Beyond a clinical narrative: casebook photographs from the Grahamstown Lunatic Asylum, c. 1890s

Rory du Plessis

Department of Visual Arts, University of Pretoria
Email: rory.duplessis@up.ac.za

Abstract

In this paper, I argue that casebook photographs of the mentally ill can potentially move beyond a record of a clinical case to bring into view an understanding of patients as individual subjects. My argument is based on an exploration of three selected photographs from the casebooks of the Grahamstown Lunatic Asylum circa 1890s. Unlike the standard trope of casebook photographs – uniform mug shots that are archetypal images of classification, control and surveillance – the identified casebook photographs are characterised by a diversity of genre, style and origins. These elements all act upon the readings of the photographs, resulting in shifts in meaning and interpretation. For example, the photographs point to the prominence of aesthetic influences from broader visual culture such as portraiture and photograph albums. Accordingly, the photographs can be argued to accrue in meanings beyond any dominant clinical context or narrative. More importantly, what becomes comprehensible is that the interpretative context for the photographs is located precisely in terms of the individual sitters’ acts of posing, constructions of self-presentation and connections to socio-cultural worlds beyond the asylum.

Key words

Grahamstown Lunatic Asylum, casebook photographs, photograph albums, portraiture, photographic practices, material reading

Introduction

Sally Swartz (2005: 506) argues that asylum casebooks may primarily be regarded as informative of asylum governance and institutional practices:

We learn how doctors managed and wrote about a case, and as a case it differs only in detail from those of hundreds of other men and women, incarcerated during the same period. The records have a striking uniformity across all groups of patients, regardless of racial classification, gender, class and form of insanity.
Thus, casebooks can be viewed as a ‘documentary technique’ (Foucault 1977: 191) that marks the status of each patient as a clinical case to be classified, described and compared with other cases. Yet, an analysis of casebook photographs offers one way to develop an awareness and appreciation of the patients as individual subjects (Rawling 2011: 193). Following these lines, in this paper, I analyse three selected photographs from the casebooks of the Grahamstown Lunatic Asylum circa 1890s. Unlike the standard trope of casebook photographs – uniform mug shots that are archetypal images of classification, control and surveillance – the identified casebook photographs are characterised by a diversity of genre, style and origins. For example, they point to the prominence of aesthetic influences from broader visual culture such as portraiture and photograph albums. Accordingly, the photographs can be said to accrue in meanings beyond any dominant clinical context or narrative. More importantly, their interpretative context is located precisely in terms of the individual sitters’ acts of posing, constructions of self-presentation and connections to socio-cultural worlds beyond the asylum.

To underscore the sitters as individuals rather than simply as records of clinical cases, I do not refer to any diagnostic labels or medical terminology. By extension, following Julie Parle (2006: 177) who argues that to ‘obscure the names of those who suffered from mental illness is to add one more layer to their silence’, I identify the photographs by the sitter’s actual names rather than as case numbers or generic medical categorisation.

**Photography and psychiatry**

Photography was inaugurated into psychiatric discourses and institutional practices by the psychiatrist and photographer, Hugh Welch Diamond (1809–1886). In 1856 Diamond presented a paper to the Royal Society on the uses of photography in the practice of psychiatry (Gilman 1976: 8), in which he (Diamond 1976: 23–24) postulated that photography provided a valuable tool for aiding in the identification of patients. Diamond’s delineation of photography for documenting the identity of patients soon became an established practice at asylums. From the 1870s to approximately the mid-twentieth century, it was custom in asylums to take a patient’s photograph on their admission and insert it into a casebook (Gilman 1976: 9).

A patient’s photograph was so central to the compilation of a casebook that general guidelines for taking the photograph were outlined in many nineteenth-century books. For instance, Charles Mercier (1894: 273–274) delineates meticulously detailed directions for taking casebook photographs.
photographs: all patients are to be photographed on admission, followed by additional photographs of the patient over the duration of their institutionalisation. Each photograph is to be taken in three positions, namely: full-, profile and three-quarter face. Mercier’s directives, like that of his contemporaries, result in a recurring configuration of the sitter posed in a near- or frontal manner facing the camera against a plain background. Such a configuration is also evident in the photographic practices that the police deployed for the identification of individuals (du Plessis 2014: 16). Hence the mug shot was a standard trope for casebook photographs and police records which sought to uniformly record and identify patients or inmates.

Recent investigations of casebook photographs reveal that while a fair share of the photographs follow the standard mug shot conventions, there are also examples of photographs that adopt a multiplicity of photographic styles and genres (see for example, Rawling 2011; Sidlauskas 2013). Accordingly, careful scrutiny of casebook photographs could potentially uncover the ‘complex tension between non-institutional and institutional, medical and domestic, abnormal and normal imagery ... creating an intriguing visual discourse, which defies hitherto proposed narratives of image and madness’ (Rawling 2011: 215).

A notable study in this regard is Katherine Rawling’s (2011: 215) analysis of the casebook photographs from Holloway Sanatorium, Egham, England. Rawling (ibid.) finds these images noteworthy as they bear little visual similarity to standard casebook photographs but instead have ‘much in common with non-institutional photography, that is, the photography of the professional studio or domestic setting’. Rawling’s (ibid. 191) exploration of the Holloway casebooks questions the standard visual codes of casebook photographs while simultaneously dispelling the assumption that all psychiatric institutions performed the same photographic practices.

At the close of her study, Rawling (ibid. 255) calls attention to the need for further investigations into the diversity of casebook photography:

Whilst the photographs studied in this thesis may be characterised as overwhelmingly varied, more work needs to be done to discover how far this variety extended. Only by studying more institutions across many regions will the picture be enhanced and understood. It may be that every asylum had a different way of photographing its patients, an in-house style perhaps, but this will only be revealed if more patient case books are studied.
In what follows, I pursue Rawling’s call by investigating the casebook photographs of the Grahamstown Lunatic Asylum (hereafter “the asylum”). The asylum opened in 1875 in Grahamstown, a small frontier town populated by British colonial settlers in what is now the Eastern Cape Province of South Africa. Dr Robert Hullah was the first superintendent (1875–1890), followed by Dr Thomas Duncan Greenlees (1890–1907). Greenlees valued casebooks as ‘a true clinical record of a disease’ (CCP 1/2/1/82) and made every effort to provide a comprehensive written account of each patient accompanied by a photograph. Paging through the collection of twenty-two casebooks, I was astonished by the varied types, styles and genres of photographs. This diversity indicates that the asylum adopted a heterogeneous photographic practice through which a succession of photographic styles, techniques and material forms is explored.

In this article, I identify three casebook photographs as evidence of the heterogeneous photographic practices of the asylum. I discuss how these casebook photographs show connections, and work in synthesis with, a number of photographic practices, including portrait photography. Following from the discussion, I offer an analysis of the selected photographs that shifts possible interpretations of the images beyond the primacy of a clinical narrative. In doing so, I argue that these particular photographs can bring into view an understanding of patients as individual subjects rather than simply as clinical cases.

**Three selected casebook photographs**

A number of the asylum’s casebook photographs adopt the stylistic characteristics of the portrait genre. The figures are often depicted in its gardens, set against an ivy terrace. They are not locked into a blank stare but gaze evocatively outside the picture pane. The figures are seldom cropped, showing either a three-quarter or full-length sitter with ample room to illustrate the background. They appear to be dressed in their Sunday finest. The photographs are presented in an oval vignette – a standard aesthetic device for Victorian photographic portraits.

While portrait conventions are adopted in some of the casebook photographs, others are photographic portraits taken in a studio. The latter not only embody the hallmarks of studio portraits – the sharpness of focus, quality of lighting and calibrated composition – but are stamped with the name of the photographic company that took and developed them. These photographs were self-commissioned studio portraits taken of the individual for private use; nevertheless they were accepted by the asylum authorities for inclusion in the casebooks. Why certain studio portraits
were sanctioned for insertion into the casebooks is not clear, as the asylum’s records do not provide reasons for such practices. Yet, what is evident is that they are an example of the heterogeneous photographic practices at the asylum.

FIGURE 1
Casebook photograph of Rosa Gates. Reference number: HGM 17 Courtesy of the Western Cape Archives and Record Service
As noted, a number of casebook photographs not only adopted the iconography and style of the portraiture genre, but also presented them as such through the use of oval frames and vignettes. In the casebook for female admissions of 1895 there are four patient photographs that are enigmatic in their presentation. Instead of using vignettes, the images are cut into the shape of a leaf. For example, the photograph of Rosa Gates (fig. 1) depicts a finely dressed young lady. As opposed to being represented according to the standardised forms of casebook photography, her presentation and pose borrows from portrait conventions which offer ‘an air of decorum ... on the part of sitters [who are] usually attired in some sort of special, non-everyday dress’ (Kuhn 2002: 73).

As portraits, the four photographs all display varying forms of self-expression – each of the sitter’s poses, gestures, and self-fashioning are personalised and distinctive. However, all share the same unadorned background. This common feature signals that the photographs were taken on the individuals’ admission to the asylum. While it can be ascertained that the set of pattern-cut photographs were taken at the asylum, the basis for cutting the photographs into motifs is difficult to establish. In the absence of documents detailing the photographic practices at the asylum, it is only by surveying the various genres of nineteenth-century photography that I have been able to identify the origins of the pattern-cutting practice. During the nineteenth century a prevalent trend was to decoratively display the photographs compiled in photo albums. This act was seen as a ‘form of upper-class folk-art’ and included the cutting of individual portraits into the shape of leaves (Thomas 1978: 54).

When the four casebook photographs are placed alongside the photograph albums, there are prominent visual similarities. These examples suggest that the asylum authorities experimented with forms of creative display for casebook photographs: the photographs are explicitly informed by the portrait genre and their display is intertextually linked to photograph albums. Thus, pattern-cutting did not serve a functional purpose; rather, it was used as an aesthetic device to frame the subjects in a genteel and feminine manner. Furthermore, the aesthetic aim of the pattern-cutting may allude to the domestic ideal of Victorian middle-class femininity. With limited opportunities to enter the labour market, middle-class women were confined to ‘decorative idleness’ (McClintock 1995: 97) in which they were encouraged to ornament and decorate the household and its contents (Parker and Pollock 1981: 61). The pattern-cutting practice could therefore be regarded as an aesthetic device that underscores the ‘graceful, delicate and decorative’ ideals of female domesticity in the nineteenth century (ibid. 9).
From the above discussion, I contend that these photographs complicate the readings and reception of casebook photography. While they still served to identify the patients, these examples suggest that the photographic practices of the asylum were not always connected to extolling an objective record of reality. Instead, they propose an asylum administration that remarkably explored the aesthetic possibilities of photography.

FIGURE 2
Casebook photograph of Emma Carter. Reference number: HGM 18 Courtesy of the Western Cape Archives and Record Service

Emma Carter’s photograph (fig. 2) is unusual in that has few parallels with the majority of the casebook photographs. It is however, comparable to those casebook photographs in which the
photographic practices of the portrait genre are adopted, yet surpasses these by its sharpness of focus and the quality of the print, which suggests that the photograph was taken by a professional portrait photographer.

Emma Carter’s image reveals that professional studio portraits were considered suitable submissions for the casebooks. While the small number of such photographs may not offer evidence of a substantive directive in the casebooks, it nevertheless problematises established discourses of photography at the asylum. Instead of submitting the patients for a photograph that functioned as ‘ritual markers of entry into “insane” status’ (Swartz 1996: 88), a selection of patients bypassed this step. Their representation is not only self-commissioned but also represent an ostensibly healthy, sane and normal self. Although inextricably tied to the identification of patients, the presence of such photographs implies the potential to envisage a flexible photographic practice which bears little relation to confirming the presence of a mental affliction.

Thus far I have suggested that the asylum authorities accepted a range of patient photographs in the casebooks (Rawling 2011: 219). Nevertheless, I also underscore that the authorities’ tolerance and acceptance of such alterative practices remained limited. While there are instances of the portrait genre influencing photographs of black subjects, in the most part, these may be more closely aligned with police mug shots. To the best of my knowledge, the photographs of black subjects in the casebooks were never displayed in an aesthetic or decorative manner and never took the form of self-commissioned studio portraits. Thus, the portrait genre and aesthetic display of casebook photographs was a photographic practice that the asylum authorities limited to a number of white patients.

The authorities’ limits are also evident in the white patients who were photographed in diverse genres and styles. In most instances, the aesthetic style and presentation of certain patient photographs is largely only apparent in the single admission photograph. A number of photographs accumulated in the casebooks for chronic patients. These later photographs are jarringly at odds with the admission photograph and mark a return to the standard tropes of casebook photography. For example, Mary Hutton’s casebook entry consists of two photographs (fig. 3). The photograph on the left is one of the pattern-cuts from 1895. Her appearance in this photographic portrait is alluring in its finesse of pulchritude and airiness. In abrupt dissonance to the first photograph, the one on the right is taken in August 1903. In its austerity, it bears a strong resemblance to a mug shot; here Mary
Hutton appears stripped of the dignity and poise she embodied in the first image. Absent are the markers of self-confidence and composure; the codes of feminine delicacy and gracefulness.

**FIGURE 3**
Casebook photographs of Mary Hutton. Reference number: HGM 17 Courtesy of the Western Cape Archives and Record Service

**Interpretations beyond the primacy of a clinical narrative**

The photographic variety of the casebook photographs suggest diverse interpretative routes. In other words, the multiplicity of genre, style and origins of the casebook photographs can be argued to shift the interpretation of the images beyond any dominant clinical interpretation or narrative. Thus, I re-orient my analysis of casebook photographs away from the primacy of a clinical narrative, to suggest that the casebook photographs potentially offer a resource to develop an understanding of the patients as individual subjects.
Portraiture

Part of what I find to be the mesmerising appeal of the three images is that they do not follow the traditional tropes of casebook photography. Instead, two of the photographs are unmistakably akin to portraits while one is a self-commissioned portrait. While I have indicated the influence of the portrait genre over clinical photography, in this section I develop another strand of analysis that focuses on how the discourses of portraiture can offer new avenues of interpretation for the casebook photographs.

The three figures show no signs of distress or any semiotic markers of “insanity”. For Rawling (ibid.) such photographs suggest ‘a sense of self-composure and self-presentation that speaks of a patient at ease with the camera’. Accordingly, it could be argued that some patients understood how to pose for the camera and hence how to mediate their representation. Recognising this potential requires understanding of the ideas and concepts that are embedded in the act of posing for a photograph.

Roland Barthes (2000: 10) observes that ‘once I feel myself observed by the lens, everything changes: I constitute myself in the process of “posing”, I instantaneously make another body for myself, I transform myself in advance into an image’. Posing can be seen as an opportunity for the sitter to shape their self-presentation. Accordingly, this form of self-articulation is inextricably linked to the practices of enacting or representing a particular version of a person’s own choosing. These thoughts allow for consideration of how the subjects may have used the act of posing to express a ‘veiled but significant assertion of subjectivity’ (Sidlauskas 2013: 30).

I suggest that the photographed individuals may have made use of posing to enact an idealised self. Instead of constituting visual evidence of a malady, the photographs are idealised images of patients looking poised and elegant. Thus the patients pose in ways that project a tranquil, demure and decorous self-presentation. Yet, it is far from straightforward to consider how the subject’s self-constructed ideal may constitute an act of asserting subjectivity. To do so, Ludmilla Jordanova (2013: 2) argues that consideration of the social relationships within which the photographs were made is needed to understand the levels of self-expression permitted and the degree of coercion on the part of the asylum. However, owing to the lack of archived documents pertaining to the photographic practices at the asylum, it is difficult to reconstruct such details. In these situations, it is vital to provide a critical reading of the photograph as well as to turn to the casebooks (ibid.).
In looking at figure 1, I am struck by Rosa Gates’s clothing. The opulently plush folds of the shoulder and sleeves are matched by the extravagant number of buttons on the garment. The broach on the neck collar is decorative, feminine and promotes a sense of modesty by gracefully guarding the neck area from exposure. While the hairstyle and side-angling of the head may be argued to expose a large area of the face for inspection, her gaze is not directed at the camera. This may be an attempt at suggesting modesty, a claim reinforced by her downward directed eyes. Her facial expression is composed and restrained. In this sense, Rosa Gates seems to pose in a way that presents the face for inspection but seeks to anchor readings thereof in terms modesty and the suggestion of a self-controlled and moderate temperament.

As a self-commissioned portrait, figure 2 offers the reader a space to creatively explore Emma Carter’s self-presentation. She poses with her left hand holding an indistinct item while her right arm is propped up by the backrest of a chair as she buttresses her face with her hand. Rather than downcast, her eyes are focused outside of the camera’s frame as if to caution the viewer not to interfere or disturb her in the act of looking. Although stylish, the shimmering white blouse, patterned belt and dapper neck bow, do not reflect Victorian feminine ideals of beauty – the white fitted shirt-waist of the 1890s signified a more independent lifestyle for women, as it enabled ease of movement and was therefore more practical for the work and leisure activities (Brough 2013).

It is not just Emma Carter’s clothing that is at odds with the conventions of depicting femininity in the nineteenth century but also her pose. Women were represented as modest and retiring, gentle and passive (Linkman 1993: 46). In contrast, the sitter may be regarded as self-assured and confident. Furthermore, instead of following standard depictions of women with their hands confined to the body in order to suggest containment, quiescence and passivity (ibid.), the subject’s hands are animated, indicating a spirited, confident character.

Mary Hutton’s overwhelmingly graceful and serene countenance enthrals me. Her slightly tilted head is coy and charming. Her light dress and hat convey the impression that the subject is dressed for a picnic in the summer. The wisps of hair suggest a tranquil and untroubled temperament. Her eyes gaze into the camera in a way that seems to invite the viewer to witness her refined and harmonious expression and character.

The comparison between the photographs and the casebook entries reveal a deep fissure between the two. In her photograph, Rosa Gates presents herself as modest and genteel. In her medical
certificate she is described as follows: ‘Silly look, covers face with hands, laughs and giggles in a silly way’ (HGM 17). Her medical certificate states that she had an ‘Anxious, suspicious look’ (HGM 18), while her condition on admission was noted as ‘dishevelled’. Mary Hutton is described as having a ‘dull, heavy expression’ (HGM 17), and as irritable, violent and hysterical. It may be argued that the lapsed time between admission of the subject and the photograph being taken may be a factor in the subject’s change of expression and attitude (Rawling 2011: 200). While this may be the case, it does not account for the particular poses and distinctive poises that convey an idealised self which is vastly at odds with the clinical record. Accordingly, it may be argued that the individuals adopted an idealised self as a form of agency, in an effort to assert claims to subjectivity, personhood and status that transcend the clinical records of illness, diagnosis, aetiology and therapeutics.

Drawing on the conventions of portraiture may encourage the viewer to approach the photographs in terms of how the subject poses for the camera. In the photographs discussed, the subject’s gestures, face, posture and clothing act as markers for the projection of an ideal self. For Susan Sontag (1973: 14) the taking of a photograph is predatory and may even violate the sitter ‘by seeing them as they never see themselves’. Sontag’s treatise is valid for standard casebook photographs but is problematised in the images discussed. These portrait photographs testify to the subjects’ constructing their own self-representations, gesturing towards how the subjects may have constructed an ideal self as an assertion of agency and subjectivity.²

A material approach to photography

Sontag (1973: 106) argues that the use of a photograph determines its meaning. Accordingly, it is easily argued that the context provided by the casebooks anchor the reading of the images within a clinical narrative. However, figure 2 provides the possibility of exploring further contexts for the photograph, thus offering an opportunity to develop other strands of analysis that lie outside of the casebook narrative.

As a self-commissioned portrait, it is not just Emma Carter’s representation that is important but also the photograph as an object. This change in focus is emblematic of the material approach to photography which investigates the circulation, trajectories and histories of images (Edwards and Hart 2004: 4). Such an approach argues that photographs should no longer be reduced to a single point in time but must be understood in terms of a complex and continuing process of production,
exchange, usage, display and meaning (ibid.). For Elizabeth Edwards and Janice Hart (2004: 15), adopting a material reading holds significant repercussions:

[It] ... allows one to look at and use images as socially salient objects, as active and reciprocal rather than simply implications of authority, control and passive consumption on the one hand, or of aesthetic discourses and the supremacy of individual vision on the other.

In this section, I consider how, through a material reading of figure 2, alternative contexts for the photograph may be inferred. In the discussion, I explore how meaning emerges from embedding the photograph into new contexts. To this end, a material reading of the photograph acts as a testimony of the complex trajectory of the physical object that cannot be ascribed solely to the context provided by the casebooks.

Before the photograph occupied an entry in the casebook, it ‘belonged to a broader visual narrative’ (ibid. 1). Although the exact account may be lost, it is possible to construct a plausible narrative based on the general public’s uses of photography. The photograph’s first context was most likely in a photograph album – either Emma Carter’s own, or that of a relative’s family album. Furthermore, the nineteenth-century album can be viewed as a ‘Victorian Facebook ... in the sense that dozens or even hundreds of portraits were preserved, displayed, and circulated among social and family networks’ (Hudgins 2010: 565). In the context of the photo album, Emma Carter’s portrait can be understood and interpreted in terms of how ‘each family constructs a portrait chronicle of itself’, of family consciousness and as a witness to a family’s connectedness (Sontag 1973: 8).

The context of the photo album reminds the viewer that Emma Carter should not be solely defined by her institutionalisation at the asylum. The subject had a career as a teacher, could play musical instruments and had a brother who assisted with arrangements for her to return home following her discharge from the asylum as being ‘recovered’ (HGM 18). Placement of the photograph in the photo album encourages the viewer to read it relation to other photographs of the subject – both before and after the time in the asylum – and in relation to those of other family members. In this manner, the photograph’s meanings are dispersed over a variety of images chronicled in the photo album.

A material approach constitutes a radical shift in the interpretation of casebook photographs. In particular, it deflects claims that the casebooks are the sole context for the photograph. Instead, it calls on the viewer to acknowledge that the photograph is embedded in asylum documents as well
as family photo albums. Thus, the viewer is required to take into account the way in which the photograph, as a material object, may have been embedded in multiple other contexts which all hold the potential for different uses and meanings for the photograph (ibid. 106).

A snapshot of the individual subject

In this article, I approached the casebook photographs as representations of individuals rather than as restricted to readings of clinical cases. While Diamond (1976: 24) extols photography for giving permanence to the clinical cases and typologies of mental illness, I contend that casebook photographs potentially ‘resurrect individuals in all their particularity’ (Brookes 2011: 36).

While the individual may be encountered in the photographs, it is imperative to underscore that this is a single snapshot of the individual; a fragment of self-expression, and thus cannot provide evidence of the subject’s personality, behaviour, character and qualities over time and in response to different contexts. The casebook entries can thus be regarded as an aid to forestall the viewer from being seduced to believe that the photographs can serve to prefigure a subject’s time of institutionalisation, their actions and their illness. Two vignettes illustrate the subjects’ complex, shifting and somewhat unanticipated course of institutionalisation:

1) In the first years of her institutionalisation, Mary Hutton was described as ‘generally cheerful, simple and happy’ (HGM 17) as well as being diligent and productive in her sewing work. Yet, her good behaviour and strong work ethic should not be construed to imply that she was unassuming and submissive to the asylum authorities. Rather, she was attentive to monitoring the conduct of the staff and took great exception to any infraction committed. Any promises of recuperation, recovery or discharge are unmoored by 1897 in which the casebook entries narrate her declining mental health and behaviour. She was likened to a ‘wild animal’ (HGM 17) in her numerous fits of violent rage which included attacking and biting several nurses. By 1906 she was paralysed and bedridden, and was described as ‘a mere eating and breathing machine’ (HGM 17).

2) At the onset of her admittance to the asylum, Emma Carter was reproached for being ‘abusive, foul mouthed, often violent and irrational in speech and conduct’ (HGM 18). The asylum authorities denounced her for having ‘cultivated the art of being offensive with great effort’ (HGM 18). Yet such admonishments give way to praise in the remainder of the
casebook entries, in which she is applauded for being ‘polite in manners’ and esteemed as a well-educated and ‘cultivated woman’ (HGM 18).

The vignettes exemplify that the casebook entries delimit the individuality expressed in the photographs to a particular act before the camera lens, rather than predicting a foreseeable narrative for the subject’s period of institutionalisation. While the casebook vignettes restrict readings of individuality, the viewer might still encounter the photographed subject as an individual. In other words, the vignettes may act as an ‘invitation to pay attention, to reflect, to learn, to examine’ (Sontag 2003: 117) the individual’s experiences. This call does not hold the promise of redeeming the individual’s anguish or of hearing her voice (Swartz 2005). Instead the aim is more modest; to identify the patient as an individual – ‘that this is a particular person in a particular time and place and with a particular history’ (Logan 2008).

Conclusion

The photographs in the Grahamstown Lunatic Asylum casebooks point to the prominence of a range of genres, styles and materiality. Accordingly, interpretations of the photographs are not restricted to a clinical reading but convey a range of meanings; rather than being constrained or contained to the casebooks, the understanding and interpretation of the photographs are invigorated by photographic discourses and contexts derived from broader visual culture. Nevertheless, this is not a call to abandon casebook readings but rather an act to restrict them from being considered the primary explanatory framework for the photographs. It is in the movement towards a more intricate model or framework for interpreting casebook photographs that brings into view the awareness of patients as individual subjects.

Notes

1 This article builds upon a series of sustained investigations into the photographic practices of the asylum (see du Plessis 2012; 2013; 2014). Each investigation contributes to making its varied and complex character more palpable. From 1890–1907, the asylum authorities embarked upon constructing a public image of the asylum as devoted to the care and comfortable provision for middle class patients. Photographs constitute an essential component of this image-making. The photographs are striking reflections of the extent to which the authorities meticulously crafted a positive public image of the asylum by representing the well-tended grounds of the asylum, luxurious interiors and recreational activities befitting the tastes and proclivities of the middle class. Showcasing the asylum’s features was also common practice for international asylums that sought to gain custom from middle-class patients (du Plessis 2012; 2013). Yet there are certain specificities of the
The colonial situation that make the asylum stand out in relief. It provided differential treatment based on patient’s race and strove to physically separate white from black patients. This meant that the asylum for white patients operated like a sanatorium, offering a milieu that was luxurious, leisurely and based on social class values. In contrast, black patients were largely regarded as unpaid labour within the asylum. This differential treatment regime is noticeable in the asylum’s photographs produced for the public that depict black patients as a docile and cooperative labour force. However, the public image of black patients as being passive before the asylum’s regimen is problematised through an analysis of the casebook photographs, in which patients are shown confronting, refusing and resisting the asylum administration. Thus, the casebook photographs ‘counter the myth of patient docility and passivity and act as an unofficial record of patients refusing the clinical gaze, patients expressing disdain for the institution and of exhibiting a plurality of resistances’ (Du Plessis 2014: 13).

It might be argued that the patients simply reverted to portrait conventions for the sitting of the casebook photographs and hence any attribution to agency and subjectivity may be somewhat romanticised. Nonetheless, I contend that the fact that the patients knew how to pose meant that they understood something of how to construct a self-representation in front of the camera. Accordingly, the embrace of, borrowing from, and deliberate employment of the conventions of portraiture may be seen as a strategic visual performance to articulate an idealised self (see Hamlett and Hoskins 2013; Sidlauskas 2013).

Furthermore, the interaction of photographs with family photo albums might reveal less about the individual sitter and more about the ‘mask of familial relation and of photographic convention’ (Hirsch 1997: 98). Elucidating further, when an individual is photographed in the context of family photography, the subject wears a mask to fabricate themselves according to certain expectations, rites and narratives of family life (ibid.).

References


CCP 1/2/1/82: Reports on the Medical Committee, the vaccination Surgeon and the Government and Public Hospitals and Asylums for 1891. Cape of Good Hope Official Publications.


HGM. Grahamstown Lunatic Asylum Casebooks. Vols 17, 18. Western Cape Archives and Record Service.


