

“A bruised reed shall he not break”: John Miles’s portraits of patients at the Royal Edinburgh Asylum. Part 2.

Allan Beveridge¹, Daisy Cunynghame²

History & Humanities



This is the second of two papers which examine a series of portraits of patients at the Royal Edinburgh Asylum (REA) which were undertaken in the 1880s by John Miles, who, as well as being a professional painter, was also an inmate of the Morningside institution. Alongside the portraits by Miles, we began, in Paper 1, to discuss a second series of portraits of the same patients, contained in a collection, entitled *Bruised Reeds*. In this paper we focus on the remaining portraits in this collection, before discussing the wider implications of the two series of portraits. These two series are of interest for several reasons. They are an example of patient art, only a small portion of which has survived from nineteenth century asylums. They are also in the tradition of patient portraiture. The patients in the portraits have been identified and their case notes examined. This information complements the portraits and helps to build a fuller picture of individual patients and their life in the Morningside Asylum. The case notes also reveal the symptomatology and behaviour of the patients. We discuss if the *Bruised Reeds* portraits were also by Miles, and suggest they were not.

Correspondence to:

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

Email:

allanwbeveridge@outlook.
com

Keywords: John Miles, patient portraits, Royal Edinburgh Asylum, *Bruised Reeds*

Financial and Competing Interests: AB is the History and Humanities Editor of the *Journal of the Royal College of Physicians of Edinburgh (JRCPE)*. This paper has undergone peer review in accordance with *JRCPE*'s policies. DC has no conflicts of interest to declare.

This second paper continues our examination of asylum portraits from the Royal Edinburgh Asylum (REA). In the first paper we examined the portraits, housed at the Lothian Health Service Archive (LHSA), by John Miles, a professional artist and a patient at the Royal Edinburgh between 1881 and 1882. We compared them with portraits of the same patients in a series in the *Bruised Reeds* collection, held by the Royal College of Physicians of Edinburgh. In this paper we look at the remaining portraits in the *Bruised Reeds* collection.

William Walls

William Walls was admitted to the REA on 4 April 1879.¹ He was 48 years old and was described as a married shopkeeper or merchant. He was a private patient and lived at 148 Links, Kirkcaldy. His disposition was described as active, industrious and quick-tempered. An uncle of the patient was insane. The exciting cause was said to be a 'Fistula in ano, for which he was operated on, and since which his mind has gradually got worse' (p.605). He was said to have exaggerated notions about his helplessness and was continually complaining. Seven weeks previously he had tried to poison himself. He became silent and his sleep and appetite were impaired. The duration of the attack was a year.

Figure 1 William Walls. *Bruised Reeds* collection, RCPE



¹History and Humanities Editor of the *Journal of the Royal College of Physicians of Edinburgh*; ²Archivist, Royal College of Physicians of Edinburgh.

The first medical certificate stated: 'Expression sullen and despondent... Says life is a burden to him... and friends wish him out of the way'... 'he must commit suicide' (p.605). The second certificate read: 'Answers questions... with considerable hesitation, sometimes refusing to answer... he attempted to poison himself with laudanum he then threatened to cut his throat' (p.605).

On admission, he was described as a 'Middle-sized, fairly-built, bronzed complexioned man with abstracted depressed air' (p.606). The diagnosis was 'Melancholia'. Skae's classification was 'Unknown'. He was put in the 4th Gallery. On 4 April, he was placed under special observation as he was suicidal (p.607). He improved but his mood fluctuated.

On 28 May, the doctor wrote: 'Is not improving but remains much depressed – will not occupy himself usefully in any way, but sits or lies on the sofa in a very moody way and brooding over his own thoughts' (p.607). By 12 August he was getting worse, and was removed from the 4th to the 8th Gallery and given 'stimulant (Whisky)' (p.607). He continues to fade physically and remain depressed. He developed erysipelas, boils on his buttocks and acute bronchitis. On 24 September 1885, he sustained a hemiplegia and died of 'Paralysis (Right Hemiplegia)' (p.820).

This portrait (Figure 1) and the remaining five do not have a corresponding picture by John Miles. We do not know if the original portraits have been lost or were never done. In the text that accompanies his portrait, William Walls's surname is misspelt as 'Wells'. It also states that he was 'ill through loose living', though there is no mention of this in the case notes. The portrait seeks to capture him in a characteristic pose, leaning against a wall. He certainly looks distressed. Unlike the other portraits, he is wearing a coat, as well as a hat. He was a private patient and would have been able to wear his own clothes.

Thomas Shuster

Thomas Shuster was admitted to the REA on 20 September 1878.² He was 23 years old, single and described as a labourer. He lived at 5 St John's Hill, Edinburgh and was a pauper patient from St Cuthbert's parish.

His disposition was 'good-tempered' and 'soft'. The exciting cause was fright and he had been unwell for three weeks. The first medical certificate stated: 'Peculiar expression of face, thinks a person is in the wall of the house, wants to kill him, saying they are speaking at him' (p.321). The second certificate revealed that Shuster had 'Delusions as to voices calling him names in his house' (p.321). On admission he was very excited and was deemed to have hallucinations of hearing and seeing. The diagnosis was 'Mania'. Skae's classification was 'Idiopathic'.

He was placed in the 5th Gallery and sent to work in the garden. On 25 September, the asylum doctor observed: 'Mentally he seems like a person who has always been somewhat weakminded and be shy, nervous & effeminate in behaviour' (p.323). Later he escaped by leaving the party working in the asylum grounds but was brought back.

Figure 2 Thomas Shuster. *Bruised Reeds* collection, RCPE



On 23 October 1878, Shuster was discharged recovered. Between 1879 and 1885 Shuster had four further admissions, all with the diagnosis of 'Mania'. On 29 October 1889, the asylum doctor wrote: 'Nature evidently intended that this effeminate person with an apologetic deprecatory manner should have been a woman, and he seems more fit for kitchen duties than anything else'.³ The case notes repeatedly commented on Shuster's 'effeminate' demeanour. Victorian psychiatry had rigid definitions as to what constituted 'male' or 'female' behaviour. While it is well documented that women were expected to conform to a narrow repertoire of supposedly 'feminine' behaviour,⁴ men also had to adopt a fairly circumscribed role to be considered 'manly'.

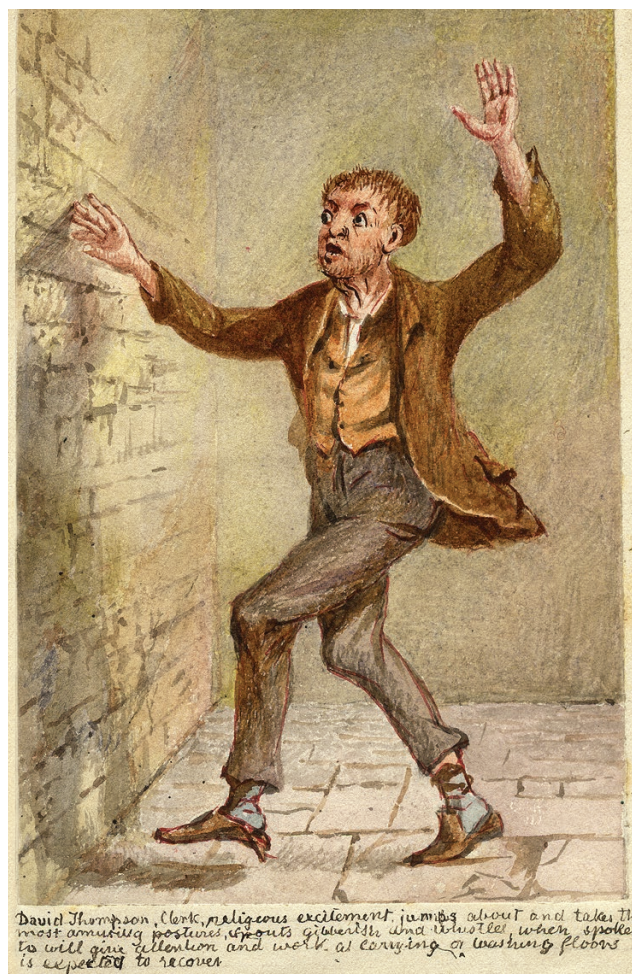
Shuster was eventually discharged relieved on 20 October 1890.

In this portrait, Thomas Shuster is pictured with a mauve hat and holding a cup of tea for which he 'will do anything' (Figure 2). The artist has presumably tried to capture his 'faraway look'. His name is spelt wrongly and he is said to have suffered a shock through disappointment in love, whereas the case notes stated that the cause of insanity was 'fright'.

David Thomson

David Thomson was admitted on 1 April 1882.⁵ He was 24 years old, single and described as a mason. He was from St Cuthbert's parish. He had had five previous attacks. He was said to have a hereditary predisposition and was considered

Figure 3 David Thompson. *Bruised Reeds* collection, RCPE



to be suicidal and dangerous. This attack had lasted several weeks. The first medical certificate read:

A most irritable temper – does not know when he tells lies. Thinks he is looking for work, when he is lying in bed... His Father says he threatens him, and swears violently at him and sister, and that he is very restless at night (p.629).

The second certificate read:

...Replies to almost every question poh! poh! lies, all lies! – Father and Sister say that their lives are in danger – that he gets no sleep at night, constantly getting in and out of his bed – beats the pillows – used obscene language – is dirty in his habits – uses the bed-room as a Water Closet, breaks the window etc (p. 629).

On admission, he said he was despondent because he had not been able to find work or 'agree with his friends since his discharge' (p.630). He was considered to be 'enfeebled' with impaired memory. He was recorded as having 'delusions of suspicion' and believed his friends were opposed to him. He was described as a 'thin, phthisical-like lad with retreating forehead' (p.630). He was noted to have one testicle absent and to have an inguinal hernia. His diagnosis was 'Mania' and Skae's classification was 'Insanity of Adolescence'.

He was placed in the 5th Gallery. On 3 April he was sent out to work in the garden and the case notes recorded: 'is very much abstracted at times & occasionally starts up suddenly, often laughs inordinately to himself' (p.631). He was removed from the 5th to 3rd Gallery and began to assist with the bread van. On 1 June, it was recorded: 'Is extremely noisy at night spending much of his time in swearing & in throwing off his bedclothes' (p.631). He became quieter and was considered to be a good worker in the East House garden. In November 1899, he was transferred to Craiglockhart poorhouse, 'Not Improved'.⁶

In his picture, David Thomson is seen in a very animated pose, different from most of the other portraits where the patient is seated (Figure 3). The background, which appears to be a cell, adds to the melodramatic atmosphere of the picture. He is said to show 'religious excitement' although the case notes do not mention this. The writer was entertained by Thomson and described him striking 'the most amusing postures', which perhaps was not the most compassionate approach to the patient's distress.

Charles Young

Charles Young was admitted to the REA on 8 March, 1880.⁷ He was 36 years old, single and described as a journeyman and upholsterer. He lived at 204 Rose Street and was a pauper patient from the City Parish. His habits had been intemperate for some time before admission. He had no previous attacks. The asylum doctor noted:

More than a year ago, patient's friends noticed a gradual change in his character & disposition was flighty, unsettled at his work, & became more intemperate in his habits. He had previously been a fairly temperate man & good workman. About 10 weeks ago he became much more unsettled... quarreled with his friends, threatened violence to his sister, did his work in a much less satisfactory way than before, & was constantly getting into trouble about it. For assaulting a policeman he was sentenced to a month's imprisonment, & left gaol only a week ago. Of late he has had delusions about his being about to take a grand house somewhere, has hired cabs & ordered numerous articles, when he had no money to pay for them, & has been threatening violence (p.323).

He had apparently threatened to strangle his sister's child. The first medical certificate stated: 'He imagines that he has £300 a year, and is about to be married, and to take a cottage at Morningside... and imagines himself to be a great man' (p.323).

The second certificate read:

Delusions that he is an artist, and proposes to Rome to study... Intends visiting Dirlerton Castle – and other delusions of grandeur... Sister states that he attempted to kill child in the house – and also assaulted herself – Has been drinking to excess of late (p.323).

Figure 4 Charles Young. *Bruised Reeds* collection, RCPE

On admission, he was reported as being considerably exalted and had a 'greatly exaggerated feeling of Bien-etre, says he is in the most magnificent health' (p.324). He was judged to be 'enfeebled', with poor memory and to show delusions of grandeur. He had 'a somewhat stupid & heavy expression of face' (p.324). His pupils were irregular and unequal. He had partial right ptosis and convergent strabismus. His articulation was impaired. The diagnosis was 'General Paralysis', as was Skae's classification.

He was placed in the 5th Gallery and sent out to work on the farm. His exaltation and excitement became worse and he was constantly threatening attendants and other patients. He was restless and noisy at night and was moved to a single room. On 27 March, it was recorded: 'His latest idea is that he has discovered the infallible cure for insanity, – he says we should decapitate all the inmates here, and supply them with new heads nicely fastened...' (p.325). He was later quoted as saying he had millions, rather than thousands, and would donate them to the REA.

He escaped while working on the farm, but was brought back the same day. He was moved from the 5th to the 8th Gallery. His condition deteriorated, he had fits and was described as 'fat stupid and emotional' (p.326). He died of 'General Paralysis of the Insane' on 3 December 1882. Young, like

Figure 5 James McNeill. *Bruised Reeds* collection, RCPE

Archibald, showed the typical symptoms of General Paralysis, but he also displayed grandiose delusions, which were also very common in the condition.

In the portrait, Charles Young looks composed (Figure 4). The text said 'supposes he is wealthy and has Armies and Navies everything on a tremendous scale'. He sang a lot and was known as 'The Marquis'.

James McNeil

James McNeil was admitted to the REA on 1 June 1882.⁸ He was 66 years old, single and described as a labourer. He was a pauper patient from Inveresk Combination Poorhouse. It was not known if he had a previous history or whether there was a hereditary predisposition (though further down, on the same page it is stated that his sister was in an asylum). This attack lasted a few days.

The first medical certificate stated: 'Wandering about the wards at night without any object, incoherent and noisy'. 'The Governor states that he is in bodily fear of persons, who wish to harm him' (p.733). The second certificate stated: 'He imagines that people are preparing guns to fire at him, and that he cannot get slept in consequence of the firing' (p.733).

On admission, the case notes recorded: 'Slight [exaltation], seems to be very pleased with his present circumstances, says this is such a beautiful romantic place & he would like very much to remain as he never saw a more beautiful house' (p.734). It was also noted that he had the delusion that people visit him at night and attempt to shoot him. He was described as 'a respectable looking old man' (p.734). He was very weak and walked with difficulty. Pupils much dilated and unequal. The diagnosis was 'Melancholia' and Skae's classification was 'Senile Insanity'.

He was placed in the 5th Gallery. On 2 June, the notes stated: 'is rather restless today, talks almost incessantly to himself, is more unsteady in his walk & appears a demented old man' (p.735). On 1 October, the notes stated:

Great mental enfeeblement & stupidity – labours under delusions of suspicions... and of locality. Has hallucinations of sight. Very restless will scarcely lie in bed day or night but wanders about in aimless fashion. Is dirty & cannot put on his own clothes... (p.735).

On 12 December, he died of heart disease and softening of the brain. In the portrait of James McNeil, the text comments that he 'seems to have lost something and cant tell what but always seeking and going somewhere, creates much amusement' (Figure 5). Again, this seems an inappropriate attitude towards the patient, mocking their difficulties. He wears a hat and two of the other patients also wear a hat, suggesting that it was part of the pauper 'uniform'.

William Elmslie Sang

William Elmslie Sang was admitted to the private East House on 22 January 1881.⁹ He was a 44 year old single civil engineer, living at 6 Molendo Terrace Edinburgh. Mollendo (the correct spelling) Terrace was situated in the affluent Newington area, in the south of Edinburgh.¹⁰

His disposition was described as 'cheerful' and his habits 'temperate'. It was noted that his sister had been insane. The predisposing cause was said to be apoplexy. The case notes record:

His friends noticed that at first he was nervous and irritable... That his walking was slow... After an attack which his friends describe as a stroke he had delusions of being under water and breathing glass, +c., also delusions of sight. Recent Bodily Symptoms – Walk still much affected – speech which previously had been affected at intervals for about an half an hour now [illegible] (p. 139).

He was not considered suicidal or dangerous. The present attack had lasted about two weeks. It was noted that he had applied himself constantly to his work and rarely took a holiday. When away from work, he was discontented and eager to get back. Medical certificate 1 read:

Incoherent manner of talking. He told me he had gone into the sea at Trinity for a long way in pressure of a

Figure 6 William Elmslie Sang. *Bruised Reeds* collection, RCPE



concourse of people, also at Kinghorn, that he had been taken up to the top of mountains, and had been confined in a room at first of a strong nature, and now of a very thin structure, that people were pumping in [illegible] Silver into the apartment, and that it was of extreme danger for his relatives to bring him food, owing to the state of the atmosphere... His sisters told me that there was great excitement, that he had shouted for the Police on one occasion, that he was afraid that all their veins + arteries would be converted into glass, owing to them bringing him food. Refusal to take food – and that he desired to carry about red-hot coal in paper about the house (pp. 139-40).

The second certificate essentially repeated the same information.

On admission he was considered to show 'Depression of a mild nature'. It was noted that he would not sit in a chair but wandered about in an aimless way. He was observed to be very 'enfeebled', he could not converse rationally, and his memory was greatly impaired. He had several delusions that 'he breathes glass, that he has gone under the sea' (p. 141). In speaking, the right side of his mouth was observed to close defectively. The diagnosis was General Paralysis, as was Skae's diagnosis.

He was placed in the 2nd Gallery and was noted to be restless and incoherent. He stated that 'there were a number of virgins

in his bedroom overnight' (p. 141). Later, it was recorded that he was 'continually speaking about some great work he has to do, and apprehension as to its success' (p. 142). He also attacked an attendant, striking him with his slipper.

On 14 February, it was noted: 'He is much more cheerful in disposition, and seems to take a fatherly interest in his fellow-patients, giving them the benefit of his advice gratuitously on many and varied subjects' (p. 142). On 22 April he was removed to the Western Department. A common reason for moving from the private to the pauper department was a lack of funds to pay for the private rate of board, and this is the most likely reason for Sang's move.

On his transfer to the Western Department, he was placed in the 4th Gallery.¹¹ He was considered to be generally 'full of self-satisfaction and mild benevolence'. Sometime later, he wandered from a picnic outing to the Braid Hills, which was situated near the asylum, but was soon found again, in the city centre. Sang became more feeble and confused. He burnt the soles of his feet on the fire in his gallery. He also claimed that there was a pipe in his head communicating with the Sea of Marmora and that he had been there the day before. He was transferred to the sick room and was noted to be very weak and his articulation unintelligible. He died on 21 October.

In the text accompanying his portrait, Sang is given the wrong first name of 'James' (Figure 6). He is described as a 'Clever Engineer & Inventor'. He was said to fancy that he owned 'immense machines' which he had self-invented for all purposes. This accords to some extent with the case notes which describe him as claiming he was involved in 'some great work'. The text accompanying the portrait also states that he claimed to be married to the Queen. His grandiose ideas are in keeping with the diagnosis of General Paralysis. In the portrait, he is holding some kind of mechanical device in his left hand and what appears to be a pen or instrument in his other. This may have been his characteristic presentation, but it might also have been posed by the portraitist. Despite the case note description of him as 'self-satisfied', he seems rather troubled in this picture.

Concluding remarks

Whereas many asylums, particularly in England, included photographs of patients in the case notes, the Royal Edinburgh Asylum did not. Both these sets of portraits, then, help us to gain some idea of how patients at Morningside looked at the time and how they were dressed. However, we view these portraits through a medical lens. From the outset, we know they are portraits of asylum inmates. The portraits signed by JM (John Miles) have the patient's diagnosis, patient number, case book reference and the name of the ward in which they resided. This knowledge affects how we see the people in the portraits. We make assumptions based on our perceptions (or prejudices) of what asylum patients are like. If one stripped the textual information from the JM pictures, it would be difficult, in some of them, to tell that these were portraits of mentally ill patients (though of course, in others,

such as that of William Beattie who is openly masturbating, there is less doubt). Indeed, the pictures resemble those done by the English artist, Leslie Ward, whose portraits of eminent figures of the day were published in the magazine *Vanity Fair* under the pseudonym 'Spy' in the late nineteenth and early twentieth centuries. Like the work of Miles, his portraits were executed in watercolour and featured a full-length figure in a clear background, unadorned by detail. It is very possible that Miles was aware of 'Spy's' illustrations and may well have been influenced by them when he came to paint his own portraits of asylum patients.

In the second series of unsigned paintings, the portraits are melodramatic and borrow from Gothic representations of madness.¹² Here the artist seems more concerned with illustrating 'madness', than depicting the patients as individuals. The accompanying texts to these pictures reinforce the idea that the people in them should be viewed as examples of insanity and little else. There are uncomfortable echoes of Bethlem Hospital which, in the eighteenth century, allowed the general public to come and 'view' the inmates.¹³ For example, the text for the portrait of James MacNeil tells us that his behaviour 'created much amusement'. More so than with the JM series, these painted portraits evoke much more of a sense of 'us' and 'them': the sane spectators, and the insane objects of their gaze. There is a moralistic tone to the texts: these individuals are not to be accorded sympathy or respect, rather they are to be ridiculed and condemned. We have suggested that the *Bruised Reeds* series was not painted by John Miles, but it is not clear how it came to be created. Was it the work of another patient? Would a study of the case notes to find other patients who were described as 'artists' and who were admitted around the same time as Miles reveal any clues? Would a comparison of the handwriting of the texts accompanying the *Bruised Reeds* pictures with that of patients' letters from the Royal Edinburgh Asylum help?

One consequence of the patients being presented in formal, single portraits, rather than in group portraits or in studies of scenes inside the asylum, is that they appear as isolates and we get little sense as to how they interacted with their fellow inmates. The case notes give some indication of this aspect and we learn about patients giving advice or helping others, working on the farm and in the grounds of the institution, but we also find them assaulting people and behaving antisocially.

All the patients are male and are drawn from the pauper wing of the asylum. This may have been merely because John Miles was in the pauper wing and that the wards of the asylum were segregated by gender. It would have been difficult for him to portray female patients without permission or formal direction from asylum staff. The fact there were no private patients in the series could simply be because Miles was in a different ward to them. But it might have been because private patients were not permitted to be portrayed, or because they refused to do so. This does raise the interesting ethical question as to whether the patients in

this series gave their permission to be drawn and painted. Did their lowly status mean that it was not considered necessary to consult them? Some of the patients were significantly cognitively impaired and may not have been able to have made an informed decision.

The mental conditions of the patients in the portraits reflect the common conditions found in the Royal Edinburgh Asylum at the time. Thus, we have cases of General Paralysis, Melancholia, Idiocy and Epilepsy, and we find that as a result of their conditions, many of these patients eventually died in the asylum. These patients also exhibited symptoms that were typical of the patient population of the time;¹⁴ they described being persecuted and poisoned, being spied upon; feeling hopeless and ruined; or alternatively feeling on top of the world and in possession of great fortunes and abilities. Many were also cognitively and physically impaired.

What of John Miles? He seems to have made a good recovery and, from what we can gather from the records, this was his only admission to the Royal Edinburgh Asylum. What can we say about the relation between his art and his mental illness? It seems, according to the case notes, that he only resumed his artistic activity after he started to recover. His melancholia rendered him unmotivated to paint, whilst his neurological weakness caused practical difficulties in holding a brush. Resuming his painting would have been good for his morale and might have been a form of therapy in itself. Given that Miles only became mentally ill when he was nearly 60 years old and had been painting for almost 40 years before then, it is unlikely that there was a strong link, in his case, between madness and creativity. Bakker, Van Tilborgh and Prins¹⁵ who looked at Van Gogh's creativity in relationship to his mental illness, debunked the Romantic association between the two, and judged that he painted in spite of his mental disturbance, not because of it. This observation applies to Miles, where it seems mental illness was an impediment, rather than a spur to artistic endeavor. From the limited number of works available, it does not seem that there was any dramatic change in Miles's artistic style. An able and conventional artist before his breakdown, there does not seem to have been any subsequent flight into what Hans Prinzhorn, in his characterisation of the art of the mentally ill, termed 'a disquieting feeling of strangeness'.¹⁶

Van Gogh, of course, also painted his fellow inmates, but these tended to be in the context of scenes from asylum life, rather than individual portraits. Charles Altamont Doyle, the artist and father of Conan Doyle, also portrayed his fellow inmates in his depictions of life in the Sunnyside Asylum, but he did so in groups rather than individually.¹⁷ Richard Dadd, the celebrated Victorian artist detained at Bethlem and Broadmoor asylums, painted 'Agony – Raving Madness', the mythical 'Crazy Jane' and his version of Ophelia, titled 'Columbine', but not individual patients, though Tromans speculates he may have used patients or asylum staff as models.¹⁸

William Bartholomew, a patient at the Crichton Royal Asylum in Dumfries, created portraits of his fellow inmates. Bartholomew, like Miles, had worked as an artist prior to becoming an asylum patient, in his case as a professional engraver.¹⁹ By contrast to Miles' illustrations, however, Bartholomew's portraits were traditional and uncomplicated in their composition. He had been commissioned by Dr WAF Browne, the Superintendent of the Crichton, to create a series of portraits to accompany Browne's 1854-1855 lecture series on mental diseases. The illustrations Bartholomew created, as a result, were starkly different from Miles' creations. Where Miles' works were fluid, showing movement and the full body of the subjects, Bartholomew's were static and posed, showing only the upper torso and head. Miles, as noted previously, included the background of his subjects, the bench they were sitting on, the wall they faced, while Bartholomew included no other content beyond the image of the sitter themselves. While Miles' works were illustrated in colour, Bartholomew's works were monochrome, similar to the style he had utilised in his earlier engraving work. These illustrations would clearly have worked well for their intended purpose, to be hung at the front of a lecture series to demonstrate the subjects of 'mania', 'melancholy' and 'idiocy' which they portray. Miles' portraits would have been less likely to meet such a purpose, given their smaller size and their level of detail and complexity.

Visual material is increasingly being utilised in the field of the history of psychiatry and is seen as a valuable resource for both exploring the past and for educational purposes. As evidence of this we have the creation of the Bethlem Museum of the Mind and the recent exhibition 'Bedlam: The Asylum and Beyond' at the Wellcome Collection in London with the accompanying book.²⁰ Even more recently, we have had the 'Moonstruck. 500 Years of Mental Health' exhibition at the Royal College of Physicians of Edinburgh, which featured the work of John Miles.

This appraisal of the portraits of the inmates of the Royal Edinburgh Asylum has encompassed such subjects as their symptomatology and mental condition; the attitude of medical staff to them; the art of the mentally ill; patient portraiture; and, most importantly, the contribution of John Miles to patient art. In his sensitive approach to portraying his fellow patients, Miles displayed compassion, perhaps borne out of his own experience, towards those whom the unsigned collection of portraits termed the 'bruised reeds' of the Royal Edinburgh Asylum. **1**

Acknowledgements

We would like to thank Dr Louise Williams of the Lothian Health Services Archive for the invaluable advice and information which she has provided. Without her assistance the production of this paper would not have been possible. We are also grateful to Robin Rodger of the Royal Scottish Academy of Art and Architecture for his assistance in uncovering elusive details of John Miles's artistic work.

References

- 1 LHB7 51 32. p.605.
- 2 LHB7 51 32. p.321.
- 3 LHB7 51 42. p.661.
- 4 Showalter E. *The Female Malady. Women, Madness and English Culture, 1830-1980*. London: Virago Press; 1987. (First published in 1985 by Pantheon Books).
- 5 LHB7 51 38. p.629.
- 6 LHB7 51 56. p.610.
- 7 LHB7 51 34. p.323.
- 8 LHB7 51 38. p.733.
- 9 LHB7 51 36. p.139.
- 10 National Library of Scotland [Internet]. *Scottish Post Office Directories: Edinburgh and Leith 1885-1886*. Available from: <https://digital.nls.uk>.
- 11 LHB7 51 38. p.109.
- 12 Gilman SL. *Seeing the Insane*. London and Lincoln: University of Nebraska Press; 1996 (First published by Wiley; 1982).
- 13 Andrews J, Briggs, A, Porter R, Tucker P, Waddington K. *The History of Bethlem*. London and New York: Routledge; 1997.
- 14 Beveridge A. Voices of the mad: patients' letters from the Royal Edinburgh Asylum, 1873-1908. *Psychol Med* 1997; 27: 899-908.
- 15 Bakker N, Van Tilborgh L, Prins L. *On the Verge of Insanity. Van Gogh and His Illness*. Van Gogh Museum: Yale University Press; 2016.
- 16 Prinzhorn H. *Artistry of the Mentally Ill*. (trans, E Von Brockdorff). New York: Springer Verlag; 1972.
- 17 Beveridge A. What became of Arthur Conan Doyle's father? The last years of Charles Altamont Doyle. *J R Coll Physicians Edinb* 2006; 36: 264-70.
- 18 Tromans N. Richard Dadd. *The Artist and the Asylum*. London: Tate Gallery Publishing; 2011.
- 19 For a more detailed discussion of Bartholomew's life and work, including examples of his art, see Park M. *Art in Madness: Dr W. A. F. Browne (1805-1885), moral treatment and patient art at Crichton Royal Institution, Dumfries, with special reference to his medical superintendence, 1839-1857* (Ph.D. diss., University of Glasgow, 2007): 319-30.
- 20 Jay M. *This Way Madness Lies. The Asylum and Beyond*. London: Thames & Hudson; 2016.