Rawling, "'The Annexed Photos'".
[82] Greenlees, *On the Threshold*, 36.

Chronic Sick Hospital (CSH), the Port Alfred Asylum (PAA) and the Fort Beaufort Asylum (FBA). In general, this meant that PWID spent a short part of their institutionalization at the Grahamstown Asylum before they were earmarked for transfer to another facility. The duration of time that a PWID spent at the Grahamstown Asylum, as well as the regimen they encountered, was based on their race and gender.

The factors that safeguarded white male patients from transfer was their ability to perform labor at the asylum, to be industrious, as well as to require very little attention from the staff in terms of managing unruly behaviour or treating ailing and poor physical health. In this way, healthy and able-bodied PWID who were productive at labor and who were largely docile to the biddings of the staff were retained as patients of the asylum. Bertram was such a patient. He was one of a handful of patients whose retention in the asylum was contingent on them working as an unpaid labor force.[83] To illustrate the scope of the duties performed by this labor force, we can refer to John James who, during a period of a decade, was assigned tasks and errands at the carpenter's shop, assisted in the wards, dining hall, stores and the laundry, cleaned the offices and surgery, sent messages between staff, and took care of Greenlees's home and garden.[84] While the asylum exploited their labor and endangered their physical health – for example, Bertram's lead poisoning – the patients did receive a number of benefits.[85] First, the patients were held in high admiration by the staff, who gave a complimentary account of their personality and character.[86] Jacobus, for example, was praised for having "better manners than a good many people of more intelligence."[87] Second, they received many privileges and kindnesses from the staff. Here, Bertram's visits to the seaside by Greenlees's family and the painter are a case in point.

[83] Monk, "Exploiting Patient Labour".
[84] HGM Volume 3, 105.
[85] Monk, "Exploiting Patient Labour," 91.
[86] Ibid.
[87] HGM Volume 11, 161.

A landmark in a patient's institutionalization was receiving parole, probation, and being responsible for select work duties. Parole privileges granted patients the opportunity to go into town to visit friends or family. By way of example, for over a decade, John frequently spent Sundays with his sister where they would often go into town together.[88] Bertram's probation to the coast, as the guest of Greenlees's family and the painter, is unmatched by any other casebook entry for PWID. In general, probation was usually a patient's trial absence from the asylum to live with their family in the hopes that the family would request the discharge of the patient into their care.[89] Although work duties performed at the asylum were unpaid and certainly entailed aspects of burdensome drudgery, there were some job assignments that gave the patients a sense of "self-worth",[90] and offered them an opportunity to have a measure of self-direction in executing their duties. As already indicated Bertram was conscientious in both his hall and painting duties. He not only commanded those around him when he worked, but also took it upon himself to request paint supplies from the government. Another example is James,[91] who worked with a mason. When he completed a project, he would leave markers, such as a "bit of wire twisted around a post", or a "few stones and buttons balanced on a stick". James's erection of markers can be regarded as an act of agency by which he sought to salute and commemorate his role in giving shape to the asylum.

For patients who were not granted parole, an important part of their daily lives at the asylum was maintaining contact with family members through letter-writing and receiving their visits. Like Ernest, who we were introduced to in Figure 2, many patients would write to their families. Patients who were unable to write or who were illiterate, would ask their fellow inmates to write letters on their behalf. While letter-writing is an instance where the

[88] HGM Volume 3, 105.
[89] Du Plessis, *Pathways of Patients*.
[90] Monk, "Exploiting Patient Labour," 91.
[91] HGM Volume 10, 98.

patients, on their part, actively kept up contact with their relatives, visits by family to the asylum are instances whereby the family sought to sustain contact and maintain relations with the patients. Joseph suffered from severe epileptic seizures and was reproached by the doctors as "depraved … and unable to do anything for himself."[92] In contrast to the doctors' sentiments was his mother's standpoint, as she upheld him as to be her beloved "darling". She visited him regularly and would share with him "all the news" from home. Joseph took great pleasure and interest in the visits. For families who lived afar from the asylum, in order to frequently visit a patient, they requested their transfer to another facility that was nearer to their homes. For example, Hendrik's family, who lived in Cape Town, requested his transfer to a local asylum so that he could be "closer to his family."[93]

For a very small number of patients, their institutionalization ended via discharge to the care of their family. Adrian,[94] a 34-year-old farmer, had been cared for at home his whole life, but when he became too difficult to manage, the family admitted him to the asylum. After his first few days at the asylum, he demanded his "liberty" and attempted to escape by climbing over the walls. Thereafter, he resorted to unleashing a torrent of complaints to the staff and pleaded with them to be "allowed home again". He remained very anxious to return home and spent his days in an unhappy state of mind. When his unhappiness became so dire that the staff set out to address it, he informed them that if his discharge was granted, he would be a model inmate of the asylum. Here Adrian expressed agency: he attempted to broker an agreement with the doctors that he would be on good behaviour as a strategy to achieve his discharge. Adrian's brokering fell on deaf ears, but several months later the doctors consented to his discharge to the care of his family. While the discharge of patients to their families remained a small proportion, we should not forget the examples presented in the above paragraphs of family members loving and caring for the patients through visits to

[92] HGM Volume 10, 56.
[93] HGM Volume 10, 76.
[94] HGM Volume 8, 219.

the asylum, receiving and sending letters, as well as opening up their homes during parole and probation visits.

Bertram's relationship with the painter can be regarded as a crip kinship. The casebooks do not provide details of the friendship between the two of them, but we can hypothesise that their relationship must have been bonded in esteem, respect and camaraderie if it sustained over two decades, as well as entailed two holidays together at the coast. There are also several instances of friendship and bonds of crip kinship established between the patients. For example, John C.[95] was unable to speak, suffered from severe epileptic seizures, was "almost helpless", and required constant supervision. Nevertheless, he thrived at the asylum, as he was "well looked after by a patient … who has taken an interest in him". In both Bertram and John C.'s case, their bonds of kinship with others offered them companionship, as well as contributed to their propitious wellbeing at the asylum.

Sipongo's story and narrative tropes for black men

In late 1904, a 17-year-old youth (Figure 4) came to the attention of the police for "wandering about" a neighbourhood in Grahamstown and appearing to be quite lost.[96] On questioning by the police, the youth was unable to provide them with his name, the name of a relative, or even "where he had come from". The youth was eventually examined by two doctors who certified him to be an "imbecile". He was admitted to the asylum on 31 December 1904 with his name unknown. After several days at the asylum, Greenlees remarked that his "mental faculties [are] much underdeveloped", he "cannot answer questions and is quite unable to look after himself". In the following months, he was still not able to enunciate his name or provide any pertinent biographical details that could help the staff in ascertaining if he had a family or a place of residence. Thereafter, the casebook entries for

[95] HGM Volume 11, 35.
[96] HGM Volume 15, 46.

1906 are dominated by repeated reports of him being “unchanged” in terms of his “mental faculties”. This monotonous reporting abruptly upended in January 1907 with mention that his mother had established that he was an inmate of the facility and subsequently arrived at the asylum to call for his immediate discharge. On arrival at the asylum, she furnished Greenlees with his name, Sipongo. She was “anxious to have him home” and “promised to look after him”. Sipongo was discharged on 24 January 1907.

Figure 4: Sipongo. Western Cape Archives and Records Service. HGM Volume 15, 56.

Two features from Sipongo’s case are recurrent tropes in the casebooks for black men at the asylum. First, there are numerous examples of families who requested the discharge of a patient into their care, but also poignant accounts of families who tried their utmost to remain the primary locus of care for a PWID for as long as possible. For example, Johnny

was blind and deaf, as well as unable to walk, talk or look after himself.[97] Johnny's disabilities necessitated around-the-clock care, which his mother provided for. Consequently, she was unable to seek employment and "lived on charity" instead. It was only when his mother could "no longer attend to him" that he was admitted to the asylum. At this point, Johnny was 15 years old.

Second, black men were often brought to the attention of the police for wandering. To elucidate, they were often charged under Section 2 of the Act for the Prevention of Vagrancy and Squatting, which stipulated that "[a]ny person found wandering abroad and having no visible lawful means, or insufficient lawful means of support … shall be deemed and taken to be an idle and disorderly person",[98] and on conviction the person will be liable to be imprisoned. At prison, the convicted person would be examined by medical doctors, and if the person was diagnosed to be insane or an imbecile, they would be certified and subsequently admitted to an asylum. But, owing to the police seldom ascertaining the inmate's next of kin and their address, they were admitted to an asylum with incomplete records. Consequently, with no address of a loved one included in their committal documents, families could be contacted neither to visit the patients nor to arrange for their discharge. In 1904, Dr Conry, superintendent of the FBA, alerted the colonial authorities to the high number of patients who were suitable for discharge "to the care of their relatives", but this was barred by their incomplete committal documents.[99] To support his argument, Conry listed several patients, including William, a 63-year-old, who had been institutionalized since July 1873. William's lengthy and continued institutionalization of 31 years was symptomatic not of his disability, but of "all traces of [his] relatives having been lost."[100]

[97] HGM Volume 5, 130.
[98] Du Plessis, *Pathways of Patients*.
[99] Colonial Office Correspondence, Western Cape Archives and Records Service. CO 7794, 08 August 1904.
[100] Ibid.

For the black patients who were not discharged into the care of their families, they spent only a brief time at the asylum before they were transferred to the PAA and the FBA.[101] They were transferred to make beds available for black subjects suffering from acute forms of mental illness. Owing to their short period of institutionalization, their casebooks seldom contain more than a few entries that predominantly focus on their bodily health, cognitive and physical incapacities, acts of insubordination, as well as their ability to perform hard manual labor. Even if they performed exceptionally well at their work duties and were exceedingly industrious, they were still earmarked for transfer from the asylum. Moreover, no circumstance or distinguishing factor in any of the cases was able to sway Greenlees to safeguard them from transfer. In this sense, they were only retained in the asylum until Greenlees was "pressed for room"[102] to admit black subjects with acute cases of mental illness. For example, Hlumbi, admitted in December 1894, received much praise from the staff, who upheld him to be a "fine well-made fellow" who "works with enthusiasm."[103] Despite such admiration and praise for making "himself useful" in and around the asylum, he was transferred to the FBA in November 1896.

In the racially segregated asylum, on the wards dedicated to black patients, the asylum closely resembled a workhouse in which the central thrust was conscripting black men to an extended and taxing work schedule. Moreover, as far as I can ascertain, the patients were never offered probation, and when parole privileges were granted, they were only linked to fulfilling work duties that were outside the asylum's walls.[104] The asylum's regimen certainly exposed the patients to mortifications, but there were instances of meaningful moments that were a relief to the daily drudgery and racial discrimination that the patients were exposed to.

[101] As under-resourced facilities, the PAA and the FBA did not have the means to supply more than the minimum standards of care. Both facilities recorded high numbers of patient injuries, accidents and deaths. See Du Plessis *Pathways of Patients*, 161.
[102] HGM Volume 2, 239.
[103] HGM Volume 4, 17.
[104] HGM Volume 2, 1.

By way of example, Wanga, who was "particularly fond of dancing."[105] At any opportunity to dance, Wanga would become "more lively and cheerful", as well as "gains with vigour". Hlumbi took great pleasure in smoking his pipe.[106] When smoking, he walked with a swagger and gleamed in happiness.

A remarkable example of crip kin is how several of the asylum's black male patients took a kind interest in Johnny and "attend[ed] to his wants."[107] The staff pitifully pictured Johnny as a "perfectly helpless … and hopeless case", but he was not held in such contempt by the patients, who paid heed to his wants, to feeding him, and to carrying him around the asylum. To elucidate, while the doctors presented him to be a "wild animal" and thus turned him into an object of a "dehumanising stigmatising gaze,"[108] his fellow patients were sensitive to his care-receiving needs and invested in his continued well-being. The patients may have protected him from abuse from violent and dangerous inmates; they may have guarded him from neglect, as well as perhaps banded together to ensure that Johnny did not live an impoverished life. Potentially we can consider that the patients developed "[d]eep affective bonding"[109] with him and where thus witness to his capacities for "great joy and great love."[110]

To return to Sipongo's photograph, it shows him clothed in the asylum's standard issue clothing for pauper patients and there is no evidence of self-fashioning in his dress to indicate his agency or individuality. In this sense, at the time when the photo was taken, Sipongo was nameless, and this anonymity is further accentuated in his dress that marks him as an inmate of the asylum. Nevertheless, by looking at Sipongo's photograph alongside the casebook entries, I am attuned to how the image affects me: how it moves and touches me, as

[105] HGM Volume 4, 15.
[106] HGM Volume 4, 17.
[107] HGM Volume 5, 130.
[108] Kittay, "Equality, Dignity and Disability," 117.
[109] Kittay, "Caring for the Long Haul," 82.
[110] Kittay, "At the Margins," 129.

well as animates reflection.[111] I apprehend the image by imagining how it stands in contrast to the moments when Sipongo saw his mother, when she called out to him by his name, and to when he left the asylum under her care. This type of looking is thus a movement "beyond what we see"[112] to be open to the feelings produced by the photo, as well as to develop an empathetic connection between Sipongo and myself. I imagine that his eyes glistened and gleamed in happiness when he saw his mother. I consider that his face shone in a smile when he left the asylum and that his countenance was beaming in the realization that his mother searched for him and that she loved him.

Nomtefo's story and narrative tropes for black women

The 27-year-old Nomtefo (Figure 5) was admitted to the asylum in February 1899 with her casebook containing barely any information on her life history or the context of her committal.[113] Although Nomtefo's account of her life story was not recorded in the casebook, her communication to the doctors that her right arm was very "painful" was chronicled in it. The doctors took heed of her account of corporeal anguish by submitting her for clinical examination. The doctors gave Nomtefo chloroform so that her arm could be "thoroughly examined" without placing her under any undue stress or pain. After performing a procedure, the doctors remarked that the "heat felt over the elbow has disappeared" but that the swelling remained extensive. In March 1900, Nomtefo was transferred to the PAA with mention that she has a "cheerful disposition" and that her right elbow is in a "chronically inflamed state". In terms of the former, this is the only mention in the casebook of her character. Although this lone laudation is overshadowed by the casebook's focus on her physical health, the photograph provides us with a means to revere her subjectivity. In her photo, Nomtefo's smile is brimming in glee and gaiety. The happy expression in the photo may point to "some

[111] Campt, *Listening to Images*, 72.
[112] Ibid., 9.
[113] HGM Volume 18, 117.

form of subjectivity"[114] on Nomtefo's part to sit before the camera in such a way as to assert her sense of self.[115] Along these lines, it is possible to argue that in her posing for the camera, Nomtefo erased any trace of her living in a state of corporeal anguish and instead she affirmed her self-identity as cheerful and high-spirited.

Figure 5. Nomtefo. Western Cape Archives and Records Service. HGM Volume 18, 117.

Nomtefo's casebook highlights three narrative tropes in the casebooks for black women with intellectual disability. First, the casebooks contain sparse information for the women on their life stories and committal contexts. By way of example, Emma was admitted

[114] Rawling, "Patient Photographs".
[115] Rawling, "'She sits all day'".

to the asylum with the doctors remarking that "nothing is known of this case" apart from the fact that she was "arrested as a vagrant" and while incarcerated in a gaol, was certified to be an "imbecile".[116] Ziki's casebook simply stated that "no history" was furnished in the committal documents.[117] Second, the women received infrequent periodical reporting of their condition during institutionalization. When reporting did take place, the emphasis was on their general physical health, their conduct at the asylum, and their ability to execute labor at the asylum. Nogale's casebook entries repeatedly referred to how her general health was "excellent" and how she is a "good worker."[118] Frequently, Meitje's casebook entries describe how she "works well in the kitchen and the wards."[119] Ziki's casebook entries persistently referred to how she is a "good worker" and in "good health". The longest entry in Hester's casebook was the recommendation for her transfer to the FBA: "Is a simple, good natured girl: a good worker and gives little trouble … She is in good health."[120] Thus, while the physical health of the women was identified and addressed in the casebooks, their mental health was glaringly absent or simply sidelined in favour of addressing their capacities to work.[121] Thirdly, the women spent a short time at the asylum before they were transferred to another facility. Emma spent less than two months at the asylum, Nogale less than two years, Meitje approximately 17 months, and Ziki only five months.

Together these narrative tropes are symptomatic of the practices of racial discrimination at the asylum: interest was on the ability of the women to offer labor to the asylum, as well as expediting their transfer to another facility. In view of these aspects, the good physical health of the women was of prime importance as it ensured that they were able to perform industrious labor, as well as were in a suitable physical condition for transfer to

[116] HGM Volume 20, 36.
[117] HGM Volume 20, 34.
[118] HGM Volume 20, 15.
[119] HGM Volume 20, 7.
[120] HGM Volume 17, 84.
[121] Although the doctors did not report on the women's mental health, they perpetuated a pathologizing gaze by commonly characterising the women to have "limited intelligence", see HGM Volume 20, 31.

another facility. By framing the women as laborers, by earmarking them for rapid transfer, and by directing their attention to the women's physical health, the doctors did not pay much attention to recording their life stories or to noting changes in their mental wellbeing. Here, we are reminded that the casebooks only tell "partial stories"[122] or only the side of the story that was of interest to the doctors. The result is the omission, absence, and erasure of the voices of the women who testified to their life path, who shared their emotions, and who gave an account of their mental health. While we may never recover the women's stories, we can approach the casebooks with a recognition that the women are unique individuals and therefore each one lived a distinct life story that was composed of various forms and degrees of agency, that each women experienced a "multiplicity of pain, happiness, or resistance",[123] and that they did communicate to the doctors "what they can see, what they feel and hear, and most of all what they do."[124] This approach can be regarded as a "gesture toward complicating the multiple ways in which disabled people are absent from records."[125]

Ella's story and narrative tropes for white women

Ella (Figure 6) was admitted to the asylum in July 1895 with her committal documents outlining that she "bites, scratches and throws things. Will not wash or dress herself."[126] The above is juxtaposed with an entry penned a month after her admission: "Is very quiet and well conducted. Is much cleaner in her habits but rarely speaks. Enjoys the dances and occasionally plays at the entertainments". For the remainder of 1895, the entries indicate that she would work in the sewing room, that she is "happy and contented", neatly dressed and that "so far as possible, she has decidedly improved since admission". In the subsequent year, her improvement continued, but she would at times have "sulky fits". By the middle of 1897,

[122] Brilmyer, "Towards Sickness," 28.
[123] Ibid., 36.
[124] Jarrett, *Those They Called Idiots*, 306-307.
[125] Brilmyer, "Towards Sickness," 38.
[126] HGM Volume 17, 102.

she remained employed in the sewing room but was liable to “outbursts of temper and is very abusive”. In August 1899, owing to her temper outbursts, Ella was transferred to the PAA.

Figure 6: Ella. Western Cape Archives and Records Service. HGM Volume 17, 102.

White women who performed duties at the asylum, as well as those whose conduct was above board, were kept as patients for longer at the asylum. Thus, patients like Ella, who were industrious with sewing and doing light housework, received an extended period of institutionalization at the asylum. The work they performed was limited to the above examples and thereby based on Victorian gender roles in which white women were assigned domestic duties, as well as delicate and intricate sewing that would not run the risk of

"unsex[ing]" them.[127] To this end, a patient's skilful command of gendered work resulted in the doctors applauding the character of the women to be feminine. Ada was admired for doing "beautiful sewing" and lots of "fancy work" and received an affirmative account of her character as being "sweet-tempered."[128]

Patients that were troublesome, those that showed no signs of improvement, and those that did no work were transferred at a fast pace from the asylum. By way of example, once the doctors reckoned that Annie was "incapable of doing any work, and cannot learn or make any mental advancement", she was earmarked for transfer.[129] Her institutionalization at the asylum lasted only two months. Although a patient's ability to perform work increased their period of residence at the asylum, it did not guarantee them a bed at the asylum. Wilhelmina worked for several years at the matron's house, where she would assist with the housework. The doctors gave her only complimentary reports in which they applauded that "her general conduct has been good, she has given no trouble whatsoever, is a good worker."[130] Nevertheless, when room was required for the admission of acute cases, Wilhelmina was transferred to the CSH. Thus, even when white female patients were dependable workers with behaviour on the wards that was decorous and demure, they were not exempt from being transferred: the admission of women with acute and curable forms of mental illness took precedence over the long-term stay of women with intellectual disability.

A recurrent high note of the women's institutionalization was attending the asylum's dances and entertainments. Lena took an "interest" in the dances,[131] Ella performed at the entertainment evenings, while Gertrude avidly attended the dances and entertainments, as well as "enjoys everything" in the asylum's event calendar.[132] A handful of women received

[127] Greenlees, "The Etiology, Symptoms and Treatment," 18.
[128] HGM Volume 21, 101.
[129] HGM Volume 17, 79.
[130] HGM Volume 16, 7.
[131] HGM Volume 21, 33.
[132] HGM Volume 22, 135.

parole to leave the asylum.[133] One example thereof is Ada, who would often go into town accompanied by a nurse or spend the day at a convent.

Ella was labelled to have "sulky fits", which may be indicative of one of her character traits. The sulking could also be an expression of agency by which Ella attempted to snub the duties the staff assigned to her or to refuse aspects of the asylum regimen that mortified her sense of self. In this regard, Ella's sulkiness may have been her effort to have some form of "influence over the nature" of her own life while institutionalised.[134] While sulkiness can be viewed as a means by which patients rejected or sought to negotiate aspects of the asylum's regimen, there was a large number of patients who strived to receive the undivided attention and care of the staff. At the asylum, the interests of the staff were divided across the heterogeneous patient body and the bulk of the attention was directed to the supervision of suicidal patients, the comfort of paying patients, and the care of patients in recent and acute stages of mental illness. The limited attention of the staff towards PWID is painfully perceptible in the opening lines of some of their casebooks, where it was recorded that because they are "imbeciles", they "will not require frequent notes unless something special, mentally and physically, occurs."[135] A number of patients were identified by the staff to lament about vague and imaginary bodily complaints and thus to have hypochondria.[136] I regard these expressions of hypochondria as a patient's concerted and conscientious effort to attract the attention of the staff. One example thereof is Gertrude,[137] who would fake some of her epileptic seizures. The casebook narrates that her orchestrated fits would start by her leaning and once she found a soft piece of ground, like the grass, she would suddenly fall down. Emily would complain of headaches and earaches that would cease once she received

[133] Ibid.
[134] Clarke, "Opening Closed Doors," 475.
[135] HGM Volume 22, 93.
[136] HGM Volume 16, 51.
[137] HGM Volume 24, 49.

humouring from the staff.[138] Lena would complain about "vague pains" to court "sympathy from everyone."[139]

A striking feature in the casebooks is the patients who may have sought to nurture their relationships with the staff by expressing gratitude and appreciation.[140] Elizabeth was able to feed and dress herself but otherwise was "very helpless."[141] Accordingly, she relied heavily on the care and support of the staff for her wellbeing. She was noted to appreciate the attention that the staff paid to her. Vera had poor eyesight, and was incapable of naming the nurses of the asylum. Nevertheless, she would show appreciation to the staff in "smiles and grins" and would salute the doctors by saying to them: "Good morning, Doctor."[142] Emily suffered from regular epileptic seizures that "take the strength out of her,"[143] but this would not deter her from repaying attention to the staff for the care they offered her.

This discussion has presented the women as multifaceted individuals with distinctive preferences, the capacity to enjoy life, as well as an interest in holding a form of influence in their stay at the asylum and in their interpersonal relations. In being sulky, Ella possibly expressed agency by communicating her discontent with aspects of the asylum's daily regimen that was not to her liking. Conversely, Ella and others expressed their capacity for delight, happiness and contentment in aspects of the asylum's entertainment programme that was to their liking. Significantly, the discussion has compellingly presented the women to have the capacity to "shape one's own world and the world of others."[144] To substantiate, some women feigned illness to solicit the attention of the staff while others repaid a staff member for their contact and kindness by showing appreciation in salutations, smiles and grins. Moreover, it may be possible to argue that this capacity is also visible in the way in

[138] HGM Volume 21, 55.
[139] HGM Volume 22, 64.
[140] Bogdan and Taylor, "Relationships with Severely Disabled People," 144.
[141] HGM Volume 16, 101.
[142] HGM Volume 23, 173.
[143] HGM Volume 21, 87.
[144] Kittay, "When Caring Is Just," 568.

which Ella posed for her photograph. In her pose, appearance and dress, Ella epitomises feminine delicacy and decorum: her appearance is immaculately neat, her hair is well groomed, the clothing wraps her in refinement and elegance, her smile is warm and genial, and in the lowering of her head, Ella presents herself as modest and demure. In suppressing any signs of her temper, sulkiness and insolent behaviour, in favour of performing feminine norms that were applauded at the asylum, Ella thus represents an "idealised 'self'"[145] before the camera. This may have offered her a means to assert her status as an individual to the staff rather than them labelling and treating her as a depersonalised clinical case or an impersonalised inmate of the asylum.[146]

Conclusion

Selective stories from the casebooks help us to apprehend and appreciate the humanity of the photographed PWID. Stated differently, certain lines of the casebooks provide a new context for the viewing of the photographs, which results in shifts in interpretation and meaning. These selective stories from the casebooks open up an alternative view of the subject, one that rejects the story of the shutter, as well as one that counters the story published in Greenlees's texts. While the former stripped the subjects from their lifeworld, the latter disseminated a denigrated picture of PWID as deficit, incapable, and hopeless subjects who are lacking in value and human worth. The stories I narrated from the casebooks present a shared portrait of subjects with "personhood, autonomy, and agency"[147] with each one bearing a unique life story, as well as a name that "can no longer be erased from history."[148] It is my hope that the reader will not view the photographs published in this article in "silent

[145] Sidlauskas, "Inventing the Medical Portrait".
[146] Du Plessis, "Beyond A Clinical".
[147] Brilmyer, "Towards Sickness," 27.
[148] Edwards, "Thinking Photography," 41.

contemplation"[149] but that the photos will open horizons for the reader to consider: the broader histories and stories of people with disability, how to engage and develop interpretative strategies for photographs of people with disability from various archives, and finally, to spearhead research that addresses the questions raised by Catherine J. Kudlick, namely "what does it mean to be human? How can we respond ethically to difference? What is the value of a human life?"[150]

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[149] Ibid., 38.
[150] Kudlick, "Why We Need," 764.

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