

# Sir Alexander Morison and *The Physiognomy of Mental Diseases*: Part 2

A Beveridge<sup>1</sup>

*History & Humanities*



Sir Alexander Morison's *The Physiognomy of Mental Diseases* and the original art work that formed the basis of the book have not had the scholarly attention they deserve. The published book and the commissioned portraits have not been studied in any detail. Historians have tended to offer cursory assessments that have reflected their own preconceived ideas rather than properly engaging with the material. This is a pity because Morison's work is a rich source that tells us much about the history of psychiatry. The pictures and text give us a glimpse into the world of the asylum and that of the patient. Although we see the patient through the eyes of the artist and Dr Morison, they do emerge as individuals. The accompanying texts reflect the psychiatric approach of the time and reveal contemporary notions of diagnosis, aetiology and treatment. Morison's work can also be located in the history of ideas about physiognomy. He himself was particularly influenced by Jean-Étienne-Dominique Esquirol, and Morison's work, in turn, influenced WAF Browne. These papers will outline Morison's career and consider in detail his book on *The Physiognomy of Mental Diseases*.

## Correspondence to:

A Beveridge  
Royal College of Physicians  
of Edinburgh  
11 Queen Street  
Edinburgh EH2 1JQ  
UK

## Email:

allanwbeveridge@outlook.  
com

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Continuing on from Part 1,<sup>1</sup> in this paper we will examine Sir Alexander Morison's *The Physiognomy of Mental Diseases* in detail, looking at how the patients were depicted in the portraits and what the accompanying texts reveal about them and about contemporary theories of mental illness. The texts offer a rich source of 19th-century psychopathology and we learn much about the nature of patients' symptoms during this period. This adds to previous research on the symptomatology of patients admitted to asylums in the 19th century, for example, studies of the Royal Edinburgh Asylum,<sup>2,3</sup> Fife and Kinross Asylum<sup>4</sup> and the Ticehurst.<sup>5</sup>

In Morison's *The Physiognomy of Mental Diseases*, the portrait of each patient is accompanied by a brief text to describe their clinical and personal details. West<sup>6</sup> compares literary biography with the portrait, 'The momentary nature of portraiture ... as well as the portrait's paradoxical impression of a timeless or iconic image' contrasts with the longer time span and detail of the written biography (pp. 50–1). The portrait represents the individual at a specific fixed point in their life. She argues that the portrait is resistant to 'documentary reductivism': the portrait is always more than the mere illustration of a text (p. 59). These considerations apply to Morison's work, where we see the patient at one particular moment in their life, and from the text we learn a little about their personal history. There is a tension between the claims of the text and what

the viewer actually sees in the portrait. The image cannot be reduced to psychiatric documentation, but always offers several different interpretations to the viewer.

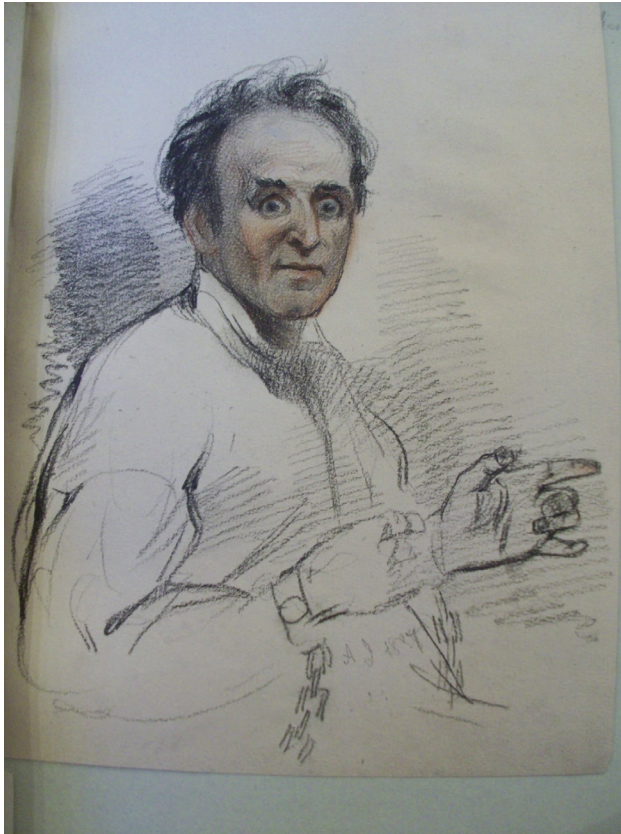
Unlike earlier representations of the mad, Morison's patients are all fully clothed. Historians have been interested in the clothes the mentally ill wore, as indeed were 19th-century alienists. For example, Dr Charles Bucknill<sup>7</sup> claimed that the patient's mode of attire could reflect the intensity of their delusions. As Wynter<sup>8</sup> has shown in her study of the Stafford County Lunatic Asylum, dress was integral to the ideals and practice of the institution. The inmates' appearance indicated the quality of the care in the asylum and was an important aspect of ensuring physical health. The theory of moral treatment held that if the patient was well-attired, this would improve their self-esteem and morale. Clothes also reflected the class of the patient, as pauper patients could only afford to buy the cheaper clothes provided by the institution, whereas the rich spent a great deal of money on their outfits. For disturbed patients and those who destroyed their clothes, they could be made to wear 'secure' clothes, such as muffs, strait-waistcoats and locked dresses.

## *The Physiognomy of Mental Diseases*

Morison's *Physiognomy* is organised around diagnostic categories. Each section considers a particular diagnosis.

<sup>1</sup>History and Medical Humanities Editor, Royal College of Physicians of Edinburgh, Edinburgh, UK

**Figure 1** AB. A Johnston. 1837. Mania/Excited/Bethlem CD. Murder. Physiog. Plate XI. DEP/MOR/4/24



The main categories were mania, monomania, acute and chronic dementia, idiocy and imbecility. Classification systems were rudimentary during this period and it was not until the second half of the 19th century that significant developments took place.<sup>9</sup> Morison relied heavily on French ideas about classification, particularly those of Esquirol.

## Diagnostic categories

### Mania

Morison outlined the clinical features of mania:

...the imagination is excited, marked by exuberance of ideas expressed with rapidity and without connection; the judgment is erroneous; the affections are perverted, and violent emotions, generally those of anger, despondency, or fear, more rarely those of gaiety and satisfaction, prevail ... there is a strong disposition to act from the impulse of the moment ... there is an irresistible tendency to motion; an incessant restlessness; and often little or no sleep for many days and nights together... (p. 4)<sup>10</sup>

Morison added, 'Maniacs, unlike monomaniacs, are inattentive to their own safety and comfort, and take no precautions'. Morison confidently asserted, 'the peculiar expression of the countenance and eyes is exhibited in the following plates, which faithfully represent the physiognomy of the patient'.

**Figure 2** SC. F Rochard. Demonomania. Religious Insane Grief. Physiog. Plate XLV. DEP/MOR/4/126



Figure 1 is a vibrant picture that possesses great energy, reflecting the patient's manic state. The light sketching of the hands and arms suggests the rapid movements of the patient. The picture shows that he is restrained by cuffs and chains. One wonders how the artist managed to complete the portrait, given the patient was deemed sufficiently disturbed to need restraints. Presumably there were several asylum attendants present in the room when the sketch was being undertaken.

This picture formed the basis of Plate XI in the *Physiognomy*. The text reads:

A. H. aged 60, has been subject to periodical attacks of Mania for many years, the paroxysms occur at intervals of about six weeks, and last ten or twelve days; they commence suddenly; he kneels down, prays and sings very loudly, and soon becomes violent and dangerous. In one of his paroxysms he unfortunately got hold of a female, who was giving him food, and killed her... (p. 35)<sup>10</sup>

A subsequent plate showed him in a state of recovery. He looks more composed, he is free of restraints, his hair is no longer wild, and he is dressed smartly in a jacket.

### Monomania

Morison advised that the term monomania 'is applied to cases of insanity in which we find a small number of predominant and exclusive ideas ... the judgement being

sufficiently sound on other subjects' (p. 47).<sup>10</sup> Unlike the physiognomy of mania, which was 'ever varying, according to the ideas which influence the mind at the moment', in monomania it exhibited 'a fixed expression characteristic of the peculiar ideas which preponderate in the mind of the patient' (p. 47).<sup>10</sup>

Morison went on to discuss the term melancholia:

The term melancholia, derived from the ancients, was applied by Dr. Pinel to partial insanity. This term, however, is objectionable – because it literally means, black bile, the existence of which is by no means essential to the disease; and because it is generally applied to express the passion of grief not combined with insanity. Dr. Esquirol has introduced the term monomania instead of melancholia; and this has been very generally adopted to designate insanity in which the mind is only partially affected. (p. 47)<sup>10</sup>

Monomania included a whole host of behaviours and symptoms. There was monomania with elated ideas; with paralysis; with love; with fear; with grief or melancholy; with hatred and jealousy; with vicious propensities; with homicide; with propensity to steal; with unnatural propensity; with propensity to drunkenness; and with propensity to burn; as well as religious monomania and demonomania.

### Religious monomania

The topic of religion appeared recurrently in the book, either as a subject of the patient's delusions or because it was presumed to have caused the patient's disorder. Previous studies of patient symptomatology found that the subject of religion recurred repeatedly in patients' delusions.<sup>2</sup>

Plate XLII showed TH, a 54-year-old tailor who 'thinks he is Jesus Christ' (p. 119).<sup>10</sup> The plate showed a middle-aged man looking rather self-satisfied. Plate XLIII showed a stern looking woman, called CC, a 58-year-old widow and mother of a large family. She was said to suffer from 'religious insane love'. The text read, 'This female has been insane for about a year – She says, that she is in paradise – that her child is an angel – frequently sings halleluiah [sic] – attempts to kiss those about her, male, as well as female' (p. 121).<sup>10</sup>

Others, though, felt tormented. Plate XLIV was a portrait of a worried female, RN, a 35-year-old married woman who had been deserted by her husband. She suffered from 'religious insane fear'. The text reads:

This female ... is persuaded that she is condemned to eternal flames, and is continually saying, 'Oh, how shall I bear to be burnt for ever!' 'Oh dear! oh dear! what shall I do, how shall I bear it!' (p. 123)<sup>10</sup>

Another tormented woman was FP, aged 55 years, who was married and mother of a large family. She was described as a case of 'religious insane grief' and it was noted, 'She is urgent to be put to death, because the dead is alive within

her – and she says, the Lord comes every night to tell her so' (p.127).<sup>10</sup>

Yet another distressed female patient was SC, a 48-year-old publican's wife without children (Figure 2). She was given a diagnosis of 'religious insane grief' and it was recorded:

This poor woman is in the deepest distress of mind, she conceives that she is delivered up to the devil, that the devil is within her, in the form of a serpent; that she herself is a serpent, and the cause of all the misery of the world ... She never enters into conversation, screams at short intervals, day and night, and wrings her hands as if suffering great anguish; she continually rubs the side of her head, and picks the hair out of it. (p. 125)<sup>10</sup>

The portrait shows the patient rubbing her head and looking preoccupied. It is not clear if she was asked to pose like this or whether the artist captured her characteristic posture. Certainly the drawing gives the impression of being spontaneously and quickly completed, with the upper body only lightly suggested rather than fully rendered. She does not meet our gaze and her hair is ungroomed. From what one can tell from the little visual detail, her clothes are basic and plain.

### Monomania with love

According to Showalter,<sup>11</sup> there was a cultural belief in the 19th century that women were irrational creatures, prone to mental shipwreck as a result of their biology – the inexorable sequence of menses, pregnancy and the menopause. She argues that these ideas shaped how male asylum doctors perceived female insanity and how they treated it. Any departure from the expected feminine role of being passive, chaste and attending to domestic duties was likely to be seen as evidence of mental instability by male alienists.

Thus, like many of his contemporary alienists, Morison felt that if women showed too much interest in sex, it was evidence of mental derangement. He observed, 'there is in females a struggle between the modesty, natural to the sex, and the lasciviousness, which, when wholly unrestrained, constitutes Nymphomania' (p. 76).<sup>10</sup> Morison advised:

When the sentiment [of love] predominates, the term Erotomania is employed, and when the animal propensity is more conspicuous, that of Nymphomania in females, and of Satyriasis in males, is employed. (p. 75)<sup>10</sup>

Morison believed that religion could lead to mental disorders of a sexual nature and he considered them in this section. He held that excessive religious study could lead to erotomania, adding that 'in such cases, the devotion at first directed to the Creator has at length been directed to the creature, and the clergyman has become the object of the insane love of the patient' (p. 77).<sup>10</sup>

The book contained the example of AA, a 25-year-old domestic servant who had 'amatory ideas' directed towards her clergyman (p. 79).<sup>10</sup> There was also MSP, a 22-year-old governess:

**Figure 3** Unidentified female. Artist unknown. Nymphomania/ Aberdeen Asylum. Erotomania. Physiog. Dr Blaikie helps supply drawing and also 6 March 1827. Journal, 16 September 1826. Plate XXXI. DEP/ MOR/4/108



She was naturally of a very chaste and modest disposition ... Her insanity assumed a religious character, she conceived herself to be 'the Virgin Mary; that she received spiritual birth on a certain day, for she felt joy by the Holy Ghost' ... [In her second attack] ... she expresses her love for the clergyman ... talks of being pregnant with something holy... (p. 83)<sup>10</sup>

The following Plate portrayed her in a state of recovery.

Figure 3 featured 'an elderly lady, in whom lascivious ideas predominated, constituting the variety termed Nymphomania' (p. 89).<sup>10</sup> She was from the Aberdeen Asylum. The quality of art work is inferior to Morison's commissioned stable of artists. The facial features are less finely drawn.

Morison believed that sexual trauma could also bring about mental disturbance. The book contains the sad case of an unnamed female patient with acute dementia (p. 197).<sup>10</sup> We have already encountered her portrait in Part 1 (Figure 7).<sup>1</sup> We see her with her arms covering her upper body. It is tempting to interpret this pose as defensive reaction to having been 'violated', as the text reveals:

Portrait of a female in a state of dementia, brought on suddenly; it is said, by having been violated.

She never spoke or moved; nothing attracted her attention; her insane position was the one represented. She

**Figure 4** Colpoys. A Johnson. Bethlem CD. Unnatural propensity. Plate LIX. DEP/MOR/4/147



exemplified one of those continually repeated automatic movements alluded to, called by the French authors – tic; in her this was a slight smacking of the lips ... she lately died in the Lunatic Asylum at Hanwell. (p. 197)<sup>10</sup>

Morison's comment revealed the influence of French alienists on his approach.

### Monomania with unnatural propensity

Like most of his contemporaries, Morison viewed homosexuality with disdain and considered that it was evidence of mental disorder. The pages describing homosexual patients are the most condemnatory in the book. Interestingly there are no homosexual women in the series. Were they not believed to exist, or did they just not come to the attention of asylum physicians? Morison outlined his views on 'unnatural propensity':

Is a variety of partial insanity, the principal feature of which is an irresistible propensity to the crime against nature.

This offence is so generally abhorred, that in treatises upon law it is termed 'peccatum illud horribile inter christianos non nominandum', the punishment of which is death, formerly rendered more terrible by burning or burying alive the offender.

Being of a detestable character, it is a consolation to know that it is sometimes the consequence of insanity; it is, however, a melancholy truth, that the offence has

**Figure 5** Unidentified male or JK. A Johnston. Bethlem CD. Unnatural propensity. Physiog. Plate XCII. DEP/MOR/4/153



been committed in Christian countries, by persons in full possession of their reason and capable of controuling [sic] their actions, and it said to be still more prevalent in countries where the purifying and restraining influence of the Christian religion does not prevail, but that it is not all in cases of the result of moral depravity there can be no doubt; monomania with unnatural lust is a well marked variety of the insanity of not infrequent occurrence. (p. 157)<sup>10</sup>

Of nine cases, Morison claimed he had ‘cured’ two with the prescription of camphor in large doses (p. 158).<sup>10</sup>

Plate LVIII was JJD, a 37-year-old widower, of whom it was written:

This man previous to his disorder bore an excellent character; he was the father of a family, and was of studious and abstemious habits.

The propensity was so strong, that even before a number of persons he could not refrain from exposing his person and attempting to commit the crime. (p. 159)<sup>10</sup>

The plate showed a man with eyes cast down and looking thoughtful and perhaps ashamed. It was stated that he had to be separated from other patients. He was reported to be ‘cured’ in a year. No further information was given about the ‘cure’ and it is not clear if the patient simply kept his sexual feelings hidden in order to get out of the asylum.

**Figure 6** John Hardie. F Rochard. Dementia and Gen Paralysis Succeeding Monomania/Grandeur. Journal, 21 November 1835. Plate XXVI. DEP/MOR/4/218



Colpoys was a 52-year-old man (Figure 4) who was described as a ‘soldier in the Marine service’ who had been ‘discharged insane’ (p. 161).<sup>10</sup> Said to be ‘of a cunning disposition’, he had to be separated from the other patients. The term ‘cunning’ is rather pejorative and reflects Morison’s antipathy to such patients. The picture shows the patient dressed somewhat flamboyantly in a hat and cravat. He does not look directly at us.

Figure 5 depicted JK, a 32-year-old man who had ‘committed an abominable assault upon a boy, whom, upon threatening to discover it, he put to death by stabbing’ (p. 249).<sup>10</sup> He appears well-dressed in white collar, cravat, jacket and waistcoat. Again, he does not look at us directly. Plate LXII showed an unidentified male or JC, 40 years of age. His condition was said to be that of ‘bestiality’. As with such cases, his condition was rendered in Latin, ‘contra naturae ordinem rem habuit venereum et carnaliter cognovits asinam’ (p. 167).<sup>10</sup>

### General paralysis

This condition, which was the tertiary stage of syphilis, made up a sizeable proportion of the asylum population in the 19th century. It caused major physical and mental impairment, ending in death.<sup>12</sup> A poignant example of this was the case of John Hardie (Figure 6).

The text read:

This portrait represents a man of considerable eminence as an artist, in the last stages of the general paralysis,

five weeks before his death. He is in a state of complete dementia, has scarcely any ideas, and remembers nothing – repeats a few words with little connection, such as ‘I am Prince of the Ionian Islands – I was a beautiful artist’ ... necessary to secure his hands to prevent him from tearing his clothes. He is represented by the leather sleeves made use of in the Hanwell Asylum. (p. 73)<sup>10</sup>

The history reflects common characteristics of the condition. Patients frequently had grandiose delusions and gradually became cognitively impaired. Their behaviour was often very disturbed, as in the case of this man. He is portrayed in ‘secure’ clothing with leather sleeves and straps. The artist has captured a poignant, wistful air to the patient. Is he aware of his predicament? Is he resigned to his restraints? Or is he so mentally impaired as to be unaware of his situation, as the text suggests? It is impossible to say, but this example does illustrate how the portrait encompasses a range of interpretations, unlike the text.

### Masturbation

In the 19th century masturbation was thought to contribute to insanity<sup>13</sup> and, for example, the Edinburgh alienist, David Skae’s classification system contained the diagnosis of ‘insanity of masturbation’.<sup>14</sup> Morison’s views on the subject chimed with prevailing psychiatric culture. His book features JH, a 22-year-old man with chronic dementia. The text reads:

This young man about the age of fifteen addicted himself to the baneful practice of self-pollution, the consequences of which was weakness of body and mind, so great as to render him quite unfit for his situation as a clerk; he has been in confinement for upwards of five years, and when not strictly watched, indulges in his pernicious propensity, and has even attempted to gratify one of a more revolting nature. (p. 203)<sup>10</sup>

### Miscellaneous

Plate XXLVIII portrayed TW, 48 years of age, a somewhat gaunt individual, who was said to exhibit monomania of ‘insane hatred’. The text read:

This person was a schoolmaster; he has been insane upwards of five years, during the greater part of which time his hatred of mankind has been conspicuous, he has associated with no one, has seldom or ever spoken, and when spoken to has immediately withdrawn with a look of contempt and dislike... (p. 131)<sup>10</sup>

Plate XXXVI is a ‘Portrait of a female in whom a delusive fear of every object and person *Panaphobia* [sic] keeps her in a state of perpetual distress’ (p. 99).<sup>10</sup> The picture showed a woman, looking very worried with a furrowed brow and questioning expression.

### Dementia, idiocy and imbecility

Morison advised that these disorders represented ‘the condition of the mind in which its manifestations are enfeebled or abolished’ (p. 183).<sup>10</sup> Morison expanded on this:

where this is the consequence of accidents, or of disease occurring in the progress of life, the mind having previously been in a sound state, the term Dementia is employed; when it has existed from birth, or has taken place in early years ... the term Idiocy is made use of; that of Imbecility, or weakness of mind, has been restricted to the lesser degrees of deficient intellect. (p. 183)<sup>10</sup>

The portraits and accompanying texts of patients with limited intellects contain the most affectionate depictions in the book. For example, Plate LXXX is of EH 18 years. The text reads:

She frequently repeats in an eager manner – um, um, and has been taught to repeat, like a parrot, the word – good day, good night; when a watch was presented to her she put it into her mouth. She is fond of sweetmeats and of cakes, a piece of which she has in her hand; she seems pleased with a piece of finery, such as a new gown or cap. (p. 219)<sup>10</sup>

Plate LXXXIII is of WN, a 6-year-old boy with ‘idiocy’. The description reads:

This boy has been idiotic since his birth ... he appears to have affection for his father and mother, and is fond of looking at his father at work as a tailor, claps his hands when he sees the needle move, and tries to imitate the operation of sewing. (p. 225)<sup>10</sup>

Figure 7 is the only one in the book to feature a group portrait rather than an individual patient. This is of WC, a 34-year-old man and two younger patients. The text reads:

This poor fellow is of weak intellect, and subject to fits; he has a kind disposition, and takes fatherly charge of two idiots, one nine the other fifteen years old, both of whom seem fond of him. This view exhibits the mutual attachment that appears to exist between these unfortunate and helpless beings. (p. 253)<sup>10</sup>

The picture demonstrates that in the asylum patients interacted with one another and sometimes friendships developed. The other portraits in the book are all of patients on their own and one gets little sense of them as members of a community interacting with one another. The single portraits tend to convey the impression of the inmate as a social isolate. The text makes no mention of the attire of WC, who is strikingly dressed with a feathered hat and long coat. We do not learn how he acquired them or what it signified.

Plate XCV showed a woman said to suffer from ‘senile imbecility with mania’ (p. 257).<sup>10</sup> This was ES, a 98-year-old widow, the oldest patient in the series. She died at the age of 102. The picture showed a woman in a bonnet, clutching a cushion.

### Delusions

The most frequent types of delusions described in the book were grandiose and depressive ones. This is in keeping with

**Figure 7** Scene in Hanwell. A Johnston. Imbecile with two idiot boys. Plate XC1V. DEP/MOR/4/203



research on the psychopathology of 19th-century asylum inmates, which has shown these types of delusions were common.<sup>2</sup> Typically patients with grandiose delusions claimed to be royalty, to be possessed of great fortune or to have extraordinary talent.

The text to the portrait in the book of Figure 8 stated that the patient ‘talked about having thousands of children’ (p. 23).<sup>10</sup> The image is rather unsettling in that we have a sensitive rendering of a young woman’s face, but when we look to the bottom of the picture, we see that she is restrained in asylum gloves.

The text that accompanied Figure 9 read that EI, a 64 year old, was:

...a female possessing some property, of a turbulent disposition, and giving considerable annoyance to the neighbourhood in which she lived, affirmed that she was, in a peculiar manner the daughter of the God of heaven; and that she was Venus in the first place in the sign of Libra – that she was well acquainted with the formation of the world, and the counsels of the almighty, but she conceives herself under evil machinery ... she is represented in her favourite dress. (p. 53)<sup>10</sup>

The picture demonstrates that some patients could strive to hold on to their individuality, and, in an asylum setting, perhaps wearing a distinctive costume was one way of achieving this. It

**Figure 8** D or EEL. A Johnston. 1837. Puerperal Mania. Bethlem. Under restraint – singing and saying she is Queen of Great Britain. Physiog. Plate VI. DEP/MOR/4/43



could be argued that asylum doctors let her dress like this in order to demonstrate that she was insane, with monomania of vanity. However, historians such as Wynter<sup>8</sup> have emphasised that asylum doctors generally sought to encourage their patients to dress soberly and sensibly, seeing it as a way to return them to sanity. This example suggests that the situation was complex. To some extent, there was a negotiation between inmate and staff as to what could be worn. In some cases staff might have judged that the patient would be easier to manage if allowed some freedom in their attire.

Figure 10 was of MW, aged 35 years, ‘a female in whom although a pauper, ideas of wealth and grandeur are predominant – she conceives herself to be an Irish princess, and possessed of great wealth’ (p. 55).<sup>10</sup> In this, we contrast the rather sad and shabbily dressed patient, with her exalted beliefs about herself. She is also in restraints.

The text that accompanied the textbook version of Figure 11 read:

H.T. aged 60, a poor man who supposed himself to be a very exalted personage, and assumed the title of Head General of the whole world; his constant occupation was shuffling a pack of cards and laying them out before him, saying he was learning to play. (p. 57)<sup>10</sup>

The patient appears to be quite well-dressed in jacket, cravat and waistcoat, especially as he is described as a poor man.

**Figure 9** El. A Johnston. 1840. Monomania/Vanity. Bethlem CD. Physiog. Plate XVIII. DEP/MOR/4/99



**Figure 10** MW. 35 years. Monomania/Grandeur. Plate IXX. DEP/MOR/4/98



Rather than a conventional portrait, this image captures something of the characteristics of the patient and how he spent his time in the asylum. It gives a brief glimpse as to how patients behaved and coped with confinement. West<sup>6</sup> has suggested that when artists began to paint portraits of the lower orders, they often portrayed them engaged in some everyday activity, a composition that would not be considered appropriate in portraits of the rich and titled.

There were numerous other examples of patients with grandiose delusions. DB 'conceived herself to be a queen' (p. 41).<sup>10</sup> EC, a 50-year-old, poor widow, robbed by her nephew, 'conceives that King George the Third has resigned his throne to her – that she is Queen Betty – has several millions of money – and that St. James Park and Bethlem Hospital Belong [sic] to her' (p. 51).<sup>10</sup> LT, a 74-year-old widow, 'conceives herself to be mistress of the universe, and of unbounded power' (p. 59).<sup>10</sup> AB, a 37-year-old lawyer, claimed:

...he had been inventing machinery that would astonish the world, and that he was worth many thousands of pounds – although he had nothing. He had been purchasing a number of things of which he had no need, and could not pay for – hiring carriages, and throwing away the little money he was possessed of. (p. 65)<sup>10</sup>

JO, a 38-year-old gardener, 'insisted he was the King, that he was in his palace which was made of gold, and that he had a million of money' (p. 69).<sup>10</sup> CL, a 62-year-old married woman

with children, 'calls herself a queen, sometimes queen Jesus ... speaks in a loud voice against devils who disturb her' (p. 205).<sup>10</sup>

An example of a patient with depressive delusions is the case of MH, an unmarried female, aged 50 years. The text reads:

...she conceives that she has two large worms within her like snakes, and that her head has been severed; she expresses the firm belief that she shall never die, and she is urgent in her entreaties to have her head cut off – to be opened alive, and to have quicklime thrown at her ... she has made several attempts to poison, to drown and to hang herself. (p. 107)<sup>10</sup>

Another example is that of JH, aged 50 years, a Gentleman's Butler, who 'used to swear, and stamp with his feet violently, saying, "I shall be ruined"' (p. 67).<sup>10</sup>

A patient with delusions of persecution was JJ, a 38-year-old married female, who was 'afraid she is to be murdered, and sees white faced men in the night, who terrify her' (p. 93).<sup>10</sup>

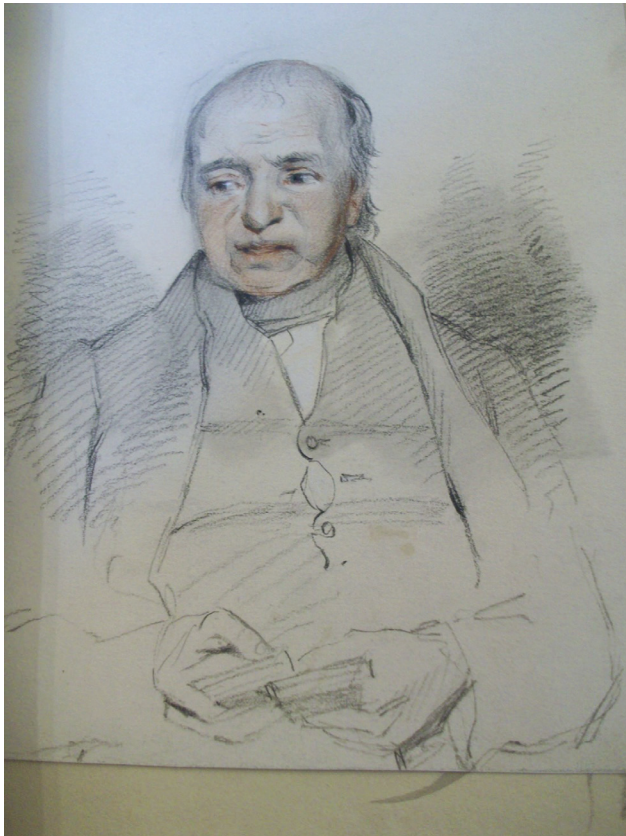
An example of delusions of misidentification was AS, a 40-year-old married female, who 'fears she is changed into another person' (p. 97).<sup>10</sup>

#### Disorders of movement

Several patients were described who had disorders of movement. Some were immobile and said to exhibit 'catalepsy'. Catalepsy was defined by British alienists as a condition in which the patient was unable to change the



**Figure 11** Unidentified male. A Johnston. 1839. Imbecility. Co Asylum. Physiog. Plate XX. DEP/MOR/4/187



**Figure 12** Unidentified female or AK. A Johnston. 1837. Melancholy/Propensity to Suicide. Bethlem. Religious. Plate XXXIX. DEP/MOR/4/124



position of a limb, while another person could place the muscles in a state of flexion or contraction.<sup>15</sup>

The text accompanying the portrait of Figure 12, AK, aged 20 years, unmarried, read:

...her disorder is attributed to overstudy of religious subjects, respecting which she has imbibed erroneous ideas – she never speaks, and would, if allowed, remain always in one position; her eyes are continually fixed on the ground, her eyelids being half-closed. (p. 109)<sup>10</sup>

The portrait accords the woman a quiet dignity, and perhaps because of the reference to religion in the text, it is not difficult to see the resonances of the image with those from the Christian tradition of portraying holy people in states of spiritual contemplation and meditation.

ES, a 40-year-old tailor (Figure 13), was described as:

...frequenting the theatre, after which he was observed to stand for a long time together in theatrical attitudes ... He would, for half an hour or longer, remain in any position he might be placed, such as that in which he is represented; during this time he could hold weights to the amount of 14lbs in his hand. (p. 213)<sup>10</sup>

In the light of the previous discussion about the interplay between theatrical portrayals of mental illness and actual

insanity, this is a fascinating example. The text almost suggests that it was the attendance at the theatre that made the patient insane. In the portrait, the patient has no eye contact with the viewer and seems oblivious to his surroundings. As regards the question of whether patients were posed, this picture and text would suggest the he was highly posed. The position of his body and limbs were deliberately manipulated to illustrate his catalepsy.

WL, a 53-year-old man with chronic dementia, 'sits in one position, frequently rubbing his hands upon his knees' (p. 209).<sup>10</sup> Plate LXXII showed a somewhat bemused woman. This was EW, an unmarried 24-year-old female, who was described as follows:

This woman's disorder was caused by terror. She did not seem to understand what was said to her; never spoke; never moved position she was placed in, and asked for nothing...

She continued quite silent, except upon one occasion when a bible was accidentally put in her hand, and, to the surprise of those about her, she read aloud some verses, but without appearing to understand what she was reading... (p. 195)<sup>10</sup>

### Behavioural problems

Morison dealt with many patients who exhibited wayward behaviour. He had visited Belhomme in Paris who had an

**Figure 13** Hurinan or ES. A Johnston. Hanwell. Catalepsy. Chronic Dementia with Catalepsy. Physiog. Plate LXXIX. DEP/MOR/4/244



**Figure 14** Jonathan Martin. A Johnston. Bethlem CD. Set fire to York Minster. Propensity to burn with religious delusion. Plate LXVII. DEP/MOR/4/129



institution specifically for this type of patient. Morison's book contains examples of patients who may have fallen into this category, though it is, of course, difficult to be sure as to the exact nature of their difficulties. As Wise<sup>16</sup> has shown in her book *Inconvenient People*, in Victorian England individuals who were causing their families problems could find themselves with a diagnosis of insanity and be sent off to an asylum.

There is also a gender aspect to judgments about mental disturbance. As we have seen some commentators<sup>11</sup> have suggested that women in 19th-century Britain who did not conform to the stereotype of feminine behaviour could be considered mad and incarcerated in an asylum. The case of DH, a 31-year-old unmarried female, could be seen in this light, though she could equally well have suffered from a mental illness. She was given a diagnosis of 'mania without delirium'. The text reads:

This is an unmarried female who resided with her parents until the age of sixteen years, when she began to wander from place to place, and absent herself whole nights from their roof; she was continually in mischief – striking people, tearing clothes and breaking windows, until she became quite unmanageable at home, and was removed to a workhouse; here she manifested the same mischievous disposition, and was so violent in her conduct that at the age of twenty-one she was sent to the County Lunatic asylum... (p. 263)<sup>10</sup>

## Interesting stories

### Jonathan Martin

Morison's book featured a portrait of Jonathan Martin who achieved notoriety after trying to burn down York Minster. Martin (1782–1838) became obsessed by the idea that God had instructed him to cleanse York Minster. After attending evensong at York Minster on 1 February 1829, he hid in the cathedral, set fire to the choir, and escaped through a window. Martin was arrested on 6 February and tried at York Castle. He was declared not guilty on grounds of insanity and sent to the Criminal Department of Bethlem Royal Hospital.

In *The Physiognomy*, Martin was said to suffer from 'propensity to burn with religious delusion'. The text which accompanied his portrait (Figure 14) read:

...conversed with propriety on most subjects with the exception of religion; when this subject was introduced he became excited, and said that angels, sent from the Almighty had ordered him to set fire to the cathedral, in order to cause the clergymen to think of their ways, which he condemned, adding, that he would do it again if he had his liberty; this delusion continued till his death, which took place in May, 1838. (p. 181)<sup>10</sup>

It is somewhat curious that Morison was able to have this portrait of Martin completed as he was specifically asked not to take drawings at Bethlem of notable criminal patients,

**Figure 15** B Hoddinot. F Rochard. Imbecility/Propensity to suicide. Laid head on fire. Physiog. Plate XCIII. DEP/MOR/4/197



**Figure 16** Jeffreys. A Johnston. 1837. Puerperal Mania/Bethlem. 'Twitching as if in pain and saying nothing'. Physiog. Plate VIII. DEP/MOR/4/41



such as Edward Oxford, Queen Victoria's would-be assassin. Also, the drawing is unlike other portraits in the book in only representing the head and not including the upper torso.

HD, a 40-year-old man who also had a 'propensity to burn' styled himself the 'Poet Laureate'. The accompanying text featured some of his verse:

For madness I am honoured more –  
 A lunatic than none can cure;  
 For none could ever attain  
 The skill to alter my mad brain. (p. 311)<sup>17</sup>

Plate L featured CS, a 57-year-old woman with a diagnosis of 'insane homicide'. The text read:

This poor woman is the mother of a large family, in a fit of sudden frenzy she cut off the head of one of her children – no motive for this unnatural act could be ascertained. (p. 139)<sup>10</sup>

Figure 15 featured a man who had laid his head on a fire and burned the back of his skull away (pp. 251–2).<sup>10</sup> He has clearly been posed to show the injuries to the back of his head. He strikes an oddly penitent pose. Morison was obviously fascinated with this case and commissioned

further drawings, one of the back of the man's head and a rather gruesome post mortem one of his damaged skull. Morison<sup>18</sup> went on to write about the Hoddinot case in *Essays on subjects connected with Insanity*. He observed that despite causing 'extensive injury', the damage 'did not produce any change in the mental condition of the patient' (p. 19).<sup>18</sup>

#### Before and after

As Jordanova<sup>19</sup> has observed, before and after images have long held a special appeal to clinicians, partly because they could be used to display the apparent skills of the doctor. This is certainly true in the case of Morison, whose book contains several portraits involving a picture of the patient when unwell, followed by another one of them recovered. Generally, the 'recovered' portrait renders the patient looking calmer, more soberly dressed and with tidier hair.

As well as being of clinical interest, it would also have been a good advert for the efficacy of psychiatric treatment. Further, it would have given a positive message that people could recover from mental illness. However, there was one pair of pictures (Plates XXIV and XXV) that showed the patient unwell and then even more deteriorated.

The book, in fact, opens with a Plate that depicts a 47-year-old man who was prone to violent rages, with the subsequent Plate showing him in a state of recovery (pp. 5–7).<sup>10</sup> Figures 16–18 show a woman, restrained then recovered. It is the

**Figure 17** Jeffreys. A Johnston. 1837. Puerperal Mania/Bethlem. Under restraint. Physiog. Plate IX. DEP/MOR/4/40



**Figure 18** Jeffreys or El. A Johnston. 1837. Puerperal Mania/Bethlem. Cured. Physiog. Plate X. DEP/MOR/4/42



only series of three in the book (pp. 27–31).<sup>10</sup> In the first picture, there is the intrusion of the arm of a member of asylum staff, possibly helping to restrain the patient who sits with her eyes tightly shut. In the second picture, her eyes are open but she looks unhappy with her situation. In the last, she is smiling and looking straight at us. She is no longer wearing restraints and is smartly presented. This series of images can easily be read as a patriarchal psychiatry repressing a woman who is perceived as not conforming to bourgeois conventions of femininity and ‘restoring’ her to placid and unthreatening respectability. Another reading is that the woman was suffering from a major mental disorder and regained her sanity. It is possible to entertain both perspectives: that psychiatry has always been deeply imbued by the cultural assumptions of the day, but that, nevertheless, there is such an entity as mental illness. Feminist authors such as Busfield<sup>20</sup> have warned against simplistic feminist readings that sees all cases of psychiatric illness in women as evidence of male oppression, and advocates a more sophisticated approach that needs to take account of the obvious fact that men suffer from mental illness too.

Plates XXIV and XXV show a man with monomania with paralysis, who ‘insisted he was the King, that he was in his palace which was made of gold, and that he had a million of money...’ (p. 69).<sup>10</sup> In the second plate his condition has worsened and his speech, memory and gait have all deteriorated (p. 71).<sup>10</sup>

Plates LXXXIII shows a 6-year-old boy described as an ‘idiot’ (p. 225).<sup>10</sup> There is a subsequent Plate showing him at the age of 18 years. His behaviour has got worse (p. 227).<sup>10</sup> Whether this is the result of being institutionalised for several years, an expression of adolescent behaviour, or as a result of his condition is not clear.

## Treatment

The treatments that Morison featured in his book were: restraint with cuffs, shaving of the head, leeches, warm bath and shower bath. Medications included tartarised antimony, morphine, camphor and laxatives. Morison was a participant in the mid-19th-century debate about whether restraint should be abolished or not. Morison was on the side of retaining restraint, albeit in limited situations, and he was ranged against Dr John Conolly, whose side eventually won the day.<sup>21</sup> Although distasteful to the modern eye, these images of patients in restraints are valuable historically as they give us some idea of how restraints were applied to patients and the rationales advanced for employing them. These included preventing the patient harming themselves or others, and to stop them tearing their clothes (Figure 19).

## *Outlines of Lectures on Mental Diseases (1848 Edition) by Sir Alexander Morison*

This book, which was edited by Morison’s son, Thomas Coutts Morison, was re-titled *Outlines of Lectures on the Nature,*

**Figure 19** Female requires restraint to prevent her from tearing her clothes. Plate XVI. Morison A. *The Physiognomy of Mental Diseases*. London: Longman & Co; 1838. p.45



*Causes and Treatment of Insanity* and contained 22 Plates, most of which were newly commissioned.<sup>22</sup> The portraits were drawn by Charles Gow ‘under the immediate direction’ of Morison and his son, who since 1840 had been helping his father with delivery of the lecture course on which the book was based (p. iv).<sup>23</sup>

The series of Plates featured a very young patient. This was a 6-year-old girl, who Morison stated had, unusually for her age, developed ‘mania’. The book featured before and after portraits. There was a 38-year-old butler with ‘unnatural propensities’. A 43-year-old maid was described as suffering from ‘mania complicated with hysteria’. The term ‘hysteria’ had not been used in Morison’s previous *Physiognomy* books. The series also featured a 38-year-old ‘deaf and dumb’ housewife whose sister had been unable to understand her sign language when she became manic. One portrait had appeared before in *Physiognomy*, Mary H, a 96-year-old and the oldest patient in the series. There were also portraits of patients with ‘idiocy’ and general paralysis.

The Portraits were generally more sketchily executed and more concerned with movement than previously. There was also a greater variety of poses and some were full body portraits in contrast to those in the *Physiognomy*.

Figure 20 is a striking image that captures a woman with free-flowing curly hair and baggy, rather shapeless dress. She looks directly at us.

**Figure 20** Couser Dinner. C Gow. 1846. Bethlem/Mania. Outlines. Plate VII. DEP/MOR/4/34



Figure 21 depicts the patient with an animated expression and striking a rather different pose from most of the Morison portraits. Her clothes are again baggy and shapeless. She had apparently become insane after falling of a horse, suggesting she had sustained a head injury.

Figure 22 is unusual as it portrays the patient lying in bed. Enigmatically she holds a key, whose significance is not explained in the accompanying text. Does the key represent a means of escape from the asylum or is she just arbitrarily holding it? The sketchy details of her clothes suggest that they are basic, institutional wear.

## Conclusion

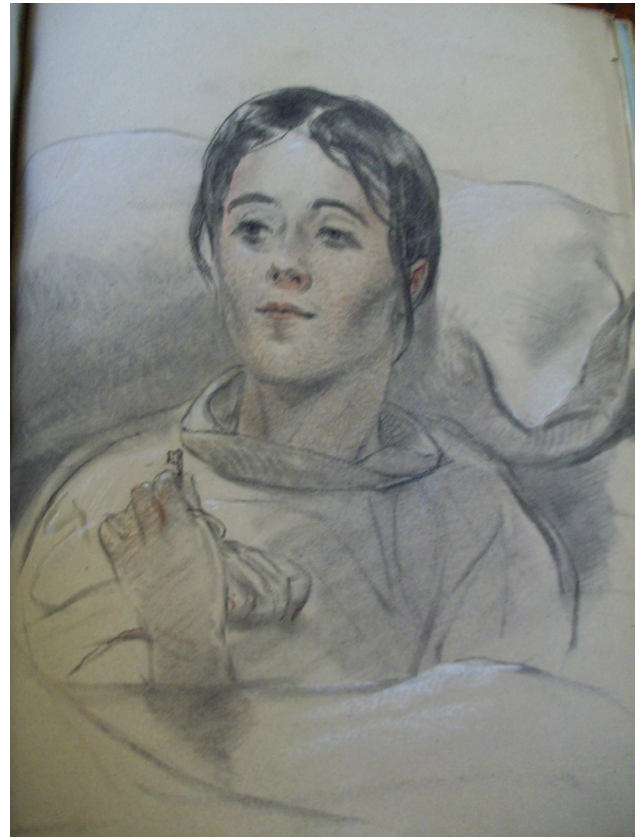
According to Gilman (p. 100),<sup>23</sup> ‘Morison’s atlas ... was the first consistent attempt to create the illusion of transitoriness discussed by Georget’. As we have seen from Morison’s preface, he was certainly aiming to suggest the transitory nature of mental states. His artists generally succeeded in this, particularly with the use of lithography.

Morison’s *Physiognomy* portraits influenced the Scottish alienist, WAF Browne who commissioned portraits of his patients at the Crichton Royal Asylum in Dumfries.<sup>24</sup> These were large portraits that Browne used in his lectures. Interestingly, he commissioned a patient artist, William Bartholomew, to produce the portraits. Although each portrait carried the diagnosis of the patient, in the spirit

**Figure 21** Ellen Taylor. C Gow. 1848. Dementia/Surrey Lunatic Asylum. Outlines. Journal, 9 January 1847. Plate XXII. DEP/MOR/4/175



**Figure 22** Agnes Wilson. C Gow. 1847. General Paralysis/Surrey Co. Asylum. Outlines. Journal, 11 December 1847. Plate XXI. DEP/MOR/4/225



of physiognomy, they were quite different from those of Morison's artists. This was, in part, because they were commissioned to be seen by an audience in a lecture hall, whereas Morison's portraits were to be viewed up close, in a book. Bartholomew's pictures are large, monumental and static. Although very striking in their own way, there was no attempt to capture the transitory nature of mental conditions. However, Browne judged that Bartholomew's portraits surpassed those of Morison's.<sup>25</sup> Later in the century, photography increasingly replaced the work of artists, though medical textbooks continued to make use of illustrations by artists.<sup>26</sup> There was the belief that this would offer a more 'scientific' and 'objective' perspective on the patient, but as commentators<sup>23,27</sup> have observed, photographs could be manipulated and patients made to adopt certain poses that supposedly illustrated their diagnosis. In addition, the early photographs took a long time to complete and this had an effect on the posture and expression of the patient.

Some historians have been dismissive of Morison's *Physiognomy*. Showalter (p. 14)<sup>11</sup> has judged:

Most of the plates show standardized female portraits in the Crazy Jane style; even when they are described as manic, these women have sweet smiles and pretty features; they are shown in elaborate caps and bonnets, like the millinery models in the ladies' annuals.

This comment is manifestly untrue and seriously misrepresents the range of portraits. While several women wear bonnets, very many do not. Also, one could not claim that all the female patients displayed 'sweet smiles'. Many seemed anguished and distressed.

Even more blinkered is the view of Browne (p. 156),<sup>28</sup> who writes:

Flicking through the book, looking at the pictures alone, the most striking observation must surely be that they all look precisely the same ... They are blank depressing portraits ... [Morison] understood the problem of portraying the patients solely as routine graphic documentation ... Gericault [sic], on the other hand, approached the subject with acute sensitivity.

Perhaps if Browne had not 'flicked' through the book, she would have seen that the portraits do not look 'precisely the same', but that there is a great diversity of images.

The drawings are, in fact, sensitively executed. The reproductions of the original drawings were in the form of engravings or lithographs. To some extent the engravings lose the lightness and sense of the fleeting expression of the face. The lithographs more successfully capture these qualities – 'the *moveable* physiognomy'.

Rawling<sup>29</sup> has argued that portraits of inmates offer an opportunity to see history from that patient's perspective. Although the images are mediated through the intentions of the doctor and the skills of the artist, they nevertheless capture something of the individual patient, whether it be in their expression, posture or clothing.

Although she is discussing photographs, Rawling's<sup>29</sup> observations apply equally to Morison's portraits:

They are highly ambiguous objects that straddle science and 'art', casting the subject as both medical specimen and portrait sitter. Their ambiguous status is only heightened by the lack of surviving information around their creation ... and the sheer variety of patient representations. This is then compounded by the fluidity and instability of their use. Nevertheless, it is this very ambiguity that should prevent the characterisation of all patient photography as oppressive, rendering its objects passive.

However, these portraits do raise some important ethical questions. We do not know if the patients gave their consent to having their portrait taken or their case histories presented, although there is a note in Morison's diaries that at least one patient, named Colpin, objected.<sup>30</sup> Similarly, in Esquirol's series of physiognomy plates, only one patient was specifically cited as willing to have her portrait taken.<sup>31</sup> Diamond did not seek consent from the patients he photographed and Pearl<sup>32</sup> speculates that, because his subjects were poor, he might have felt he did not need their permission.

These patients' only appearance on the historical record is in the role of asylum inmate, though they may also have appeared in more obscure places, such as census forms and parish records. Other aspects of their lives are only sketchily provided, if at all. Nevertheless, Morison's book is in the public domain and many of the images are regularly reproduced.<sup>33,34</sup> Thus

the portraits are part of the visual narrative of the history of psychiatry and cannot now be removed.

The pictures in the book are framed by the fact they are in a textbook of mental diseases. They also have an accompanying text so the person becomes more of an exhibit. This influences how the person is seen. Curiously, despite Morison's aim to demonstrate the theory of physiognomy, the texts rarely discuss the patient's facial appearance. There is no systematic analysis of the different types of facial expression and how they might be related to a particular mental condition. The patients come across as individuals, not types. In the complex interplay between the artist and sitter, with Morison as the director, it would seem that the artist sought to capture the patient as a person, rather than an example of a type of mental condition. The image thus serves to undermine any claims of Morison's physiognomy theory that we are viewing illustrations of the particular facial expressions that relate to particular psychiatric diagnoses. These portraits had a, perhaps, unintended consequence: they showed that the mentally ill looked like everyone else; they were no different. This has served to humanise the mentally ill and was a great step forward from Charles Bell and even Esquirol, whose commissioned portraits tended to be rather cartoonish and stereotyped.

The texts do provide a wealth of psychopathological material and help us to see what kinds of mental symptoms these 19th-century patients experienced. The texts also tell us about contemporary psychiatry theory and treatments. As such, the texts and the portraits represent an important document for the history of psychiatry. ①

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