

Richard Lansdown introduces Hugh Welch Diamond, one of the fathers of medical photography, whose images of the insane both reflected and challenged prevailing ideas about visually recording insanity.

Photographing Madness



Left: Hugh Welch Diamond in 1856. Above: one of his photographs of an inmate of the Springfield asylum in Tooting, south London.



One of the gems of the Royal Society of Medicine's library is the Diamond Collection, a set of 22 photographs taken by Hugh Welch Diamond (c.1809-86), a physician and founder member of what is now the Royal Photographic Society. The earliest British medical photographer, he was the first ever to take pictures of a wide range of inmates in an asylum, images that were exhibited in the first exhibition of photographs held at the Royal Society of Arts in 1852. His work chimed with the then fashionable view that one could diagnose mental illness from the face, a practice which hitherto had relied on drawings and paintings which he took to what was seen then as new heights: *The Cornhill Magazine* of 1861 spoke of 'The dawn of a new day ... The faithful register of the camera ... will now render ... an actual science.' Diamond, however, went beyond diagnosis; he put forward views on the therapeutic use of images. Although much of what his photographs stood for has passed, along with phrenology, his work remains as a landmark of its time.

The early years.

Diamond was born at Goudhurst in Kent in about 1809, the son of William Diamond, who claimed to come from Huguenot stock. At one time a surgeon in the East India Company, William later became keeper of a mad house, opened in London in 1820 on the site of what is now St Pancras Station. The family lived over the shop and both Hugh and his eldest son, Warren Hastings Diamond, followed in William's footsteps.

For unknown reasons Hugh attended Norwich Grammar School before embarking on his medical training. Details about his studies are sketchy. At the time the medical structure was split into three orders: physicians (the élite of whom were university educated); surgeons (who were apprenticed like any other craftsmen of the time); and apothecaries who, following the Apothecaries Act of 1815, could provide medical advice and prescribe drugs. Hugh served a five-year apprenticeship in his father's asylum. When the West Kent Dispensary opened in 1830 he was appointed to the administrative post of resident apothecary with a salary of £60 per annum. Nine months later he set up in private practice near Soho Square, London, where in 1832 he was faced with the cholera epidemic. He gained his membership of the Royal College of Surgeons in 1834 (the same year he was elected a fellow of the Society of Antiquaries). However, the college has no records of him as he was not, as is sometimes claimed, a fellow. Further evidence suggests a link with St Bartholomew's Hospital (Barts), where he probably observed patients and attended occasional lectures. In 1842 he began studying mental illness at Bethlem Hospital under Sir George Tuthill. He also, it seems, acquired a medical doctorate in Kiel, the German city that belonged to the King of Denmark, with a thesis on insanity, though no trace of this can be found in records there. Nevertheless, in 1848 he was Mr Diamond and in 1849 he was Dr Diamond. At the inaugural meeting of the Photographic Society in 1853 he is listed as H. Diamond Esq, M.D.

Ideas about insanity

Diamond lived through and observed the rapid increase in the number of asylums which took place in the 19th century. In 1774, when the Act of Parliament for Regulating Madhouses in England and Wales came into force, there were 16 metropolitan licensed madhouses. By 1819 there were 40, but still the total number of inmates in the asylums of England and



Another of Diamond's photographs from the Springfield series.

France combined amounted to only a few hundred. By the late 1890s the figure had reached the hundreds of thousands.

It was not just that there was an increasing awareness of a need to cater for the insane; asylums were also convenient places for shutting away members of the family. In his 1830 publication *An Inquiry Concerning the Indications of Insanity, with Suggestions for the Better Protection and Care of the Insane* John

Conolly (1794-1866), the first chair of medicine at the newly founded University of

London, notes: 'Let no one imagine that even now it is impossible or difficult to effect the seclusion of an eccentric man; or easy for him, when once confined, to regain his liberty.'

Conolly also observed, 'During the term allotted to medical study, the student never sees a case of insanity, except by some rare accident. Whilst every hospital is open, every lunatic asylum is closed to him.' Diamond, of course, had doors opened via his father.

Diamond would undoubtedly have heard of and observed the methods of dealing with the insane that prevailed into the 19th century in many institutions: not only the need to beat and chain at least the wilder inmates, who were seen as no more than animals, but also of how efficacious it was to make patients vomit or to take their blood. He would probably also have known of the newer approach of electric shocks. The first Electrical Dispensary in London had been founded in 1793 and treated 3,274 patients in its first year, allegedly curing 1,401 and 'relieving' 1,232.

The association between human mental and physical dispositions can be traced back to Aristotle and the four humours. By the mid-18th century philosophical thinking about the treatment of madness in this area was gathering apace. William Battie's *A Treatise on Madness* published in 1758 had shifted the emphasis towards a need to observe and then manage the individual patient, who would often get better when purging and bleeding ceased. Thomas Reid's *An Inquiry into the Human Mind, on the Principles of Common Sense*, published in 1764, argued that the key to understanding insanity was the direct study of mind in action by means of introspection and analysis. Reid predicted that there would be an 'anatomy of the mind' as indispensable as the anatomy of the body. This view was supported by John Gregory's 1765 plea to consider the mental and physical relationship: 'the Mind and Body are so intimately connected ... that the constitution of either, examined apart, can never be thoroughly understood.'

Diamond would also have heard of the sweeping changes that took place coincidentally with the French Revolution, when the chains, the cruelty and the neglect of the madhouse were, to some extent, replaced by more benign approaches. The French physician Phillipe Pinel's *Traité médico-philosophique sur l'aliénation mentale; ou la manie* published in 1801 (and in English as *Treatise on Insanity* in 1806) had an enormous influence on both French and Anglo-American doctors during the 19th century. This was not simply because Pinel advocated the removal of chains from patients, he also attempted to apply scientific principles to psychiatric observations rather than merely speculating. His gathering of practical facts formed the largest body of its kind to date, based on observations of up to 800 patients in the Bicêtre Hospital, Paris. He also stressed mental over physical causes of insanity and his preferred 'moral' method of treatment was directed as much at the emotions as the intellect.

In Britain, too, a series of House of Commons Select Committees and Parliamentary Enquiries from 1807 to 1839 marked a shift from the notion of lunatics as animals to one in which they were seen as humans, many of whom could be cured. But there

were still those who argued for an approach to aetiology based on the state of the body rather than the mind. Writing in 1828, one doctor noted:

Some ... have suffered their attention to be led astray by psychological disquisitions ... they contend we may penetrate that internal disorganization whence the aberration originates ... Then the science of reasoning or logic being the proper remedy, a cure will be thus effected ... I strongly deprecate the impression that none but philosophers can cure intellectual derangement ... The attempt at treating an insane person in this manner would end in aggravation of the patient's state.

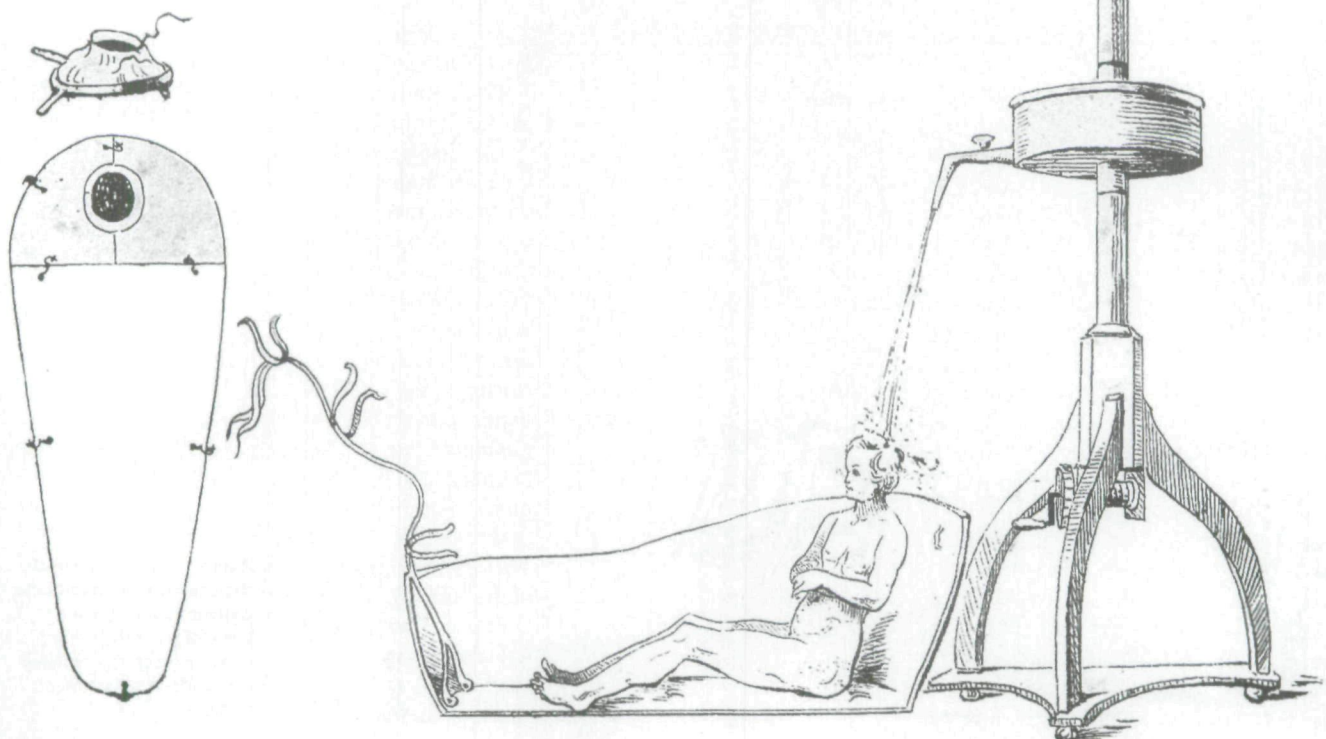


An engraving after a photograph by Diamond, entitled 'Religious Melancholy' and published in the *Medical Times and Gazette*, 1858.

Diamond at Springfield

In 1849 Diamond was appointed medical superintendent of the women's department of the Surrey County Lunatic Asylum where he was in charge of 400 pauper patients. He had originally applied in 1848 to oversee the men's section but a Mr Snape was the preferred candidate. Evidence of Diamond's lifestyle in this role is suggested by records relating to Mr Snape. The latter enjoyed gifts of coal and candles as well as produce from the asylum's farm to supplement his income of £350 per annum. Snape was able to support his wife, three children and an

A douche for the treatment of the insane, from *Cases of Mental Disease with Practical Observations on the Medical Treatment* by Alexander Morison, 1828.



unmarried female family member and to keep a footman, a lady's maid, a governess and a nurse.

The Springfield inmates were, to a large extent, those whose prognosis was not good; the curable were sent to St Luke's or to Bethlem. Many went to and from the local workhouses, as Diamond himself noted: 'It frequently happens that an inmate who is a little troublesome in the workhouse is threatened to be sent back to the Asylum ... They are often returned to us as sane in their minds as at the time of their discharge.'

His approach to treatment can be inferred from his writing to the Commissioners in Lunacy in 1854 to the effect that: 'In a properly constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable and always injurious in all cases of lunacy whatever.'

However, while chains had largely been discarded when Springfield opened in 1840 and while there was an emphasis on moral therapy, socialisation and labour, inmates were still subjected to cold baths and showers, isolation and the rotating chair (which was spun around until the patient vomited). Diamond's medical superintendent's duties included 'To bleed, cup and perform all surgical operations and to read prayers morning and evening.'

Picturing madness

To understand Diamond's photography one must consider the notion of photographic objectivity and see how it meshes with prevailing ideas of physiognomy and psychiatry.

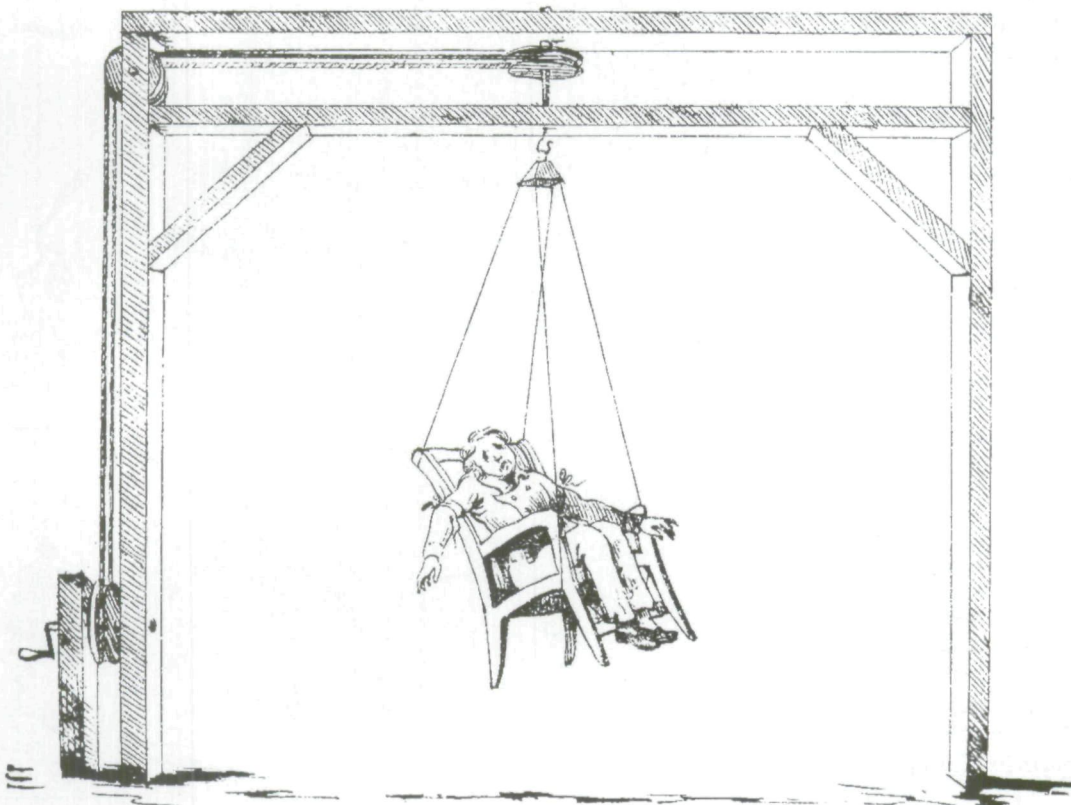
In *Essays on the Anatomy of Expression in Painting* (1806) the physician Charles Bell (1774-1842) argued

that the key to diagnosis is in the face: the mad man is an outrageous maniac, little more than a savage animal and so lacks some essential human quality in the face. To Bell, eyebrows and eye muscles, which denote the mind, were inactive in the faces of the insane. With fixed eyes and a raging mouth, Bell's mad man became a grotesque stereotype. Pinel's *Treatise on Insanity* of the same year included two plates, the first comparing the skulls of normal and idiotic patients, the second depicting a maniac and an idiot.

The French artist Théodore Géricault (1791-1824) produced portraits of ten patients at the Salpêtrière between 1821 and 1824, some of which have become well-known portraits in their own right. They were commissioned in 1820 by Etienne Jean Georget, a follower of Pinel, who maintained that direct observation of the insane is essential if one is to understand their physiognomy. Géricault himself, however, claimed that he could not distinguish between the diagnosed insane and an average person.

In the second edition of his *Outlines of Lectures on Mental Diseases* (1826) the Scottish physician Alexander Morison (1779-1866) included 13 engravings based on those from the Salpêtrière, with a note to the effect that: 'The appearance of the face, it is well known, is intimately connected with, and dependent upon, the state of the mind.'

Alongside this was the development of phrenology, a form of physiognomy created around 1800 by the German physicians Franz Joseph Gall and Johann Spurzheim, which became hugely popular. As a schoolboy, Gall had noticed that one of his classmates, who had a remarkably good memory, also had protruding eyes and from this simple observation



A rotary machine in which the chair was spun until the patient vomited, from *Cases of Mental Disease with Practical Observations on the Medical Treatment*, 1828.



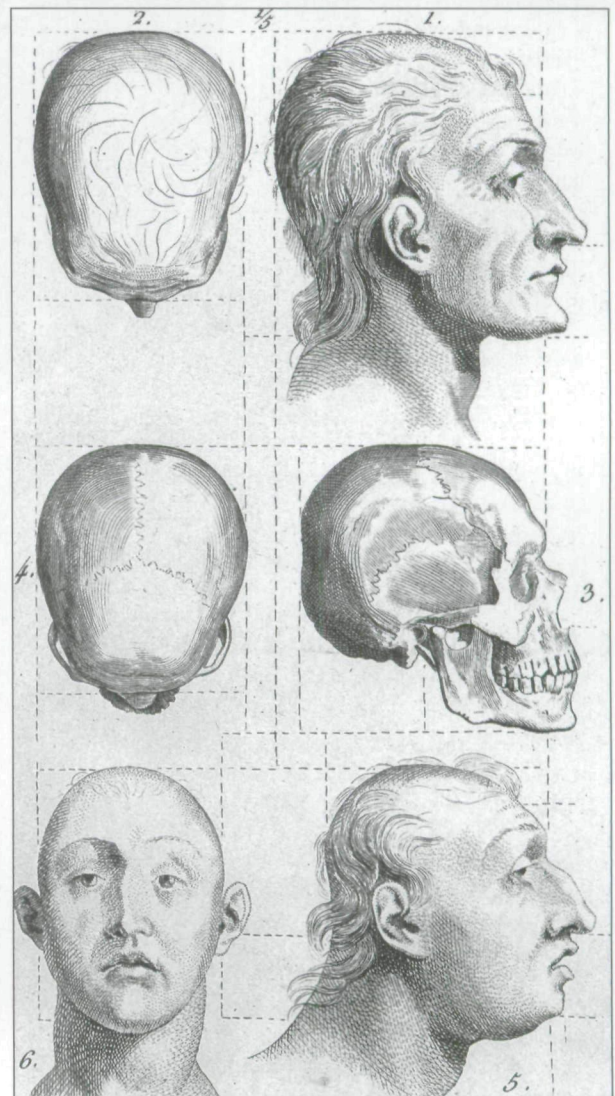
came the idea that the brain was a jigsaw of separate 'organs' occupying specific cortical areas. Since an organ's size governed the exercise of its functions and since the contours of the head signified the contours of the brain configuration, so a reading of the skull could give information on personality.

Diamond's interest in photography started remarkably early: he made his first photographic print, of a strip of lace and two feathers, on April 8th, 1839, only three months after William Fox Talbot had announced to the world his negative-positive process. Through his contact with others Diamond made a significant, albeit indirect, contribution to the development of photographic techniques, since it was he who taught photography to Frederick Scott Archer, a former patient from his general practice days. Archer went on to invent the wet plate collodion process, which produced results of much improved detail and reduced exposure times from minutes to seconds, arguably the greatest contribution to the development of photography within the first 20 years of its existence. Archer shared his method with Diamond in 1850, before it was made known to the general public the following year.

Once at Springfield he put his skill to good use, photographing patients. It appears that despite the move towards greater privacy for patients in the early 19th century, the question of asking their permission to take or display their pictures did not arise.

Although the method of photography that he used enabled Diamond to employ shorter exposure times than had been available in the 1830s it was still necessary to ensure that the sitter remained still for up to a minute or two and it is noticeable that his images were all of people in repose and not moving. There are some similarities here to the portraits of Diamond's friend Lewis Carroll.

Philippe Pinel releasing lunatics from the Bicêtre asylum in Paris in 1793, by Charles Louis Lucien Muller, c.1840-50. Right: a page from Pinel's 1801 *Traité médico-philosophique sur l'aliénation mentale; ou la manie*, showing the crania and heads of the insane.



In May 1856 Diamond presented a paper to the Royal Society entitled *On the Application of Photography to the Physiognomy and Mental Phenomena of Insanity*. The paper proposed three medical uses of photography. First was recording the physiognomy:

The Photographer secures with unerring accuracy the external phenomena of each passion, as the really certain indication of internal derangement, and exhibits to the eye the well known sympathy which exists between the diseased brain and organs and features of the body.

Second was photographs as an aid to treatment, a radical idea. He described a woman with delusions who thought she was a queen, so he showed her photographs of the several other patients who imagined themselves to be queens and royal personages, 'the first decided step in her gradual improvement'.

He noted also that simply showing a patient her photograph could be therapeutic. 'In very many cases they are examined with much pleasure and interest.' It seems that the photograph as a means of increasing self-esteem had found its place.

He referred also to an image of a young woman 'tormented by suicidal monomania', which had been described by the French journalist Ernest Lacan thus:

And yet what sadness, how many complaints, how many disappointments are to be found in those eyes. ... How much bitterness and restrained grief, how many swallowed sobs, are in this mouth, whose smile must have been so graceful in the past.

The third use of medical photography proposed by Diamond was the identification of patients in case of readmission. He regarded photographs as more useful than written notes in recalling the essential characteristics of his patients.

Wider impact

Diamond's work aroused considerable interest in the medical as well as the photographic world. T.N. Brushfield of the Chester County Lunatic Asylum confirmed the therapeutic value of images, reporting in 1857:

Patients are very much gratified at seeing their own portraits ... Last week a patient begged for a portrait of herself that she might send to her son, who was in Ireland, to show how much better she was.

In his papers *On the Physiognomy of Insanity* in the *Medical Times and Gazette* in 1858 and 1859, John Conolly argued that there was a readily identifiable face for every type of madness. Diamond's photographs did

not easily lend themselves to reproduction and so Conolly used lithographs based on them, sometimes not totally faithfully. Nevertheless he was aware of their shortcomings. 'There is so singular a fidelity in a well executed photograph that the impression of very recent muscular agitation in the face seems to be caught by the process, which the engraver's art can scarcely preserve.'

Conolly also added case notes from which one can gain some inkling of Diamond's medical approach. In one sequence we see four stages in the progress of one patient, suffering from puerperal depression. The second portrait was taken eight days after the first, the third four to five weeks later and the fourth two or three months after that, on her discharge.

In *The Expression of the Emotions in Man and Animals* (1872) Darwin, greatly influenced by Charles Bell, presented an evolutionary account of the face of insanity. Darwin saw expressions as having evolved, like other parts of the human body, arguing that even the most human of human characteristics, facial expressions, were derived from animals. He focused on the insane because 'they are liable to the strongest passions, and give uncontrolled vent to them'. It was one of the first scientific books to be published with photographs.

A key figure in compiling this book was James Crichton Browne (1840-1938), one of the most distinguished psychiatrists of the 19th century. Himself a photographer, he must have been aware of Diamond's work. He sent Darwin 41 photographs of his patients, many of them annotated. Darwin reproduced only one in his book, perhaps because, like Géricault, he could not see how the people portrayed as insane differed from those perceived as normal.

Springfield and the aftermath

Diamond resigned from the Surrey asylum position in 1858. The reason is often glossed over and the story is not happy. In April 1856 his colleague Mr Snape was struck by a patient. Snape ordered that he be given a half hour cold shower bath, which involved an estimated 618 gallons of cold water being poured over him. This was followed by the administration of 'a good dose of tartar emetic'. A few minutes later the patient had a fit and died.

Snape argued that the patient had died of a diseased heart and ordered Diamond's son, Warren, recently qualified as a surgeon, to remove the heart at the post-mortem. Snape saw fatty degeneration; Diamond Senior saw a healthy heart and thought that the shower and emetic had caused the death. Snape was eventually charged with manslaughter and it was then revealed that Diamond had, on his own initiative, kept the heart for a day or so, shown it to other medical men and then burnt it. After trial at the Old



The Madwoman or the Obsession of Envy, by Theodore Géricault, 1819-22.

Bailey Snape was acquitted in July 1856, exonerated but financially ruined. The Committee of Visitors then wrote their report on the incident, castigating Diamond who had 'made himself liable to severe reprehension'. Diamond resigned and set up his own private asylum for female patients in Twickenham.

Diamond's asylum seems generally to have catered for a small upmarket clientele. Many patients were described in the census returns as 'lady' or 'of independent means'. Resident, at various times, was the daughter of a field marshal and of a barrister, a fellow of a Cambridge college and 'a mad peer'. On the other hand, there was also the widow of a warehouseman, the wife of a grocer and the widow of a haberdasher.

Diamond stopped exhibiting photographs when he opened the Twickenham asylum. He had received his first adverse review of his portraits. The *Photographic News* of February 4th, 1859 said that such photographs 'ought to adorn the walls of the physician's study but certainly not the walls of a public exhibition ... (they) are perfectly hideous'.

While this could hardly have pleased him it is more likely that he stopped photographing his patients when he moved from a public hospital with hundreds of inmates to a private one with only a handful. As the *Richmond and Twickenham Times* of June 26th, 1886 pointed out: 'That which was allowable in a public institution would not be so in a private establishment.'

Lingering visions

If neither Géricault nor Darwin could really see the difference between the images of the insane and those of the average person, how can we explain the views of Diamond and others? Simon Cross argues that each historical period has its own understanding of what madness is and, consequently, what sort of representational identity it is given at any one time and according to who is defining it. One sees what one wants to see and the followers of physiognomy, lacking other supports for diagnosis, grasped at what they could. Despite the hopes of the *Cornhill* magazine, the strength of Diamond's manipulated and



Madness depicted in the *Anatomy and Philosophy of Expression as Connected with the Fine Arts* by Charles Bell, 1844.

Twickenham House, Diamond's private asylum, by Rosa Wallis, 1887. The painting shows the music room where some of the patients slept.

staged photographs was, as the historian Sharrona Pearl has pointed out, precisely that they were not exact reproductions; they were reproductions made by a photographer, who could emphasise physiognomically meaningful symbols, including the clothing, hair and bodies of his patients, not only their faces.

As a professional psychologist and amateur photographer, I like to contemplate the link between Diamond and Darwin, between photography, psychiatry and psychology. We no longer respect phrenology, today the MRI scan tells us more about the brain than the photograph, but we can look back to Diamond with gratitude.

Richard Lansdown was Head of the Psychology Department at Great Ormond Street Hospital, London from 1971 to 1994.

Further Reading J. Browne *Darwin and the Face of Madness*. W.F. Bynum, R. Porter & M. Sheperd [eds] *The Anatomy of Madness Vol 1*. (Tavistock Press, 1985); A. Burrows & I. Schumacher, *Portraits of the Insane: The Case of Dr Diamond* (Quartet Books, 1990); S. Cross, *Mediating Madness* (Palgrave Macmillan, 2010); S.L. Gilman (ed), *The Face of Madness* (Brunner/Mazel, 1976); R. Hunter & I. MacAlpine, *Three Hundred Years of Psychiatry* (Oxford University Press, 1970); S. Pearl, 'Through a Mediated Mirror: The Photographic Physiognomy of Dr Hugh Welch Diamond' in *History of Photography*, 33, 288-305, 2009; A. Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (Yale University Press, 1993).

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