

MALE PATIENTS COMMUNICATING RESTORED MENTAL HEALTH BY THEIR FACIAL EXPRESSIONS AND GENTLEMANLY PERSONA AT THE GRAHAMSTOWN LUNATIC ASYLUM, 1890–1907

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ABSTRACT

During the medical superintendence of Dr Thomas Duncan Greenlees at the Grahamstown Lunatic Asylum, from 1890 to 1907, he was watchful of his patients' appearances, facial expressions and conduct. Of particular interest, Greenlees would closely monitor the patients' faces to identify if there were any involuntary expressions that were indicators of underlying emotional unease or mental distress. Greenlees thus regarded involuntary facial expressions as a litmus test of a patient's recovery, but it was the patient's conscious facial expressions, as well as their presentation of upstanding behaviour and conduct, that signalled to the staff that they were self-composed, and hence on the path towards convalescence. In this article, I explore how three white male patients of the Asylum communicated their convalescence and/or restored mental health to the staff by posing for their casebook photographs and by presenting a gentlemanly persona. To this end, I interpret the photographs of the three men alongside entries from their casebooks as an interface to explore dimensions of time that lie outside the split second that was captured by the camera lens. In doing so, the glimpses of a patient's agency and appearance in a photograph can be understood and compared with their performance of a gentlemanly persona that was recorded in the casebooks.

KEY WORDS

Casebook Photography; Gender; Nineteenth Century; Grahamstown Lunatic Asylum; Thomas Duncan Greenlees; Victorian Gentlemanliness

INTRODUCTION

The Grahamstown Lunatic Asylum opened in 1875 in Grahamstown (now named Makhanda), a frontier town on the eastern reaches of the Cape Colony. From 1875 to 1890, Dr Robert Hullah was appointed as the Asylum's first superintendent, but from the onset his tenure received scalding criticism, as he failed to offer a curative regimen. On 18 February 1890, Hullah died unexpectedly, and shortly thereafter, Dr Thomas Duncan Greenlees (1858–1929) was instated as the new superintendent. Greenlees envisaged the Asylum as a hospital where the primary goal was the recovery of the patients (Du Plessis 2020). Once we acknowledge that discourses of recovery and discharge underpinned the Asylum, we can no longer generalise the Asylum's photographs to be images of incarcerated inmates sentenced to lifelong institutionalisation, or as ill-fated souls caught in a living purgatory of unremitting mental suffering (Du Plessis 2013). Rather, because of the Asylum's ethos of recovery and its commitment to discharging the patients, the casebook photographs are open to new interpretative horizons in which we can explore how the sitter posed in such a manner as to communicate their convalescence, or to present a visual testimony of their restored health. In this article, I aim to explore how three white male patients of the Asylum communicated their restored health to the staff by posing for their casebook photographs and by presenting a gentlemanly persona.¹

I adopt Lorraine Daston and Otto Sibum's (2003, p. 2) concept of persona as a "cultural identity that simultaneously shapes the individual in body and mind and creates a collective with a shared and recognizable physiognomy". In this formation, persona refers to models or templates that intermediate "between the individual biography and the social institution" (Daston & Sibum 2003, p. 2). I draw upon Daston and Sibum's concept of persona to explore how Greenlees sanctioned models of gentlemanliness at the Asylum. To elaborate, at the Asylum, Greenlees lionised patients who were gentlemanly, and those that were genteel in behaviour and conduct received privileges. In doing so, Greenlees produced gentlemanly norms and templates for "ways to be and to behave" (Niskanen, Bosch & Wils 2018, p. 1) at the Asylum that held explicit rewards and benefits for the patients. I argue that the male patients imitated these norms by performing a persona of gentlemanliness to receive privileges at the Asylum. My argument thus draws upon the scholarship of persona studies that explores how the "presentation and performance" of personas is enacted by an individual for "certain effects" (Marshall & Barbour 2015, p. 2) and consequently can be explored as articulations of agency (Gehmacher 2024, p. 46; Marshall & Barbour 2015, p. 9; Paul 2016, p. 143).

The study commences with a brief background on photography within the psychiatric discourses and practices of the nineteenth century. Here, photography was instrumental in forwarding physiognomic studies of insanity – correlating how a person's facial expression is a sign of mental illness (Gilman 1976). Thereafter, the focus shifts to exploring the photographic practices of the Asylum during Greenlees's superintendence, 1890 to 1907. I will detail how he rejected physiognomic and phrenological readings of the patients' facial expressions in favour of contextualising how they should be interpreted in conjunction with observations of a patient's temperament, conduct and life story.

In the last section of the article, I explore how the patients communicated their restored health to the staff of the Asylum. I pursue this exploration by investigating the “face as a material organ of communication” (Black 2011, p. 2) and the performance of personas as a “strategic form of communication” (Marshall & Barbour 2015, p. 2). In terms of the former, I elaborate how Greenlees monitored the patients’ facial expressions for any “unconscious directions” (Black 2011, p. 9) that provided important clues as to their mental and emotional states, as well as how patients would “intentionally express themselves using their faces” (Black 2011, p. 5) to communicate their convalescence and self-composure to the staff. In terms of the latter, I pursue an exploration of gender and persona (Bosch 2016; Gehmacher 2024; Niskanen & Barany 2021; Paul 2021, p. 271) by scrutinising the casebooks for entries that pertain to the performance of gentlemanliness, namely: being well-mannered, appropriate and considerate in manners, dress, speech and behaviour, as well as being civil, polite and temperate in conversation and actions (Crawley 2018, p. 90; Goodman 2015, p. 46). The exploration is complemented by analysing how the men posed for their casebook photographs to present a persona of gentlemanliness. My interpretations of the photographs are informed by persona studies scholarship that encourages us to view them as “visual performances” (Cabanel 2021, p. 126) whereby the sitter adopted a particular appearance, posture, expression, dress and gesture as “key props” (Hennessey 2021, p. 70) in the presentation of gentlemanliness.

BACKGROUND

In the 1850s, the psychiatrist Hugh Welch Diamond (1809–1886) inaugurated photography into psychiatric discourses and institutional practices. Of key significance in this induction was his paper, ‘On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity’, which he presented in 1856 to the Royal Society. As the title of the paper suggests, Diamond was a disciple of the study of the physiognomy of insanity. Diamond thus held that each type of mental illness was characterised by a specific set of facial expressions. For example, Diamond (1976 [1856], p. 20) expounded that raving madness was indexed by the following facial expressions:

in the first stage we witness the forehead contracted, the eyebrows drawn up, the hair bristled, and the eye-balls prominent as if pushed out of their orbits – in the second stage nothing can be compared to the truly satanic expression of the countenance, ... and in the third stage, ... the countenance is pallid and meagre.

In his paper, Diamond demonstrated several uses of photography in the practice of psychiatry. For the purposes of this article, I will only elaborate on two uses. First, Diamond (1976, p. 21) extolled photography for providing a “most concise and the most comprehensive” record for studying the physiognomy of insanity. Second, by recording the appearances of the patients, photographs provided a valuable tool for medical superintendents by aiding the identification of patients in cases of re-admissions (Diamond 1976, p. 23). Underpinning Diamond’s uses was a belief in photography as providing a “perfect and faithful record” (Diamond 1976, p. 24) that could “arrest the attention of the thoughtful observer more powerfully than any laboured description” (Diamond 1976, p. 19-20). Diamond (1976, p. 19) thus claimed that once a photograph was presented before an observer, they would be able to “listen” to how the “picture speaks for itself” of the sitter’s mental suffering. A large body of scholarship has challenged Diamond’s claims by revealing how his photographs were influenced by the conventions of photographic portraiture of the period, as it was the adoption of these conventions that provided the observer with the ability to decode the sitter’s facial expressions as pertaining to mental anguish (Gilman 1976, p. 9; Showalter 1987).

While today's viewers are encouraged to interpret Diamond's photographs as artful compositions, we should not underestimate the pivotal role that Diamond performed in shaping photography's usage in psychiatry (Rawling 2011, p. 245). In terms of clinical studies and psychiatric diagnosis, Diamond's work spurred the use of photography as key to the analysis of the physiognomy of the insane during the latter half of the nineteenth century (Gilman 1996, p. 164). Consequently, photography was used by psychiatry as a diagnostic tool to classify the appearance of a person as indicative of a type or form of madness (Berkenkotter 2008, p. 56). In terms of photography and psychiatric record keeping, Diamond's work led asylums, from the 1870s to approximately the mid-twentieth century, to take a patient's photograph on their admission and insert it into a casebook (Rawling 2023, p. 163). 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 psychiatric handbooks. For instance, one of the leading British psychiatrists of the nineteenth century, Charles Mercier (1851–1919), directed photographs of patients to be taken in three positions, namely full-, profile and three-quarter face. Mercier (1894, p. 273) saw the casebook photographs as fulfilling "scientific purposes" and thus deemed it "inappropriate" to provide "ornamental backgrounds". By following Mercier's directives, the resulting photograph was of a sitter's face set against a plain background. Such a configuration is synonymous with the mug-shot convention for police and prison photographs. Although the mug-shot was recognised as an ideal photographic practice to uniformly record the patients, scholars have identified how various psychiatric facilities followed their own photographic practices (Rawling 2011, 2017, 2021a, 2021b, 2023; Sidlauskas 2013).

In addition to identifying the variety of ways in which patients were photographed in the casebooks, scholars have also explored the photographs as valuable resources for developing novel avenues of research enquiry. Stef Eastoe's (2020) investigation of the casebook photographs of the Caterham Asylum reveals how they offer insights into the asylum's material culture and the experiences of the patients. Caroline Bressey (2011) underscores the casebook photographs of the City of London Asylum as providing an important resource in exploring the life stories of people of colour in the United Kingdom. Susan Sidlauskas (2013) focuses her interest on the casebook photographs of Holloway Sanatorium, c. 1885–1889, to explore how the female patients posed for their photographs as an act of agency. In her pioneering doctoral thesis, Katherine Rawling (2011) analyses the casebook photographs of St. Nicholas's Hospital and Holloway Sanatorium to highlight the vast differences in the photographic practices of the two institutions. A notable aspect of her discussion of the Holloway Sanatorium is how the photographs were influenced by gendered tropes, conventions and poses. Rawling (2017, 2021a, 2021b) continues her interest in exploring the photographic practices of asylums by comparing the casebooks of Holloway Sanatorium and the Newcastle-upon-Tyne City Lunatic Asylum while also unpacking how the photographs are useful for examining patient experiences and agency. Outside of the asylums of the United Kingdom, Barbara Brookes (2011) identifies the casebook photographs of New Zealand's Seacliff Asylum as a noteworthy source for resurrecting the individuality and humanity of the patients. In this article, I seek to contribute to this body of scholarship by exploring the casebooks of a South African asylum with a focus on how three men communicated their restored health to the staff by posing for their casebook photographs and by performing a gentlemanly persona.

In the ensuing section, I explore Greenlees's photographic practice at the Asylum. This exploration is complemented by an investigation of the casebook entries where the certifying doctors and Greenlees described the patients' facial expressions and appearances. The discussion will highlight how Greenlees rejected physiognomic and phrenological readings of the patients' faces in favour of scrutinising how each patient presented a composite "picture" (Greenlees 1907, p. 9) of mental suffering by accounting for their temperament, disposition and life story. Although Greenlees did not regard a patient's face and appearance as sole markers of mental illness, he did appraise a patient's appearance according to the ideals of Victorian masculinity.

THE CASEBOOKS OF THE GRAHAMSTOWN LUNATIC ASYLUM: VISUAL AND TEXTUAL RECORDS OF THE FACIAL EXPRESSIONS AND APPEARANCES OF THE PATIENTS

Greenlees adopted a heterogeneous practice for casebook photography: some resemble mug shots, but others are akin to photographic portraits, as the patients are well-dressed, holding a graceful facial expression, and are presented as dignified subjects. Not only did Greenlees reject the unanimous application of the mug shot for casebook photography, but he also did not abide by photographing the patients on their admission. A fair share of the casebook photographs were taken several months into the patients' institutionalisation when the patients were beginning to show signs of restored mental health, or the photographs were taken on a patient's discharge as evidence of a patient's improvement and recovery (Du Plessis 2021). Accordingly, the photographs present patients who are healthy, respectable and self-composed.

The photographic practices of the Asylum therefore resulted in a significant share of the casebook photographs capturing no visible signs of mental distress. However, the casebook content does provide a written record of a patient's face and their appearance at two significant moments during their pathway of institutionalisation, namely, when they were certified as insane, and when they were admitted to the Asylum. The casebooks include a section titled 'Essentials of the Medical Certificate', where Greenlees summarised the most pertinent information about a patient's case from the medical doctors who certified him or her, as well as reviewed the facts that informed their diagnosis of insanity. The certifying doctors would often detail how a patient's facial expression was a perceived index of mental distress with descriptions of their eyes being red-veined, and presenting sinister and sullen expressions. Greenlees (1903a, p. 121) critiqued such statements delivered by the certifying doctors and ascribed them to be indicative of their "rudimentary knowledge of insanity".

In contrast to the reporting by the certifying doctors that focused on a patient's facial expressions and appearance as an assumed marker of insanity, is the casebook section, 'Condition on Admission', where Greenlees would report on the findings of having performed a medical examination on the patients. The examination sought to identify if the patients were suffering from any physiological and/or neurological illnesses. In later years, the section included headings for the patient's pulse, breathing and circulation, and notes on urinary deposits. The new headings aided Greenlees's (1903b, p. 1) growing interest in the "sympathetic connection between the mental system and the body". Owing to Greenlees's interests, his examination reported less on the outward appearance of a patient and more on charting the health of the body's internal organs.

When Greenlees did report on the facial appearance of the patients, it was not based on phrenology that he held to be a false doctrine (Greenlees 1892b, p. 14), or grounded in physiognomic theories as a preeminent marker of a specific form of mental illness. Rather, Greenlees (1907, p. 9) observed a patient's facial expressions within a larger "picture of mental pain" that took into consideration a patient's behaviour, thoughts and temperament. For example, Greenlees (1896, p. 19) depicted patients with melancholy as being:

Reserved in their habits, despondent in their conversation, gloomy in all their ideas, deficient of interest in life or in their surroundings ... They seem to be completely absorbed in their thoughts.

Thus, Greenlees endeavoured to present a composite "picture" of insanity in which descriptions of patients having a "depressed expression" (HGM 3, p. 109), of having a "far-away look in [their] eyes" (HGM 8, p. 171), or exuding an "expression of dazed melancholy" (HGM 9, p. 3) were corroborated with details of their behaviour, character and thoughts as symptoms of insanity. Although Greenlees rejected phrenology and physiognomy in favour of detailing a patient's physiological health and their symptomology of madness, his casebooks were not solely reserved for clinical reporting, as numerous entries would appraise a male patient's appearance in relation to their compliance of Victorian ideals of masculinity. Here the focus was not on diagnosing madness, but rather on delivering praise or rebuke for a patient's gender performativity.

Men who were gentlemanly in dress, appearance and mannerisms received Greenlees's praise for being "dignified looking" (HGM 8, p. 89) and stand in contrast to how he labelled slovenly dressed patients who had a dishevelled appearance as "tramp looking" (HGM 7, p. 1). Greenlees's praise also extended to admiring men whom he found to be "good-looking" (HGM 5, p. 16): those who were "tall" (HGM 3, p. 28), "well built" (HGM 7, p. 153), "muscular" (HGM 3, p. 139), and in "good physical condition" (HGM 5, p. 16). In this regard, Greenlees revered male patients who were "powerful[ly] built" (HGM 3, p. 73), while patients who were "delicate looking" (HGM 8, p. 1) received disdainful remarks from Greenlees. The lionisation of gentlemanly and muscular men by Greenlees may be attributed to his eugenic interests in safeguarding the "Anglo-Saxon race" (Greenlees 1907, p. 20) from supposed degeneracy by improving its "physical and mental stability" (Greenlees 1907, p. 21). In Victorian masculinity, stability was symbolised by "bodily hardness" (Wallis 2015, p. 102) where men were expected to "be strong enough to support both empire and family" (Crawley 2018, p. 35), and by exercising self-control and self-respect that was exemplified in gentlemanly behaviour (Garton 2002; Makras 2015). It is possible to argue that Greenlees interpreted the patients' muscularity and gentlemanly behaviour as indicative of them having lived a "healthy life" and that their life course evidenced ample "physical and mental stability" to recover from an attack of insanity (Greenlees 1892b, p. 25).² Stated differently, the men who conformed to Victorian ideals of masculinity and gentlemanliness may have been deemed by Greenlees to hold the highest prospect of recovery and discharge from the Asylum.

As much as Greenlees applauded men who ascribed to Victorian ideals of masculinity, he likewise denounced men whose life course, behaviour and habits did not evidence to living up to these ideals. Patients who were diagnosed with dipsomania (alcohol use disorder) and/or general paralysis of the insane (syphilis) were deemed to live a life that was lacking self-control. To elucidate, by leading an intemperate life with alcohol addiction and illicit sexual encounters, the men engaged in acts and choices that represented a “loss of control over (their own) nature” (Garlick 2012, p. 306) and a “descent into barbarism” (Garton 2002, p. 56). Greenlees (1892b, p. 14) slanderously presented these men as driven by “animal passions”, and some were even designated to have a “hang-dog expression” (HGM 7, p. 201). This meant that a person had a dejected facial appearance, but it also deemed the person to be “only fit to be hung (like a dog)” (Hangdog [sa]). In sum, Greenlees dehumanised the men by likening them to beasts and denigrating the very worth of their existence. These men were likely deemed by Greenlees to hold little or no chance of recovery and thus ran the risk of crowding the Asylum with incurable cases. During Greenlees’s periodical reporting on their cases, he continued to denigrate their subjectivity, presenting them to be “demented” and “going downhill rapidly” (HGM 8, p. 65), and thus motivated for their transfer to facilities dedicated to the custody of chronic cases.

THE CASEBOOKS AS AN *INTERFACE* TO WATCH THE PHOTOGRAPH

Greenlees conceptualised insanity as a “protean condition”, which made it “impossible” to provide a universal and overarching definition for it (Greenlees 1907, p. 1). Therefore, he was interested in defining insanity “according to the individual concerned” (Greenlees 1899, p. 34). This necessitated that

we should first know the normal state of our patient’s mental faculties; it is when we contrast his condition then with his condition now that we recognise the nature and extent of the defection; further, the environment of our cases, as well as social, racial, and other influences, must be taken into consideration before an opinion can be arrived at (Greenlees 1907, p. 1-2).

His conceptualisation of insanity as protean and particular to each individual patient compelled Greenlees to be watchful of his patient’s appearance, facial expressions and conduct, in order to satisfactorily read it as a sign of either insanity or convalescence, based on the patient’s normal disposition and their station in life. During the interviews he held with the patients, Greenlees would not only conduct a cross-examination of a patient’s personal account of restored health, but would also pay close attention to their facial expressions. Greenlees would closely monitor the face to identify if there were any peculiar expressions that were indicators of underlying emotional unease or mental distress. To this end, when Greenlees listened to the testimonies presented by the patients, he would observe if the face betrayed the declarations of sanity that the patient voiced. For example, after interviewing Joseph, Greenlees diagnosed him to be “suffering acute mental pain from the expression of his face” (HGM 6, p. 13) and after cross-examining Jeremiah, Greenlees concluded that he remained in a “queer frame of mind” as he answered in a “jaunty, impudent way accompanied by fine tremors of face” (HGM 4, p. 109). It was thus by studying a patient’s facial expressions that Greenlees was able to determine if they were “concealing ... [a] mental condition” (HGM 9, p. 120). Greenlees’s watchfulness of the face can be theorised by Daniel Black (2011, p. 6), who calls attention to a person’s unintentional and involuntary facial expressions:

the trained interrogator will scrutinize a suspect’s face as she answers a question in order to see if the direction of eye gaze or some other movement betrays the spoken words as a lie: the words can be carefully controlled, but the facial expressivity is largely independent of conscious direction.

Greenlees regarded the involuntary facial expressions as a litmus test of a patient's recovery, but it was a patient's conscious facial expressions, as well as their behaviour and dress, that signalled to the staff that they were on the path to recovery. In the ensuing discussion, I explore how the patients "intentionally express[ed] themselves using their faces" (Black 2011, p. 5) and adopted a gentlemanly persona as a means of signifying to the Asylum staff that they were self-composed and of sound mind. Underpinning this exploration is the widely theorised line of reasoning that patients seeking discharge were determined and conscientious in exhibiting to the staff that their behaviour, conduct and manners were above reproach, as a strategy to achieve or expedite their discharge (Digby 1985; Reaume 2000; Showalter 1985).

I pursue my exploration by investigating how three white male patients posed for their casebook photographs. In interpreting these images, Katherine Rawling (2021b, p. 258) encourages us to consider how a photograph is "not merely taken of the patient but co-created by them". In this sense, asylum photography should be regarded as a "two-way process, a type of dialogue, in which both the photographer and subject play a part" (Rawling 2021b, p. 283). In this dialogue, the photographer certainly delivered instructions to the sitter and may have dictated the composition, but the sitter was an active role-player who posed before the camera in a manner to present "their sense of self" (Rawling 2021b, p. 283). To this end, I explore how the three men posed in their casebook photographs to present themselves as self-composed and gentlemanly.

The exploration is further aided by the adoption of Ariella Aïsha Azoulay's (2008, p. 14) call for us to "watch" photographs by including "dimensions of time and movement" in their interpretation. Therefore, while the casebook photographs only represent one moment of posing before the camera, I include the patients' acts of agency that preceded and proceeded it by investigating the content of their casebooks. In this sense, the casebook content acts as an interface to explore dimensions of time that lie outside the split second that was captured by the camera lens. Thus, the casebook content provides an expansive context for the interpretation of the photographs. In doing so, the glimpses of a patient's agency and appearance in a photograph can be understood and compared with their performance of a gentlemanly persona that was recorded in the casebooks.

The pathway of institutionalisation for Albert (HGM 8, p. 17), a 23-year-old hotelkeeper, included making a great disturbance at a local establishment. Following his arrest and gaol incarceration for this behaviour, the gaolers reported that he laboured under a delusion that he was being poisoned by opium. Consequently, he was certified insane and transferred to the Asylum. On admission to the Asylum, Greenlees concluded that he is a "bright looking youth with [a] very smart and well groomed appearance". It is thus highly likely that Albert tried his best to 'dress up' at the gaol for his arrival at the Asylum. Moreover, it is also conceivable that Albert chose to put his 'best face' before Greenlees by holding back on expressing any terror and trepidations, or fretfulness and fear regarding the commencement of his institutionalisation. Along these lines, Albert may have consciously curated his self-presentation as gentlemanly when he met Greenlees for the first time.



Figure 1: Albert. Reproduced by permission of the Western Cape Archives and Records Service (HGM 8, p. 17).

Similar motivations may have guided the way in which Albert posed for his casebook photograph (Figure 1). Albert's face expresses self-composure: he is calm, dignified and reposeful. In his facial expressions he may have sought to communicate his self-control and thereby the absence of any visible signs of unreason, irrationality and insanity. In this way, although Albert was complicit in sitting for the photograph – as he neither showed resistance nor had to be restrained by staff members – he remained an active subject (Rawling 2021b, p. 273), as he posed in a manner to present himself as respectable, dignified and self-possessed. Albert may have posed in this manner to present a personal testimony of his temperament and character, and therefore acted as a defence against the slanderous account authored in his medical records by the certifying doctors and authorities.

Albert's posing may have also been an expression of agency to reject his status as a lunatic or patient (Rawling 2017). To substantiate, in his dress, Albert does not wear the standardised dress of the Asylum, but rather his own clothes. If the Asylum's dress served to "depersonalise and even stigmatise patients, separating them effectively from the outside world", as well as acted to "camouflage their personal identity, transforming them from autonomous individuals into recognised and recognisable patients" (Baur and Melling 2014, p. 150), then Albert's decision to wear his own clothes becomes a "significant assertion of subjectivity" (Sidlauskas 2013, p. 31). Albert may have sought to present himself as respectable and therefore to retain connections to his profession as hotelkeeper, which required a dignified poise, polished presentation in dress, and an air of refinement. In this manner, Albert is pictured not as a patient of the Asylum, but as an individual who is connected to his "past and future self" (Baur and Melling 2014, p. 151): he had a career before his admittance to the Asylum, and once he was restored in health, he would return to his career.

By interfacing the photograph with the casebook entries, we are able to ascertain that Albert's visual presentation of a gentlemanly persona was not a "crafted fiction" (Sidlauskas 2013, p. 36), but was rather synonymous with his conduct on the wards of the Asylum. Albert was pleasant to the other patients and was able to "adapt himself to his present circumstances". In his first few days at the Asylum, Greenlees closely observed Albert, but could "find no evidence of insanity". For a full month from his first day of admittal to the Asylum, Greenlees found him to be "very intelligent", reported that he had remained "rational", and thus could not find any indication of mental illness.

It was only when Greenlees submitted Albert to a cross examination that he was able to ascertain that Albert believed that he was the "fore-runner to Christ". This discovery perplexed Greenlees, as Albert had shown no "signs of exaltation since admission". It is possible to suggest that Greenlees deemed Albert's delusion to have "little hold on him", as Albert showed no indication of it in his facial expressions and behaviour. If Albert carried the same countenance of self-composure that he presented in his casebook photograph to his off-camera life and contact with others, we can assume that it obscured the presence of his psychopathology. But, this is not to say that Albert intentionally sought to conceal or mask the delusion from Greenlees. Rather, it may simply be evidence that Albert's facial expressions were consciously modelled by the performance of Victorian masculinity that was "hostile to emotional expression" (Tosh 1994, p. 196), and that held the "successful repression of outward signs of emotional distress" (Goodman 2015, p. 150) to be a hallmark of a gentlemanliness. An exemplary illustration of the latter belief is forwarded in Alexander Bain's *Emotions and the Will* (1859, p. 8) where he avows that "[a]ll that is deemed ungraceful in the extraneous accompaniments of speech is repressed" in gentlemen, and therefore they stand in contrast to the vast majority of people who are unable to control their impulses to "answer a question without scratching the head, rubbing the eyes, or shrugging up the whole body".

It is impossible to conclusively pronounce if Albert's facial expressions were a conscious act to conceal his psychopathology, or a performance of a gentlemanly persona. Nevertheless, if we move beyond ascribing a patient's acts as solely directed by, as symptomatic of, and stemming from, psychopathology, we can turn our focus to exploring how they may be regarded as expressions of agency: how dress, appearance, facial expressions and behaviour may be assertions of individuality, and / or intentional acts of communicating the adoption of a collective cultural identity. In this regard, Albert may have purposely presented a gentlemanly persona in appearance and conduct, as an act of agency to influence how he was treated at the Asylum: patients who were respectful and courteous received the staff's favour, and were rewarded with access to privileges such as parole (liberty to leave the Asylum during the day without staff supervision) and probation (a trial absence from the Asylum) (Du Plessis 2020, p. 111-116).

After the rigorous cross-examination, Albert descended into a mental state of excitement and he became delusional. After some time had passed, Albert's "excitement and delusions ceased", but he was only deemed to be "much improved mentally" when he regained self-composure and a gentlemanly standing. I thus suggest that Albert was determined to adopt such a standing as a strategy to communicate his restored mental health to the Asylum staff. Less than three weeks after he adopted his gentlemanly standing, Albert was discharged from the Asylum.

I further substantiate how the adoption of a gentlemanly appearance and persona by the patients was a surreptitious strategy to communicating their improved mental health and recovery to the Asylum staff by drawing upon two more individuals, David and Isaac. The 20-year-old chemist, David (HGM 8, p. 38), was described in his medical certificates as “very violent and excited” and suffering from hallucinations of sight and hearing. While undergoing observation at a hospital, he was “violent with the nurses”, and this aggressive behaviour continued when he arrived at the Asylum on 1 January 1904. On his first night, he “assaulted several of the inmates with the result that he received a black eye from one”. By the 20th of the month, Albert’s behaviour suddenly changed, as his fierce and furious behaviour had abated. The doctors declared that he now showed “considerable improvement”. Soon thereafter, he received parole privileges, and was praised for working “diligently” in the clerk’s office. On 1 March 1904, he was discharged recovered.



Figure 2: David. Reproduced by permission of the Western Cape Archives and Records Service (HGM 8, p. 38).

It is highly likely that the casebook photograph of the healthy-looking, self-possessed and unharmed David (Figure 2) was taken when he showed signs of “improvement”, as he was possibly too violent on his admission to sit for it, and was nursing a black eye that was incurred from the brawl with the other patients in the weeks to follow. If we concede that David sat for his photograph when he was convalescent, we are prompted to speculate that he may have sought to pose in a manner to signify his regained mental health and assert the restoration of genteelness. To substantiate, his indirect gaze with an elevated neck and chin bears intertextual links to the nineteenth-century photographic portraiture of dignified sitters. This is underscored in his reserved facial expression that gives the impression that he is a respectable character who is set apart from the boisterous bravado of a youth, or the furioso of a maniac. As a posed portrait, David’s facial expression can thus be regarded as a product of his intentional and conscious communication of a gentlemanly persona. His ability to successfully express this in his face can be attributed to him being *au fait* with sitting for photographic portraits, and being knowledgeable of how to curate his self-representation (Sidlauskas 2013). In this way, although David did not see the expressions presented on his face, he was aware of how his “face expresses itself visually” (Black 2011, p. 6) by observing his photographed visage in previous sittings for domestic and civilian photography.

David's casebook photograph may be regarded as a visual testimony of his restored health and this was possibly corroborated by his diligent execution of his work duties. One of Greenlees's motivations for declaring a patient recovered rested on observing their performance and behaviour whilst they were working (Du Plessis 2020, p. 199-226). To substantiate, male patients were evaluated for their efficiency in executing their tasks, as well as observed to determine if their demeanour, conduct and character were evidence of a "respectable performance of white, middle-class, male normativity" (Crawley 2018, p. 161). What becomes comprehensible is the prospect that David's gentlemanly presentation evidenced in the photograph was accompanied by a performance of gentlemanliness on the wards of the Asylum.

Business worries led the 30-year-old shop assistant, Isaac (HGM 9, p. 25), to suffer an attack of insanity. On admission to the Asylum on 8 December 1905, he was described to have a "restless and excited" appearance. In the weeks to follow he was scornfully pictured by the doctors as a dishevelled and despicable languisher: he was "slovenly" in habits and "inattentive to dress and personal cleanliness". By late February 1906, Isaac was regarded to be "much improved" as he was "orderly" in his behaviour and appearance. With the onset of Isaac's improvement, he was rewarded with parole privileges and access to "join in the amusements of the asylum". On 23 March 1906, Isaac was discharged recovered.



Figure 3: Isaac. Reproduced by permission of the Western Cape Archives and Records Service (HGM 9, p. 25)

Isaac's casebook photograph (Figure 3) is a refutation of the picture of a dishevelled wretch presented by the doctors. In the photograph, Isaac wears a suit, is neatly groomed, and poses to face the camera at an angle. His facial expression is modest and reserved when compared to Albert's and David's, nevertheless it underscores his self-representation to be temperate, well-ordered and respectable. If Isaac's photograph was taken when he started showing signs of improvement, then it may be plausible to suggest that his countenance was influenced by how the men at the amusements presented themselves. In the amusement spaces of the Asylum, the staff encouraged patients to conduct themselves as sane and normal members of society. Implicit in this regard was the reinforcement of gender norms through which patients who upheld decorum and discipline were able to retain their access to such spaces (Hide 2014, p. 92). Patients who failed to maintain propriety and breached gender norms were punished by being expelled from the space. In a Foucauldian reading, this space enforced a patient's self-disciplining and prescribed for them to embody the gestures and norms of Victorian masculinity (Foucault 1991, 2009). Based on the above findings, for Isaac to maintain access to the amusements, he likely modelled his self-presentation on the way the men in the spaces were gentlemanly in their dress, appearance and demeanour (Figure 4).



Figure 4: A recreational passage at the Grahamstown Lunatic Asylum, c 1890s. Reproduced by permission of the Western Cape Archives and Records Service. Reference number AG 421.

The hypothesis that Isaac's posing for his casebook photograph may have been modelled on the gentlemanliness of the men in the recreation spaces may hold further support when we recognise that the surveillance by the staff in these spaces was not only directed to gatekeeping the spaces for the exclusive use of docile and decorously behaved patients, but was also for observing if the patients were sufficiently recovered to be discharged. The staff were mandated to carefully monitor the "manner, appearance or expression" (Greenlees 1892a, p. 4) of the patients and report their findings to Greenlees. Thus, a patient's respectable conduct and appearance at the amusements ensured that they could retain admittance to such spaces, but also signalled to the staff that they were potential candidates for discharge. In this regard, these spaces of the Asylum may have provided Isaac with archetypes of gentlemanliness that received favour, privileges and discharge, and provided valuable models for Isaac to emulate in his behaviour, appearance and facial expressions, to bring about his own discharge.

CONCLUSION

In the nineteenth century, "psychiatry was deeply gendered" (Milne-Smith 2022, p. 4) and is evidenced in how a patient's gender influenced their committal pathways, their diagnosis of mental illness, the therapeutic regimen they received at an asylum, and their discharge pathways from an asylum. The discourses and histories of women and insanity have received several decades of sustained academic attention, but the "relationship between madness and masculinities in the nineteenth century is yet to be discussed as thoroughly as femininities" (Rawling 2011, p. 28). In this article, I joined the emerging interest in exploring madness and masculinity (Milne-Smith 2022) by investigating the casebooks for the white male patients of the Grahamstown Lunatic Asylum. The investigation elaborated on how three patients of the Asylum communicated their restored health to the staff by posing for their casebook photographs, and in performing a gentlemanly persona. While the facial expressions of the patients were liable to unintended and involuntary directions, I argued that the patients likely modelled those that were under their conscious control by adopting the emotional restraint of Victorian gentlemanliness, and by mirroring the gentlemanliness performed by the men in the amusement spaces.

END NOTES

¹ The Asylum admitted a heterogeneous patient body made up of various races and sexes. For investigations pertaining to the casebook photographs of white female patients, see Du Plessis (2015), and for black patients, see Du Plessis (2014).

² Many Victorian theorists and scientists called for the "equal cultivation of both mind and body", as they held that "a healthy body meant a sound mind, but equally a fit mind ensured a sound body" (Garton 2002, p. 56).

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