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

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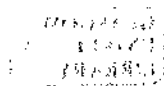
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Abstract

This thesis presents a detailed analysis of the art collection created by Dr W. A. F. Browne during the period from 1838 to 1857 when he was Physician Superintendent of Crichton Royal Institution in Dumfries. It is the earliest collection of asylum patient art known to have survived from the nineteenth century. Using the extensive archives at Crichton, the existing artwork is examined and the patients who became involved in this activity are identified. The art collection is presented as tangible evidence of Browne's therapeutic activities at Crichton.

The formation of the collection is placed within the context of Browne's career as one of the pioneers of moral treatment in Scottish psychiatry in the nineteenth century. His early training in Edinburgh and Paris, his years at Montrose Royal Lunatic Asylum and the publication of *What Asylums Were, Are, and Ought to Be* (1837) are discussed in relation to the changes in legislation and developments in medical practice that affected the treatment of the insane during this period. This thesis argues that it was Browne's experience of, and commitment to, the humane treatment of the insane that led him to introduce a programme of activities and pursuits, including art, for his patients at Crichton. The many varied activities designed to relieve, divert, educate and entertain his patients are examined - exercise, employment, educational classes, the creation of a library and museum, publication of an asylum periodical, musical and theatrical entertainments, drawing and painting, picnics in the countryside, and attendance at events in Dumfries.

Until now, research on the links between art, mental illness and moral treatment has identified only a few individual asylum patients who produced art. In presenting a study of a group of patients in a nineteenth-century asylum and their art production, the thesis places that art within the wider therapeutic context. A comparison is made between Browne's description of his collection in the article 'Mad Artists' and the volume of drawings, *Art in Madness*, now housed in Crichton Museum. The existing artwork is described in detail. The thesis identifies the reasons why Browne, alone among his peers, chose to preserve his patients' productions of 'art in madness'.

The thesis presents a detailed analysis of the patients who participated in art activity at Crichton. Ten female and thirty-six male patients and their art are examined.

Details are presented of their involvement in art, what works can be attributed to them and the type of subjects they chose to depict. Most of the drawings represent subjects that were typical of those selected by Victorian amateur artists - landscapes, natural history studies, portraits, narrative scenes and religious themes. Many are direct copies of engravings found in contemporary books and journals. The collection is shown to have contained portraits of the insane by a Crichton patient commissioned by Browne. The majority of the collection is presented as an example of 'sane' productivity by the insane.

Browne's interest in art continued after his appointment as Commissioner in Lunacy for Scotland in 1857. His later career afforded him an opportunity to visit other Scottish asylums where he collected samples of patient art. Art as an activity for patients continued at Crichton and works produced there after 1857 were also added to his collection. Browne's promotion of moral treatment through the arts can be viewed as a forerunner of more recent developments in health care provision. The Crichton art collection is a testament to Browne's commitment to moral treatment, his dedication to patient care and his belief in the therapeutic powers of art.

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Unless otherwise indicated within the thesis text, all illustrations are reproduced courtesy of Crichton Museum.

Acknowledgement

I wish to acknowledge the financial support of the University of Glasgow and the encouragement given by staff of the Faculty of Education, in particular colleagues in the Department of Adult and Continuing Education. Few students can have derived so much pleasure from 'the PhD experience'. This has been due in part to the many individuals who have aided my research and I wish to acknowledge their kind assistance:

To my supervisors, Dr Malcolm Nicolson, Dr Alison Mackenzie and Dr Frank O'Hagan, I wish to record my special thanks. As the thesis moved away from education towards history of early psychiatry, Malcolm Nicolson has taken over the position of lead supervisor with great skill and conscientiousness. His knowledge of the history of medicine has been a constant source of inspiration. I am most grateful to all three supervisors for their great good humour, guidance and wise counsel. It has been very much appreciated.

Finally, I wish to acknowledge the support given by my family - Richard, Julia and Michael. For the last five years they have had to live with the emerging story of Dr Browne and his patients. Their patience, love, encouragement and assistance have known no bounds. Without their support this thesis would not have been possible.

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To

Richard, Julia and Michael

with my love

Declaration

I declare this thesis to be my own work, except where specifically stated in the text. The study was conducted between October 2001 and July 2006 under the supervision of Dr Malcolm Nicolson, Dr Frank O'Hagan (2004-6) and Dr Alison Mackenzie (2001-4), in fulfilment of the requirements for the degree of Doctor of Philosophy under the regulations of the University of Glasgow.

Maureen Patricia Park

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Abbreviations

CRI	Crichton Royal Institution
EUL	Edinburgh University Library
LHSA	Lothian Health Services Archive
NHSGCBA	NHS Glasgow and Clyde Board Archives
NLS	National Library of Scotland
RCPE	Royal College of Physicians of Edinburgh
SCA	Southern Counties Asylum
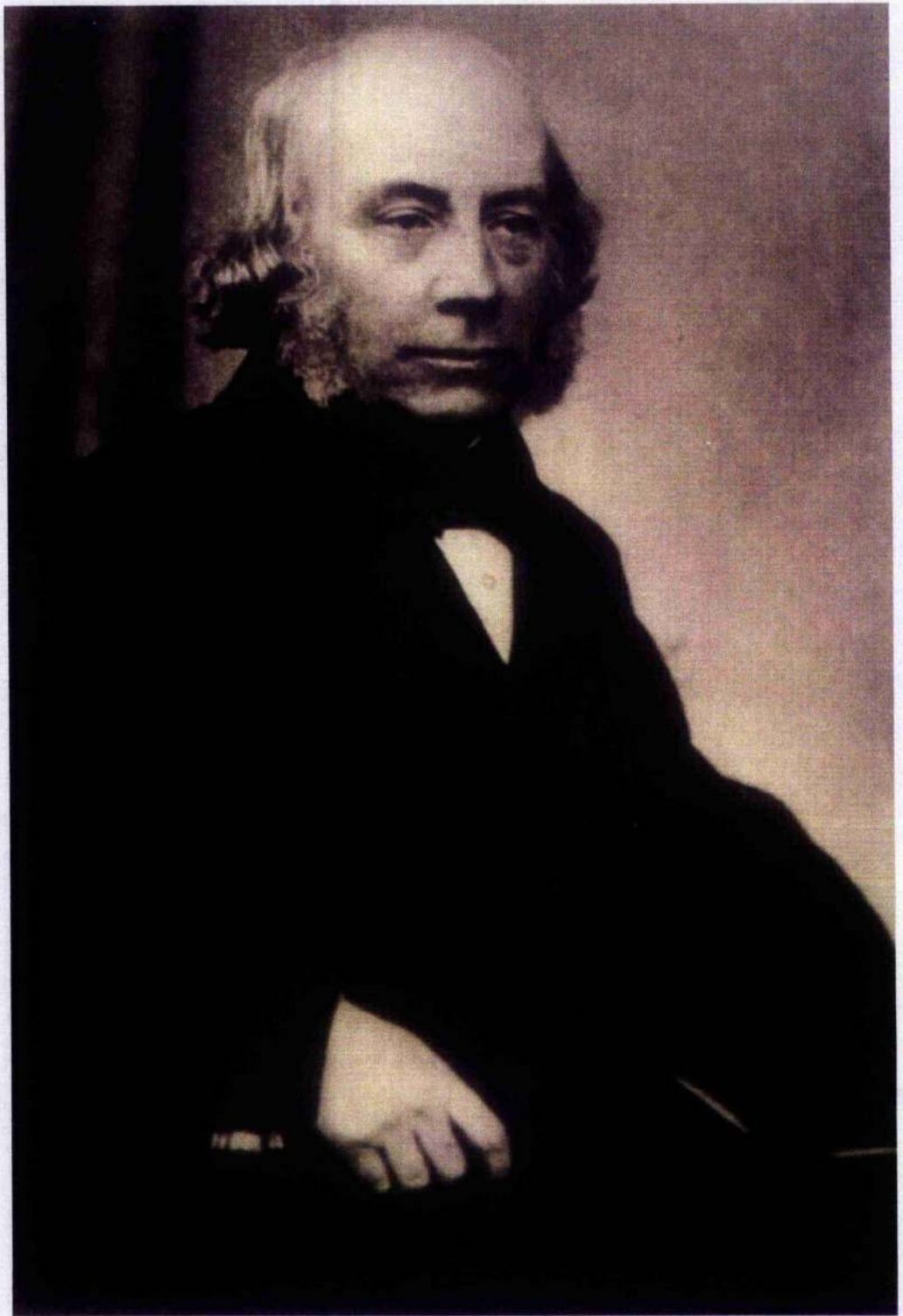
Dr William Alexander Francis Browne (1805-1885)

Chapter 1

Introduction, Aims, Methodology and Archival Sources, Previous Literature, Synopsis of Chapters

Where there is a work of art, there is no madness.[1]

Introduction

The narrative of the descent into madness of the English artist Richard Dadd (1817-1886), the murder of his own father in August 1843, and his subsequent confinement as a 'criminal lunatic' in Bethlem Hospital and later, in Broadmoor Hospital, is now well documented.[2] As the anonymous contributor to *The Art-Union* reflected:

> Alas! It is, indeed, a heavy penalty – that which poor humanity pays for enjoying the gift of a fertile imagination ... The history of the human mind, as exemplified by those who have exercised its nobler attributes, presents a melancholy record of high hopes or miserable disappointments – both too often ending in madness.[3]

Writing only months after Dadd's horrific crime had been committed, the author could not have known, or indeed have imagined, that Dadd's artistic output would not end with his withdrawal from the 'sane' world. Encouraged by his physicians and the hospital staff, Dadd was to produce paintings, drawings, glass panels and theatrical designs until the last years of his life. It is his pictures created in the asylum, such as *The Fairy Feller's Master-Stroke* (1855-64), rather than his earlier works, that grace the walls of Tate Britain today. Art offered Dadd a means of escape from the monotonous routine and restrictions of hospital life, an opportunity to practice his profession, and an outlet for expressing the world of his 'fertile imagination'. Perhaps, too, his physicians hoped that art could be employed as a therapeutic tool, repairing, at least in part, his fractured mind.

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[1] M. Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, transl., R. Howard, London: Tavistock Publications, 1967, pp. 288-9.
[2] P. Allderidge, *The Late Richard Dadd*, London: The Tate Gallery, 1974; J. M. MacGregor, *The Discovery of the Art of the Insane*, Princeton, New Jersey: Princeton University Press, 1989. Richard Dadd's art activity will be discussed in more detail in Chapter 7.
[3] Anon., 'The Late Richard Dadd', *The Art-Union*, October 1843, p. 267.

Dadd's case was exceptional: during his years of confinement, 1844 to 1886, he was the only patient at Bethlem and Broadmoor known to have produced art. Although drawings by earlier patients such as Jonathan Martin in Bethlem and Richard Nisbett in Pennsylvania Hospital for the Insane do survive, they, too, are isolated examples.[4] The concept of the insane creating art within the confines of an asylum was little known or understood in the early-nineteenth century. Patients were admitted to keep them safe and to keep the world safe from them; cure, if it was sought at all, was a welcome, but too often rare, result of such confinement. At the York Retreat, however, a new emphasis was placed upon the value of employment and pursuits as forms of therapy for the care of the mentally ill.[5] 'Moral treatment', as it became known, aimed to replace neglect and monotonous routine with occupation and activity, fetters and chains with humane kindness and encouragement. But, as this thesis will reveal, the founders of the York Retreat, as members of the Society of Friends, did not encourage their patients to participate in art activities.

By the mid-nineteenth century, even with the spread of moral treatment, few British institutions nurtured the artistic talents of their patients. While the poet and artist William Blake (1757-1827) may have questioned, 'What has reasoning to do with Art or Painting?', most of his contemporaries would have understood art as the product of a rational and ordered mind.[6] Indeed, many would have agreed with Sir Joshua Reynolds (1723-1792) that only when the mind of an artist had been trained and disciplined through rigorous instruction, could he safely 'venture to play on the borders of the wildest extravagance.'[7] Although Reynolds had no wish to 'cramp and fetter the mind', he warned against giving 'too much indulgence' to 'peculiarity'.[8] Those confined in asylums, irrespective of their former professions or interests, were believed to have lost their powers of reasoning; thus, they were surely incapable of producing 'sane' art of any merit. If Blake was correct, and art should be seen as the product of imagination, not reasoning, then physicians could be excused for considering that participation in drawing and painting might only exacerbate the mental disturbance of their patients.

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[4] For detailed information on the work of these artist-patients, see MacGregor, *The Discovery of the Art of the Insane*, pp. 29-32, 45-66. Jonathan Martin's art will be discussed in more detail in Chapter 7.
[5] For more information on the history of the York Retreat, see A. Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914*, Cambridge: Cambridge University Press, 1985.
[6] W. Blake, *Annotations to Sir Joshua Reynolds' Discourses*, quoted in R. Goldwater, M. Treves, *Artists on Art from the 14th-20th Centuries*, London: John Murray, 1976, p. 263.
[7] J. Reynolds, *Discourses Delivered to the Students of the Royal Academy by Sir Joshua Reynolds, Kt.*, R. Fry, ed., London: Seeley and Co., 1905, 'The Second Discourse', p. 22.
[8] Ibid., 'The Fifteenth Discourse', pp. 408-9.

This was not a view shared by Dr William Alexander Francis Browne (1805-1885), the first Physician Superintendent of Crichton Royal Institution in Dumfries, 1838-1857.[9] Under his guidance patients were stimulated by artistic, musical, literary and cultural activities designed to cure, or at least alleviate, their mental diseases. Such was his interest in his patients' work that in 1880 he was able to describe 'three gigantic volumes containing the *pseudo* art of lunatics'.[10] It was Browne's intention to demonstrate that the insane were capable of producing art of real merit, free from the taint of Reynolds' 'peculiarity'. As Browne observed, the viewer of his collection would find few works in which a 'trace' could be detected 'of the mental or moral lesion under which the workmen suffered'.[11] In using the term '*pseudo* art', however, he may have been acknowledging that he understood how such art would be perceived by his intended audience – those working in the field of psychiatry. Few of his colleagues saw any value, artistic or medical, in their patients' drawings.

By 1880, when psychiatrists such as Cesare Lombroso (1835-1909) were only beginning to appreciate the importance of art by the 'insane', Browne was able to reflect upon a collection that he had begun almost forty years earlier, and was probably the first of its kind in the world.[12] There is no other known earlier example of asylum art being fostered, collected and valued in such a comprehensive manner. More than a century later, part of Browne's original collection of 'Art in Madness' was rediscovered at Crichton Royal Hospital, Dumfries and is housed today in Crichton Museum. Representing one aspect of Browne's pioneering direction of 'moral treatment' at Crichton, this little-known collection and the patients who became involved in art activity are the subject of this thesis.

Aims

At the heart of this thesis lie Browne's art collection and the artist-patients who contributed to it. While much of the focus of this research has been placed on Browne's years at Crichton, 1838-1857, the period when the collection was being formed and

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[9] Although Browne was appointed Physician Superintendent of Crichton in 1838 patients were not admitted until 1839. Thus patient artwork only dates from 1839.

[10] Anon. [W.A.F. Browne], 'Mad Artists', *The Journal of Psychological Medicine and Mental Pathology*, 6, 1880, 33-75.

[11] Ibid., p. 35.

[12] Lombroso's collection of art survives in the Museo di Antropologia Criminale (Museum of Criminal Anthropology), Turin.

shaped, the thesis begins with a brief survey of Browne's early years, in order to place art activity within the wider context of Browne's studies in mental diseases and his commitment to moral treatment. It investigates how Browne's training in Edinburgh, his connections with phrenology, his enthusiasm for reform in the care of the insane and his experience at Montrose Royal Asylum contributed to his appreciation of patients' productions.

The individual works within the Crichton art collection can be enjoyed and admired in their own right for their quality of production, facility of drawing or charm of composition but they cannot be fully understood or appreciated without a knowledge of the environment in which they were created. This thesis aims to locate drawing and painting as an activity within the context of moral treatment at Crichton. Browne was one of the pioneers of moral management and treatment in Scottish asylums and this thesis will attempt to show that art was only one of many activities on offer to his patients. Drawing and painting will be placed with the context of other moral diversions such as musical and theatrical events, lectures, the publication of an asylum magazine, visits to the asylum's own museum as well as visits made beyond the asylum's walls, all of which, Browne believed, could have beneficial therapeutic effects for his patients. The thesis also attempts to show how fine art was also used as a form of decoration within the asylum to enhance the healing environment.

Having set the scene for art as decoration and as activity at Crichton, the thesis then presents a detailed analysis of Browne's art collection. It will explore what we know about the original collection from his writings, in particular from his article 'Mad Artists', the range of works selected for inclusion and what survives today in the Crichton Museum and other locations. It aims to show that many of the drawings are direct copies of engravings found in contemporary books and journals and represent subjects typical of those selected by Victorian amateur artists - landscapes, natural history studies, portraits, narrative scenes and religious themes. Not all of the works can be attributed to particular patients and a selection of the drawings without attribution will be discussed. The thesis will also identify those works in the collection that were produced by patients confined at asylums other than Crichton.

The thesis identifies those patients who became involved in art activity at Crichton. Although a number of artist-patients had already been identified through

earlier research, an attempt is made to present a comprehensive compilation of all Crichton artist-patients during Browne's superintendence as identified through an examination of the extensive archival records. It will attempt to discover how common art activity may have been at Crichton and why certain patients were more liable than others to become involved. The cases of individual patients, divided into female and male, will be investigated in order to identify links between them and to attribute, where possible, specific works to them. In a few cases, works by Crichton patients have been located in other collections and these will be identified. The reasons why Browne encouraged drawing and painting and his patients chose to become involved in art activity will also be discussed.

The thesis concludes with a brief examination of Browne's career after 1857 when he was appointed Commissioner in Lunacy for Scotland. It will show how his collection of patient art continued to expand and will identify those drawings that must have been added after 1857. The extent to which drawing and painting were encouraged at Crichton after Browne's departure will be discussed and those patients who continued in their art activity as well as new artist-patients will be identified. The thesis aims to present Browne's art collection as an admirable demonstration of patient productivity and as a tangible record of Browne's life-long commitment to moral treatment.

Methodology and Archival Sources

The approach taken in this thesis is multi-disciplinary, reflecting aspects of the history of psychiatry, art history and practical art. Relying heavily upon the Crichton hospital archives, a descriptive format has been adopted. This section identifies the main sources and the research methods employed in this study.

Throughout the thesis the term 'artist-patient' has been adopted to identify those patients who are known to have been involved in art activity. For the sake of consistency in the text, the title 'Physician Superintendent' has been used for Browne's post at Crichton as adopted by the former Physician Superintendent, C. C. Easterbrook, in *The Chronicle of Crichton Royal* (1937) and as adopted by the present Archivist, Morag Williams.[13] This is used in preference to 'Medical Superintendent' which Browne often adopted or 'Resident Physician', the title that appears in the list of staff in

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[13] C.C. Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, Dumfries: Courier Press, 1937.

the hospital's *Annual Reports*. These titles were interchangeable in the nineteenth century. Also, the decision was taken to retain nineteenth-century medical terminology such as 'lunatic' and 'idiot' where appropriate to the contemporary context. With reference to the types of insanity mentioned in the thesis, Browne's original classifications, such as 'monomania of pride' and 'fatuity', have also been retained.

This thesis has taken the form of an archival study. The primary source has been the records of Crichton Royal Institution, stored in Crichton Museum. Before this study began, much research had been done by Morag Williams on the history of Crichton, the contribution of Browne and the other superintendents from this, and later, periods and on individual patients. Having located one volume of Browne's art collection in 1984, Mrs Williams had compiled a basic catalogue of the drawings, recording all inscriptions on the front and reverse sides. This has proved invaluable because some inscriptions written on the drawing mounts did not survive when the mounts were replaced while others, written in pencil, have faded over time. Mrs Williams had been able to identify nineteen Crichton artist-patients as contributors to the collection. The case notes had been read and files compiled for these patients. Although other drawings have been added to the archives in Crichton Museum since the compilation of Browne's collection, a decision was taken to exclude them from this research and only passing reference will be made to them in Chapter 10.

It was clear, however, that other patients could also have been active in the production of art. A decision was made at the start of this project to access all surviving documentation relating to the period of Browne's superintendence of Crichton, from 1838 to 1857, in order to ensure as accurate a picture as possible of art activity in the asylum. This is the first time that all such sources have been examined. The *Annual Reports*, recording details of admissions, treatment and analysis of types of mental diseases and improvements in hospital accommodation and provision, proved an important primary source for this study. They present the most comprehensive chronological survey of developments at Crichton. The *Annual Reports*, designed to encourage subscriptions, were used also to promote a positive view of moral treatment; many of the claims Browne made in them for the success of therapeutic approaches can be corroborated by a study of individual patient case notes.

Browne was meticulous in his documentation. He wrote the case histories for his paying and pauper patients into bound books and an amanuensis, sometimes one of his patients, copied them into separate volumes. For all patient case notes up to 1857, Browne's original manuscript set, MS Case Books (1989.213), has been used to eliminate any misreading of text that appears occasionally in the copies, Case Notes (1989.54-64). As the MS Case Books ceased on Browne's departure, any information mentioned after this date is taken from the later Case Notes (1989.64-69). After the opening of the Southern Counties Asylum in 1849, pauper patients were transferred to the new building and their notes thereafter were recorded in separate SCA MS Case Books (1989.214) and SCA Case Notes (1989.70-85). The case notes of every patient from these years (1284 individuals) were read, leading to the identification of another twenty-seven artist-patients. Notes taken for all patients included the following information (if recorded in the original documentation): name, former place of residence, age, level of education, date of admission, rate of board, form of illness, participation in asylum activities and date of discharge or death. As research progressed it became apparent that a number of works in the collection dated from after Browne's departure in 1857 and could have been produced by patients admitted after this date. As a result, it became necessary to examine the case notes of every patient (3402 individuals) admitted to Crichton from 1858 to 1885, the year of Browne's death. This ensured that all patients who participated in art could be identified. Where reference was made to their involvement in art, the full case notes were recorded. It should be noted that the case notes of Southern Counties Asylum patients after 1857 are often extremely brief, noting only the most basic personal details.

In their article, 'Reconstructing Clinical Activities', Guenter B. Risse and John Harley Warner have highlighted the benefits and problems of using patient case notes as primary sources.[14] More recently, Jonathan Andrews has pointed to the incompleteness of some case notes, the areas of bias in their recording and their occasional inter-textual discrepancies.[15] As Andrews has observed, it is essential 'to validate and supplement the processing of case note material by reference to other documentation.'[16] To ensure a comprehensive approach to the Crichton Royal Institution archives, the following

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[14] G.B. Risse, J.H. Warner, 'Reconstructing Clinical Activities: Patient Records in Medical History', *Social History of Medicine*, 5, 1992, 183-205.

[15] J. Andrews, 'Case notes, case histories, and the patient's experience of insanity at Gartnavel Royal Asylum, Glasgow, in the nineteenth century', *Social History of Medicine*, 11, 1998, 255-81.

[16] Ibid., p. 264.

material was also accessed: *Minute Books* from 1840; *General Register*, 1840-1885; *Obligants' Book*, 1839-1912; Sheriff's Warrants; Dr W. A. F. Browne File; *The New Moon* magazines; *Reports* of the Board of Lunacy, Scotland, 1859-1885; *Acts of Parliament* relating to the hospital; *Scrap Books* compiled by C. C. Easterbrook and James Flett; *Register of Discharges and Removals*, 1858-1884; *Register of Voluntary Admissions*, 1863-1884; Library Catalogue; *Testimonials in favour of W. A. F. Browne, Surgeon, as Candidate for the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1834; *Crichton Library Catalogue*, 1853; *Songs in the Night* by patient M. Whittenbury.

A valuable source of information on Browne was the file (1983.588), compiled by Morag Williams, which contained copies of documents relating to Browne and his family. Research for this thesis has supplemented these records with biographical details obtained through his own publications, official documentation for his medical studies in Edinburgh and for his period as Commissioner in Lunacy, and the obituaries which appeared after his death. Details were also obtained from European and American archives. Information acquired from his private correspondence (unpublished, and hitherto unexplored) with friends such as Dr Pliny Earle is presented in this thesis for the first time.

The decision was taken to include the patients' biographical details and medical history whenever it was considered relevant either to the discussion of their art production or to the general profile of artist-patients and their backgrounds. The Crichton archives revealed that many artist-patients had been confined in other public and private asylums. To present as full a history as possible and to check if their art activity had commenced before, or continued after, their residence at Crichton, the records for a number of hospitals have been accessed. These include Montrose Royal Lunatic Asylum, Glasgow Royal Lunatic Asylum (Gartnavel), Royal Edinburgh Asylum (Morningside), Millholme Asylum in Musselburgh, Elgin Asylum, the York Retreat and Cheadle Royal Hospital (Manchester Royal Lunatic Asylum). Investigation into the archives of the following asylums revealed that no records have survived for the Crichton artist-patients who had also been resident there: Garngad Asylum, Glasgow; Saughton Hall, Edinburgh; Newbattle Asylum, near Edinburgh; Dr Poole's Private Asylum, Aberdeen; Mr Jenkins's Private Asylum, Witham, Essex; Walton Lodge, near Liverpool; Tuebrook Villa, near Liverpool; and Kensington House Asylum, London. To

gain further information on the artist-patients, material from a wide range of British institutions was accessed, including art galleries and museums, health services, universities, medical colleges, national and local libraries, research centres and private collections. It should be noted that where reference is made to material in other archives and institutions, the preferred style of referencing for each archive has been adopted.

Finally, since the author's own field of expertise lies in art history, the approach to Browne's art collection adopted in this thesis has reflected this particular interest. It was apparent from a study of the drawings that many were copies of original prints. Only a few of the originals chosen for copying were by celebrated painters such as Dürer and Raphael; others were the work of less well-known artists and it was considered probable that they had appeared as illustrations in contemporary publications. As a result, a search was made of art journals and books on art, history, biography, travel and religion published within the relevant period, to identify possible sources. All items listed in the Crichton Library Catalogue (1853) were also checked, when identification of individual volumes was possible. Further, Internet sites for antique prints were found to be extremely useful in aiding initial identification of images.

Previous Literature - Historiography of Psychiatry

Browne's superintendence of Montrose and Crichton asylums coincided with reforms in the care of the insane, the rise of institutions and the emergence of psychiatry as a profession. It is a period in the history of psychiatry that has aroused much controversy in recent years. Before the 1960s the conventional approach to the subject - historical accounts of individual asylums and biographies of eminent psychiatrists - presented developments in the treatment of mental diseases as progress from 'cruelty and barbarism to organized, institutional humanitarianism, and from ignorance, religion, and superstition to modern medical science.'[17] However, in 1961 such an 'heroic' interpretation of the past was challenged by Michel Foucault in his attack against the Enlightenment, *Folie et déraison: histoire de la folie à l'âge classique*, translated into

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[17] R. Porter, M.S. Micale, 'Introduction: Reflections on Psychiatry and Its Histories' in M.S. Micale, R. Porter, eds., *Discovering the History of Psychiatry*, New York and Oxford: Oxford University Press, 1994, p. 6.

English in 1965 as *Madness and Civilization*.[18] Foucault presented the 'great confinement' of the insane in vast asylums constructed in Europe in the seventeenth and eighteenth centuries as a movement of social control that forged new chains for the mad rather than liberating them.

Foucault's controversial account of the development of asylum provision has provided a stimulus for research, broadening out the history of psychiatry to take greater account of its social, political and economic dimensions. In *The Trade in Lunacy* William Parry-Jones made extensive use of manuscript sources and historical data to provide a pioneering study of the development and function of private madhouse facilities in England.[19] Of those scholars, among them Klaus Doerner and David Rothman, who have provided a 'revisionist' view of the psychiatry's history few have had a greater impact in this field than Andrew Scull.[20] He has made the subject of the incarceration of the insane the focus of significant research over many years.[21] The publication of *Museums of Madness* in 1979 was the first, and the most influential, of his many explorations of the historical sociology of mental illness in the nineteenth century.[22] In this and subsequent publications, such as *The Most Solitary of Afflictions* (1993), a reworking of *Museums of Madness* which took account of more recent empirical research, Scull explained the rise of asylums as a response to demands of market capitalism, arguing that the incarceration of the mad was one of society's solutions to dealing with those who could not contribute to the new industrial and commercial developments in Britain. Rejecting the spirit of philanthropy as a significant factor, he viewed this development as designed more for the benefit of society than for the welfare of the insane.[23] According to Scull, British asylums became 'Victorian bins' for depositing the incurable mad as moral treatment deteriorated into a repressive

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[18] M. Foucault, *Folie et déraison: histoire de la folie à l'âge classique*, Paris: Plon, 1961. M. Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, transl. R. Howard, New York: Pantheon Books, 1965.

[19] W. Parry-Jones, *The Trade in Lunacy: A Study of Private Madhouses in England in the Eighteenth and Nineteenth Centuries*, London: Routledge & Kegan Paul, 1972.

[20] K. Doerner, *Madmen and the Bourgeoisie: A Social History of Insanity and Psychiatry*, transl. J. Neugroschel, J. Steinberg, Oxford: B. Blackwell, 1981; D.J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, Boston: Little, Brown, 1971.

[21] A collection of his writings has been published recently. See A. Scull, *The Insanity of Place/The Place of Insanity: Essays on the History of Psychiatry*, London and New York: Routledge, 2006.

[22] A. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England*, London: Allen Lane, 1979.

[23] A. Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900*, New Haven and London: Yale University Press, 1993.

regime of management. Scull has also interpreted the development of institutional care as a means of professional enhancement for the early alienists.

As Scull has recently reflected, his interpretation of the past, like that of Foucault, has 'served at the very least as a provocation to other scholars'.[24] In response to Foucault, Roy Porter has noted, for example, that while the institutionalisation of the insane in Britain had its origins in the later eighteenth century, large-scale asylum provision only developed widely after 1800. In *Mind-Forg'd Manacles* Porter questioned Foucault's interpretation of the 'great confinement' as an attempt by society to police the poor, pointing to the fact that many of those confined were from the wealthier classes.[25] He disputed Foucault's claim that all inmates were regarded as brutes by society and that patients were forced into labour in the eighteenth century; rather, Porter argued that patients were more often left idle during this period. Porter has also questioned the validity of Scull's claim that eighteenth-century madhouses were no more than 'shit, straw and stench', identifying some small asylums where individual care was given and moral treatment was already being practised. In *Madness and Civilization* Foucault had presented the York Retreat as a place where work was imposed as a 'moral rule' on its patients but in *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914*, Anne Digby has sought to explain why such a policy would not only have been accepted but would even have been welcomed by the Quakers housed there.[26] Digby has also refuted Scull's claim that all asylums became 'warehouses' for the long-term insane; in her statistical analysis of patients admitted to the Retreat, she has shown that almost half remained less than one year and points to results from other asylums in Lancaster and Oxfordshire which have indicated even higher percentages of short-stay patients.[27]

In *The Most Solitary of Afflictions* and in his contribution as principal editor and as author of chapters on individual 'mad-doctors' such as John Conolly and W. A. F. Browne in *Masters of Bedlam*, Scull has highlighted the ways in which early psychiatrists sought to establish their monopoly on the treatment of mental diseases and

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[24] Scull, op. cit., see note 21 above, p. 4.

[25] R. Porter, *Mind-Forg'd Manacles*, London: Athlone Press, 1987.

[26] Digby, op. cit, see note 5 above; P. Allderidge, 'Bedlam: fact or fancy?' in W. F. Bynum, R. Porter, M. Shepherd, eds., *The Anatomy of Madness: Essays in the History of Psychiatry*, 3 vols., London and New York: Tavistock Publications, 1985, Vol II, 17-33.

[27] Digby, op. cit, see note 5 above, pp. 218-9.

to consolidate their professional specialty.[28] Jonathan Andrews perceives Scull's apparent desire to find fault with early alienists as a weakness in his approach and questions Scull's focus on the actions and writings of mad-doctors to the exclusion of the views of other participants in the confinement of the insane – the local authorities, patients and their families.[29] This thesis will also question Scull's interpretation of Browne's professional ambitions in light of research on Browne's years at Crichton and his later appointment as Commissioner in Lunacy.

Research has further expanded to take in different approaches to the confinement of the insane. In-depth studies of individual British asylums such as Digby's account of the York Retreat, Charlotte Mackenzie's *Psychiatry for the Rich: A History of Ticehurst Private Asylum, 1792-1917* (1993) and *The History of Bethlem* (1997) by Jonathan Andrews and others offer new insights into the development of medical management and patient care at these establishments.[30] The development of the medical health services from the mid-eighteenth century to the present time has been the subject of studies by Kathleen Jones.[31] Earlier periods have been explored, notably the seventeenth century by Michael MacDonald and the eighteenth century by Roy Porter.[32] But undoubtedly it is the nineteenth century, the period of institutionalisation of the insane and the rise of psychiatry as a profession that has attracted much scholarship. Over the years Porter has been instrumental in writing, editing and gathering together many scholarly interpretations on the subject. *The Anatomy of Madness* (1985), co-edited with W. F. Bynum and Michael Shepherd, presented essays arranged

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[28] A. Scull, C. Mackenzie, N. Hervey, *Masters of Bedlam*, Princeton, New Jersey: Princeton University Press, 1996.

[29] J. Andrews, 'Review of *Masters of Bedlam*'. See Institute of Historical Research, Reviews website at www.history.ac.uk/reviews/paper/masters.html. Accessed 18 December 2006. Scull's concluding remarks in *The Most Solitary of Afflictions* are particularly critical of alienists.

[30] J. Andrews, A. Briggs, R. Porter, P. Tucker, K. Waddington, *The History of Bethlem*, London and New York: Routledge, 1997; C. Mackenzie, *Psychiatry for the Rich: A History of Ticehurst Private Asylum, 1792-1917*, London and New York: Routledge, 1992.

[31] K. Jones, *Lunacy, Law and Conscience, 1744-1845. The Social History of the Care of the Insane*, London: Routledge & Kegan Paul, 1955; K. Jones, *A History of the Mental Health Services*, London: Routledge & Kegan Paul, 1972; K. Jones, *Asylums and After. A Revised History of the Mental Health Services: From the Early 18th Century to the 1990s*. London & Atlantic Highlands, New Jersey: Athlone Press, 1993.

[32] M. MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth Century England*, Cambridge and New York: Cambridge University Press, 1981. Roy Porter has published extensively on aspects of eighteenth-century psychiatry and medicine, for example, Porter, op. cit., see note 25 and R. Porter, ed., *George Cheyne: the English Malady (1733)*, London and New York: Routledge, 1991. Scull has also ventured into the eighteenth century in his recent publication *Undertaker of the Mind* which makes extensive use of primary sources to explore the life and practice of John Munro, physician to Bethlem. See J. Andrews, A. Scull, *Undertaker of the Mind: John Monro and Mad-Doctoring in Eighteenth-Century England*, Berkeley and London: University of California Press, 2001.

thematically with subtitles such as 'People and Ideas', 'Institutions and Society' and 'The Asylum and its Psychiatry'.[33] In *Discovering the History of Psychiatry* (1994) Mark S. Micale and Porter have presented twenty essays highlighting the complexity of writing about the history of mental illness and its treatment.[34] The international development of institutional care of the insane from the nineteenth century is the focus of *The Confinement of the Insane* (2003) edited by Porter and David Wright.[35]

While much of this scholarship has centred on English asylums, particular aspects of the care of the insane in nineteenth-century Scotland have been investigated. Frank Rice's unpublished thesis, *Madness and Industrial Society* (1981), focused upon the development of the seven royal asylums in Scotland during the years 1830-1870.[36] It is the period when Browne's positions of authority, as superintendent of two of Scotland's royal asylums (Montrose and Crichton) and as Commissioner in Lunacy, allowed him to make a significant contribution to the care and treatment of the insane in Scotland. Rice has pointed to differences between the response in Scotland and in England to the problem of what to do with the insane. He has argued that England was more reliant than Scotland on the private trade in lunacy; he points to the existence of the royal asylums in Scotland as one reason for Scotland's slower adoption of the process of state involvement in institutionalising the insane and for the smaller scale of asylum provision. He also presents each of the royal asylums as practicing moral management but adopting only slowly innovatory medicinal treatment. The present thesis will examine the Crichton records to show how accurate a picture this was for Browne's superintendence there. Rice disagrees with Scull on three issues: that in Scotland the building of asylums was contemporaneous with, rather than as a result of, industrialisation; that the spirit of philanthropy was influential on the reform movement; and that the organisation of the insane in Scotland preceded the 1857 Act and began in the late-eighteenth century.

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[33] Bynum, Porter, Shepherd, op. cit., see note 26 above.
[34] M.S. Micale, R. Porter, eds., *Discovering the History of Psychiatry*, New York and Oxford: Oxford University Press, 1994.
[35] R. Porter, D. Wright, eds., *The Confinement of the Insane: International Perspectives, 1800-1965*, Cambridge: Cambridge University Press, 2003.
[36] F. Rice, Madness and Industrial Society: A Study of the Origins and Early Growth of the Organisation of Insanity in Nineteenth Century Scotland c.1830-70, unpublished PhD thesis, 1981. Copy in Strathclyde University Library. See also F. Rice, 'The origins of an organisation of insanity in Scotland', *Scottish Economic and Social History*, 5, 1985, 41-56.

More recently, Robert Allan Houston in *Madness and Society in Eighteenth-Century Scotland* has used contemporary medical archives and legal documents to broaden our understanding of how insanity was perceived by Georgian society and to examine the experience of those who suffered from mental illness.[37] He argues that the difference between England and Scotland in the eighteenth and early-nineteenth centuries was not as marked as Rice's research has suggested. Harriet Sturdy's research has also cast doubt on Rice's interpretation of the extent of Scotland's private trade in lunacy. Her thesis on the pioneering policy of boarding-out asylum patients has examined a practice that impacted upon the development of asylum care in Scotland.[38] She argues that the policy became much more widespread in the second half of the nineteenth century than had previously been understood by scholars. According to Sturdy, boarding-out spread rapidly throughout Scotland and helped to ameliorate problems of overcrowding in asylums. She also challenges Scull's theory that asylums became the 'dumping grounds' for the insane, pointing to Scotland's efforts to remove patients back into the community.

Allan Beveridge and Jonathan Andrews are among current researchers who have expanded our knowledge of early Scottish psychiatry. Much of Beveridge's research has centred upon patients in the Royal Edinburgh Asylum, collaborating on occasion with Michael Barfoot.[39] Beveridge has also contributed papers on patients confined in other Scottish establishments such as Fife and Kinross District Asylum and Crichton.[40] Andrews has written on the early years of the Scottish Commissioners of Lunacy as well as producing historical studies on Glasgow Asylum.[41] More recently he has studied

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[37] R.A. Houston, *Madness and Society in Eighteenth-Century Scotland*, Oxford: Clarendon Press, 2000.
[38] H. Sturdy, Boarding-out the Insane, 1857-1913: A Study of the Scottish System, unpublished PhD thesis, 1996. Copy in Glasgow University Library.
[39] See for example A. Beveridge, 'Madness in Victorian Edinburgh: a study of patients admitted to the Royal Edinburgh Asylum under Thomas Clouston, 1873-1908', *History of Psychiatry*, 6, 1995, 21-54 and 133-56; A. Beveridge, 'Life in the asylum: patients' letters from Morningside, 1873-1908', *History of Psychiatry*, 9, 1998, 431-69; M. Barfoot, A.W. Beveridge, 'Madness at the crossroads: John Home's letters from the Royal Edinburgh Asylum, 1886-87', *Psychological Medicine*, 20, 1990, 263-84; M. Barfoot, A.W. Beveridge, ' "Our most notable inmate": John Willis Mason at the Royal Edinburgh Asylum, 1864-1901', *History of Psychiatry*, 4, 1993, 159-208.
[40] G.A. Doody, A. Beveridge, E.C. Johnstone, 'Poor and mad: a study of patients admitted to the Fife and Kinross District Asylum between 1874 and 1899', *Psychological Medicine*, 26, 1996, 887-97; A. Beveridge, M. Williams, 'Inside "The Lunatic Manufacturing Company": the persecuted world of John Gilmour', *History of Psychiatry*, 13, 2002, 19-49.
[41] J. Andrews, "They're in the Trade ... of Lunacy, They 'cannot interfere'- they say": The Scottish Lunacy Commissioners and Lunacy Reform in Nineteenth-Century Scotland, London: Wellcome Institute for the History of Medicine, 1998; J. Andrews, J. Smith, eds., 'Let there be light again': A History of Gartnavel Royal Hospital from its Beginnings to the Present Day, Glasgow: Gartnavel Royal Hospital, 1993. See also J. Andrews, I. Smith, 'The evolution of psychiatry in Glasgow during the nineteenth and

the impact of the Poor Law on admissions and discharges in Glasgow and highlighted the shift of pauper patients from the royal asylums in the 1860s to publicly funded establishments.[42] The rise and decline of Dundee Royal Asylum has been the subject of recent research by Lorraine Walsh.[43] Such research has served to emphasise the individual nature of asylum provision in different parts of Scotland while showing how they relate to wider trends in the development of British 'museums of madness'.

Current reappraisals of the history of nineteenth-century psychiatry continue to modify Scull's interpretation of institutional care. In 1999, Joseph Melling and Bill Forsythe published a collection of conference papers on the social history of madness in *Insanity, Institutions and Society, 1800-1914*.[44] The articles, covering institutions in Britain, India and Africa, provide different perspectives on the theme of the rise and shaping of asylum care in the nineteenth century. In Melling's introductory essay 'Accommodating Madness', he acknowledges the undoubted significance of Scull's contribution in this field and discusses how recent research has challenged aspects of Scull's arguments.[45] In particular he highlights issues over Scull's claims for links between the emergence of a consumer society and lunacy reform; Scull's theory that early nineteenth-century migration of labour, the expansion of urban populations and weakening of community bonds impacted directly upon hospital admissions; and Scull's presentation of asylums as the only officially acceptable provision for the care of the insane during this period. Melling points to the findings of research into regional variations in the response of authorities, asylum managers and superintendents, as well as individual familial attitudes to the provision of care for the insane. In *The Politics of Madness: The State, Insanity and Society in England, 1845-1914*, co-written with Bill Forsythe, Melling investigates the impact of political and social issues – poverty, community, gender, class and individual patient experience on public and private institutional care.[46] Melling and Pamela Dale show how institutional care for the mentally ill has been influenced by social factors involving national legislation, local

early twentieth centuries', in H. Freeman, G.E. Berrios, eds., *150 years of British Psychiatry*, 2 vols., London: Athlone Press, 1996, Vol II, 309-38.

[42] J. Andrews, 'Raising the tone of Asylumdom', in J. Melling, W. Forsythe, eds., *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective*, London and New York: Routledge, 1999, 200-22.

[43] L. Walsh, 'The property of the whole community', in Melling, Forsythe, op. cit., see note 41 above, 180-99.

[44] Melling, Forsythe, op. cit., see note 42 above.

[45] J. Melling, 'Accommodating Madness' in Melling, Forsythe, op. cit., see note 42 above, 1-30.

[46] J. Melling, B. Forsythe, *The Politics of Madness: The State, Insanity and Society in England, 1845-1914*, London and New York: Routledge, 2006.

authorities and community attitudes in *Mental Illness and Learning Disability Since 1850.* [47] In emphasising the complex nature of individual institutions and of those who influenced their management, they argue against Scull's generalised statements on institutional systems.

In his article 'Rethinking the History of Asylumdom' in *Insanity, Institutions and Society, 1800-1914*, Scull has reflected upon the scholarship that has appeared since the publication of *Museums of Madness.* [48] He acknowledges the major contribution made by leading scholars such as Michael MacDonald, Roy Porter and Jonathan Andrews and the value of a growing body of focused research on the history of insanity and its links with broader developments in society. While he admits that modifications of his earlier hypotheses have been made in light of recent research (some of which was his own) he defends his 'global interpretation' in *Museums of Madness.* In his writings Scull stresses the importance of understanding the wider picture of social changes and adds a note of caution for those involved in narrowly focused studies who may not take sufficient account of this. He argues that recent research can be shown to support rather than challenge his claims in *The Most Solitary of Afflictions* for the 'permeability of institutional walls' and suggests that much of the criticism of his research has misinterpreted his arguments. In response to his critics, he argues that the development of the county asylum system did not provide evidence of a successful method of dealing with the insane; rather, in Scull's view, the reformers were so determined to promote institutional provision as the answer that they chose not to see the faults and weaknesses of such regimes.

In 'Rethinking the History of Asylumdom' Scull's points to his own recent research on the complexity of the relationship between the Lunacy Commission, local authorities, communities and the families of those confined. This is an area that is currently under much scholarly investigation. [49] Scull maintains that the significance of links between institutional lunacy reform, changes in central and local control, and the

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[47] P. Dale, J. Melling, *Mental Illness and Learning Disability Since 1850*, Abingdon: Routledge, 2006.
[48] A. Scull, 'Museums of Madness revisited' in Melling, Forsythe, op. cit., see note 42 above, 295-315. See also a modified version of the article, 'Museums of Madness Revisited' in Scull, op. cit., see note 21 above, 63-84.
[49] See for example, A. Suzuki, *Madness at Home: The Psychiatrist, the Patient, and the Family in England, 1820-1860*, Berkeley and Los Angeles: University of California Press, 2006. Suzuki examines the confinement of the mad from their families' perspective and explains how families found different ways to cope and care for their insane relatives. Their role in determining how the insane should be cared for, Suzuki argues, has been not been fully acknowledged by earlier scholars.

evolution of the new Poor Law have not been fully understood by some researchers. He makes it clear that *Museums of Madness* referred only to English asylumdom and acknowledges regional variations in Scotland and other parts of the country. On discussing the Scottish dimensions of psychiatric care, while he acknowledges that he does view alienists as seeking to consolidate their position in the nineteenth century, he does not, as Andrews suggests, see them as the main driving force in the incarceration of the insane – this he credits more to local, social and legal authorities and to the families of the insane. Scull points to the weaknesses of the psychiatric profession - its internal divisions and the public's guarded response to the alienists as keepers of the insane. Scull's interpretation of the past remains a stimulus for research. Responding to that challenge, this thesis investigates Browne's career, his adoption of moral treatment and his promotion of art as an activity at Crichton.

Previous Literature - W. A. F. Browne

Although space in this thesis has only permitted a brief survey of Browne's career before and after Crichton, information acquired from previously unexamined sources has been included. No official biography of Browne has yet been published and little has been written on Browne's contribution to early British psychiatry. Much has still to be uncovered about his student years in Edinburgh and his involvement in phrenology, for example. However, the social and scientific context for the popularisation of phrenology during this period and the role of Browne's close friends, the Combe brothers, have been the subject of intensive research by Roger Cooter, Steven Shapin, Geoffrey Cantor and Jan Van Wyhe.[50] All four authors discuss the impact of the phrenology debate on Edinburgh society in polarising opinions, and explain why phrenology held such a wide appeal for those, like Browne, who were interested in the study of mental diseases. Browne's years as Physician Superintendent at Montrose Royal Lunatic Asylum, so well recorded by Richard Poole in 1841, have also been neglected by recent scholars, with the exception of Andrew Scull.[51] Allan Presly's *A*

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[50] R. Cooter, *The Cultural Meaning of Popular Science*, Cambridge: Cambridge University Press, 1984; S. Shapin, 'Phrenological Knowledge and the Social Structure of Early Nineteenth-Century Edinburgh', *Annals of Science*, **32**, 1975, 219-43; G.N. Cantor, 'The Edinburgh Phrenology Debate: 1803-1828', *Annals of Science*, **32**, 1975, 195-218; J. Van Wyhe, *Phrenology and the Origins of Victorian Scientific Naturalism*, Aldershot: Ashgate Publishing, 2004.
[51] R. Poole, *Memoranda regarding the Royal Lunatic Asylum, Infirmary, and Dispensary, of Montrose*, Montrose: J. & D. Nichol, 1841.

Sunnyside Chronicle (1981), an historical account of the Montrose Asylum, makes only passing reference to his time there.[52]

James Carmont's history of *The Crichton Royal Institution*, published eleven years after Browne's death, devotes only a few pages to Browne's achievements at Crichton but does acknowledge his medical and managerial skills and his role in establishing Crichton as one of the foremost asylums in Britain.[53] It was not until Charles Easterbrook's comprehensive *The Chronicle of Crichton Royal* (1937) that a concise, but well researched, account of Browne's career was published, along with summaries of his *Annual Reports* and details of patient admissions.[54] Easterbrook's *Chronicle* also contains a foreword by Browne's son, Sir James Crichton-Browne, who records his early memories of his father's superintendence of Crichton. Browne receives a brief mention in Angus MacNiven's 1960 article on 'The First Commissioners' where he is presented as a reformer with a 'sense of mission'.[55] More recently, Morag Williams' *History of Crichton Royal Hospital* (1989) gives due prominence to the impact of Browne's direction of Crichton on both his patients and his staff.[56] She highlights the medical and administrative procedures laid down by Browne that helped to establish Crichton's reputation; she also identifies the innovative activities -- musical, literary, theatrical and artistic -- that became so central to his promotion of moral treatment.

In 1991, the restoration of Browne's reputation was further stimulated by the republication of *What Asylums Were, Are, and Ought to Be*, edited and introduced by Andrew Scull in *The Asylum as Utopia*.[57] The text of Scull's introduction, with modifications and additions, has also appeared as a chapter in *Masters of Bedlam* (1996) where Browne's career is assessed alongside that of his contemporary alienists such as John Haslam, John Conolly, Alexander Morison and Samuel Gaskell.[58] In both publications Scull presents Browne as one of the leading alienists in Britain and links

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[52] A.S. Presly, *A Sunnyside Chronicle*, Dundee: Tayside Health Board, 1981.

[53] J. Carmont, *The Crichton Royal Institution. Dumfries*, Leicester: Raithby, Lawrence and Co., 1896.

[54] Easterbrook, op. cit, see note 13 above.

[55] A. MacNiven, 'The First Commissioners: Reform in Scotland in the mid-nineteenth century', *The Journal of Mental Science*, 106, 1960, 451-71.

[56] M. Williams, *History of Crichton Royal Hospital 1839-1989*, Dumfries: Dumfries and Galloway Health Board, 1989, reprint 1996.

[57] A. Scull, ed., *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, London and New York: Routledge, 1991.

[58] A. Scull, 'The Alienist as Propagandist: W.A.F. Browne (1805-1885)', in Scull, MacKenzie, Hervey, op. cit., see note 28 above, 84-122.

him closely to lunacy reform. He focuses on Browne's superintendence of Montrose and Crichton, arguing that the years from 1834 to 1857 were a period of both experimentation in, and disappointment with, moral treatment. He supports his claims with quotations from Browne's *What Asylums Were, Are and Ought to Be* and the Crichton *Annual Reports*. It is the intention of this thesis to show that while Scull has made a significant contribution to our knowledge of Browne's career and place within the development of Scottish psychiatry, his interpretation of sources can sometimes be misleading when the full range of archival material on Crichton and Browne is analysed.

Because Scull focuses on Browne's reforming work at Crichton he devotes less attention to his later years as 'an elder statesman'. Browne's time as a Commissioner of Lunacy for Scotland is presented in more depth by Jonathan Andrews in his publication on the Scottish Lunacy Commissioners.[59] Making extensive use of legal documentation, press coverage and the Commissioners' *Reports*, Andrews provides a detailed account of the Board's establishment, the appointment of the first Commissioners in Lunacy (Browne and Coxe) and the impact that the board's work had on the care of the insane in mid-nineteenth century Scotland. Andrews presents Browne as a complex figure: he charts his initial opposition to legal reform and Browne's change of attitude as reform became inevitable, manoeuvring himself into the post of Commissioner; but he also credits Browne as a major beneficial influence upon the direction adopted by the Board of Commissioners during his years in office. In Chapter 10 of this thesis we will also look briefly at Browne's appointment as Commissioner, and suggest reasons for his apparently 'remarkable and opportunistic *volte-face*' in 1857.[60]

This thesis investigates Browne's contribution to diagnostics and therapeutics in the treatment of the insane at Crichton Royal Institution. When Crichton was opened to paying and pauper patients in 1839, it was the seventh royal asylum in Scotland. Only one, Montrose Royal Lunatic Asylum, had been established before 1800. A steady stream of publications has offered differing views on the cause and effects of confinement and the reform movement in British asylums. Most historians, such as Vieda Skultans, William Parry-Jones and Leonard Smith, concentrate their research on examples from England and few acknowledge Browne's position as a pioneer in this

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[59] Andrews, op. cit., see note 41 above.
[60] Ibid., p. 8.

field.[61] In *Madness and Morals*, for example, Skultans has brought together extracts from original nineteenth-century texts to illustrate the variety of approaches to diagnosis and treatment of insanity; Browne, however, has been omitted from his list of authors.[62] When Browne is mentioned by scholars such as Roy Porter and Michael Donnelly, it is usually in reference to his publication, *What Asylums Were, Are, and Ought to Be*, rather than to his practical work as a Physician Superintendent or as a Commissioner in Lunacy.[63] Extracts from Browne's book are included in Hunter and Macalpine's *Three Hundred Years of Psychiatry*; the authors also make reference to Browne's involvement in phrenology and in lunacy reform through his friendship with the Combe brothers and Dorothea Dix.[64]

Medical therapeutics, or as Scull describes it, 'what alientists did for and to their patients in the name of treatment' is a dominant theme in this thesis.[65] There is no doubt that Browne's views on moral treatment were shaped by developments in France and England. Pinel and Esquirol's scientific approach to the classification and treatment of mental diseases in France's large institutions and their commitment to improving the lot of the insane were fundamental to Browne's own approach to medical care. Equally, Browne may have looked to British asylums such as the York Retreat, which welcomed visitors and was well publicised through Samuel Tuke's *Description of the Retreat* (1813), to provide tangible evidence of the success of moral management on a more modest scale.[66] Anne Digby's *Madness, Morality and Medicine* (1985), an account of the York Retreat, has proved a useful comparative source for this thesis.[67] She provides a detailed examination of the Retreat's foundation, its adoption of therapeutic treatment and the success of its practical management. She argues that the Retreat's initial reliance upon lay therapy rather than prevailing medical practices, was influenced by the religious and moral principles of the Quakers and shows how the Retreat's distinctive treatment of the insane became influential on other British institutions.

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[61] Parry-Jones, op. cit., see note 19 above; L.D. Smith, *'Cure, Comfort and Safe Custody': Public Lunatic Asylums in Early Nineteenth-Century England*, London and New York: Leicester University Press, 1999.
[62] V. Skultans, *Madness and Morals: Ideas on Insanity in the Nineteenth Century*, London and Boston: Routledge & Kegan Paul, 1975.
[63] Porter, op. cit., see note 25; M. Donnelly, *Managing the Mind: A Study of Medical Psychology in Early Nineteenth-Century Britain*, London and New York: Tavistock Publications, 1983.
[64] R. Hunter, I. Macalpine, *Three Hundred Years of Psychiatry 1535-1860*, London and New York: Oxford University Press, 1963.
[65] A. Scull, 'Rethinking the History of Asylumdom', in Melling, Forsythe, op. cit., see note 42 above.
[66] S. Tuke, *Description of the Retreat, an Institution near York, for Insane Persons of the Society of Friends, Containing an Account of its Origin and Progress, the Modes of Treatment, and a Statement of Cases*, York: W. Alexander, 1813.
[67] Digby, op. cit, see note 5 above.

Moral management in North American asylums has been the subject of publications by Nancy Tomes and James Moran. Tomes' *A Generous Confidence* (1984) is an account of the Pennsylvania Hospital for the Insane and its Physician Superintendent, Thomas Story Kirkbride, charting the hospital's establishment, early history and Kirkbride's role in shaping the direction of the asylum.[68] She provides the social context for the hospital's adoption of moral management, detailing the public's perception of insanity, their expectations of treatment and how patients responded to hospital care. In *Committed to the State Asylum* (2000), Moran explores the social history of the asylums of Quebec and Ontario in the nineteenth century and traces the various socio-economic factors that influenced their development.[69] Both historians draw on a wealth of archival material to illustrate their detailed analysis of individual patients' personal experiences of confinement. It is of particular interest, in light of the similar sources accessed for this thesis, that neither Tomes nor Moran makes reference to art as a recreational activity for groups of patients in their asylums at Pennsylvania, Quebec and Ontario.

Previous Literature - Art, the Insane and the Healing Environment

Browne's interest in promoting art activity as a therapeutic tool was not always shared by his colleagues working in other British asylums. Nor has the subject of art in asylums attracted the attention of many medical historians. While Anne Digby details the increasing range of cultural and leisure activities open to patients from the mid-nineteenth century at the York Retreat, no mention of art is made. This is a reflection of the Quakers' religious codes and their disapproval of art images. Accounts by Allan Presly of Montrose's Sunnyside Hospital (1981) and by Jonathan Andrews and Iain Smith of Gartnavel Royal Hospital (1993) have extended our knowledge of medical and moral management in these institutions.[70] Both draw on hospital annual reports and patient case notes to provide examples of patients' experiences of confinement and treatment but again no reference is made to art. Jonathan Andrews, Asa Briggs, Roy

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[68] N. Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*, Cambridge: Cambridge University Press, 1984.

[69] J.E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario*, Montreal and Kingston: McGill-Queen's University Press, 2000.

[70] A.S. Presly, *A Sunnyside Chronicle*, Dundee: Tayside Health Board, 1981; J. Andrews, I. Smith, eds., *'Let there be light again': A History of Gartnavel Royal Hospital from its Beginnings to the Present Day*, Glasgow: Gartnavel Royal Hospital, 1993.

Porter, Penny Tucker and Keir Waddington have also produced a comprehensive survey of Bethlem's development from a medieval foundation to the present day hospital.[71] Using the extensive Bethlem archives they present the changing aspects of medical care throughout its history and detail how the reform movement in the early-nineteenth century led to the introduction of moral treatment. However, even when reference is made to Bethlem's most notable artist-patient, Richard Dadd, discussion of his art production merits less than two full pages of text.[72] Patricia Allderidge's Tate exhibition catalogue, *The Late Richard Dadd* (1974), remains the most impressive publication analysing the work of this artist-patient.[73]

Without doubt the most significant publication on the history of art and mental illness is John MacGregor's *The Discovery of the Art of the Insane* (1998).[74] MacGregor's aims in his comprehensive survey are to present the historical context in which art by the insane was produced and to identify the process of discovery of such work. MacGregor locates the emergence of insane productivity within the cultural context of nineteenth-century Romanticism and twentieth-century Expressionism but also places our appreciation of this work within the development of psychoanalysis. He devotes chapters to professional and non-professional artist-patients such as Jonathan Martin, Richard Dadd and Adolf Wölfi as well as to psychiatrists and artists whose contribution has led to modern appreciation of 'art brut' or 'outsider art' – Cesare Lombroso, Paul-Max Simon, Hans Prinzhorn and Jean Dubuffet. MacGregor identifies a few isolated examples of art by asylum patients before the mid-nineteenth century. His account of the discovery of this production, although exemplary in many respects, has one significant omission. It was only as the book was in its final stages that he became aware of the art collection at Crichton. The result is that Browne's collection is only mentioned as a footnote.[75] This thesis is intended to rectify that omission by highlighting the significance of Browne's art collection as a forerunner to later artistic developments in asylums.

Sander L. Gilman has also made a significant contribution to our understanding of art of, and by, the insane but he, too, despite drawing from a wide range of artistic sources, makes no reference to the Crichton art collection. In his publications he seeks

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[71] Andrews, Briggs, Porter, Tucker, Waddington, op. cit., see note 30 above.

[72] Ibid., pp. 503-5.

[73] Allderidge, op. cit., see note 2 above.

[74] MacGregor, op. cit., see note 2 above.

[75] Ibid., p. 360.

to place illustrations of insanity from the Middle Ages to the present within their cultural and social context. In *Disease and Representation* (1988) Gilman discusses the use of images in histories of medicine and examines our perceptions of the insane through a study of their imagery. His *Health and Illness* (1995) includes a chapter on the interpretations given to representations of psychiatric disorders within the context of the wider issue of multiple typology of images of ill health.[76] In his earlier publication, *Seeing the Insane* (1982), Gilman's focus is the visual representation of asylum patients in paintings, drawings and prints and the development of psychiatric photography in the nineteenth century.[77] Dr Hugh W. Diamond's pioneering early photographic record of patients at Surrey County Asylum and his contribution to the development of this art form in British medical circles have been researched by Gilman (1976) and by Adrienne Burrows and Iwan Schumacher (1990).[78] Michael Barfoot and Morrison-Low have also traced Diamond's influence on early clinical photography in Scotland and make reference to Browne's participation in this field.[79] This thesis locates Browne's involvement as a development of his earlier interest in visual representations of his patients for teaching purposes.

Aspects of Crichton's connections with art production have been explored by scholars. More recent artist-patients at Crichton, such as John Willis Mason, Andrew Kennedy and John Gilmour have been the subject of articles by Michael Barfoot, Allan Beveridge and Morag Williams. In the article 'Our most notable inmate', Barfoot and Beveridge present the remarkable case of John Willis Mason who died in Royal Edinburgh Asylum in 1901.[80] Described in his case notes as a 'poet, an inventor and a wit', Mason is known to have sketched while in confinement at Crichton and Edinburgh. Much of Barfoot and Beveridge's article is devoted to his case history and to his literary, rather than artistic, pursuits. Beveridge has also written on thirty-four drawings by Andrew Kennedy located in the archives of Royal Edinburgh Asylum.[81] They were produced during Kennedy's confinement in Glasgow Royal Lunatic Asylum

[76] S.L. Gilman, *Health and Illness: Images of Difference*, London: Reaktion Books, 1995.

[77] S.L. Gilman, *Seeing the Insane*, Lincoln and London: University of Nebraska Press, 1982, reprint 1996.

[78] S.L. Gilman, *Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*, New York: Brunner/Mazel, 1976; A. Burrows, I. Schumacher, *Portraits of the Insane: The Case of Dr Diamond*, London: Quartet Books, 1990.

[79] M. Barfoot, A.D. Morrison-Low, 'W.C. M'Intosh and A.J. Macfarlan: Early Clinical Photography in Scotland', *History of Photography*, 23, 1999, 199-210.

[80] M. Barfoot, A.W. Beveridge, ' "Our most notable inmate": John Willis Mason at the Royal Edinburgh Asylum, 1864-1901', *History of Psychiatry*, 4, 1993, 159-208.

[81] A. Beveridge, 'Discovering the Art of the Insane, the Work of Andrew Kennedy', *Raw Vision*, 23, 1998, 48-57.

and in Crichton in the late-nineteenth century. Beveridge and Williams include a detailed analysis of John Gilmour's intricate drawings surviving in Crichton and place his art (and literary productions) within the context of his case history; he was confined in various asylums in America, Trinidad and Britain.[82] It should be noted that because these patients were of a later date than Browne's superintendence of Crichton, they have been excluded from the core material researched for this thesis and are mentioned only briefly in Chapter 11. Browne's own collection is discussed by the present author in two recent articles. The first offers a general survey of the collection, art as an asylum activity and refers to examples of work by artist-patients; the other presents the case of Joseph Askew, the last surviving of Browne's artist-patients, who is represented by twelve finished drawings and four sketches in the collection.[83] Beveridge has also selected individual drawings from the collection for a series of brief notes, 'Psychiatry in Pictures', in recent issues of *The British Journal of Psychiatry*.[84]

The current interest in involving art within the healing environment has resulted in publications highlighting such developments in Britain. Crichton's art collection is so little known by scholars, however, that few have made connections between the hospital's art activity and the origins of art as therapy. *The Arts in Health Care* (1997), edited by Duncan Charles Kaye and Tony Blee, is one of the earliest publications to gather information on the wide variety of recent projects involving the arts in the healing environment.[85] Only a brief reference to art's historical associations with hospitals is recorded. Duncan Haldane and Susan Loppert's *The Arts in Healthcare* (1999) highlights various developments and projects, past and present, involving art and health care.[86] Hugh Baron's chapter on 'A history of art in British hospitals' surveys the creation and display of art in our hospitals from medieval times but fails to mention Crichton; most of his examples are drawn from English establishments.[87] Of the most recent authors on this subject only Susan Hogan seems to have knowledge of activities at Crichton. In *Healing Arts* (2001), she describes Browne's use of art for his patients as

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[82] A. Beveridge, M. Williams, op. cit., see note 40.
[83] M. Park, 'Early Examples of Scottish Hospitals, 2: Crichton Royal Hospital, Dumfries', *Journal of Audiovisual Media in Medicine*, 26, 2003, 142-6; M. Park, 'Art in Madness: Browne, Joseph Askew and art activity at Crichton Royal Institution in the Nineteenth Century', *Scottish Archives*, 11, 2005, 47-60.
[84] A. Beveridge, 'Psychiatry in pictures', *The British Journal of Psychiatry*, 186, 2005, 91-a5, 273-a14, 361-a18, 453-a22.
[85] C. Kaye, T. Blee, eds., *The Arts in Health Care: A Palette of Possibilities*, London: Jessica Kingsley, 1997.
[86] D. Haldane, S. Loppert, eds., *The Arts in Health Care: Learning from Experience*, London: King's Fund, 1999.
[87] Ibid., H. Baron, 'A history of art in British hospitals', 4-23.

an occupation, a diversion and as a form of treatment to relieve the symptoms of their illnesses.[88] She sees their involvement as a rare early example of art created in a therapeutic environment. This thesis attempts to show that Browne was not only willing to allow certain of his patients to become involved in art, but actively encouraged them and seems to have appreciated art's therapeutic value long before the practice of 'art therapy' had come into existence. He did so in the belief that such activity could help his patients.

Synopsis of Chapters

This chapter has introduced the main themes and aims of the thesis; the methodology and terminology adopted and the use of archival sources has been explained; and the current literature on the historiography of psychiatry, the art of the insane and art as therapy has been reviewed. To place Browne's art collection within its historical and medical context, it was considered appropriate to present, in Chapter 2, a survey of Browne's early years before Crichton. His training in Edinburgh, interest in phrenology, study of mental diseases in Paris, experience gained at Montrose Royal Lunatic Asylum and the publication of *What Asylums Were, Are, And Ought To Be* are discussed.[89] This chapter provides an account of the educational background that shaped Browne's future career in psychiatry and sets the scene for his appointment as Physician Superintendent to Crichton.

Chapter 3 examines Browne's observations, in *What Asylums Were, Are, And Ought To Be*, on the provision and treatment of the insane that existed in Britain during the late-eighteenth and early-nineteenth centuries. In 1848, Browne observed that an individual living in the nineteenth century would pass through 'more numerous, more vivid, and more perilous phases of intellectual existence in one year than his immediate ancestor did throughout his whole career.'[90] He was born into a century of change. His life, which began in the year of Trafalgar, witnessed the impact of industrialisation on society, the expansion of cities and the advent of the railways. By the time of his death in 1885, his own field of expertise, the study and treatment of mental diseases, would become established as a new speciality in medicine - psychiatry. This chapter also

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[88] S. Hogan, *Healing Arts: the History of Art Therapy*, London: Jessica Kingsley, 2001.

[89] W.A.F. Browne, *What Asylums Were, Are, and Ought to Be*, Edinburgh: Adam and Charles Black, 1837.

[90] DUMCR1990.29, *Crichton Royal Institution Ninth Annual Report*, 11 November 1848, p. 8.

highlights the changes in legislation and developments in medical practice that affected the treatment of the insane during this period.

By the time Browne arrived at Crichton in 1838, he had fixed views on the necessity of a regulated system of management for the insane. In Chapter 4, Crichton Royal Institution's foundation and the ways in which Browne attempted to make it a model for 'what asylums ought to be' are explored. The chapter focuses upon his organisation of the hospital, the establishment of the Southern Counties Asylum for pauper patients, appointment of staff, patient regulations, documentation and the classification of their mental diseases. It illustrates how Browne's personal view of the ideal asylum was reflected in the regime he established there.

Chapter 5 examines Browne's use of therapeutics, medical and moral, at Crichton. His employment of drug therapy, dietetics and other interventions, including physical restraint, is discussed. The archives reveal that Browne employed a wide range of activities to alleviate the symptoms of his patients' diseases: outdoor physical exercise, walking, riding, sports, and indoor pursuits. Such use of diversions was not untried in other British asylums, especially at the Retreat in York. But, as this chapter demonstrates, the intensity of Browne's commitment to moral treatment was exceptional. In the belief that the 'insane may lose reason and retain acquirements and accomplishments', he expanded the possibilities of patient participation in exciting, and sometimes untried, directions.[91]

As an introduction to the theme of art at Crichton, Chapter 6 begins with a discussion of the role of art as decoration in the healing environment, and in asylums in particular. It then describes the range of prints by professional artists that Browne selected for display on the walls of Crichton Royal Institution and the Southern Counties Asylum, and the use of patient art as decoration within the hospital. This chapter demonstrates Browne's appreciation of art as a means of enhancing the hospital environment.

Chapter 7 presents a brief survey of patient art activity in asylums during the early-nineteenth century before focusing on its introduction at Crichton. Browne's reasons for encouraging particular patients to participate in drawing and painting are examined. Analysis of Browne's art collection is then approached from two directions –

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[91] W.A.F. Browne, *The Moral Treatment of the Insane; A Lecture*, London: J. E. Adlard, 1864, p.16.

the art and the individual artist-patients. Chapter 7 provides a comparison between the collection as described by Browne in his journal article, 'Mad Artists', and the volume of artwork, *Art in Madness*, which has survived in Crichton Museum.[92] This approach permits discussion of those works with no current attribution and also those by patients who were not resident at Crichton.

Chapters 8 and 9 present the core research material for this thesis. They examine the cases of individual Crichton artist-patients and their drawings. Chapter 8 identifies the common factors that linked these individuals together before presenting the findings of research into the ten identified female artist-patients. The cases of the thirty-six identified male artist-patients are the subject of Chapter 9. Because of the larger numbers of males, their cases have been divided into those admitted before 1850 and those after that date; those with attributable works have also been separated out from those for whom no definite attributions can be made. For all artist-patients, biographical details have been included where considered relevant. Their artwork is discussed within the context of their confinement at Crichton.

Chapter 10 traces Browne's career after 1857 and art activity at Crichton after Browne's departure. Browne's achievements as resident Physician Superintendent of two Scottish asylums - Montrose and Dumfries - were acknowledged by his peers, both in his appointment as one of Scotland's first Commissioners in Lunacy in 1857 and in his election to the presidency of the Medico-Psychological Association in 1866. However, as British psychiatric trends shifted in the late-nineteenth century, moral treatment, found to have had only limited curative success, was laid aside to make way for new approaches. From 1870, the last years of Browne's life were spent in relative isolation at his home in Dumfries: unable to take an active role in the development of psychiatric care because of blindness, he spent much of his time writing articles, often published anonymously, reflecting on his personal experience of moral treatment. This chapter examines how Browne's interest in art led to the expansion of his collection after 1857. It also demonstrates that, following Browne's departure from Crichton, drawing and painting as an activity did continue at the asylum, albeit on a smaller scale, and identifies later works that have entered the Crichton Museum collection.

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[92] Anon. [W.A.F. Browne] op. cit., see note 10 above.

The thesis concludes in Chapter 11 with a summary of the findings of this research and points to some of the ways in which Browne's commitment to art is reflected in more recent developments within the current healing environment. It highlights the significance of the art collection in relation to Browne's commitment to moral treatment, his dedication to patient care and his belief in the therapeutic powers of art.

Chapter 2

Dr W. A. F. Browne before Crichton

> Knowledge ... may be made beneficial in two ways - either by rendering the substance discovered directly subservient to human enjoyment; or, where this is impossible, by enabling man to modify his conduct in harmony with its qualities.[1]

Early years

'His was a long and ardent life, laden with the trophies of brilliant powers usefully employed.'[2] When Dr William Alexander Francis Browne died on 2 March 1885, in his eightieth year, obituaries appeared in the local, national and medical press. In the eyes of his peers he was a man of singular talents and achievements: a Fellow of the Royal Society of Edinburgh; Physician Superintendent of Crichton Royal Institution; the first Commissioner in Lunacy for Scotland; his achievements in the field of psychiatry were even recognised as far as North America where the University of Wisconsin conferred upon him the degree of LL.D. His was, indeed, a life 'full of years and full of honours'.[3] And yet his beginnings were modest and it was only through his own hard work and determination to succeed that Browne became the foremost psychiatrist in mid-nineteenth century Scotland.

Much of our information on Browne's early life is taken from his obituaries and from private documents held by family members. He was born in Stirling on 24 June 1805, the son of Lt William Alexander Francis Browne (1783-1805) and Jessie (or Jessey) Watt (died 1861), who had eloped and married in St Andrew's Church, Edinburgh, on 27 March 1804.[4] Scull has described Browne's family as 'precariously genteel' and certainly there were differences in the social status of the two families.[5] Jessie Watt was the daughter of a farmer near Stirling while Lt W. A. F. Browne's father, Lt William Brown (1748-1833) - later changing the spelling to Browne - was an

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[1] G. Combe, *The Constitution of Man Considered in Relation to External Objects*, 8th ed., Edinburgh: John Anderson Junior, 1847, p. 443.

[2] Anon., 'Death of W.A.F. Browne', *Dumfries and Galloway Standard*, 4 March 1885.

[3] DUMCR1989.364, Crichton Royal Institution [hereafter CRI], *The New Moon*, 40, April 1885, 'W.A.F. Browne, LL.D.'.

[4] DUMCR1983.588, CRI, Dr W.A.F. Browne File, Certificate of Marriage between Lt W.A.F. Browne and J. Watt, 27 March 1804.

[5] A. Scull, 'The Alienist as propagandist: W.A.F. Browne (1805-1885)', in *Masters of Bedlam*, A. Scull, C. MacKenzie and N. Hervey, Princeton, New Jersey: Princeton University Press, 1996, p. 85.

Inspector of Ordnance from 1804, residing in Plymouth Dock, Devon. He was wealthy enough to have purchased for the considerable sum of £400 an Ensigncy in the 26th Regiment of Foot (The Cameronians) for his son on 23 March 1802, two years before his marriage.[6] The marriage may not have been looked upon favourably by Lt Browne senior as is made clear in a letter written by Lt W. A. F. Browne to his wife on 18 November 1805. He had arrived in Cork from Dublin and was preparing to sail the next morning for the Low Countries:

> Should this be the last time I may ever be permitted to write you I cannot prevent myself from requesting (with tears in my eyes and almost a broken heart) that should it be my fate to fall in this contented cause you will (if ever you can reconcile yourself or be Monster enough to take another to your Arm's [sic]) send my Boy to my father, who cannot after that you have paid such a tribute to me be much regarded.[7]

Disaster struck almost immediately. On Monday 16 December 1805, Lt Browne's transport ship, *Aurora*, foundered on the Goodwin Sands with the loss of all on board - the commanding officer, staff and 250 Cameronian troops. The cause and precise location of the disaster have never been established.[8] Lt Browne's death left his wife and infant son with limited financial support. William was not, however, sent to live with his grandfather in Devon. Instead he was brought up by his mother, his aunts and maternal grandfather, Alexander Watt, on the family farm at Polmaise, a few miles south-east of Stirling. Scull refers to the 'meagre education' Browne received at the local high school.[9] In fact, he attended Stirling High School (at that time divided into three separate schools) which prided itself in providing a thorough education, preparing its pupils for university and public service. Browne studied at the Grammar and Burgh Schools under Malcolm Burden and Peter M'Dougal, masters with a formidable reputation for teaching both academic and commercial subjects.[10] His paternal grandfather took an interest in his education and they corresponded. In November 1820, Lt Browne advised his grandson to read Addison's papers in *The Spectator* to develop a literary style and Dr Hugh Blair's sermons for moral education. He was encouraging:

[6] DUMCR1983.588. CRI, Dr W.A.F. Browne File, Receipt for purchase of ensigncy for W.A.F. Browne, 23 March 1802.
[7] Ibid., Letter from W.A.F. Browne to J. Browne, 18 November 1805.
[8] R. Larn and B. Larn, *Shipwrecks of the Goodwin Sands*, Gillingham, Kent: Meresborough Books, 1995, p. 66.
[9] A. Scull, ed., *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, London and New York: Routledge, 1991, p. ix.
[10] A.F. Hutchison, *History of the High School of Stirling*, Stirling: Eneas Mackay, 1904, pp. 120-3, 160-3, 300.

I hope you are going on well in your Education, you wrote a most excellent
letter, which I am happy to see, and by the time you are 18 years of age I trust
you will have all the Education, which will be necessary for you, to fill some
genteel situation. Mr. M'Dougal told me that you would be fit for any public
office in a Years [sic] time.[11]

By the time he had completed his university education Browne had developed an
elegant literary style, so evident not only in the prose of his case notes and published
works but also in the poems he composed during his residency at Crichton.
Understanding from an early age the importance of a good education, he applied himself
with diligence to his studies, and proved to be an excellent scholar. Browne's
professional aspirations tended towards medicine rather than the law and in 1822 he left
Stirling to enter the stimulating environment of Edinburgh University.

Browne at Edinburgh

Edinburgh had been the centre of the 'Enlightenment' in eighteenth-century Scotland, a
hub of scientific, artistic and philosophical activity. The University's Faculty of
Medicine, established in 1726, rose to prominence through the teaching of its inspired
professors such as William Cullen (1710-1790) and father and son, Alexander Monro
primus (1698-1767) and *secundus* (1733-1817). It offered the best clinical training in
Britain, providing teaching both within the university and at Edinburgh Royal
Infirmary. Lack of sufficient finances barred Browne from gaining the more prestigious
MD degree; instead he studied for the surgical licentiate from the Royal College of
Surgeons of Edinburgh.[12] Surgery, still regarded as a manual craft, was less well served
than medicine at the university. While a Chair of Clinical Surgery was established at the
University in 1803 and the College set up its own Chair of Surgery the following year,
surgical lectures were usually delivered by medical specialists and surgical students did
not attend classes in the Edinburgh hospitals.[13] Normally licentiates pursued work as
general practitioners, a less lucrative profession than that of physician in the early-
nineteenth century.

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[11] DUMCR1983.588, CR1, Dr W.A.F. Browne File, Letter from Lt William Browne to W.A.F. Browne,
14 November 1820.
[12] Browne was able to remedy this 'deficiency' in his education in January 1839 when he was awarded an
M.D. from the University of Heidelberg.
[13] A Chair of Systematic Surgery, separate from Anatomy, was finally established at Edinburgh
University in 1831.

At the university Browne took full advantage of the expertise offered by his lecturers. He studied under Thomas Hope (Chemistry and Pharmacy), Matthews Duncan (Materia Medica Pharmacy and Dietetics), John Thatcher and James Hamilton (Midwifery and Diseases of Children), James Home (Clinical Medicine) and Robert Graham (Botany).[14] He also took the official courses in Anatomy, Physiology, Pathology and Surgery by Alexander Monro *tertius*, Professor of Anatomy, but unlike his father and grandfather, Monro received little praise for his lectures and many of his students sought training in the numerous extra-mural courses run by other Edinburgh physicians and surgeons. Browne was no exception. To augment his education he attended the popular extra-mural lectures by Barclay and Knox. Dr John Barclay (1758-1826) was a brilliant anatomist who ran private classes from his house in Surgeon's Square and donated his collection of anatomical specimens to the Royal College of Surgeons of Edinburgh in 1821. His chief assistant, Dr Robert Knox (1791-1862), the first conservator of the College Museum, took over Barclay's classes in 1826. Knox was equally admired for his anatomical dissections although his career was soon to be blighted by his association with Burke and Hare in 1828.[15]

On qualifying as Licentiate of the Royal College of Surgeons of Edinburgh (LRCSE) on 10 April 1826, Browne remained in Edinburgh, pursuing his medical interests.[16] Early in 1827 he was described by his grandfather as 'very unwell', the illness put down to 'too much study and exertion in his profession'.[17] It is not surprising, when the range of Browne's activities is highlighted. He was employed at the New Town Dispensary. He was President of Edinburgh's Royal Medical Society (he had been elected a Fellow on 25 November 1825) and Royal Physical Society in the period from 1826 to 1828; President of the Hunterian Medical Society and Plinian Natural History Society from 1827 to 1828. Browne was one of three proposers when Charles Darwin was elected a member of the Plinian Society. On 27 March 1827, he managed to overshadow Darwin's first presentation to the society on his discovery that 'the sea-mat's larvae could swim, and that the black specks in old oyster shells were

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[14] Robert Graham (1746-1845), Regius Professor of Botany at Edinburgh was, like Browne, a former pupil of Stirling High School. I am most grateful to William Gunn, Aberdeen University, for sharing this information.

[15] I. Maclaren, 'Robert Knox MD, FRCSEd, FRSEd 1791-1862: The first conservator of the college museum', *Journal of the Royal College of Surgeons of Edinburgh*, 45, 2000, 392-7.

[16] Records of the Royal College of Surgeons of Edinburgh, 10 April 1826.

[17] DUMCR1983.588, CRI, Dr W.A.F. Browne File, Letter from Lt William Browne to Mrs J. Browne, 28 January 1827. This is the first of a series of bouts of illness suffered by Browne during his life.

leech eggs'.[18] Browne delivered his own paper promoting the idea that the mind 'as far as one individual's senses and consciousness are concerned, is material'.[19] His outburst caused uproar; he had dared to introduce to this conservative gathering his interest in, and support for, the theories on mind promoted through the much-disputed 'science' of phrenology. Records of the meeting were later expurgated from the society minutes and Browne gained the reputation as a 'fiery radical'.[20]

Phrenology and the Combe Brothers

> A curious sect's in vogue, who deem the soul
> Of man is legible upon his poll:
> Give them a squint at yonder doctor's pate,
> And they'll soon tell you why he dines on plate:[21]

By the time of the Plinian Society 'outburst', Browne had been a member of the Edinburgh Phrenological Society for three years and had formed lasting friendships with two of its founders, George and Andrew Combe. Phrenology was the study of the size and shape of the human skull in order to determine an individual's intellect, character traits, and even morals. It originated in the work of Dr Franz Josef Gall (1758-1828), a Viennese physician, whose study of the cerebral cortex led to the development of his theories on the 'physiology of the brain'. Gall acknowledged that the mind and body were 'intimately connected'. The main principles of phrenology were that the brain was the organ of the mind; that it was composed of separate independent mental faculties, each of which was located in an 'organ' of the brain; that the size of each organ was dependent upon its power - the stronger the faculty, the greater its size - and thus determined the shape of the brain. According to Gall, since the skull took its shape from the brain, a point fiercely disputed by anti-phrenologists, it then followed that a study of the shape of a skull, its elevations and indentations, could provide information on an individual's psychological tendencies and aptitudes:

> My purpose is to ascertain the functions of the brain in general, and those of its different parts in particular; to show that it is possible to ascertain different dispositions and inclinations by the elevations and depressions upon the head;

[18] A. Desmond and J. Moore, *Darwin*, London: Michael Joseph, 1991, p. 38.

[19] J. Browne, *Charles Darwin*, London: Jonathan Cape, 1995, p. 77.

[20] For the wider debate see Desmond and Moore, *Darwin*, pp. 31-9; T. Walmsley, 'Psychiatry in descent: Darwin and the Brownes', *Psychiatric Bulletin*, 17, 1993, p. 750; Browne, *Charles Darwin*, pp. 74-8.

[21] C. Tennyson, 'Phrenology', in *Poems by Two Brothers*, London: Macmillan and Co., 1893. In spite of the title, three Tennyson brothers contributed to this small volume of poems: Alfred, Charles and Frederick.

and to present in a clear light the most important consequences which result therefrom to medicine, morality, education, and legislation a word, to the science of human nature.[22]

In 1800 Dr Johann Gaspar Spurzheim (1776-1832) attended Gall's lectures and became his paid dissectionist four years later. Gall's four-volume work on the new science was partly written by Spurzheim, his name appearing as co-author of the first two volumes.[23] Spurzheim introduced the science to Britain in 1814, publishing *The Physiognomical System of Drs. Gall and Spurzheim* a year later. Phrenological theories challenged existing anatomy and philosophy teaching traditions in Edinburgh. The anatomist Dr John Gordon (1786-1818), a pupil of John Barclay, published his now-famous criticism of this 'thorough quackery' in the *Edinburgh Review*.[24] He could not have imagined its repercussions. The publicity he gave to phrenology, however damning, only served to fuel the debate. drawing attention to the new science.[25] Almost immediately battle lines were drawn up between critics and supporters. An Edinburgh lawyer, George Combe (1788-1858), initially hostile to phrenology, was an early convert. Although not present when Spurzheim rebutted Gordon's claims by dissecting a human brain in Gordon's own anatomy theatre in June 1816, Combe did witness a private dissection and attended Spurzheim's lecture series in Edinburgh, later meeting Spurzheim in Paris; he even encouraged his younger brother Andrew (1797-1847) to continue his medical studies there in 1817 in part because of Spurzheim's presence.

Both brothers became enthusiastic 'phrenologists' and helped to found the Edinburgh Phrenological Society on 22 February 1820, the first of its kind in the world. Its earliest members included professional scientists, lawyers and clergymen who had attended Spurzheim's lectures. Browne became a member on 1 April 1824 and served as its Vice-President from 1830 to 1832. The quarterly periodical *Phrenological Journal* was first published in Edinburgh in December 1823 and continued until October 1847.

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[22] F.J. Gall, 'Letter to Joseph Freiherr von Retzer, Upon the Functions of the Brain, in Man and Animals', 1798, in J. Van Wyhe, The History of Phrenology on the Web, available at www.pages.britishlibrary.net/phrenology/other_texts/retzer.htm. Accessed 16 January 2005.

[23] F.J. Gall and J.G. Spurzheim, *Anatomie et physiologie du système nerveux en général, et du cerveau en particulier*, 2 vols., Paris: F. Schoell, Vol I, 1810, Vol II, 1812; F.J. Gall, *Anatomie et physiologie du système nerveux en général, et du cerveau en particulier*, 2 vols., Paris: F. Schoell, Vol III, 1818, Vol IV, 1819.

[24] J. Gordon, 'The Doctrines of Gall and Spurzheim', *Edinburgh Review*, 25, 1815, 227-68. The debate had actually begun in Edinburgh in April 1803 with Thomas Brown's review of phrenology in the *Edinburgh Review* but it was Gordon's review of 1815 that sparked widespread public interest.

[25] For a discussion on the phrenological debate, see G.N. Cantor, 'The Edinburgh Phrenology Debate: 1803-1828' *Annals of Science*, 32, 1975, 195-218; S. Shapin, 'Phrenological Knowledge and the Social Structure of Early Nineteenth-Century Edinburgh', *Annals of Science*, 32, 1975, 219-43.

By 1836, phrenological societies had been founded in Philadelphia, London, Wakefield, Manchester, Dublin, Paris, Boston and Aberdeen. Browne was to become a member of the new Dumfries Phrenological Association on 19 May 1840, actively supporting its lecture programme.[26] Phrenology was not a passing interest for Browne, as he later observed:

> I have been acquainted with the principles of Phrenology for upwards of twenty years; that, from proofs based upon physiology and observation, I believe these to be a true exposition of the laws and phenomena of the human mind; that, during the whole of the period mentioned, I have acted upon these principles, applied them practically in the ordinary concerns of life, in determining and analyzing the characters of all individuals with whom I became acquainted or connected, and that I have derived the greatest benefit from the assistance thus obtained.[27]

What was it about phrenology that had such an appeal to Browne? It is true that phrenology had many critics only too eager to ridicule its lack of academic status and its theatricality. Its adherents were scorned in the press, in particular in the *Edinburgh Review* and *Blackwood's Edinburgh Magazine*. Phrenology challenged previous understanding of the brain and thereby questioned the knowledge of the medical and philosophical establishment. Cantor has highlighted the theological and philosophical implications of phrenology.[28] He has observed that 'in Edinburgh the clergy was divided over whether phrenology was consonant with the Presbyterian faith'; some objectors condemned phrenology as a form of atheism.[29] Further, phrenology appeared to challenge the moral philosophy tradition of Edinburgh University. In the study of Man and his mind, Edinburgh philosophers had given more consideration to 'the method of reflection' than to 'physical factors'.[30] Both Cantor and Shapin agree that many of the early adherents to phrenology came from 'the lower-middle and working classes' and Shapin has shown that no University of Edinburgh professors were members of the Phrenological Society in 1826.[31] By allying himself with the phrenologists, Browne was treading a dangerous path. A reputation as a 'radical' could

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[26] British Library Phrenology Timeline, available at: http://britishlibrary.net/phrenology3/phrens.html. Accessed 16 January 2005.

[27] W.A.F. Browne, 'Letter to Andrew Combe, 3 January 1845', in A. Combe, *Phrenology - its Nature and Uses: An Address to the Students of Anderson's University at the Opening of Dr. Weir's First Course of Lectures on Phrenology in that Institution, January 7th, 1846*, Edinburgh: MacLachlan, Stewart & Co., London: Simpkin, Marshall and Co., Glasgow: D. Robertson, 1846, p. 30.

[28] G.N. Cantor, 'The Edinburgh Phrenology Debate: 1803-1828', *Annals of Science*, 32, 1975, 195-218.

[29] Ibid., p. 201.

[30] Ibid., p. 204.

[31] S. Shapin, 'Phrenological Knowledge and the Social Structure of Early Nineteenth-Century Edinburgh', *Annals of Science*, 32, 1975, p. 229.

hinder the career of an ambitious physician before it had begun. And yet, Browne became an enthusiastic phrenologist in his early years.

For Browne, the attraction lay less with the showy performances of feeling for bumps on scalps, (or 'bumpology' as it became familiarly known) and more with the social implications of such theories. In *The Constitution of Man Considered in Relation to External Objects* (1828) George Combe, who had begun to publish on phrenology as early as 1817, espoused the philosophy of natural laws: that man, like the rest of the natural world, is subject to, and bound by, the laws of nature. His theories were not dependent upon acceptance of phrenology:

> Phrenology appears to me to be the clearest, most complete, and best supported system of mental philosophy which has hitherto been taught; and I have assumed it as the basis of this work. But the practical value of the views to be unfolded does not depend entirely on Phrenology. The latter as a theory of Mind, is itself valuable only in so far as it is a *just exposition* of what previously existed in human nature. We are physical, organic, and moral beings, acting under general laws, whether the connection of different mental qualities with particular portions of the brain, as taught by Phrenology, be admitted or denied.[32]

Constitution became one of the best-sellers of nineteenth-century literature, with more than 300,000 copies sold up to 1900. Combe, like Spurzheim before him, believed that such knowledge could be used for the 'improvement of education, and the regulation of individual and national conduct.'[33] Indeed, he observed that *Constitution* could be regarded as 'an introduction to an essay on education.'[34] The final chapter of *Constitution* covered issues of education, religion, crime and government. Combe believed that knowledge was beneficial in increasing man's enjoyment of the world around him and in allowing him to achieve harmonious relations with others by behaving according to natural laws.

Phrenology, and Combe's *Constitution*, held a particular fascination for many middle-class professionals - doctors, lawyers, clerics - who saw in it a means of promoting social reform and educational improvements. Van Wyhe has pointed to parallels between the 'belief systems' of phrenology and evangelicalism and in particular has linked phrenologists with 'nonconformists such as Baptists,

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[32] G. Combe, *The Constitution of Man Considered in Relation to External Objects*, Edinburgh: John Anderson Junior, 1828, Preface.

[33] Ibid., Preface.

[34] G. Combe, *The Constitution of Man Considered in Relation to External Objects*, Edinburgh: MacLachlan, Stewart & Co., 8th ed., 1847, p. 458.

Congregationalists, Methodists and Presbyterians'.[35] There were links, too, with educational reform. Organisations of popular education, such as the Society for the Diffusion of Useful Knowledge, the Association for procuring Instruction in Useful and Entertaining Sciences and the Mechanics' Institutes, flourished throughout Britain. Through inexpensive publications and at public lectures and exhibitions it was explained to the middle and working classes how they could improve themselves by developing their mental faculties. An audience of hundreds was not uncommon at meetings of the Mechanics' Institute: a phrenological exhibition at Dumfries Mechanics' Institute in 1842 attracted more than five thousand visitors.[36]

Knowledge of the mind, then, could lead to a better understanding of mental processes. It was not difficult for a man of Browne's interests to take phrenological principles and apply them to the study of mental illness. According to Gall, mental illness was, in effect, brain illness and he promoted more sensitive treatment of the insane. In Britain, it was not only George Combe who made this connection between phrenology and mental diseases. Browne's growing interest in psychiatry was particularly indebted to his friendship with Dr Andrew Combe, George's younger brother. Andrew Combe's early publications *Observations on Mental Derangement: being an Explanation of the Principles of Phrenology to the Elucidation of the Causes, Symptoms, Nature and Treatment of Insanity* (1831) and *The Principles of Physiology applied to the Preservation of Health, and to the Improvement of Physical and Mental Education* (1834) were both well received by the public and ran to many editions. Phrenology, mental health and education were inextricably linked in Combe's theories. A diseased mind could be cured by the correct understanding of mental processes and the re-education of the mind and body. It was to Andrew that Browne dedicated his most famous publication, *What Asylums Were, Are, and Ought to Be*, in 1837 as an acknowledgement of the 'private benefits conferred, as the most enlightened preceptor, the most disinterested adviser, and the kindest friend, of the author'.[37] In later years Browne acquired Andrew Combe's publications for the Crichton's library and, on hearing of his friend's death, he composed a lengthy eulogy for the Crichton journal, *The New Moon*, in September 1847.

[35] J. Van Wyhe, *Phrenology and the Origins of Victorian Scientific Naturalism*, Aldershot: Ashgate Publishing, 2004, p. 65.
[36] R. Cooter, *The Cultural Meaning of Popular Science*, Cambridge: Cambridge University Press, 1984, pp. 149-50.
[37] W.A.F. Browne, *What Asylums Were, Are, and Ought to Be*, Edinburgh: Adam and Charles Black, 1837, Dedication.

Browne abroad and home

Both Combe brothers were instrumental in shaping Browne's future career. Andrew Combe had studied in Paris and may have encouraged Browne to extend his own medical knowledge through travel on the continent. In 1828, as his presidencies of various medical societies came to an end, Browne was offered such an opportunity. He was employed as medical carer of William Stirling Graham (1794-1844), a wealthy advocate who was suffering from mental illness.[38] Graham's sister, Clementina Stirling Graham (1782-1877), the author of *Mystifications* (1865), was a family friend and corresponded with Andrew and George. This may have been one contact between Browne and his new patient; another was Dr Adam Hunter, Physician to Saughton Hall Lunatic Asylum, who claimed to have recommended Browne as 'the most proper person to take charge' of the patient.[39]

Graham's parents, Patrick Stirling of Pittendreich and Amelia Graham had assumed the Graham name and arms by Royal authority in 1802.[40] When William Stirling Graham inherited Duntrune House, Angus, overlooking the river Tay, he demolished the original building and erected a new mansion in 1825, 'disproportioned to his Estate', an enterprise that may have exacerbated his mental disorder.[41] His father suffered from mental illness and was thought to have died in an asylum.[42] By 1828 Graham's mental health had declined and arrangements were made by the family for him to travel abroad. Browne accompanied him on his travels - they passed through Belgium, France, Switzerland and Italy - but the 'disease returned whenever the Patient returned to this country' in 1830; Graham later died at Crichton Royal Institution in 1844.[43] During his travels, Browne was to observe treatment in a number of leading European asylums, and impressed with the hospitals in France, he returned there in 1832, to study under two pioneers of moral treatment of the insane in Paris - Jean

[18] Research by William Gunn, University of Aberdeen, has led to the identification of the patient as Graham. There are several references by Browne's colleagues to more than one patient but details are known only for Graham. Browne himself only refers to one patient. See DUMCR1989.483, *Testimonials in Favour of W. A. F. Browne, Surgeon, as Candidate for the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, Edinburgh: Balfour and Co., 1834.

[19] A. Hunter, 'Testimonial XII, 9 April 1834', in *Testimonials in Favour of W. A. F. Browne*, 1834.

[40] University of Dundee Archive Services, GB 0254, MS 57/1, Duntrune Estate, Dundee.

[41] DUMCR1989.213, CRI MS Case Books, I, Patient No. 4, William Stirling Graham. He was admitted 8 June 1839.

[42] Ibid.

[43] Ibid. In the 1830s, Graham's mental health declined and he spent periods in Blacklands House, Chelsea and Garngad Asylum in Glasgow. He was admitted to Crichton on 8 June 1839 and he died on 19 December 1844.

Etienne Dominique Esquirol (1772-1840) at Charenton and Etienne Pariset (1770-1847) at La Salpêtrière.

Browne could not have chosen a better time or place to train in mental diseases. The practical experience he gained in French hospitals was invaluable because British public asylums were closed even to visitors of the medical profession.[44] Further, French hospitals were at the forefront of the movement towards improved conditions and moral treatment of the insane. Esquirol had trained under Philippe Pinel (1745-1826), the founder of the French School of Psychiatry and the leader of this revolution:

> The liberation and emancipation of the lunatics in Bicêtre, some of whom had been chained in darkness for forty years, by Pinel, is one of the most harrowing and picturesque chapters in the history of art. This bloodless triumph of a savage and sanguinary period led, half a century afterwards, to convictions that mechanical restraint, of all kinds, was cruel, or pernicious, or unnecessary, or might be dispensed with. Practically, as a remedy or a protection, it was abolished or abandoned, and, except when required for surgical or similar purposes, is never resorted to. Its abuses were so frightful that its use may well be spared.[45]

Pinel's *Traité medico-philosophique sur l'aliénation mentale, ou la manie* (1801) was translated into English in 1806 by the Sheffield obstetrician David Daniel Davis.[46] It may have contained many flaws, leading to a misrepresentation of Pinel's theories of mental illness in Britain but Browne would have had no need to read the English translation as he became fluent in French during his work experience in Paris.[47]

It was Pinel who insisted on Esquirol's appointment as 'médicin ordinaire' at La Salpêtrière in 1811. Esquirol had published his thesis, *Des Passions considérées comme causes, symptômes et moyens curatifs de l'aliénation mentale* [The Passions considered as Causes, Symptoms and Means of Cure in Cases of Insanity], in 1805. His visits to many of the asylums in France in 1818 resulted in his promotion of a new medical specialty to care for the insane. Esquirol promoted the practice of treating insanity in specialist hospitals run by physicians and, like Pinel, was interested in the systematic classification of different types of mental diseases. His course in 'maladies mentale',

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[44] J. Andrews, A. Briggs, R. Porter, P. Tucker, K. Waddington, *The History of Bethlem*, London and New York: Routledge, 1997, p. 178. Bethlem had closed its doors to the public in 1770.
[45] W.A.F. Browne, *The Moral Treatment of the Insane; A Lecture*, London: J.E. Adlard, 1864, p. 5.
[46] P. Pinel, *Traité medico-philosophique sur l'aliénation mentale, ou la manie*, [A Treatise on Insanity], Paris: Richard, Caille & Ravier, 1801. English translation, D.D. Davis, London: Cadell and Davies, 1806.
[47] D.B. Weiner, 'Betrayal! The 1806 English translation of Pinel's Traité medico-philosophique sur l'aliénation mentale ou la manie', *Gesnerus*, 57, 2000, 42-50.

begun 1818, was an early example of systematic teaching of psychiatry. By the time Browne studied under him, Esquirol had been director of Charenton for seven years. In later years Browne remained proud of his association with Esquirol. What he witnessed was a highly regimented hospital environment designed to control the 'disturbed passions' of the insane: spacious, clean and well-aired wards; patients grouped together according to their type or severity of illness; the removal of physical restraints and their replacement by humane treatment; a structured daily routine of employment and therapeutic activities. The insane were not simply locked out of sight and mind - their hospitals had become 'an instrument of cure'. Browne witnessed at first hand the edification of such treatment and was to use it within a few years in his homeland.

On his return to Britain in 1833, Browne began his general practice in Stirling while at the same time writing articles for the *Phrenological Journal* and maintaining links with Edinburgh. In November 1833 he began a series of twenty-five lectures on Physiology and Zoology for the Edinburgh Association for Procuring Instruction in Useful and Entertaining Science. By 6 December, 304 tickets had already been sold for Browne's course.[48] The content of his lectures is unknown but it is possible they were structured in a similar way to Andrew Combe's chapters in *The Principles of Physiology applied to the Preservation of Health and the Improvement of Physical and Mental Education* (1834). Combe covered themes such as: nature and uses of physiology; structure and functions of the skin; nature of the muscular system; on the blood and organs of circulation; conditions of health of the brain - laws of mental exercise.[49] The lectures were well received by the public and the association directors.

A few months later, on 22 March 1834, the post of Medical Superintendent of the Montrose Royal Lunatic Asylum, Infirmary and Dispensary was advertised in the *North British Advertiser*. Browne immediately wrote to the Combe brothers seeking their support for his application, unaware that Andrew Combe had been considering the post.[50] The Combes were not alone in providing testimonials on behalf of Browne.[51] He

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[48] 'Summary of the Proceedings of the Association for Procuring Instruction in Useful and Entertaining Science from its Institution in 1832 to 1st December 1833', in G. Combe, *Lectures on Popular Education delivered to the Edinburgh Association for Procuring Instruction in Useful and Entertaining Science, in April and November 1833*, Edinburgh: John Anderson Junior, 1833, pp. 79-80.

[49] A. Combe, *The Principles of Physiology applied to the Preservation of Health and to the Improvement of Physical and Mental Education*, Edinburgh: MacLachlan, Stewart & Co, 1843. First published 1834.

[50] G. Combe, *The Life and Correspondence of Andrew Combe, M.D.*, Edinburgh: MacLachlan and Stewart, Longman & Co., Simpkin, Marshall, & Co., 1850, pp. 228-9. According to a letter addressed to George Combe, Browne also called on Combe on 5 April requesting a testimonial. See National Library of Scotland [hereafter NLS], MS Collections, MS 7232.ff.37-41, George Combe Correspondence.

was able to send the managers of Montrose Asylum no less than 63 printed testimonials.[52] They were written by his former professors, professional colleagues, asylum physicians, clergymen and even the directors of the Edinburgh Association. They were all glowing in their praise both for Browne's medical expertise and for the moral rectitude of his character.[53] Further, Andrew Combe's 'standing with the Sheriff ... and gentry of Forfarshire' and George's friendship with James Leighton, Town Clerk and Secretary of Montrose Asylum, must have been beneficial to Browne's application.[54] In his letter of application he was anxious to stress the range of his medical training and experience, both in this country and abroad:

> During the whole course of my professional studies at the University of Edinburgh, I made the human mind, both in its healthy and diseased condition, an especial subject of investigation ... and attentively examined the arrangements in some of the most celebrated Asylums in the different countries through which I passed.[55]

He made clear his commitment to moral treatment of the insane, stressing the benefits of 'employment and recreation' over the 'tyranny' of restraint. Eight other candidates were considered but few could have matched Browne's wealth of practical experience of mental disorders.[56] On 6 May 1834 he was elected by an impressive majority vote.[57] Shortly after his appointment he married Magdalene Howden Balfour (1809-1882) in Edinburgh on 24 June 1834. Magdalene came from a highly intellectual family: she was the daughter of Dr Andrew Balfour, physician and collaborator on the *Edinburgh Encyclopaedia*. One of her brothers, Dr John Hutton Balfour, had been a fellow student of Browne at Edinburgh and provided him with a testimonial for Montrose. He was appointed Professor of Botany at Glasgow in 1841 and at Edinburgh in 1845. Three of her other brothers became well known in medical circles. William and

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[51] Eight of Browne's testimonials were written by men who had become members of the Phrenological Society in Edinburgh by 1826: Combe, Hunter, Lyon, Macfarlan, Mackenzie, Neil, Scott and Simpson.
[52] This number of printed testimonials was not uncommon. Thomas Laycock presented almost ninety testimonials on his application for the Edinburgh Chair of Medicine in 1855. See M. Barfoot, *"To ask the Suffrages of the Patrons": Thomas Laycock and the Edinburgh Chair of Medicine, 1855*, London: Wellcome Institute for the History of Medicine, 1995, pp. 32-3.
[53] DUMCR1989.483, *Testimonials in Favour of W. A. F. Browne, Surgeon, as Candidate for the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, Edinburgh: Balfour and Co., 1834. The publisher was Dr Andrew Balfour, Browne's future father-in-law.
[54] G. Combe, *The Life and Correspondence of Andrew Combe, M.D.*, p. 229.
[55] DUMCR1989.483, *Testimonials in Favour of W. A. F. Browne*, 1834.
[56] R. Poole, *Memoranda regarding the Royal Lunatic Asylum, Infirmary, and Dispensary, of Montrose*, Montrose: J. & D. Nichol, 1841, p. 98.
[57] Ibid., pp. 98-9. Browne received 22 votes; Dr James Ogilvy had 4; Mr Carfrae had 2 and Mr Spence had 1. See also C.C. Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, Dumfries: Courier Press, 1937, p. 616.

Magdalene were to be married for forty-eight years and their life together began surrounded by the insane at Montrose.

Browne at Montrose

FIG. 2   Montrose Royal Lunatic Asylum
(courtesy of Dundee City Archives. www.dundeecity.gov.uk)

Montrose Lunatic Asylum, Infirmary and Dispensary had been founded in 1781, more than fifty years before Browne arrived to take up the position of Medical Superintendent. Its benefactor, Mrs Susan Carnegie of Charleton, explained her motives for setting up this psychiatric establishment for 'afflicted humanity', the first of its kind in Scotland:

> My view was … to rid the Town of Montrose of a nuisance, that of mad people being kept in prison in the middle of the street, and the hope that by providing a quiet and convenient Asylum for them, by good treatment and medical aid, some of those unfortunates might be restored to society.[58]

Mrs Carnegie's motives were double-edged. In the eighteenth century, the insane of Forfar and Kincardine counties were treated in the Old Tolbooth, in the centre of Montrose. She and, no doubt, other residents of Montrose wished to remove the insane a safe distance from the town centre; at the same time she saw the need for a hospital environment that could offer treatment and possible cure. Mrs Carnegie assisted by Montrose Provost, Alexander Christie, raised £679 18s 9d through public subscriptions.[59] The asylum, built on the Links of Montrose, was much praised for its situation:

> This position commands various advantages; it completely isolates the institution from all other buildings; it insures a free circulation of

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[58] A.S. Presly, *A Sunnyside Chronicle*, Dundee: Tayside Health Board, 1981, p. 1.
[59] Ibid., p. 2.

uncontaminated air; and while protecting the unfortunate inmates from sudden intrusion, it affords them the uninterrupted prospect of an agreeable and extensive range of country, than which nothing can be more conducive to the comfort, and often to the cure, of a distempered mind.[60]

Originally the hospital, a two-storied building (later extended) with airing grounds surrounded by walls, was open to private and pauper patients, the majority from Forfarshire. Private patients paid board varying from £24 to £50 per annum; paupers were admitted at the rate of £18, the amount being paid by their parish. The first patient was received on 6 May 1782 and by 1832, thirty-seven male and thirty-eight female patients were resident.[61] The hospital was supervised by a non-medical Keeper, James Booth, and was served by free visits from various local doctors until the position of Attending Physician was established in 1799, a post shared by two doctors. In 1810 the asylum was granted a Royal Charter. Basic formalized patient records only exist from 1818.

Browne was appointed Montrose Asylum's first Resident Physician in spring, 1834, although the need for such a post had been discussed as early as 1826. He received an annual salary of £150 and was given accommodation for himself and his wife. His duties had been clearly stated in a list of rules and regulations for staff, drawn up by the hospital managers in April 1834.[62] He was to work exclusively for the hospital; private practice was not permitted. Given overall responsibility for the 'medical and moral direction' of the patients, he was to provide instructions for the Head Keeper and Matron. One hour a day was to be given to the Dispensary. Two aspects of his duties are of particular interest: record-keeping and humane treatment of the patients. He was required to keep accurate case notes and records of all medication and treatment supplied; monthly and annual reports were to be compiled for the Managers, and reports on individual patients, when required, were to be supplied to the Sheriff or Managers. Further, he was instructed to:

> ... employ the Patients, both Male and Female, in useful and amusing work as much as possible; and the Head Keeper and Matron are very particularly charged to leave no mild and humane endeavours untried to forward these salutary measures, while the House Committee are empowered to grant from the Funds

[60] Ibid., p. 7. Quote from *Chambers Edinburgh Journal*, 193, 10 October 1835, p. 293.

[61] Ibid., p. 7. Quote from *Sheriff's Report on Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1832.

[62] University of Dundee Archive Services, THB23/3/1/1, *Rules and Regulations for the Montrose Royal Lunatic Asylum, agreed to at a Special General Meeting of the Managers, held on 1st April 1834*.

of the Institution the means necessary for carrying them into effect with facility and safety.[63]

The four years Browne spent at Montrose were to be fundamental to his approach to patient care at Crichton. The scale of treatment was modest by French standards: La Salpêtrière had 292 patients in 1814.[64] At Montrose Browne inherited 65 patients and admitted 17 in the year up to 1 June 1835, the majority being female; 40 patients were admitted in 1838.[65] This formative period gave Browne vital practical experience of directing psychiatric care. He may have visited many asylums on the continent but, as he later observed, 'I cannot forget that so exclusive and mysterious were these abodes, that the first time I entered, or could enter, an asylum in this country, was to take possession as a superintendent.'[66]

During the first year he treated 95 patients at the Infirmary and 107 at the Dispensary. By 1837, his workload had increased markedly - 1039 cases were treated at the Dispensary, rising to 1091 in 1838.[67] He had also taken responsibility for medical care in one of the Dispensary districts but refused payment for this extra work. Much of his time was devoted to the hospital psychiatric residents. Determined to put into practice his ideas on moral management and treatment, Browne lost no time in improving the living conditions and care of his new patients, although not without meeting a degree of resistance from the hospital managers and the general public:

> ... on propounding, with fear and trembling, the simplest and most innocent innovations, - such as that the airing-yards should be planted with shrubs, that Divine service should be performed upon Sunday, - I saw expressive looks, and shrank from significant whispers, that the doctor was as wild and visionary as his charges; nor that, on the first lighting the Montrose Asylum with gas in 1836, a crowd assembled at the gate to witness and perhaps to enjoy the conflagration which was expected inevitably to follow so daring and desperate an experiment![68]

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[63] Ibid., pp. 9-10.

[64] J.E.D. Esquirol, *Mental Maladies. A Treatise on Insanity*, transl. E.K. Hunt, Philadelphia: Lea and Blanchard, 1845, p. 32.

[65] University of Dundee Archive Services, THB23/3/1/1, *Report of the Directors of the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1835, 1838.

[66] Browne, *The Moral Treatment of the Insane*, p. 6.

[67] University of Dundee Archive Services, THB23/3/1/1, *Report of the Directors of the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1835, 1837, 1838.

[68] Browne, *The Moral Treatment of the Insane*, pp. 6-7.

Within the first year gas lighting was introduced into the 'passages, sitting rooms and parlours' and no 'conflagration' followed. Plans were also underway for the installation of central heating for the whole building:

> At present the large apartments alone are heated, and that by means of fires … it is proposed, that the whole of the House should be heated on the principle of Mr. Perkins, which may be said briefly to consist in making a series of tubes traverse the walls or surround every apartment, which circulate boiling water and thus generate and support a proper and equable degree of heat.[69]

Running water was introduced into the public halls and individual dressing closets. A parlour for the paying female patients was constructed to afford them greater privacy and comfort, appropriate to their station in life. Bathing facilities were improved. Before his arrival, Montrose had only one slipper bath for eighty patients but Browne was to ensure that there was an 'adequate' supply.[70] In 1836 he compiled a report on the separation of the asylum from the Infirmary and Dispensary, observing that the rooms most suited for the comfort of the paying asylum patients were used for the Infirmary. This proposal was not favoured by all the hospital managers, however, and the separation was not accomplished until 1839, after Browne's departure. Outside, the grounds were improved: the bleaching greens were converted into flower beds and a stagnant pool drained.

These improvements to the hospital environment were only one facet of Browne's moral management. Quality accommodation was beneficial to the comfort of patients' physical health; their mental health, too, required considerable care if cure, or even improvement, was to be attempted. Firstly, greater privacy was ensured by the exclusion of the public to the asylum:

> No visitors, whose motive is curiosity, are now allowed to see the patients … But it can neither be claimed as a right, nor is it expedient, that the idle, the ignorant, the curious, and perhaps the callous should indiscriminately be admitted to gaze upon their fellow-men, as they would on the inhabitants of a menagerie, probably to ridicule their peculiarities, or to mock by idle wonder their misery.[71]

There was nothing new in this attitude. As early as 1695 Thomas Tryon complained of the public tours of Bethlem, observing that it was 'a very undecent [sic], inhuman thing

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[69] University of Dundee Archive Services, THB23/3/1/1, *Report of the Directors of the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1 June 1835, p. 17.
[70] Ibid., p. 17.
[71] Ibid., pp. 17-8.

to make ... a show ... by exposing them, and naked too perhaps of either sexes, to the idle curiosity of every vain boy, petulant wench, or drunken companion'.[72] There were exceptions to this rule. The press was occasionally granted admission and favourable reports of Browne's innovations appeared in the *Edinburgh Advertiser* newspaper and *Chambers's Edinburgh Journal*.[73] Browne was not averse to publicity when it could promote the understanding of moral treatment.

Browne began a regime of work or employment appropriate to the patient's personal station in life. Regular hours were set aside for employment and leisure. Women of the pauper classes were employed in knitting, spinning and sewing; gardening and weaving were the common activities of the pauper men. A patient who had been a writer's clerk was even kept busy as an amenuensis, copying the case notes of his fellow patients.[74] During the day, those of the leisured classes were encouraged to go outdoors and to read. A library containing 130 volumes as well as magazines and newspapers had been formed by June 1838. Reading was not considered a mere distraction; it was encouraged because it communicated 'new objects of thought, correct processes of reasoning, and sound opinions.'[75] The act of letter writing, according to Browne, was therapeutic and some patients were encouraged to correspond with relatives and friends. One caveat, however, was that he should read all letters. While patients might appear to behave in a rational and sensible manner, their letters could betray deeper mental disturbances. Coherence of thought and truthfulness were requirements before any such correspondence was posted. Browne considered his personal intervention regrettable but necessary and it was a practice he was to continue at Crichton. If some patients were involved in producing drawings and paintings their efforts were not recorded in the *Annual Reports*. Art, it seems, had not yet become a significant therapeutic tool at Montrose.

Two of Browne's sons were born during his residence at Montrose: William Alexander Francis, on 20 March 1835, who died on 12 January 1846; and Andrew Balfour, on 6 February 1837, who died before his first birthday on 1 January 1838.[76]

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[72] Thomas Tryon (1634-1703) was an English humanitarian. For Bedlam weblinks, see www.mdx.ac.uk/www/study/mhbtim.htm. Accessed 9 February 2005.

[73] Anon., 'A Visit to the Montrose Asylum', *Chambers's Edinburgh Journal*, 193, 293-5. The article had appeared earlier in the *Edinburgh Advertiser*.

[74] Ibid., p. 294.

[75] University of Dundee Archive Services, THB23/3/1/1, *Report of the Directors of the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1 June 1838, p. 17.

[76] Inscription on Browne Family headstone, High Cemetery, Dumfries.

Browne's settled domestic arrangements may have contributed to his desire for a 'family' unit within the asylum. The *Annual Reports* give the real impression of a community spirit. Browne presided over a small enough group of patients (74 in 1838) for shared activities to take place, not just among male and female patients but also involving staff:

> ... when the evening comes, one or even more of the male Lunatics join the Keeper in playing the fiddle or in singing - a concert which, whatever may be its merits, generally collects an attentive and delighted audience, and sometimes suggest a unanimous desire for a reel, which is danced with all the glee and fervor which real joyousness communicates ... Latterly, music, dancing, and cards - the winter amusements - have been abandoned for football, which at this season is preferable, as affording excellent exercise and being less exclusive.[77]

Perhaps most radical of all was Browne's decision to take patients into the local community. His staff accompanied convalescents to Montrose town centre, nearby beauty spots, ship launches, the local natural history museum, even public concerts.[78] While we do not have a record of public reaction to such activities, Browne was certain that patients benefited greatly from such outings. Further, it was demonstrated to the public that the insane could, on occasion, control their behaviour and posed minimal threat to the local community. Barriers in the public perception of insanity were beginning to change at Montrose, not least among the hospital managers. Browne lectured to them outlining his views of asylum care, an activity that led directly to the publication of *What Asylums Were, Are, and Ought to Be* in 1837.

What Asylums Were, Are, and Ought to Be

Throughout his long and successful career, Browne published extensively on the treatment of the insane. Even after 1870, when he became permanently blind, he continued to publish, his words dictated to his faithful daughters Madeline and Margaret. But no publication had more impact on his career than his early work, *What Asylums Were, Are, and Ought to Be*. It is not clear when Browne began to compile information on the state of asylums that formed the basis of his five lectures to the Montrose Asylum managers, published as *What Asylums Were, Are, and Ought to Be*.[79]

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[77] University of Dundee Archive Services, THB23/3/1/1, *Report of the Directors of the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1 June 1836, p. 17.
[78] Ibid., 1 June 1838, p. 12.
[79] W.A.F. Browne, *What Asylums Were, Are, and Ought to Be*, Edinburgh: Adam and Charles Black, 1837.

What is obvious is the remarkable accumulation of statistics from official documents, reports and publications on worldwide asylums. What little spare time Browne enjoyed at Montrose must have been usefully employed reading up on the latest developments in mental health care.

WHAT ASYLUMS WERE, ARE, AND OUGHT TO BE:

BEING THE SUBSTANCE OF

FIVE LECTURES

DELIVERED BEFORE

THE MANAGERS

OF THE

MONTROSE ROYAL LUNATIC ASYLUM.

BY

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EDINBURGH:
ADAM AND CHARLES BLACK,
AND LONGMAN, REES, ORME, BROWN, GREEN, AND LONGMAN,
LONDON.

MDCCCXXXVII.

Fig. 3   Title page of *What Asylums Were, Are, and Ought to Be*

By 28 January 1837 he had sent a portion of the text to Andrew Combe, asking for his revisions. Combe highlighted an interesting aspect of the text - that Browne did not mention phrenology by name:

> I am not aware whether you intend to introduce Phrenology openly as your guide in the investigation and treatment of insanity. In the first sheet there is no allusion to it, and it therefore seems *possible* that you do not mean to notice it. If you really do not, I would strongly advise a contrary course, as due both to the cause of truth and to your-self ... It is true, present popularity is gained; but my conviction is, that truth is retarded in the long-run, and Phrenology itself thrown into the background, branded with the stamp of folly by those who never suspect that what they read is Phrenology.[80]

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[80] G. Combe, *The Life and Correspondence of Andrew Combe, M.D.*, pp. 280-1.

Browne did not rectify this omission. Instead, in dedicating the book to Andrew Combe he acknowledged 'the benefits conferred on society, by his exposition of the application of phrenology in the treatment of insanity and nervous diseases'.[81] Andrew Combe should have sympathised with this approach. In *The Principles of Physiology applied to the Preservation of Health and the Improvement of Physical and Mental Education* he does not mention phrenological principles until chapter thirteen (of fifteen) explaining 'that, for the object I had in view, a special reference to them was not necessary, and that, in a work written for the general reader and for practical purposes, I was naturally anxious to avoid every contested point.'[82] For similar reasons, Browne was not willing to alienate that part of his audience who was anti-phrenology. On the other hand, *What Asylums Were, Are, and Ought to Be* is a clear proclamation of the principles of phrenology as related to social reform, a cry for an improved understanding of human nature in all its 'alien' aspects and humane treatment of the least fortunate in society. Browne's perception of past and current treatment of the insane, and his vision for a Utopian future, will be discussed in the next chapter, in relation to his work at Crichton.

The impact of the book was immediate and sealed his reputation as a reformer in psychiatric treatment. It received favourable reviews in the medical press and made Browne the most widely known psychiatrist in Scotland. It is not surprising, then, that when Mrs Elizabeth Crichton was considering a suitable candidate for the post of Physician Superintendent at her new asylum in Dumfries, she should be open to the ideas so eloquently set down in Browne's book. No other resident asylum superintendent (and there were none in Scotland and very few in Britain at this time) more than Browne had the first-hand experience, knowledge of hospital management and vision for the future.[83] The story of her riding in her yellow and black coach from Dumfries to Montrose in March 1838 to meet with Browne, her immediate offer of the post and his acceptance, has been repeated often.[84] The post came with a salary of £350 per annum, a significant rise on the £150 he was receiving at Montrose, and the promise of a separate house (not yet built) for his family within the grounds at Crichton. His duties were to begin on 1 July 1838. It was to be, for him, a fresh start, an opportunity to

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[81] Browne, *What Asylums Were, Are, and Ought to Be*, Dedication.

[82] A. Combe, *The Principles of Physiology applied to the Preservation of Health*, p. 91.

[83] The York Retreat did not appoint a resident Medical Officer until 1839; Bethlem appointed its first Resident Physician in 1852.

[84] See, for example, J. Crichton-Browne, 'Some Early Crichton Memories', in Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, p. 21; and M. Williams, *History of Crichton Royal Hospital 1839-1989*, Dumfries: Dumfries and Galloway Health Board, 1989, p. 20.

create and control a 'moral' environment without the hindrance of inherited procedures and practices. He was to select the new staff and establish his own working practices at Crichton.

His resignation from Montrose was met with genuine disappointment by the managers of Montrose Asylum. But Browne saw the advantages of extending his expertise in the best endowed new asylum in Britain and could not be persuaded to change his mind. After his departure, Dr Richard Poole, who succeeded Browne as Resident Physician at Montrose, wrote the report for year ending 1 June 1839.[85] Browne received a well-earned tribute:

> Your Committee have great pleasure in reporting their entire satisfaction with the conduct of the Medical Superintendent, and also of the Matron and Head Keeper, and in stating generally their conviction that the Asylum, in respect of its condition and management, was never better entitled to the approbation of the Managers, or the confidence of the public ... your Committee cannot refer, even incidently [sic], to the improvements which he [Browne] has introduced into our Institution, without expressing their regret for the loss which has been sustained by his resignation. The enthusiasm, and yet the caution and prudence, with which he entered on the work of improvement four years ago - the untiring zeal and patience with which he has laboured in carrying out his plans - the humane and enlightened system of treatment which he has introduced - and the friendly and affectionate and confiding spirit by which he has secured the attachment and respect of his unfortunate charges, are beyond praise.[86]

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[85] Dr Richard Poole (1780-1870) gained his MD at St Andrews in 1805. He went into practice in Edinburgh before moving to Montrose.
[86] University of Dundee Archive Services, THB23/3/1/1, *Report of the Directors of the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1 June 1838, p. 21.

Chapter 3

What Asylums Were and Are

> Why should we be ashamed to think, or to have it known, that we have a brother
> or a sister afflicted with insanity. It is neither so loathsome as the small-pox, nor
> so dangerous as a typhus fever.[1]

What Asylums Were, Are, and Ought to Be

Browne published his five lectures, *What Asylums Were, Are, and Ought to Be*,
delivered to the managers of Montrose Royal Lunatic Asylum, in 1837.[2] The book was
designed 'for the specific and avowed purpose of demanding from the public an
amelioration of the condition of the insane.'[3] It reached out far beyond the asylum walls
towards an audience to whose social conscience and sense of moral obligation he
wished to appeal. The first four lectures dealt with the nature of insanity; its prevalence
throughout all classes in Britain and the inadequate and horrific state of provision for
the insane, past and present.[4] The final lecture, a Utopian vision of what ideal provision
and care could offer, will be discussed in the next chapter in relation to Browne's
superintendence of Crichton.

What Asylums Were, Are, and Ought to Be was reviewed in a number of medical
journals and was received very favourably, although Browne's prose style came in for
some criticism. One reviewer commented that the force of his words was weakened by
'a kind of challenging and declamatory style, arising out of a redundancy of Scottish
energy' and that there were 'some pages of a verbose declamation which should surely
have been retrenched before publication';[5] another reviewer observed that 'though
perhaps well enough adapted for a discourse to a mixed audience, it is far too florid for

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[1] A. Halliday, *A General View of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland and in some other Kingdoms*, London: Thomas & George Underwood, 1828, p. 75.
[2] W.A.F. Browne, *What Asylums Were, Are, and Ought to Be*, Edinburgh: Adam and Charles Black, 1837. It sold for 5s.
[3] Ibid., p. 1.
[4] For a discussion of Browne's ideal vision for asylums in the future, see A. Scull, ed., *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, London and New York: Routledge, 1991.
[5] Anon., 'Review of *What Asylums Were, Are, and Ought to Be*', *The British and Foreign Medical Review*, 5, 1838, 70-1.

a didactic work like the present'.[6] However, all recommended the publication which was 'worthy of attentive consideration' and which breathed 'throughout a spirit of philanthropy'.[7] *The Lancet* reviewer was particularly overflowing in his praise:

> Seldom have we met with a volume, so diffidently put forth, so replete with facts, containing matter so excellently combined, so clearly stated, so interestingly and impressively conveyed, so humanely designed, so effectually calculated to achieve the legitimate objects of a resort to the truth-diffusing press.[8]

In his first lecture, Browne looked at the nature of insanity, its physiological characteristics and physical manifestations. He was anxious to promote the new scientific approach to derangement as a disease of the brain and the body that could be understood with careful study. It was, in part, a reflection of his earlier interest in phrenology. In the 1770s, William Cullen (1710-1790) had included aspects of mental disease - nerves or 'neuroses' - in his highly influential lectures to Edinburgh University students. His views on insanity spread to the continent through the translation into French by Pinel of Cullen's *First Lines in the Practice of Physic* in 1785.[9] Pioneers of treatment for mental disorders - Cullen, Pinel and Esquirol - had emphasised the need to understand causes of insanity before a cure could be sought. By the time Browne published *What Asylums Were, Are, and Ought to Be*, a range of publications had offered different approaches to insanity, such as John Haslam's *Observations on Insanity* (1789) and George Man Burrows' *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity* (1828).[10] Browne defined insanity as 'inordinate or irregular, or impaired action of the mind, of the instincts, sentiments, intellectual, or perceptive powers, depending upon and produced by an organic change in the brain; the extent of the disease corresponding to the extent of the destruction or injury of the nervous structure.'[11] For Browne, madness, as a disease of the body and the brain, was a physical as well as a mental disorder; accordingly, such a disease could and should be treated by medical men not laymen. Browne then discussed

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[6] Anon., 'Review of *What Asylums Were, Are, and Ought to Be*', *The Edinburgh Medical and Surgical Journal*, 48, 1837, 518.

[7] Ibid., p. 518.

[8] Anon., 'Review of *What Asylums Were, Are, and Ought to Be*', *The Lancet*, 2, 1837, 556.

[9] W. Cullen, *First Lines of the Practice of Physic. For the Use of Students in the University of Edinburgh*, 2 vols., Edinburgh: William Creech, 1777-9.

[10] J. Haslam, *Observations on Insanity*, London: Rivington, 1798. G.M. Burrows, *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity*, London: Underwood, 1828. John Haslam (1764-1844) was Apothecary to Bethlem Hospital, 1795-1816. George Man Burrows (1771-1846) was owner of a private asylum in Chelsea and of the Clapham Retreat.

[11] Browne, *What Asylums Were, Are, and Ought to Be*, p. 6.

the classification of mental diseases, comparing previous divisions of insanity, by Thomas Arnold and J. C. A. Heinroth, with his own classification of 'Idiocy', 'Fatuity', 'Monomania' and 'Mania'.[12] Browne's classification of diseases will be discussed alongside moral management in the next chapter.

Browne's second lecture in *What Asylums Were, Are, and Ought to Be* discussed the statistics of lunatics in Britain. Andrew Halliday's *A General View of the Present State of Lunatics and Lunatic Asylums* (1828) was a source often referred to in Browne's lectures.[13] Using Halliday's statistics, 'the best guide in such an inquiry', he made this observation:[14]

> In England there are probably not less than 10,000 lunatics; while in Scotland the numbers are certainly not below 4000. Of the latter, 1338 are confined in private asylums, or licensed houses, unworthy the name of asylum, 21 linger out their miserable existence in the jails of some of the remote counties, 500 are in public establishments, and the remainder, about 1500, are at liberty, subsisting upon charity, but in general exposed to the greatest privations.[15]

Numbers varied, however: Browne recorded Scotland as having 2311 male and 3339 female lunatics in 1818.[16] He outlined the various moral causes of insanity, as identified by Esquirol, to demonstrate that 'a great majority of these are identical with the vices, passions, corruptions, and weaknesses of our nature, or with deviations from what all good or great men understand to be the objects of civilization.'[17] Browne ended the second lecture with a review of employment as a remedy for patients, a form of treatment commonly used in asylums and one he would develop at Crichton.

The third and fourth lectures recorded the most harrowing testimony of asylums in the past and as some existed in the present, without the 'improvement' of moral treatment. As Browne reflected, the 'great objects' of the old regime were to 'confine, conceal. Protect [sic] society from his ferocity; protect his sensitive friends from the

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[12] Dr Thomas Arnold (1742-1816) was physician to Leicester Infirmary and Lunatic Asylum and owner of Belle Grove Asylum, Newcastle. His *Observations on the Nature, Kinds, Causes, and Prevention of Insanity, Lunacy, or Madness* was published in 1782-6. Johann Christian August Heinroth (1773-1843) was Associate Professor of Psychic Therapy and Fellow Professor of Medicine at Leipzig University, the first European university to have a Chair in Psychiatry.

[13] Halliday, *A General View of the Present State of Lunatics and Lunatic Asylums*, 1828.

[14] Browne, *What Asylums Were, Are, and Ought to Be*, p. 53.

[15] Ibid., pp. 51-2. Statistics from Halliday, *A General View of the Present State of Lunatics and Lunatic Asylums*, pp. 16, 27.

[16] Browne, *What Asylums Were, Are, and Ought to Be*, p. 69.

[17] Ibid., p. 53.

humiliating spectacle of such a connexion'.[18] Once confined, the patient was left to 'linger out a lifetime of misery':[19]

> The asylum was gloomy, placed out of sight and mind; and in some low, confined situation; without windows to the front, or with these, and every chink, barred and grated, - a perfect jail. As you entered the creak of bolts and the clank of chains were scarcely distinguishable amid the wild chorus of shrieks and sobs which issued from every apartment. The passages were narrow, dark, da[m]p, exhaled an offensive smell, were never lighted after sunset, and were provided with a door at every two or three yards. Your conductor was stern and surly; he carried - fit accompaniments - a whip and a bunch of keys.[20]

Browne's harrowing description of asylums before moral treatment was no tale of imagination. There are records enough by individuals who had witnessed for themselves the horrendous conditions and brutal regime under which some patients were forced to toil, both in Britain and abroad. Andrew Halliday had recorded seeing 'a rat devouring the extremities of a maniac, who was lying naked on some straw';[21] Thomas Bakewell had testified to knowing 'a person who was chained naked, lying on straw for fifty years in a workhouse';[22] the accommodation in Limerick Asylum was such 'as we should not appropriate for our dog-kennels'.[23] It was this kind of testimony that was met with widespread condemnation when made public and led to changes in the management of care for the insane in Britain. Even when 'great improvements' had been effected, however, problems still persisted because the system was 'not founded on, or regulated by any broad or practical philosophical principle'.[24] According to Browne, weaknesses in the classification of patients, the lack of asylum facilities and inadequate treatment led to mismanagement. Change was still required and that change involved the introduction of 'moral treatment'.

Provision for the Insane in Britain

In 1697 Daniel Defoe had published his *Essays on Projects* in which he proposed a series of practical ideas for the improvement of public life in Britain. Among his 'projects' were the establishment of provincial banks, the founding of Friendly

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[18] Ibid., p. 101.
[19] Ibid., p. 101.
[20] W.A.F. Browne, *The Moral Treatment of the Insane: A Lecture*, London: J. E. Adlard, 1864, pp. 3-4.
[21] Browne, *What Asylums Were, Are, and Ought to Be*, p. 120.
[22] Ibid., p. 111.
[23] Ibid., p. 104.
[24] Ibid., p. 141.

Societies, the registering of mariners and the founding of a new government-funded asylum for 'fools'. As he observed:

> Of all Persons who are Objects of our Charity, none move my Compassion, like those whom it has pleas'd [sic] God to leave in a full state of Health and Strength, but depriv'd [sic] of Reason to act for themselves. And it is, in my opinion, one of the greatest Scandals upon the *Understanding* of others, to mock at those who want *it*. Upon this account I think the Hospital we call *Bedlam*, to be a Noble Foundation; a visible Instance of the sense our Ancestors had of the greatest Unhappiness which can befall Human Kind.[25]

Defoe's praise of 'Bedlam' was reserved not for the original St Mary of Bethlehem, first used as an asylum in 1377, but for the magnificent new building, modelled on the Tuileries Palace in France, that had opened in 1676 at Moorfields.[26] Bethlem was the only public asylum in Britain in the seventeenth century. Defoe's conviction that the insane, in particular pauper lunatics, deserved better provision was not without foundation. Some of the insane had been cared for by their families at home but many more had been confined in prisons or workhouses, or left to roam the towns and countryside. In 1714 the Vagrancy Act had allowed for the detention in prison of 'roaming' lunatics on the warrant of two magistrates. Private madhouses had also begun to operate, many developing from the practice of boarding out the pauper insane in private homes, at the parish's expense. But provision was at best sporadic and ineffectual. Defoe's proposal for a new asylum, however, was met with little enthusiasm either from the government or the public. While expansion of asylum provision did take place, sporadically, during the eighteenth century, it was not until the end of the century that care of the insane became the subject of a more structured approach towards reform.

By 1770 only four more public asylums in England had been erected: Bethel Hospital at Norwich (1713), St Luke's Hospital for Lunatics in London (1751), Manchester Lunatic Asylum (1766) and Newcastle Lunatic Asylum (1767).[27] In 1728 a ward for incurable lunatics was established in London at Guy's Hospital, one of several general hospitals that provided separate wards for the insane.[28] Four more asylums, at

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[25] D. Defoe, *An Essay upon Projects*, Menston, Yorkshire: The Scolar Press Limited, 1969, p. 178. It was first published in 1697.

[26] Bethlem was founded in 1247 as the Priory of St Mary of Bethlehem but did not admit insane patients until 1377.

[27] St Luke's was the first hospital to allow medical students into wards for the insane.

[28] A. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England*, London: Allen Lane, 1979, p. 25.

York, Liverpool, Leicester and Hereford, had been added by 1807. Private madhouses had also proliferated during the eighteenth century, particularly in London and the south of England. Some accommodated both pauper and paying patients while others, such as Brook House in Clapton (1759) and Cleve Hill near Bristol (1794), specialised in wealthy clients.

Before the mid-nineteenth century, Scotland's provision for the insane had been closely linked to its poor law system and control by the shrievalty: for centuries, parishes had held responsibility for the pauper insane in their districts and any reforming measures threatening their traditional role were strongly resisted. As Scull has observed, the Scots insisted that their system of 'a combination of family care, the boarding of harmless lunatics with strangers, and the limited accommodation provided by a handful of charity asylums (the so-called Royal asylums) was superior to English asylumdom'.[29] Montrose Royal Lunatic Asylum, founded in 1781, was the first charitable institution in Scotland, taking in pauper and private patients. Before Crichton received its royal charter in 1840 there were six royal asylums in Scotland - Aberdeen (1800), Montrose (1810), Edinburgh (1813), Glasgow (1814), Dundee (1820) and Perth (1826), all located in the more densely populated areas of the country.

Legal reform in Britain

While accommodation for lunatics had undoubtedly increased, it was the quality and management of provision that began to be questioned during the Enlightenment. Beginning in the late-eighteenth century, a series of Acts covering England and Wales began the process of regulating the care of the insane.[30] In 1763 an inquiry into the state of private madhouses made shocking reading - stories of neglect, abuse, wrongful confinement - and the movement to tighten regulation was initiated. Through the *Madhouses Act* (1774) a Commission of the Royal College of Physicians in London was established to deal directly with the control of those private madhouses within the London area.[31] By law, notification of all non-pauper admissions to madhouses

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[29] Scull, ed., *The Asylum as Utopia*, p. xx.

[30] For a detailed survey of the new legislation, see A. Roberts, Mental Health History Timeline, Middlesex University web, London, at www.mdx.ac.uk/www/study/mhhtim. Accessed 11-13 February 2005.

[31] The London area covered the cities of London and Westminster, the area within a seven-mile radius of London, and the county of Middlesex.

throughout England and Wales had to be sent to the College Secretary.[32] In an attempt to curb the wrongful confinement of the 'sane' in these establishments, the law permitted no person to be admitted to a madhouse without documentation signed by a physician or surgeon confirming their insanity. A licence from the Royal College was required before more than one 'lunatic' could be confined in a house; the penalty for accommodating more than one patient without a licence was £500. Registers were to be kept of all visitations and regular annual inspections were to be made of the madhouses, by five Fellows of the Royal College; those refusing entry would forfeit their licence. The effect of such controls was limited, however, because while the inspectors could record deficiencies at particular madhouses they had no power to refuse or revoke licences. Further, the 1774 Act did not apply effectively to the pauper insane since notices of their confinement were not required; nor did it regulate the confinement of single 'lunatics'.

In 1807 the findings of a Select Committee of the House of Commons, investigating the existing provision for lunatics, resulted in the *County Asylums Act* (1808). The Act recommended the removal of the criminal and pauper insane from prisons, workhouses and from the streets and highways to new purpose-built county asylums erected throughout England and Wales; counties were permitted to use local taxes for the purpose of asylum construction. But such county provision was recommended, not compulsory - it was made mandatory only with the *County Asylums Act* (1845). Before then, Wales had no public asylums.[33]

North of the border, legal reform had begun with the *Scottish Madhouses Act* (1815), which passed responsibility for licensing and inspecting private asylums to the district sheriffs. Annual licences were required for anyone keeping a madhouse; certificates signed by 'medical men' were required before admission; inspectors, chosen from the Edinburgh medical college and Glasgow medical faculty, were to visit madhouses twice a year and sheriffs also visited on occasion.[34] The Scottish Act did not refer to public asylums or hospitals. Scotland was also affected by the English

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[32] The 1774 Act covered a period of five years; this was extended for another seven years under the 1779 *Madhouse Law Continuation Act*. In 1786 the *Madhouse Perpetuation Act* made the law permanent until the 1828 *Madhouses Act*.

[33] R. Porter, *Madness: A Brief History*, Oxford: Oxford University Press, 2002, p. 94.

[34] R. Poole, *Memoranda regarding the Royal Lunatic Asylum, Infirmary, and Dispensary, of Montrose*, Montrose: J. & D. Nichol, 1841, pp. 54-7. The Sheriff-Depute of Forfarshire made several visits to Montrose Asylum in the 1830s and was particularly impressed with the improvements introduced by Browne.

parliamentary inquiry of 1815/16, which brought to the public's attention the inadequacies of provision for the insane. *Reports* from the Select Committee of the House of Commons on *Madhouses in England* (printed 11 July 1815) and on the *Provision being made for the better Regulation of Madhouses in England* (three further *Reports* printed in 1816) highlighted the deficiencies of the existing system;[35] an appendix covering Scotland was printed with the *Report* of 11 June 1816.

The Select Committee of 1815/16 had taken testimony from witnesses of cruelty towards the insane and these were duly recorded in the minutes. York Asylum came in for particular censure. A catalogue of abuses had already been recorded in the asylum's *History*.[36] Records of deaths had been suppressed, members of staff had been negligent and a female patient had become pregnant by one of the keepers. Thirteen females were said to have occupied tiny cells 'perfectly saturated with filth' and 'perfectly dark when the door was shut'; a clergyman, whose body 'swarmed with vermin' was repeatedly 'exposed to personal indignity', 'inhumanly kicked downstairs' and told that he was 'looked upon as no better than a dog'.[37]

Conditions at Bethlem had appeared no better. Patients were found chained by an arm or leg to walls and covered with nothing more than a 'blanket gown'. One patient, William Norris, was chained at the neck by a 'stout iron ring' and prevented from moving away from the wall by iron bars that enclosed his arms and body; his keeper was 'a notorious drunkard'.[38] As W. H. Fitton had noted, the dilemma facing the government in the early-nineteenth century was how to respond to the needs of the thousands of the insane who were to be found in Britain:

> Whether a large proportion of these unfortunate persons, comprehending individuals of almost every rank in society, should be restored to the condition of human beings; or left to languish under sufferings that have no parallel but in the atrocities of a slave ship, or the dungeons of the Inquisition. Stripes, fetters, cold, darkness, solitude - the absence of every bodily comfort and mental enjoyment - have been too long the established discipline of receptacles for the Insane: And the unhappy lunatic, already suffering under the most awful

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[35] *Reports from the Committee appointed to consider of Provision being made for the better Regulation of Madhouses in England* were printed on 26 April, 28 May and 11 June 1816.

[36] J. Gray, *A History of the York Lunatic Asylum, with an Appendix. Addressed to William Wilberforce, Esq.*, York: Wolstenholme, 1815, and reviewed in W.H. Fitton, 'Lunatic Asylums', *Edinburgh Review*, 1817, 431-71.

[37] *Report of the Select Committee, appointed to consider for the Provision being made for the better Regulation of Madhouses in England: With Minutes of Evidence*, 1815, quoted in W. H. Fitton, 'Lunatic Asylums', *Edinburgh Review*, 1817, p. 435.

[38] Ibid., Fitton, pp. 439-40.

visitation to which our nature is exposed, was the victim of this complicated misery - not incidentally for hours, days or weeks - but, in general, for the whole years of his wretched existence.[39]

The Select Committee's *Report* did praise a number of 'creditable' asylums, notably those in Glasgow, Nottingham, the York Retreat and the asylum wards attached to Guy's Hospital, London. The Committee members were also optimistic that the new West Riding Pauper Lunatic Asylum at Wakefield would become a model institution. In 1816 the Committee, assisted by the sheriffs-depute, extended its inquiry into Scotland, inspecting asylums in the five most populous localities: Lanark, Edinburgh, Renfrew, Aberdeen and Forfar. Montrose Asylum was described as excellent, Dundee was under construction, but Glasgow received the highest praise for its architectural design and facilities. The building plan was said to resemble the new prison at Ipswich, designed by John Howard, which in turn was inspired by the Maison de Force at Ghent.[40] It was a magnificent building with the finest asylum facilities in the country.

The subsequent *Madhouse Regulation Bill* (1819), covering only England and Wales, was intended to remove responsibility for madhouse inspections away from local physicians to a government-appointed Inspectorate, comprising eight commissioners assisted by local magistrates. It also aimed to increase the number of local, publicly-funded asylums constructed to house the pauper insane. The bill was rejected in the House of Lords in June 1819, partly on the grounds that there should be no interference with the physician's right to use whatever treatment he thought necessary for the relief and cure of the patient, and partly because of local resistance to increased national control. The *Scottish Lunacy Bill* (1818), like its English counterpart a year later, was debated and defeated. The bill was particularly unwelcome in Scotland which saw its traditional charitable relief systems for the poor threatened by perceived Government interference at a national level.

It was not until 1828 that new reforming legislation was passed in England.[41] The Liberal MP and ardent reformer, Robert Gordon (1786-1864), had raised concerns over the treatment of the pauper insane in Middlesex and highlighted the need for revisions of the 1774 Act to cover pauper lunatics. The resulting *Report from the Select Committee on Pauper Lunatics in the County of Middlesex and on Lunatic Asylums*

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[39] Ibid., p. 432.
[40] Ibid., p. 460. John Howard (1726-1790) made a tour of foreign prisons and published *The State of Prisons in England and Wales, with an Account of some Foreign Prisons* in 1777.
[41] Unlike the 1774 *Madhouses Act*, no reference to Wales was made in the 1828 *Madhouses Act*.

(1827) led to the *County Asylums Act* and the *Madhouses Act* (1828).[42] The *County Asylums Act* consolidated previous legislation but also strengthened central administrative control, by requiring standardised records of admission and documentation on patients to be sent annually to the Home Department and establishing the right of the Secretary of State to authorise inspections of asylums. It also put pressure on the counties to improve their provision: prior to 1828, only 12 of the 52 counties had constructed public asylums.[43] Under the *Madhouses Act*, Commissioners, at least five of whom were physicians, were appointed by the Home Secretary in August 1828 to control private madhouses in the London area; most of the medical commissioners served until the 1845 *Lunacy Act* which replaced them with Lunacy Commissioners. A Treasurer Clerk organised the Commission's finances, kept a general register of all patients and made out licences, the fees of which were scaled to the number of patients under care. Licences could be revoked at the recommendation of commissioners who submitted annual reports of their visits. Under the 1828 *Madhouses Act* and its subsequent *Madhouses Amendment Act* of 1832, quarterly visits were made to all private madhouses and patient documentation became formalised. Medical certificates, signed by two doctors, were required for both pauper and paying patients, and local registers of the insane were to be kept, recording personal details of the patient, names of cautioner and medical examiners, date of, and mental state at, discharge or death. Proper documentation was required before single lunatics could receive exclusive care in a private madhouse.

The effect of this new legislation was to regulate management, centralise control of provision, increase supervision and standardise documentation for the insane. For the first time a record of all confined 'lunatics' was available; statistics on the number and location of the insane were published annually, allowing for a greater understanding of the prevalence and distribution of mental disease. Of course, these numbers did not include vagrant 'lunatics' nor did the Act impact on Scotland's insane. No further legislation was passed in Scotland until 1855, when the visit of the American philanthropist, Miss Dorothea Dix, kick-started the reform movement, resulting in the Lunacy Commission of 1857.

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[42] The *Report from the Select Committee* was printed on 29 June 1827.
[43] Browne, *What Asylums Were, Are, and Ought to Be*, p. 109.

In recent years much has been written on the reasons for the rise of institutions for the insane in Britain and Europe in the eighteenth and early-nineteenth century. The 'Great Confinement' was how Foucault described the movement that linked madness with confinement and 'the act which designated confinement as its natural abode'. He dated the beginning of the 'Great Confinement' to 1656 when the Hôpital Général was founded in Paris.[44] The hospital, created to prevent 'mendicancy and idleness as the source of all disorders', centralised provision for the Parisian poor that included La Salpétrière and Bicêtre, the future asylums for the insane. For Foucault, the hospital was not a 'medical establishment' founded to treat the sick; rather, it was 'a sort of semijudicial structure, an administrative entity which, along with the already constituted powers, and outside of the courts, decides, judges, and executes'.[45] Foucault believed it had been founded more for the benefit of society than for the unfortunate insane. Scull was one of the first to define the movement as one of social control, pointing to the changes in 'society's political, economic, and social structure; and of the associated shifts in the intellectual and cultural horizons of the English bourgeoisie'.[46] Other theorists have linked the development of asylum provision to new social structures within an industrialised society;[47] to 'political and religious conflict' and the developing divergence between the 'mental worlds' of the upper and lower orders of society;[48] and to the growth of service industries - 'cultural, educational, medical' - during the period.[49] Concurrent with these developments was another significant factor, the medical profession's increasing involvement in the treatment of the insane.

Curing the Mad - the rise of the 'Alienist'

> Madness is one of the curses imposed by the wrath of the ALMIGHTY on his people for their sins; and deliverance from it is not the least of the miracles performed by Christ.[50]

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[44] M. Foucault, *Madness and Civilization Civilization: A History of Insanity in the Age of Reason*, transl., R. Howard, London: Tavistock Publications, 1967, p. 39.

[45] Ibid., p. 40.

[46] Scull, *Museums of Madness*, p. 257.

[47] Doerner K., (1981) *Madmen and the Bourgeoisie: A Social History of Insanity and Psychiatry*, transl. J. Neugroschel, J. Steinberg, Oxford: B. Blackwell.

[48] M. MacDonald, 'Insanity and the realities of history in early modern England', *Psychological Medicine*, 11, 1981, 11-25.

[49] Porter, *Madness, A Brief History*, p. 95.

[50] G.M. Burrows, *Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity*, London: Thomas and George Underwood, 1828, p. 1.

One of the most fascinating aspects of treatment of lunacy is the rise of the 'alienists' or 'mad-doctors' in the late-eighteenth and early-nineteenth centuries. Before then, psychiatry as a specialty in medicine did not exist. Nor did physicians enjoy a 'monopoly' on the treatment of madness. Laymen and clergymen were more often the carers of the insane and few of the private asylums were run by physicians. In the eighteenth century perceptions of madness were still rooted in the classical concept of humoral imbalance in the body. It was understood that the strength of each of the body's four humours - phlegm, choler, blood and spleen - could determine a person's temperament. Galen had believed that an excess of black bile in the spleen could account for the development of melancholy; Aristotle had identified 'those who have become eminent in philosophy or politics or poetry or the arts' as susceptible to melancholy.[51] By the seventeenth century various reasons for the onset of madness were being discussed. Ideas of insanity as 'passions' uncontrolled and uncontrollable, had been promoted by Thomas Wright in 1604:

> Passions cause many maladies, and well nigh all are increased by them, for all that pain engendereth melancholy, which for the most part, nourisheth all diseases.[52]

In Robert Burton's *The Anatomy of Melancholy* (1621), the most famous treatise on madness published in the seventeenth century, the traditional ideas of humoral imbalance and divine retribution were put forward as the causes of mental disorder.[53] By the later eighteenth century, the notion of insanity as a scourge imposed on sinful Man by the wrath of God, was being challenged by a greater understanding of different types of mental disease. Books such as *Observations on the Nature, Causes, and Cure of Those Disorders Which Have Been Commonly Called Nervous, Hypochondriac, or Hysteric* by Robert Whytt (1714-1766) may have influenced the approach of William Cullen (1710-1790) to nervous diseases, but Cullen did not choose to lecture specifically on mental disease;[54] rather, he incorporated his thoughts in his Edinburgh

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[51] L. Babb, *Sanity in Bedlam: A Study of Robert Burton's Anatomy of Melancholy*, East Lansing: Michigan State University Press, 1959, p. 76.
[52] T. Wright, *The Passions of the Minde in Generall*, 1604, ed. T.O. Sloan, Chicago: University of Illinois Press, 1971, p. 63.
[53] R. Burton, *The Anatomy of Melancholy, What it Is. With All the Kinds, Causes, Symptomes, Prognostickes, and Severall Cures of It*, Oxford: Cripps, 1621.
[54] R. Whytt, *Observations on the Nature, Causes, and Cure of Those Disorders Which Have Been Commonly Called Nervous, Hypochondriac, or Hysteric, to which are prefixed Some Remarks on the Sympathy of the Nerves*, Edinburgh: J. Balfour, 1765. For a discussion of Whytt's influence on Cullen, see D.K. Henderson, *The Evolution of Psychiatry in Scotland*, Edinburgh and London: E. & S. Livingstone, 1964, pp. 17-8.

University lectures on 'the Practice of Physic'.[55] Many of the pioneers of British psychiatry such as Sir Alexander Morison (1779-1866) and Andrew Combe had studied in France under Pinel or Esquirol, both of whom delivered lectures on mental disorders. In 1823 Morison had pushed hard for a Chair in Mental Diseases at Edinburgh University. His proposal was rejected, however, despite Morison securing the support of many influential establishment and medical figures.[56] Undeterred, Morison delivered his first systematic extra-mural course of lectures on types of insanity in Edinburgh on 21 November 1823 and three years later offered a similar course in London.[57] Morison's courses proved so popular that he continued to deliver them over a period of thirty years. In Britain, phrenology, promoted by Andrew Combe and his brother, had stimulated research on the nature of brain diseases and had resulted in a growing conviction, at least among some physicians, that if insanity was a medical rather than a moral condition, then it followed that doctors rather than laymen should provide treatment. As increasing specialisation took place in medicine and surgery, psychiatry emerged as a field of study in its own right.

In the later eighteenth century, one of the factors raising public awareness of mental disorders was undoubtedly the confinement of King George III. In 1788, his illness had been so severe that the king could not carry out his duties. Variegate porphyria which can cause temporary insanity has now been proposed as the disease affecting the king.[58] It is interesting that when the royal physicians could offer no cure, treatment was sought from Dr Francis Willis. As a former Vicar of Wapping, and as a practicing physician who ran a private madhouse in Lincolnshire, Willis combined the religious and medical approaches to insanity. His 'cure', a combination of intimidation, isolation of the patient and physical restraint, makes horrifying reading:

> The unhappy patient ... was no longer treated as a human being. His body was immediately encased in a machine which left it no liberty of motion. He was

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[55] W. Cullen, *First Lines of the Practice of Physic. For the Use of Students in the University of Edinburgh*, 2 vols., Edinburgh: William Creech, 1777-9.
[56] Henderson, *The Evolution of Psychiatry in Scotland*, pp. 33-5. Supporters included Mrs Coutts, the Duke of York, Professor Alison and Revd George H. Baird, Principal of Edinburgh University.
[57] Ibid., p. 35.
[58] I. Macalpine and R. Hunter, *George III and the Mad-Business*, London: Allen Lane, 1969, pp. 195-200. Porphyria is a rare disorder caused by inborn errors of metabolism; prominent features include inflammation of the nerves, muscular weakness, abdominal pain and mental disturbances.

sometimes chained to a staple. He was frequently beaten and starved, and at best he was kept in subjection by menacing and violent language.[59]

The treatment had appeared successful, however, for the king was seen in public at a service of Thanksgiving at St Paul's Cathedral in April 1789. Subsequent episodes did occur until a final attack in 1810 from which he did not recover.[60] The king's final days were spent quietly at Windsor Castle, 'where he found solace in Handel's music, and hymn singing, and gradually slipped into senility'.[61] His treatment, and not just his disease, was the subject of much debate at the time: was Willis's harsh treatment really necessary or could a gentler, more humane approach have achieved the same results? It was unclear if the king had recovered in 1789 because of, or in spite of, Willis's intervention. However, Willis had been confident that his treatment would restore the king to sanity and a cure, even if only temporary, had been effected. Although hospitals such as Bethlem advertised themselves as 'keeping & curing distracted persons', it was not until the early-nineteenth century that the concept of 'cure' rather than mere 'treatment' of mental diseases was energetically promoted by 'alienists' or 'mad-doctors', the names used for physicians who had made a study of mental disorders.[62] For Browne and his fellow 'alienists', cure was allied to a greater clinical understanding of insanity and a conviction in, rather than a certainty of, improved medication and moral treatment. As early as 1758 William Battie had observed:

> We have therefore, as Men, the pleasure to find that Madness is, contrary to the opinion of some unthinking persons, as manageable as many other distempers, which are equally dreadful and obstinate, and yet are not looked upon as incurable: and that such unhappy objects ought by no means to be abandoned, much less shut up in loathsome prisons as criminals or nuisances to the society.[63]

In 1841 'alienists' took a significant step towards gaining control of the treatment of insanity by forming themselves into a professional body, the Association of

[59] J.H. Jesse, *Memoirs of the Life and Reign of George III*, 3 vols., London, 1867. Vol III, p. 257. Quoted in K. Jones, *Lunacy, Law, and Conscience 1744-1845: The Social History of the Care of the Insane*. London: Routledge & Kegan Paul, 1955, pp. 41-2.

[60] In his last years, King George III was put under the care of Dr Willis's sons, Dr Robert and Dr John Willis.

[61] K. Jones, *Asylums and After, A Revised History of the Mental Health Services: From the Early 18th Century to the 1990s*, London & Atlantic Highlands, New Jersey: Athlone Press, 1993, p. 21.

[62] J. Andrews, A. Briggs, R. Porter, P. Tucker, K. Waddington, *The History of Bethlem*, London and New York: Routledge, 1997, p. 270.

[63] W. Battie, *A Treatise on Madness*, London: J. Whiston & B. White, 1758, p. 93. Battie was the first physician to St Luke's Hospital, London.

Medical Officers of Asylums and Hospitals for the Insane. [64] By the end of the nineteenth century, their practical experience allied to their voluminous published research on insanity had allowed them to dominate the field; medical qualifications were expected of all asylum superintendents; and courses on psychiatry became commonplace in the medical curricula of British universities. The pioneering 'alienists' were those, like Browne, who embraced the principles of moral treatment of the insane. Moral treatment became the dominant movement in medical therapeutics in the nineteenth century. In an age when medication for mental patients was prescribed for relief of their physical symptoms, moral treatment appeared to offer the best hope for a cure of their mental disorders.

Moral Treatment of the Insane

> Moral treatment may be defined - every mode by which the mind is influenced through the mind itself; in contradistinction to medical treatment, in which the mind is acted upon remotely by material agents, and *through* the body. [65]

In 1693, John Locke had observed that 'a sound mind in a sound body, is a short but full description of a happy state in this world'. [66] Locke's belief in the importance of combined physical and mental health was echoed in the movement towards moral treatment that began in the late-eighteenth century. The insane were viewed 'less as brute than as human' and traditional therapeutics were being 'challenged by milder methods and the growth of specialist treatment in asylums and madhouses provided an increasing therapeutic optimism'. [67]

By the early-nineteenth century the insane were not only being controlled; they were also being subjected to new forms of treatment in an attempt to find cures for their maladies. Moral treatment was promoted as an alternative to the chains and neglect of the past: patients could hardly be expected to recover and be of use to society if they languished in filthy conditions where no attempt was made at their re-education or recovery. Moral treatment involved the use of psychological methods to treat mental

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[64] The Association of Medical Officers of Asylums and Hospitals for the Insane, formed in 1841, became the Medico-Psychological Association in 1865, the Royal Medico-Psychological Association in 1926 and finally the Royal College of Psychiatrists in 1971.

[65] Browne, *The Moral Treatment of the Insane*, p. 7.

[66] J. Locke, *The Conduct of the Understanding also Some Thoughts concerning Education*, Edinburgh: William and Robert Chambers, 1839, p. 27. The book was first published in 1693.

[67] A. Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914*, Cambridge: Cambridge University Press, 1985, p. 1.

disorders: employment, entertainment, good diet, healthy exercise and gentle encouragement replaced the traditional practice of physical restraint. In 1864 Browne published a lecture, *The Moral Treatment of the Insane*, which he had delivered at Crichton to Professor Thomas Laycock's class of Medical Psychology.[68] Such was his admiration for Browne's pioneering treatment that Laycock brought his Edinburgh students on several occasions to Dumfries to be addressed by Browne. The lecture in 1864 outlined Browne's definition of moral treatment, its principles, purpose and its relation to therapeutic activities. Browne was clear that moral treatment was more than kindness:

> There is a fallacy even in conceiving that Moral Treatment consists in being kind and humane to the insane. It is this, and a great deal more than all this. To place a melancholic in an hospital, to watch and ward, to feed and physic him, and to see that he is gently and forbearingly used, and to do nothing more, is to neglect him, and miserably to mistake the mission which you have undertaken ... unless you send through the eyes and ears multitudes of pleasing impressions. - unless you unceasingly dispel doubt and despair by words of wisdom and consolation, - unless you create a vicarious pain or a vicarious interest, - unless you make a sense of duty react upon selfish sorrow, - unless you call forth some dormant or neglected habit or taste, or initiate a pursuit or a study by imitation or compulsion, - you do much, but you do less than what you are competent to do, and than what is required.[69]

Moral treatment for Browne was 'every mode by which the mind is influenced through the mind itself' rather than through the employment of 'material agents' such as medicines.[70] It was to be tailored to meet the needs of individual patients with '*special* [sic] adaptations for particular conditions and stages' of a disease, and depended upon providing for the patient a secure, pleasant environment and the opportunity for involvement in activities, amusements and distractions conducive to the restoration of health.[71] Browne, however, was only too aware, through years of personal experience, that not all patients could be returned to reason and, in consideration of the many chronic cases of insanity, he explained that 'the most important object, is to repair, reconsolidate, and raise the *incurable*, as high in the scale of intelligence as possible'.[72]

In the early-nineteenth century, the prospect of this new mode of treatment as a possible cure must have seemed very attractive to supporters of reform. Isolating the

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[68] W.A.F. Browne, *The Moral Treatment of the Insane: A Lecture*. London: J. E. Adlard, 1864.
[69] Ibid., p. 6.
[70] Ibid., p. 7.
[71] Ibid., p. 6.
[72] Ibid., p.12.

insane in purpose-built asylums and subjecting them to this more 'humane' treatment offered dual benefits: those patients who were cured would be able to return to a useful position in society; and the incurables could receive the most humane care without posing any threat to the community. Scull has argued that such measures were intended to benefit the public more than the patients; he also casts doubt upon the claim that if 'the results can scarcely be applauded, or must be damned with faint praise, the benevolent intentions remain'.[73] However, many reformers, such as Alexander Morison, Browne and John Conolly, were convinced that their actions would improve the lives of the insane.[74] Indeed they saw it as their moral duty to do so.

It is ironic, considering the ambitions of the medical profession to lead the way in the treatment of insanity, that the British hospital which first promoted the use of moral treatment was established and directed by laymen, not physicians. In June 1796, the Retreat at York was opened by William Tuke, a Quaker merchant with no medical experience. He was described by his grandson, Samuel, in 1813 as 'the first active promoter' of the Retreat, 'to whose persevering exertions for its welfare ... much of its present reputation may justly be attributed'.[75] William Tuke had been distressed by the story of Hannah Mills, a Quaker widow suffering from 'melancholia' who had died in York Asylum in April 1790 without any religious consolation in her last weeks of life. In spite of his wife's concerns that 'Thee has had many wonderful children of thy brain dear William, but this one is surely like to be an idiot', William Tuke persuaded his local Society of Friends to fund the building of an asylum to be run on Quaker principles:[76]

> That, in case proper encouragement be given, Ground be purchased, and a Building be erected, sufficient to accommodate Thirty Patients, in an airy situation, and at as short a distance from York as may be, so as to have the privilege of retirement; and that there be a few acres for keeping cows, and for garden ground for the family; which will afford scope for the Patients to take exercise, when that may be prudent and suitable.[77]

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[73] Scull, *Museums of Madness*, p. 257.
[74] The reformer John Conolly (1794-1866) was appointed Superintendent of Middlesex County Lunatic Asylum at Hanwell in 1839.
[75] S. Tuke, *Description of the Retreat, an Institution near York, for Insane Persons of the Society of Friends. Containing an Account of its Origin and Progress, the Modes of Treatment, and a Statement of Cases*, York: W. Alexander, 1813, Dedication.
[76] W.K. Sessions and E.M. Sessions, *The Tukes of York*, 1971, p. 55. Quoted in Digby, *Madness, Morality and Medicine*, p. 15.
[77] Tuke, *Description of the Retreat*, p. 27. This was the first proposal put to the meeting of the Friends at York, 28 June 1792.

The asylum, a place 'in which the unhappy might obtain a refuge - a quiet haven in which the shattered bark [sic] might find a means of reparation or of safety', was run on Quaker principles of religious and moral practices.[78] Their work ethic ensured that, even in confinement, the insane could contribute to the general benefit of the community and yet receive treatment appropriate to their status and upbringing. The concept of employment and gentler remedies was not entirely new to hospitals: Dr Battie had advocated their use at London's St Luke's Hospital and in Paris, Pinel had observed that patients' symptoms could be alleviated by work and diversions such as exercise and social events. However, the Retreat employed such practices on a more organised and constructed basis than any other institution. William Tuke had believed that 'the general treatment of insane persons was, too frequently, calculated to depress and degrade, rather than to awaken the slumbering reason, or correct its wild hallucinations.'[79] As the patients' comfort and spiritual welfare were paramount, the Retreat's galleries were designed to appear 'domestic' - clean, tidy, well-heated, but also secure. Patients were encouraged to read the Bible and to become involved in domestic and outdoor activities such as sewing and kitchen work for the women and gardening or farm work for the men; convalescents were offered the opportunity to mix with local Quaker families as a way of reintroducing them into society. The Retreat's modest scale of accommodation, its open situation and extensive grounds, its structured daily routines and its religious observances encouraged a community spirit that was unique in British asylums.

By the early-nineteenth century the York Retreat had become firmly established as a model asylum. Its reputation was spread through Samuel Tuke's publications such as *Description of the Retreat, an Institution near York, for Insane Persons of the Society of Friends* (1813), the first detailed account of moral treatment in practice, and *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums* (1815).[80] The Tukes were also only too willing to open the doors of the asylum to interested medical visitors; with the closure of Bethlem Hospital to outside visitors in 1770, the Retreat offered a rare opportunity for physicians to observe the practice of psychiatric

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[78] S. Tuke, *Review of the Early History of the Retreat*. Quoted in Digby, *Madness, Morality and Medicine*, p. 14.
[79] Tuke, *Description of the Retreat*, p. 23.
[80] S. Tuke, *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*, York: William Alexander, 1815.

treatment in a British hospital.[81] There is no record of Browne visiting the Retreat before settling at Crichton and he declared that he had not entered an asylum 'in this country' before his appointment to Montrose.[82] However, it is not clear if the term 'country' referred to Britain or, more likely, to Scotland. It is quite possible that Browne, a man who had read so widely on the subject of mental diseases and who had made such a point of visiting foreign asylums, did acquaint himself with the Retreat's approach to moral treatment by visiting the hospital. He had already introduced moral treatment on a modest scale at Montrose. As we shall see in the following chapters, his approach to moral treatment, as practiced at Crichton, had much in common with the Retreat's ethos of work and therapeutic activity. Indeed, Browne's commitment to that ethos, unrestricted by the Quaker's religious codes, extended far beyond their activities and paved the way for a reformation of treatment of the insane in nineteenth-century Scotland.

[81] Andrews et al., *The History of Bethlem*, p. 178.

[82] Browne, *The Moral Treatment of the Insane*, p. 6.

Chapter 4

What Asylums Ought to Be – Browne and Moral Management at Crichton

> What a blessing it is to possess a sound mind!
> Lord make me sufficiently thankful for this ...
> Let me prove my gratitude by earnest endeavours
> to alleviate the sufferings of those who labour
> under the most awful of thy permitted visitations.[1]

FIG. 4   J. Watson, *View of Crichton Royal Institution*

Introduction

In the final lecture of his book, *What Asylums Were, Are, and Ought to Be*, Browne described the perfect asylum and itemised the provisions required for such an institution: a suitable site for the hospital, the ideal building, its design and facilities; the gardens and grounds of the asylum; the character of the physician; and moral management and treatment of patients. He observed that a 'perfect asylum may appear to be a Utopia', a 'sight to dream of, not to see'.[2] How far Crichton matched up to this Utopian vision and how Browne, over a period of nineteen years, directed his management towards that ideal provision, will be the subject of the following two chapters.

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[1] This was Samuel Tuke's private prayer. Quoted in A. Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914*, Cambridge: Cambridge University Press, 1985, p. 26.
[2] W.A.F. Browne, *What Asylums Were, Are, and Ought to Be*, Edinburgh: Adam and Charles Black, 1837, p. 176.

In June 1838, as Browne prepared to leave Montrose, he must have been aware of the heavy responsibilities that his new position as Physician Superintendent of Crichton Institution imposed upon him. He was to take charge of one of the largest asylums in Scotland; provide care for more than a hundred and twenty patients; regulate and record all treatment; employ and supervise staff; supervise the maintenance of the hospital building and grounds; and report regularly to the asylum Trustees. It would have been a daunting task but one that also offered real opportunities for Browne to use his already-proven managerial and leadership skills. Unlike Montrose, Crichton was a new hospital, unhampered by established practices that required modernisation or reform; at Crichton, Browne would be able to establish his own regime and set the tone for his distinct fusion of medical treatment and moral therapy - 'what asylums ought to be'.

Crichton Royal Institution: beginnings

> It is my earnest wish and desire that this building should be founded on the Faith of God. It is built from the funds of my husband, which were acquired solely by the Great Blessing of God upon his honest Industry. From a poor youth he became a rich man, but he ever acknowledged with the deepest feelings of Gratitude that to Him who had been his God - and his Guide - the praise alone was due.[3]

FIG. 5   *Dr James Crichton* and *Mrs Elizabeth Crichton*

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[3] DUMCR1989.498, CRI, Elizabeth Crichton's Dedicatory Prayer for Crichton Institution, 20 June 1835.

The hospital was named after Dr James Crichton (1765-1823), younger son of James Crichton of Crichton Hall, Sanquhar, Dumfriesshire. He had trained as a physician and as a young man had worked for the East India Company. At the turn of the century he had served as physician to the Governor-General of India, Richard Wellesley, brother of the Duke of Wellington. Crichton had also traded in India and China, amassing a large fortune before his return to Dumfriesshire in 1808. The following year he had acquired the estate of Friars' Carse, not far from Dumfries, and married Elizabeth Grierson (1779-1862), daughter of Sir Robert Grierson of Lag and Rockhall on 14 November 1810.[4] They had no family. Crichton had prepared his will on 12 November 1821, which included a Trust Disposition and Deed of Settlement. Annuities were provided for his relatives and his wife - she was also given life-rent of Friars' Carse - and legacies of £200 were distributed to Dumfries Royal Infirmary, Edinburgh Royal Infirmary, and Edinburgh's Magdalen Asylum and Lunatic Asylum. A codicil, dated 20 November 1821, recorded that the remainder of the estate, over £100,000, was to be used for charitable purposes 'as may be pointed out by my said dearly beloved wife with the approbation of the majority of my said Trustees'.[5]

Before his death on 3 May 1823, Crichton had not made it clear to his wife the nature of his desired 'charitable purposes'. A legal dispute involving her brother-in-law, John Crichton, delayed her plans and it was only in 1829 that she was granted the legal authority to proceed. Her original proposal, to found and endow a college (or university) for impoverished scholars at Dumfries, under governmental control, was thwarted over the next four years by a change of government and the four existing Scottish universities which did not see the need for another university in Scotland.[6] Undeterred by this opposition, she turned her attention in other directions. On 31 October 1833, she gained the Trustees' support to use funds not exceeding £3000 for the provision of a new school at Sanquhar. Her main proposal for the remainder of the funds, approximately £85,000, was more radical, however: the founding and construction of a Lunatic Asylum. While the proposal met with the Trustees' approval, the local press did not

[4] C.C. Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, Dumfries: Courier Press, 1937, pp. 5-10.

[5] DUMCR1989.320, CRI, Dr Easterbrook's Scrap Book 1838-1937, Will of Dr James Crichton, 12 November 1821, Codicil, 20 November 1821. Quoted in M. Williams, *History of Crichton Royal Hospital 1839-1989*, Dumfries: Dumfries and Galloway Health Board, 1989, p. 12. Of the original seven Trustees, only three were alive at the opening of the asylum in 1839: Mrs Elizabeth Crichton, her brother Lt Col William Grierson and Admiral Charles James Johnston.

[6] In 1999 Crichton University Campus was founded, serving four educational institutions: Glasgow University, Paisley University, Bell College and Dumfries and Galloway College. The campus is located in the grounds of Crichton where the college proposed by Mrs Crichton would have been sited.

share their enthusiasm, describing the project as 'a mode of appropriation which the town and neighbourhood entirely object to as wasteful and uncalled for'.[7]

On one point, the public's view of the asylum as 'uncalled for' may have seemed justified. The town already had a hospital that accommodated the insane. The Dumfries Infirmary had been founded in 1776 by Dr John Gilchrist and had received a royal charter in 1807. During the period 1818-1822, an average of 451 patients were admitted each year.[8] Of those, only a small proportion were insane paupers from the surrounding district. A Dumfries surgeon, Mr J. Erskine Gibson, noted only nine male and four female mental patients there in 1827.[9] They were accommodated in cells, separated from the other patients and allowed outside into a portion of the hospital grounds walled off for their sole use. The provision, however, was recognised as inadequate. In 1818 a Parliamentary Report had estimated that 310 lunatics resided in the counties of Dumfries and Wigtown and the Stewartry of Kirkcudbright: 24 in public or private asylums, 88 residing with family, and 198 at large.[10] By the 1820s, discussions had begun on the construction of an asylum for the insane of the southern counties of Scotland. Mrs Crichton would have been aware that no progress had yet been made when she was considering how best to use her husband's fortune. This may also have influenced the Trustees' decision to ignore the public's objections.

Forty acres of land on the estate of Mountainhall, south of Dumfries, were purchased for £4999 in January 1834.[11] The elevated position was ideal for the Trustees' purposes: healthy, offering clean air and overlooking, but removed from, the town of Dumfries.

> The Asylum is situate [sic] upon a rising ground, about a mile from Dumfries, in the centre of a district possessing the mildest and most healthy climate in Scotland. It commands a very extensive and beautiful prospect of the whole of Nithsdale, bounded by Criffel, the Solway Firth, and the Cumberland hills, on the south; and by the lead hills and Queensbury on the north.[12]

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[7] Williams, *History of Crichton Royal Hospital 1839-1989*, p. 13. Quote from *Dumfries Times*. 18 November 1834.

[8] G. Irving, *Dumfries and Galloway Royal Infirmary: the First Two Hundred Years 1776-1975*, Dumfries: Robert Dinwiddie and Co., 1975, p. 15.

[9] Ibid., p. 21. Quote from J.E. Gibson, *A Medical Sketch of Dumfries*, Dumfries: John Sinclair, 1827. The mental patients at Dumfries Infirmary were transferred to Crichton when it opened in June 1839.

[10] DUMCR1990.29, *CRI Seventh Annual Report*, 11 November 1846, p. 5.

[11] Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, p. 10.

[12] DUMCR1983.17, The Crichton Institution Advertisement in *The Shipping and Mercantile Gazette*, June 1839.
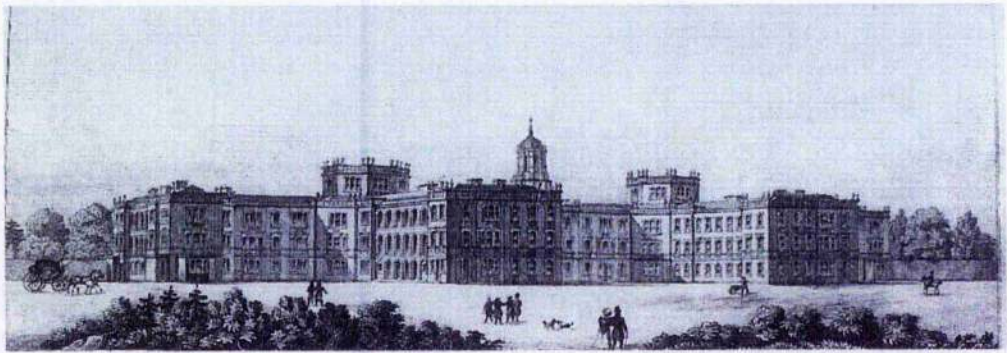
FIG. 6 Print by E. E. F. Schenck of William Burn's original design for Crichton

The description of Crichton's location, written most probably by Browne in 1839, is very similar to that given by Samuel Tuke of the York Retreat which was 'situate [sic] on an eminence, at the distance of about half a mile from the eastern gate of the city of York'.[13] It, too, commanded a 'very delightful prospect, extending, on the south, as far as the eye can reach, over a wooded, fertile plain; and terminating on the north and east, by the Hambleton Hills and the Wolds'.[14] Further, the situation was exactly as Browne had recommended for such an institution in *What Asylums Were, Are, and Ought to Be*. He was at pains to explain his reasoning:

> If the building be placed upon the summit or the slope of a rising ground, the advantages are incalculable. To many of those whose intellectual avenues to pleasure are for ever closed, the mere extent of country affords delight; to some the beauty of wood and water, hill and dale, convey grateful impressions; to some the inanimate objects, the changes of season, the activity of industry, the living and moving things which pass across the scene, form a strong and imperishable tie with the world and the friends to which the heart still clings; to others the same objects may remind of freedom, its value, and the price by which it may be purchased; to all a succession of new and varied and healthy impressions must be imparted.[15]

Since the late-seventeenth century, hospital buildings, while serving a practical function, had become constructions of great architectural beauty, taking on the outward appearance of European palaces or British stately homes. Robert Hooke's design for Bethlem Hospital at Moorfields (1674-6) had been inspired by 'architectural developments in Europe, particularly in France and Holland, and set new standards for

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[13] S. Tuke, *Description of the Retreat, an Institution near York, for Insane Persons of the Society of Friends, Containing an Account of its Origin and Progress, the Modes of Treatment, and a Statement of Cases*, York: W. Alexander, 1813, p. 93.
[14] Ibid., p. 93.
[15] Browne, *What Asylums Were, Are, and Ought to Be*, pp. 182-3.

public buildings in England'.[16] The Chelsea Hospital (begun 1682) and Greenwich Hospital for Seamen (1696-1752) were both compared by contemporaries to sumptuous palaces.[17] Built on a grand scale, they appeared at once opulent and imposing, a far cry from the modest dwelling of the average asylum patient. Browne did not see either the necessity or the advantage of such immodest constructions, especially for pauper patients:

> The hospitals for the non-affluent classes, however spacious and comfortable, should *not* be palatial; they should resemble, at many points, the homes from which their inmates have been withdrawn, because they love and have been accustomed to the very homeliness of these dwellings.[18]

When the Edinburgh architect William Burn (1789-1870) submitted his plans for the new Crichton Institution in December 1834, as requested by the Trustees, he was following on the tradition of grand buildings begun at Bethlem Hospital. Although his speciality was to become country houses - he would be employed by the Dukes of Buccleuch and Hamilton as well as the Earls of Haddington and Kinnoull - he had designed many public buildings such as Greenock's Assembly Rooms (1812-14) and Custom House (1817-18), Dundee's Union Bank (1823) and the Bank of Scotland in Glasgow (1828). Further, Burn's experience of hospital design was unmatched by any other contemporary British architect. In Edinburgh he was responsible for the Merchant Maiden Hospital (1816-19), George Watson's Hospital (1820), John Watson's Hospital (1825-8) as well as Murray's Royal Asylum for the Insane in Perth (1822-7), alterations to Dundee Royal Lunatic Asylum (1830), and Schaw's Hospital in Prestonpans, East Lothian (1830-1).[19] Burn's original design for Crichton has been preserved in a print showing the southwest front.[20] It was:

> ... a handsome massive three-storeyed structure in the Elizabethan style of architecture, built of dressed native red sandstone, and consisting of a central portion surmounted by an elegant lantern tower with dome and spire, and on either side an extensive symmetrical and opposite portion comprising north,

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[16] H. Richardson, ed., *English Hospitals 1660-1948: A Survey of their Architecture and Design*, Swindon: Royal Commission on the Historical Monuments of England, 1998, p. 3. Wings were added to Hooke's design in the eighteenth century. The building was demolished in the early-nineteenth century after the construction of the new building in St George's Fields, the present site of the Imperial War Museum. Bethlem Hospital has now moved to Beckenham, Kent.

[17] C. Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815*, New Haven and London: Yale University Press, 2000, p. 85.

[18] W.A.F. Browne, *The Moral Treatment of the Insane: A Lecture*, London: J.E. Adlard, 1864, p. 7.

[19] H. Colvin, *A Biographical Dictionary of British Architects 1600-1840*, New Haven and London: Yale University Press, 3rd ed., 1995, pp. 182-5.

[20] DUMCR1989.356, CRI, Print of William Burn's original design for Crichton (South-West Front).

south, east and west wings radiating from a majestic octagonal lantern tower, the wings running from the two lateral towers to the centre of the building forming the connecting links with the latter.[21]

It has been suggested that Burn modelled Crichton on the West Riding Pauper Lunatic Asylum at Wakefield, West Yorkshire, designed by Watson and Pritchett and built 1815-18.[22] Wakefield consisted of an H-shaped plan: a central administration block from which extended, through octagonal towers, north and south aligned wings consisting of cells and galleries. This, in turn, may have been influenced by a hospital much nearer home: William Stark's design for the Glasgow Lunatic Asylum, erected in 1810, included a central octagonal tower and dome from which radiated four pavilions. Stark had published his views on asylum architecture in *Remarks on the Construction of Public Hospitals for the Cure of Mental Derangement* in 1807.[23] William Burn possibly borrowed the idea of octagonal domes from Glasgow and Wakefield and aware that Crichton, like Glasgow Lunatic Asylum, was to accommodate both private and pauper patients, facilities such as a chapel, leisure rooms and work rooms were incorporated into its design.

When Browne arrived to take up his duties at Crichton Institution in July 1838, he did not see the entire building as envisaged by Burn. Lack of funds and doubts over the success of such a venture had prevented the Trustees from carrying out the whole of Burn's design; instead, they chose to build only 'the central portion without its tower and spire and only one lateral portion, that on the north side of the centre, and to complete the building according to the original design at some future date, when funds permitted.'[24] Construction had begun early in 1835, before Mrs Crichton delivered her 'Dedicatory Prayer' on 20 June. The builder David Lind, from Edinburgh, used local sandstone from a quarry at Trohoughton, close to Crichton.[25] By spring 1838 the hospital, service buildings and surrounding walls were almost complete. The superintendent's house, however, was not yet built and when Browne arrived he had to

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[21] Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, p. 10.

[22] Richardson, *English Hospitals 1660-1948*, p. 164.

[23] W. Stark, *Remarks on the Construction of Public Hospitals for the Cure of Mental Derangement*, Edinburgh: J. Ballantyne, 1807.

[24] Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, p. 10. Burn's original design was never completed; instead, the southern wing was modified by W. L. Moffat, 1868-70.

[25] David Lind was to be involved in a number of major Scottish buildings such as the Scott Monument, Edinburgh Assembly Hall and the National Gallery of Scotland.

move into temporary accommodation leased at Brownhall, adjoining the grounds of Crichton.[26]

FIG. 7   Crichton Royal Institution, 1870, before extension

The design of Crichton would not have met all the requirements of Browne's ideal asylum building. Instead of Crichton's three-storey building (with a basement for stores and a fourth storey at the top of the north tower) Browne had highlighted his preference for buildings of one storey to accommodate the 'peculiarities and necessities of the furious, suicidal, and fatuous' and 'all those who might be injured or who might injure themselves, if lodged in a house constructed in the ordinary way'.[27] Also, the design of the spiral stairwell below the north tower, consisting of 'an inner and an outer cylinder, in between which the steps rose up with egress to the galleries on each floor' was both inconvenient and unpleasant for Browne, his staff and his patients.[28] The solid walls prevented the circulation of fresh air and restricted the amount of natural light in all but the uppermost levels. Small openings on the floor and ceiling of stairwell may have been designed to improve the lighting and ventilation in the lower levels while also allowing staff to communicate with each other on different floors.[29] Browne had written about the need for security, light and fresh air in the stairwells of asylums; he described the use of 'iron screens or cages surrounding the exposed part of the ascent' as answering 'the purpose in view very imperfectly'.[30] However, such observations were made in 1837, before he came to Dumfries, and perhaps they would have seemed preferable in his mind to the design he encountered at Crichton.

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[26] The lands of Brownhall were finally purchased by the Crichton Directors and Trustees in July 1867.

[27] Browne, *What Asylums Were, Are, and Ought to Be*, p. 183.

[28] Williams, *History of Crichton Royal Hospital 1839-1989*, p. 33.

[29] This original stairwell design can be seen in the basement level of the north tower in the original building, now known as Crichton Hall. The stairway on the main floors was opened up, with painted cast-iron grilles added for security, at the end of the nineteenth century.

[30] Browne, *What Asylums Were, Are, and Ought to Be*, pp. 183-4.

Accommodation at Crichton Royal Institution and the Southern Counties Asylum
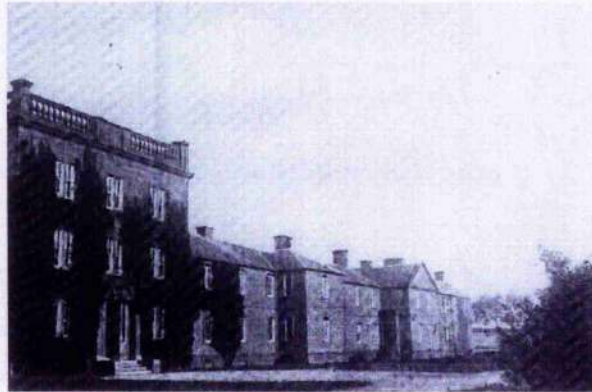
FIG. 8   Southern Counties Asylum

The separate levels accommodating patients at Crichton did, however, come closer to Browne's Utopian vision, allowing for segregation according to sex, social status and mental state. Each ward at Crichton consisted of a long spacious corridor off which were bedrooms, staff accommodation, a dining room and a covered 'gallery' opening out to views of the surrounding countryside. The female patients occupied three wards including private apartments for the wealthier individuals, in the east wing, the galleries of which afforded views of the river Nith and Criffel hill. In 1846 a gallery for convalescent ladies was opened in which patients dined with resident staff, under the Matron's supervision, as a form of 're-education in the manners of polished life'.[31] The male wards looked out towards the town of Dumfries while the end rooms offered a view of Browne's residence (now called Crichton House).

The higher classes of patients were accommodated in suites of apartments, accompanied by their own attendants. The middle classes were housed in wards of up to ten inmates, each with a separate bedroom but sharing the same galleries and dining room. Their accommodation was described as that of a 'pleasant home'; even wards for the pauper patients were spacious, 'of the same dimensions, and with the same means of ventilation and heating as those occupied by their superiors, for the same amount of oxygen is required by the plebian and the patrician, but of humbler aspect and arrangements.'[32] Their accommodation met Browne's desire that 'the lunatic should enjoy a quiet and refreshing sleep', undisturbed by 'foul confined air, or by the effluvia

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[31] DUMCR1990.29, *CRI Seventh Annual Report*, 11 November 1846, p. 23.
[32] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, pp. 20-1.

which is concentrated, as it were, in small ill-ventilated cells'.[33] The agitated and violent patients were separated much of the time from the tranquil and industrious inmates; as patients improved in health they were moved to the quieter convalescent galleries on the upper storeys.

It was fortunate that the wards had been constructed but not yet fully equipped by the time Browne arrived at Crichton in 1838 because it allowed him personal oversight of their decoration and facilities to meet his most exacting standards. Browne's interest in fitting Crichton as close to his Utopian vision as possible was inspired by a mixture of care and precaution. His wish to make the 'cell of the maniac' resemble 'the apartment occupied during health' resulted in his enthusiasm for the smallest details.[34] He observed that it 'may appear undignified that the man of science should direct his ingenuity to the arrangement of a curtain; but trifles make up the sum of comfort'.[35] Even the design of the windows at Crichton was supervised with care by Browne. They had a 'double sashed iron frame-work, uniting the four great requisites of perfect security without the appearance of restraint, free ventilation, the admission of light, and the command of a beautiful landscape'.[36]

Browne's interest in window design may be a direct reference to Samuel Tuke's *Description of the Retreat* and *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*. Tuke had devoted five pages of *Practical Hints* to window designs for dayrooms and lodging-rooms.[37] He, like Browne after him, recommended the use of cast iron frames that had the appearance of wood, superseded the need for iron grating and removed 'the prison-like appearance of the other modes of precaution'.[38] At Bethlem, it was not until 1852, when William Charles Hood was appointed Resident Physician-Superintendent, that the iron bars on the ward windows were removed for similar reasons.[39] Browne ensured that care was taken over all the fitments for the dayrooms and bedrooms at Crichton:

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[33] Browne, *What Asylums Were, Are, and Ought to Be*, p. 183.
[34] DUMCR 1990.29, *CRI First Annual Report*, 1 June 1840, pp. 9-10.
[35] Ibid., p. 9.
[36] Ibid., p. 9.
[37] Tuke, *Description of the Retreat*, pp. 94-111. S. Tuke, *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*, York: William Alexander, 1815, pp. 36-40.
[38] Tuke, *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*, p. 40.
[39] J. Andrews, A. Briggs, R. Porter, P. Tucker, K. Waddington, *The History of Bethlem*, London and New York: Routledge, 1997, p. 490.

The bedsteads have been constructed so as to combine safety and elegance. Whether formed with French draperies or with canopies, the curtains are suspended by springs from the roof which sustain a certain weight only, so that the whole fabric descends like a parachute when pressure is made in a straight line. The two ends are well padded, so as to prevent injury from the habits of striking and rubbing the head so frequently met with in lunatics. In the case of Paupers, for whom bedsteads of iron are provided, every precaution has been taken to baffle cunning and despair. The toilet-tables have the glass affixed to them; and where the basin-stands are convertible into toilet-tables, the lid is secured by a lock, so that, when necessary, the utensils are secured from breakage, and cannot be used as weapons of destruction, or for improper purposes.[40]

In *What Asylums Were, Are, and Ought to Be*, Browne had recommended the use of central heating in the galleries and bedrooms of his ideal hospital.[41] Samuel Tuke had recorded that by 1813, the 'mode of warming rooms by hot air or steam has been introduced into several Asylums' including Glasgow Royal Lunatic Asylum.[42] Browne's introduction of central heating at Montrose Royal Lunatic Asylum had been successful and he ensured the Crichton patients received the same benefits. Like Samuel Tuke, he believed such a system not only improved the comfort of patients; it was, after the initial expense of installation, economical to run and safe since it reduced the danger of open fires in the day rooms.[43] It is not surprising, considering the quality of accommodation offered at Crichton, that its reputation spread quickly and within a few years of opening, Browne was forced to turn away many patients. Of 120 applicants for seclusion in 1845, space was available for only 52.[44] By 1848, only 41 of 137 applications for admission were successful.[45] The number of patients under treatment grew steadily from 1839. (For Table of Number of Patients under Treatment, see Fig. 9 over.)

The table, compiled from the Crichton *Annual Reports*, shows the number of patients under treatment at Crichton, 1839-1857. The first period covered June 1839 - 31 May 1840 (82 patients); the second covered 1 June 1840 - 11 November 1841 (127 patients); from 1842, periods covered one year, 12 November - 11 November. The gradual increase in the number of patients under treatment after 1849 was due to the

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[40] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 9. Also quoted in Williams, *History of Crichton Royal Hospital 1839-1989*, p. 21.
[41] Browne, *What Asylums Were, Are, and Ought to Be*, pp. 188-9.
[42] Tuke, *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*, p. 54.
[43] Browne, *What Asylums Were, Are, and Ought to Be*, pp. 187-9.
[44] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, p. 5.
[45] DUMCR1990.29, *CRI Ninth Annual Report*, 11 November 1848, p. 6.

Patients under treatment at Crichton and the Southern Counties Asylum, 1839-1857
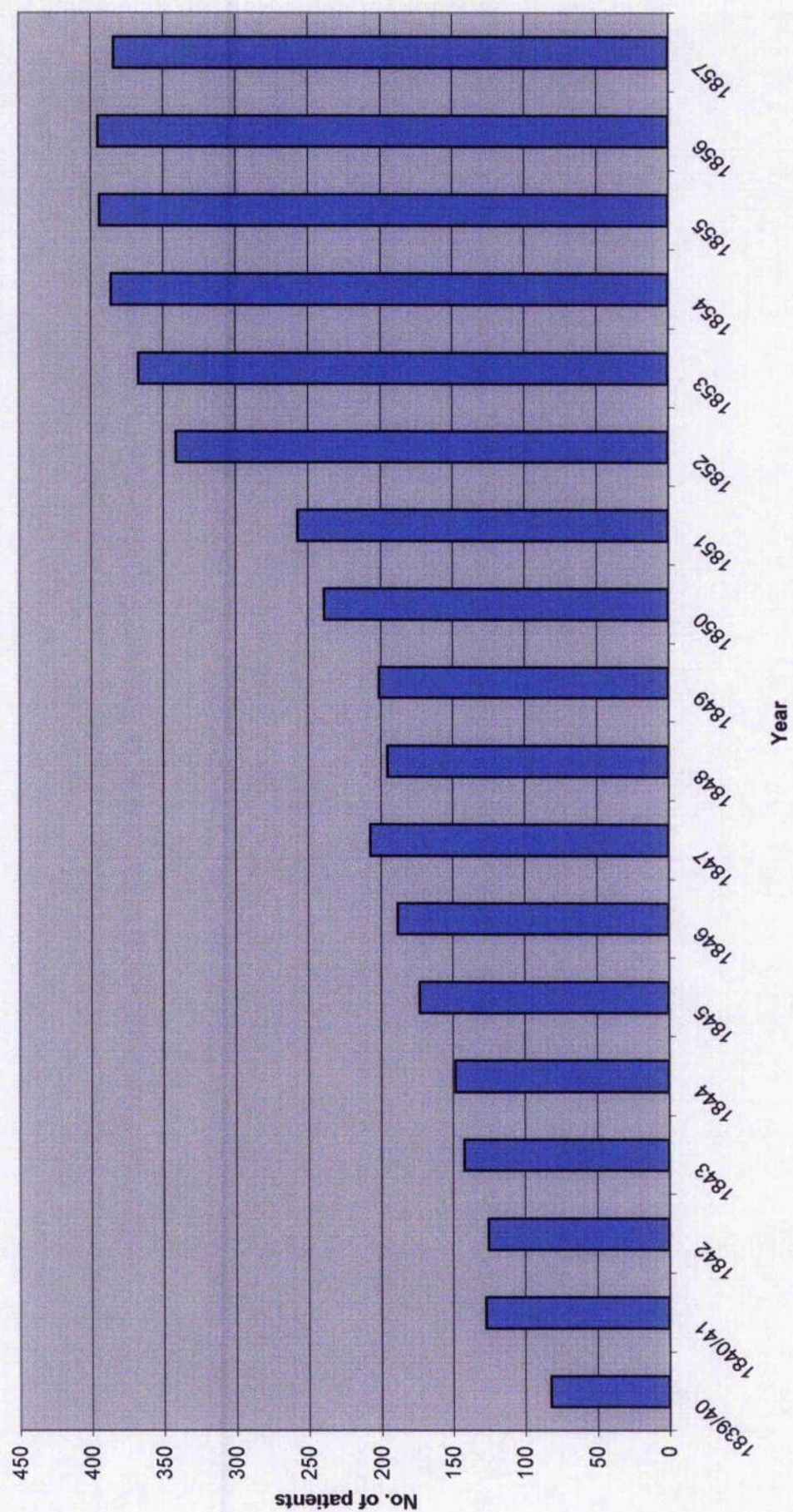
opening of the Southern Counties Asylum. Mrs Crichton had originally envisaged an asylum for one hundred patients; in 1839, Crichton was advertising accommodation of '130 apartments, or suites of apartments'.[46] By 1847, the asylum was full to overflowing, with 154 patients and the steady increase of patient numbers had to be halted temporarily in 1848. Earlier, in the *Annual Report* for 1846, it was recorded that a separate building for pauper patients was to be erected close to Crichton, to house 200 patients, with the possibility of increasing the number to 400 in the future.[47] The new accommodation was to have 'strong and substantial and fire-proof wards for those who are affected with furious or destructive mania; but which shall chiefly consist of large, warm, well-aired, well-lighted, cheerful, and comfortable dwellings' for the majority of the calmer patients.[48] The need for expanded provision for paupers was obvious when a comparison is made between the numbers of private and pauper patients. (For Table of Number of Private and Pauper Patients, see Fig. 10 over.)

Until November 1841, pauper patients outnumbered the paying inmates under treatment: 47/35 in the period 1 June 1839 - 31 May 1840, and 67/60 in the period 1 June 1840 - 11 November 1841. However, within a year the rise in the number of paying patients was beginning to affect treatment of pauper patients. By 1846, only 65 paupers were being treated compared to 123 private patients and a year later the number had dropped to 54. The Trustees acknowledged the necessity of increased separate provision for the pauper insane. The site chosen for the new asylum was very close to the Crichton building, sharing the same views down towards the Nith. Staff and inmates participated in the ceremony of laying the foundation stone on 28 July 1848. A palisade separating Crichton hospital from the building site 'proved powerful objects of interest and attraction' for the inmates, of whom twenty 'industrious labourers' were 'engaged in excavating the foundations, and were occasionally joined by volunteers from the higher classes'.[49] The hospital, named the Southern Counties Asylum, was founded on two principles:

> That ample and comfortable accommodation for the poor will be provided at a more moderate cost than has hitherto been deemed practicable; and that great

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[46] DUMCR1983.17, The Crichton Institution Advertisement in *The Shipping and Mercantile Gazette*, June 1839.
[47] DUMCR1990.29, *CRI Seventh Annual Report*, 11 November 1846, p. 8. In fact, the Southern Counties Asylum accommodated only 150 to 160 patients in its early years.
[48] Ibid., p. 8.
[49] DUMCR1990.29, *CRI Ninth Annual Report*, 11 November 1848, p. 25. The mound of earth excavated for the foundations was put to good use - it was converted into a bowling green.

Private and pauper patients at Crichton and the Southern Counties Asylum, 1839-1857

Legend: Private patients / Pauper patients

No. of patients (0, 50, 100, 150, 200, 250, 300)

Year (1839/40, 1840/41, 1842, 1843, 1844, 1845, 1846, 1847, 1848, 1849, 1850, 1851, 1852, 1853, 1854, 1855, 1856, 1857)
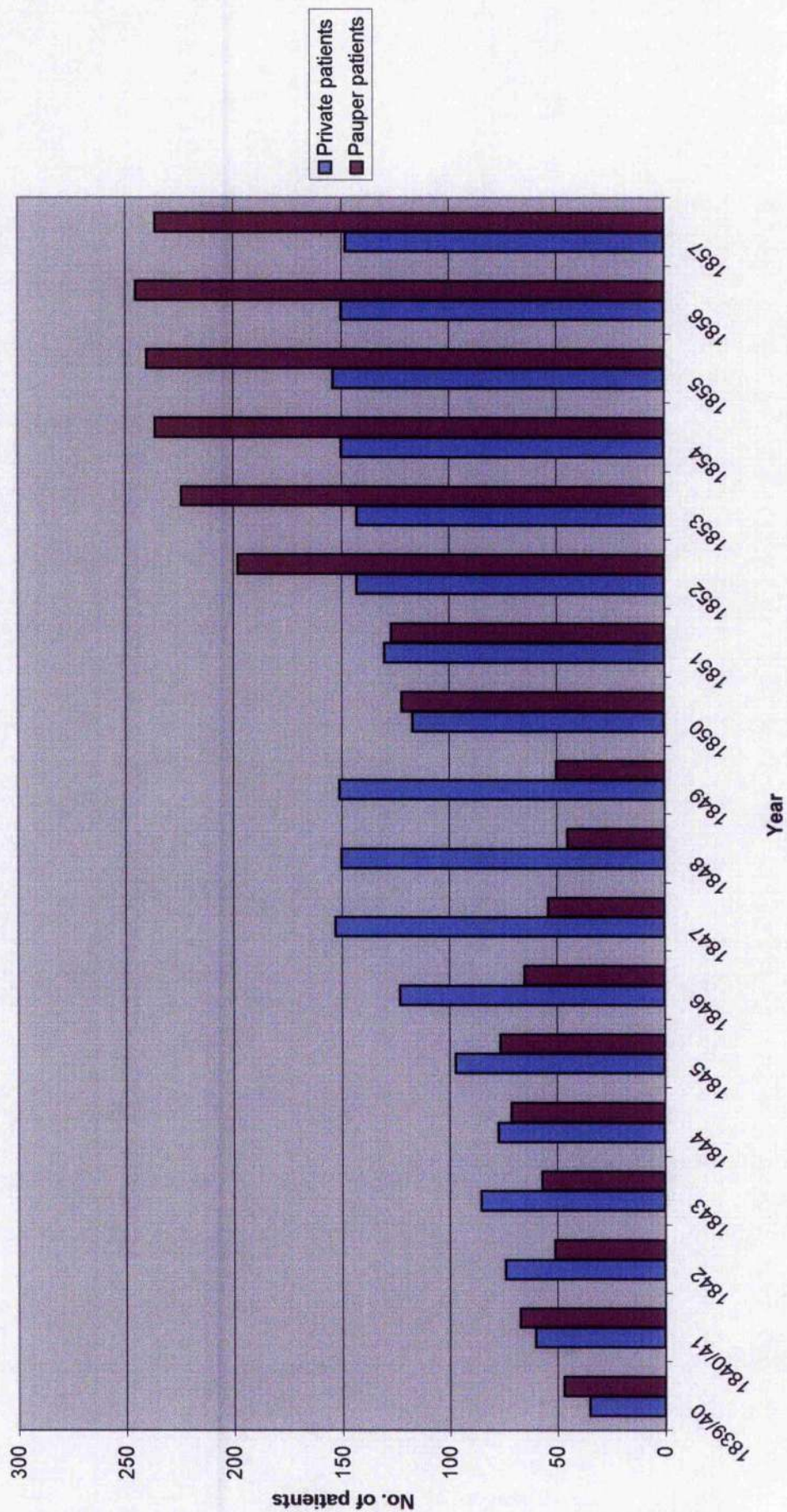
simplicity of structure and internal arrangement are consistent with the most enlightened treatment of the insane. It certainly is not essential to the happiness or cure of the inhabitants that an Asylum should be either a prison or a palace, or that the practice of humanity should be more expensive than that of coercion and cruelty.[50]

When opened in 1849, the Southern Counties Asylum accommodated 150-160 patients. It was a more modest design than the Crichton building, forming half of an H-plan. Along a central axis, a corridor over eighty feet in length, stemmed lateral wings with galleries of dormitories, each accommodating fourteen patients.[51] Its galleries, named after prominent figures in nineteenth-century psychiatry - Pinel, Esquirol, John Conolly and Andrew Combe - housed four divisions of patients: secured accommodation for the refractory; rooms for the sick and infirm; private rooms for those paupers who had been accustomed to better living conditions; and dormitories for quiet convalescents.[52] Workrooms, kitchens, washrooms, dining and public halls were also provided. The apartments were spacious, well lit and ventilated, although problems with the heating were encountered in the early years. A Resident Medical Officer, Mr Aitken, and a Matron, Miss Armstrong from the Hanwell Asylum, took over the daily running of the new hospital although Browne retained overall responsibility. A special library was formed in the new building and religious services were held separate from those in Crichton. Social meetings were held once a week in a large public room. Patients had access to billiards, summer ice and other 'peaceful' pastimes for two hours each day. The two buildings became known, informally, as the 'First House' (Crichton Royal Institution) and the 'Second House' (Southern Counties Asylum).[53]

Neither the 'First' nor the 'Second' House was ideal in every respect. In 1844 Browne was requesting a new kitchen, properly ventilated, to be repositioned behind the centre of the Crichton building because its original location led to cooking smells pervading the wards; he also requested an improved bath-house.[54] At the Southern Counties Asylum, the design of the building made it impossible to separate the indigents - those belonging to 'respectable but impoverished families, or to those classes who have educated or refined themselves in order to obtain a livelihood' - from the

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[50] Ibid., p. 26.
[51] Ibid., p. 27.
[52] DUMCR1990.29, *CRI Tenth Annual Report*, 11 November 1849, pp. 36-8.
[53] The terms 'First House' and 'Second House' were adopted formally in 1880s under the Medical Superintendent, Dr James Rutherford.
[54] The new kitchen was completed in 1853. A bakery was also provided.

pauper patients.[55] It was, according to Browne, a 'positive misfortune' that so many had to be turned away due to lack of space but even when admitted, their misfortunes were not at an end:

> If rejected, they are cast back upon their own sordid home and pecuniary embarrassments, they are deprived of their only hope of alleviation, of emancipation from the pressure of absolute want, as well as of imaginary misfortunes, and they are consigned to the oblivion of imbecility and a work-house. If received, they must be content with frugal fare and humble garb; they must be associated with persons so different in manners, so inferior in cultivation, so coarse, it may be, in their habits, so unable to appreciate their position, that new poignancy is given to grief; and what is intended as, and what in some respects actually is, a boon, becomes a punishment and a misfortune.[56]

Browne's interest in all aspects of the asylum extended beyond the hospital buildings. He also sought improvements in the grounds of the asylum. Browne's ideal asylum required a 'wider sphere for physical exertion and means for multiplying pleasurable sensations'; these were to take the form of 'gardens, grounds, farms' attached to the hospital and 'cultivated by or under direction of the lunatics'.[57] The gardens at Crichton were cultivated, a bowling green constructed, walks 'of some miles in extent' were available for convalescents and as early as 1841 'a promenade, or at pleasure a carriage drive' was formed, 'following the circuit of the external wall'.[58] The appearance of the asylum frontage on completion had been marred by offices, stables, a laundry, stores and a dung heap. In 1857, as Browne was preparing to leave Crichton, these eyesores were being removed because it had been proposed to extend the original building. Browne was able to report that 'the laundry has been removed from the front to the back of the central wing' and that new stables and offices were to be erected on the 'north angle of the grounds'; they had obstructed the 'views of many beautiful parts of the valley' and filled the wards 'with smoke and effluvia, which, if not positively injurious to the inmates, was destructive to furniture, and incompatible with comfort.'[59]

Another development, and one that Browne sought for efficiency and comfort reasons, was the supply of water from the river Nith, augmenting that from the wells in the hospital grounds. As early as September 1840, land at Castlebank was purchased for the erection of the Dockfoot pumping station, near Dumfries. A machine set up next to

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[55] DUMCR1990.29, *CRI Sixteenth Annual Report*, 11 November 1855, p. 7.
[56] Ibid., p. 7.
[57] Browne, *What Asylums Were, Are, and Ought to Be*, p. 193.
[58] DUMCR1990.29, *CRI Second Annual Report*, 11 November 1841, p. 16.
[59] DUMCR1990.29, *CRI Eighteenth Annual Report*, 11 November 1857, p. 9.

the Nith, 'capable of delivering 48,000 gallons per day' through sand filter beds to the hospital's reservoir, was constructed in 1843. The significance of the development was not understood at the time but this permanent and reliable water supply, independent of Dumfries's supply, was to save many lives at the hospital when a severe outbreak of cholera wiped out many residents of Dumfries in 1848/9. Unaware that cholera was a water-borne disease, and that Crichton's filtered water supply was uncontaminated, Browne sought to eliminate other sources of possible contamination. His actions during the cholera outbreak were exemplary. On 24 November 1848, with the agreement of all staff, he severed all connection between the 'inmates, sane and insane' and the town of Dumfries and excluded from the asylum anyone who had come from the infected areas.[60] Board meetings were suspended and members of staff were isolated from their families in Dumfries. Admission was allowed only for patients from uninfected areas, and even then, they were placed in quarantine for five or six days. 217 people were isolated at Crichton for 45 days during which period no patient died from cholera, in marked contrast to the nearby town of Dumfries where 430 died and one thousand were ill from the disease.[61] Browne's staff came in for particular praise:

> During this time there was much reason to be satisfied with the conduct of all the officials. Some of them made considerable sacrifices, many sustained losses among their own connections, or from the proximity of the disease to their houses, lived in constant apprehension as to the fate of their friends; several participated in the panic which generally accompanies such a visitation, but all manifested a greater amount of cheerfulness, docility, and co-operation, than could have been looked for.[62]

The successful outcome of Browne's direction of Crichton during the cholera epidemic was, typically, the result of his ability to work with all members of his staff. Their cooperation and support were fundamental to his idea of what asylums 'ought to be'.

Staffing at Crichton

When Browne began his duties as Physician Superintendent at Crichton on 1 July 1838, he was aided by the reformer Sir Andrew Halliday (1781-1839) who had been

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[60] W.A.F. Browne, *Report on State of Crichton Institution during Prevalence of Cholera in Dumfries*. Dumfries: W.C. Craw, 1849, p. 3. Appendix to DUMCR1990.29, *CRI Tenth Annual Report*, 11 November 1849.

[61] Ibid., pp. 5-6.

[62] Ibid., p. 5.

appointed Consulting Physician at Crichton at the same time as Browne. Halliday had been Deputy Inspector General of Army Hospitals and also personal physician to the Duke of Clarence (later William IV). Although he had not worked in any asylum or private madhouse, his knowledge of provision for the insane in Britain, culled for extensive visitations, was much respected. He had given evidence to the 1807 Parliamentary Committee;[63] and it was Halliday's *A General View of the Present State of Lunatics and Lunatic Asylums* (1828) to which Browne had made repeated reference in his publication *What Asylums Were, Are, and Ought to Be*, that had influenced the 1828 *County Asylums Act* and *Madhouses Act*.[64] By 1838 Halliday was residing in Dumfries. Browne would have had regular contact with Halliday during their first year at Crichton. However, after Halliday's death on 6 September 1839, it was agreed that, rather than appoint a full-time successor, Browne should consult with a local physician (Dr A. Melville) when required.

Browne was also extremely fortunate in the Trustees appointed to oversee Crichton: Mrs Crichton, her brother, Colonel William Grierson and Rear-Admiral Charles Johnston. In particular, he shared a close friendship with Mrs Crichton:

> From the day of his interview at Montrose, since which he had been in constant communication with her, till the day in October 1857 when he took leave of her, on assuming office as a Commissioner in Lunacy for Scotland, my father enjoyed Mrs Crichton's unfailing and understanding support. From first to last she took an active and personal interest in the affairs of the Institution. There never was any divergence of their views as to the course which the Crichton Royal Institution should pursue, a course which has led on to victory.[65]

Mrs Crichton was godmother to Browne's son James (1840-1938) who later used the surname Crichton-Browne.[66] In 1855, Browne recorded Mrs Crichton's dedicated service, observing that it 'is a remarkable feature in this Establishment, that the Benefactress who created, still watches anxiously over the progressive course of the community, suggests additional means of amelioration, and aids by personal inspection

[63] In 1807 the findings of a Select Committee of the House of Commons, investigating the existing provision for lunatics, resulted in the *County Asylums Act* (1808).
[64] A. Halliday, *A General View of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland and in some other Kingdoms*, London: Thomas & George Underwood, 1828. Some of Halliday's recommendations in his *General View* were carried into effect by the *County Asylums Act* and the *Madhouses Act*, passed in 1828.
[65] J. Crichton-Browne, 'Some Early Crichton Memories', in Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, pp. 21-2.
[66] Sir James Crichton-Browne became one of the most eminent psychiatrists in Britain.

those to whom the execution of her benevolent designs is committed'.[67] Their relationship was one of mutual admiration and respect. Browne was also very well supported by the hospital treasurer, Robert Adamson, who served throughout Browne's superintendence at Crichton. While the Trustees pursued negotiations to gain charitable status for Crichton - their efforts being rewarded in July 1840 when Crichton became the seventh royal asylum in Scotland - Browne's first duty was to find suitable staff for the hospital. The choice of staff was, in Browne's eyes, paramount to its success. Of course, the most important member of staff was the Superintendent Physician, the position he himself occupied. In *What Asylums Were, Are, and Ought to Be*, and in later publications, he wrote extensively on the qualities of an ideal physician:

> He must live *with* and *for* the insane; he must enter into their pursuits, pleasures, even their thoughts; he must cherish a direct relation and intercommunion with the minds of those who, according to their natures, love him, fear him, depend upon him; he must compensate for the poverty and inertness of his remedies, by the liberality of his sympathy, love, and self-sacrifice.[68]

The physician was expected to be 'truly Christian' in character, display a 'moral and physical courage and firmness which confer calmness and decision in the midst of danger' and have familiarity with 'the true and practical philosophy of the human mind, in order that its diseases may be understood and controlled'.[69] It was also essential that the physician should involve himself in the patients' 'pursuits and pastimes; he ought to engage them in converse during the day, and listen to their soliloquies in the retirement of their cells; he must watch, analyze, grapple with insanity among the insane'.[70] Browne was prepared to do all this, and more, in an attempt to demonstrate that such leadership could make a difference to the success of moral treatment. But without the support of reliable staff, such efforts would have been fruitless. He would have agreed with George Burrows' assessment that 'however experienced the physician, or highly gifted and active the superintendent of an asylum, unless they have able and faithful assistants, all their efforts will be rendered abortive'.[71]

Browne was almost certainly responsible for drawing up the lists of regulations and instructions for the many different employees at Crichton: Matron, Apothecary,

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[67] DUMCR1990.29, *CRI Sixteenth Annual Report*, 11 November 1855, p. 5.

[68] Browne, *The Moral Treatment of the Insane*, p. 29.

[69] Browne, *What Asylums Were, Are, and Ought to Be*, pp. 177-80.

[70] Ibid., p. 181.

[71] G.M. Burrows, *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity*, London: Thomas and George Underwood, 1828, p. 694.

Housekeeper, House-steward, Keepers, Domestic Servants and Porter. His experience at Montrose would have been invaluable in understanding the qualifications needed for each position. Typical of his meticulous attention to detail, he was to list the duties of each member of staff as well as their instructions - sixteen duties for the Matron, fifteen for the Apothecary and forty for the Keepers; a separate list of sixty-eight detailed regulations for Attendants (Keepers) was also printed.[72] It was the Matron's duty to look after the moral treatment of all the patients; to visit and supervise the female patients, examine the cleanliness of their bed linen, clothes and the wards in general, check the quality of food offered, and keep a record of patients' possessions. Her salary was £60 per annum, a modest amount for the responsibilities placed upon her.[73] The Apothecary received only £40 per year; for that salary he was expected to be in constant attendance 'to prepare and administer Medicines, perform Operations', accompany the Physician Superintendent on his ward rounds, look after the laboratory and keep detailed records of the stock of medicines, wines and spirits.[74] The Head Keepers and Keepers were employed to care for the patients in the wards, cleaning, feeding and providing them with employment or amusement, dining with the paupers and keeping the wards fresh and clean. The Male Head Keeper was paid £28 per annum and the Keepers £25; the Female Head Keeper received only £15 and her Keepers £12.[75] All members of staff could be fined for negligence of duty, rudeness or breach of conduct.

Since loyalty was a quality Browne considered essential in his staff, he was not averse to employing his relatives at Crichton when they were suitably qualified for the position. Browne's cousin, Thomas Tozer Wingett (1820-1859) served as Apothecary from the time of the asylum's opening until his resignation shortly before November 1843.[76] His place was taken by James Brewster Balfour (the brother of Browne's wife, Magdalene) who served until 1847, when the position of Apothecary was replaced by that of Medical Assistant.[77] Thomas Wingett's younger brother, William B. Wingett (1822-1865), who was appointed the first Medical Assistant, worked at Crichton until

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[72] DUMCR1990.29, CRI, Staff Duties and Instructions.

[73] DUMCR1990.29, CRI, Instructions to Matron. At Bethlem the Matron received £24 in 1765 and £40 in 1769 but supplemented her income by charging a fee for each patient admission. It was calculated that the Matron, Porter and servants could earn an extra £100 per annum between them from this income. For an analysis of wages at Bethlem, see Andrews et al., *The History of Bethlem*, pp. 293-5.

[74] DUMCR1990.29, CRI, Instructions to Apothecary.

[75] DUMCR1990.29, CRI, Instructions to Keepers.

[76] Thomas T. Wingett was the second son of Elizabeth Browne, sister of W. A. F. Browne's father. He later served as Senior Assistant at Morningside Asylum and Medical Superintendent at Dundee Royal Lunatic Asylum.

[77] Dr James B. Balfour later practised in Newcastle-upon-Tyne.

1851.[78] Thomas and William's sister, Elizabeth Wingett Hearder (1811-1870) was Matron of the Southern Counties Asylum from 1851 to 1870.[79] Professor John Balfour (1808-1884), another brother of Magdalene, also stood in as Physician Superintendent when Browne was visiting asylums on the continent in 1844.[80] Without exception, his relatives proved to be loyal, industrious and trustworthy members of staff.

Browne was fortunate in many of his appointments. Staff often served under him for many years: the first Matron, Miss Jane Sandeman, from whom, like all his staff, 'so much self-sacrifice and self-devotion' was required, remained at Crichton until her death in 1850;[81] her replacement, Mrs Ellen Softley, formerly of the Hanwell Asylum, also remained until her death in 1859, less than two years after Browne's resignation. Respectable, reliable and caring attendants were also essential to Browne's management at Crichton:

> To them is in a great measure intrusted [sic] the happiness of the Patients, and the execution of those plans proposed for the restoration of health; a task which, if faithfully discharged, merits a greater reward than can be bestowed. They are expected to unite the most menial services with the exalted functions of a moral preceptor; they must possess both fortitude and forbearance; they sacrifice almost all connexion with their families, the privileges and pleasures which even the veriest slave enjoys, to associate with the insane, to bear the brunt of unreasonable antipathies, caprice, and violence, to perform daily acts of kindness to the ungrateful, and to subdue their own feelings and temper according to a standard of the sternest virtue.[82]

He did not imagine that all attendants would attain such levels of commitment. Indeed, in 1840, he noted that they were 'at first ill-capacitated and ill-prepared for the delicate duties' required of them because they were 'imbued with the same prejudices as the public as to the violent and untameable spirit of those bereft of reason'.[83] However, by 1844 he observed of the attendants that 'testimony must be borne to great and judicious forbearance, to courage without harshness, to vigilance without impertinence', and to

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[78] Dr W. B. Wingett was the third son of W. A. F. Browne's aunt. He was later to be a physician in Dundee.

[79] Mrs Hearder's daughter, Mary Wingett Hearder, also served as Assistant Matron, from 1869, and then as Matron, of the Southern Counties Asylum on her mother's retirement in 1870; and as Matron of Crichton, 1876-81.

[80] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 29. Professor Balfour had been a fellow student of Browne at Edinburgh University. He was appointed Professor of Botany at Glasgow University in 1841. He acted as Physician Superintendent at Crichton for a short period in 1844 during Browne's absence abroad. His duties were 'ably and satisfactorily discharged'. The following year he was appointed Professor of Botany at Edinburgh University.

[81] DUMCR1990.29, *CRI Eleventh Annual Report*, 11 November 1850, p. 42.

[82] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, pp. 12-3.

[83] Ibid., pp. 6-7.

their 'unremitting attention and kindness'.[84] That staff fulfilled their duties was not enough for Browne, however. In 1854 he sought to educate them:

> A course of lectures upon mental diseases and their management has been commenced, and will be continued during the winter. It is addressed to the officers, and to all members of our community engaged in the treatment of the insane. A certain amount of education and experience is expected in every artizan, is demanded from those entrusted with the care of even domestic animals; but for those to whom the happiness and tranquillity of the human mind is consigned no training is provided, no instruction accessible.[85]

For attendants who spent all day with the patients, there was 'no normal school, no golden road, no road at all to knowledge'.[86] Their lack of training was a deficiency that Browne felt he was able to rectify. Browne's course of thirty weekly lectures on the definition and management of mental diseases, held from October 1854 to May 1855, was delivered to all Crichton medical and nursing staff, both to the 'educated minds' of the officers and to the 'shrewd and sensible, though illiterate' male and female attendants.[87] Patients who were from the medical profession were also invited to attend. In later years Browne observed that his lectures were delivered at the same time as the Crimean War had made apparent, to Florence Nightingale at least, the need for an organised programmed of training for nurses. In fact, Browne's lectures, probably the first course of nursing lectures in Scotland, predated by six years the establishment of the Nightingale Training School of Nursing at St Thomas' Hospital in 1860.[88] Unlike Miss Nightingale's project, to which so many London physicians objected, Browne's course was to set an example that was followed in many other British asylums.[89]

Patient regulations and documentation

Before any admissions to the asylum were made Browne had to promote the hospital and its facilities in the press. An advertisement for Crichton Institution, published in June 1839 in *The Shipping and Mercantile Gazette*, included patient rates of board and

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[84] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 18.

[85] DUMCR1990.29, *CRI Fifteenth Annual Report*, 11 November 1854, p. 9.

[86] Ibid., p. 10.

[87] Ibid., p. 10. For a discussion of this course of lectures, see R.I. Weir, 'An experimental course of lectures on moral treatment for mentally ill people', *Journal of Advanced Nursing*, 17, 1992, 390-5.

[88] Sir Alexander Morison had delivered a course of lectures for mental nurses at Surrey County Asylum, Springfield, in 1844.

[89] M.P. Donahue, *Nursing, the Finest Art: An Illustrated History*, St. Louis and London: Mosby, 1996, p. 207. Many London physicians objected to Miss Nightingale's school. Only four out of one hundred physicians who were approached, saw the need to provide such detailed training for nurses.

procedures for applications.[90] The table set out clearly the annual charges and what could be expected for each rate in terms of accommodation, diet, comforts and level of supervision.

THE FOLLOWING ARE THE ESTABLISHED RATES OF BOARD, &c.:—

	PAYMENT PER ANN.	NUMBER OF ROOMS.	DIET.	LIQUORS.	ATTENDANTS.	REMARKS.
I.	10l.*	The individuals who are to constitute this class are	to be nominated by Mrs.	Crichton.		Accommodation, Diet, &c., is given to this class, which consists of persons of respectability in reduced circumstances, according to what they may have been accustomed to.
II.	15l.	A public Room for 10; a private Sleeping-room for each; Hair bed; he sustains, no carpets, &c.	Animal soup every day; animal food thrice a-week; bread, vegetables, &c.	Ten to the females; tobacco and beer to the industrious males.	One Keeper to 10.	Paupers who are at this rate must be natives of the counties of Dumfries and Wigtown, or the Stewartry of Kirkcudbright. £ is charged in addition for bed and body clothes.
III.	18l.	Do.	Do.	Do.	Do.	Paupers who are not natives of the counties of Dumfries or Wigtown, or Stewartry of Kirkcudbright, are admitted at this rate; £. is also charged in addition for bed and body clothes.
IV.	30l. to 100l.	Two public Rooms for 10; a private Sleeping-room for each, with curtained bed, carpet, toilet, basin stand, &c.	Animal food every day; tea night and morning; no desert, or wine; 1b dine together.	Wine to the industrious; piano, billiards, and society to the well behaved.	One Keeper to 10.	In this class a difference will be made in the situation of the Rooms, the articles of furniture, &c., according to the Rate of Board; Light in every Room; Baths; hot and cold water in every Gallery of 11 Rooms.
V.	160l.	A Parlour and Bed-room for each, furnished in American birch.	A separate table, with wine, desert, &c., three times a-week.	Use of a carriage as an indulgence, a piano, &c. as a right.	One Keeper to 4.	Light in every Room, &c. &c.
VI.	200l.	A Parlour and Bed-room of large dimensions, and furnished in mahogany.	A separate table, wine, desert, &c., every day.	Use of a carriage three times a-week, or use of a horse.	One Keeper to 2.	Do.
VII.	350l.	A Parlour and Bed-room, Bath-room, &c., elegantly furnished.	A separate table, wine, desert every day; games in season; plate given.	Use of a carriage or horse every day.	One Keeper to each Patient.	Do.

FIG. 11   Rates of Board for Crichton Royal Institution

Mrs Crichton often selected the patients to receive institutional charity of £10 per annum - those who, having fallen on hard times, should receive the 'benefits' of treatment, appropriate to their class and upbringing, at the hospital. Paupers from Dumfries and Wigtown counties and the Stewartry of Kirkcudbright were admitted at the low rate of £15; those from other areas paid the higher rate of £18. Most patients paid an annual rate of between £30 and £100; only eleven private patients were accommodated at the highest rate of £350 during Browne's superintendence. Applicants who were 'pregnant, moribund, or affected with fever or contagious disease' were refused admission.[91] Bethlem had a similar policy of refusal.[92] Children were rarely admitted; only one child under the age of ten was treated by Browne at Crichton.[93] Before admission, a letter of application by relatives or guardians was usually submitted, often with official documents: a certificate of lunacy signed by two medical

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[90] DUMCR1983.17, The Crichton Institution Advertisement in *The Shipping and Mercantile Gazette*, June 1839.

[91] DUMCR1989.320, CRI, Dr Easterbrook's Scrap Book 1838-1937, Rules for Admission to Crichton Royal Institution, 1839-40. It was normal practice for persons with infectious diseases to be refused admission to hospitals.

[92] There are records of persons being refused admission to Bethlem on the grounds of their infectious diseases as early as 1649; pregnant women were also excluded from Bethlem. See Andrews et al., *The History of Bethlem*, pp. 274, 454-5.

[93] DUMCR1989.213, CRI MS Case Books, V, Patient No. 156, David McMichael. He may have come to Crichton because his uncle was already a patient there. He was admitted on 1 December 1841, age 7, suffering from idiocy and died on 22 October 1842.

men; a Sheriff's warrant; and a letter of obligation for payment of board signed by 'respectable parties'.[94] Payment was made quarterly, in advance, on Candlemas (2 February), Whitsunday (15 May), Lammas (2 August) and Martinmas (11 November). Relatives and friends were allowed to visit the patient in the presence of Browne or the Matron, when considered 'safe or salutary'. Private visits were also possible for convalescents but Browne insisted that nothing - clothing, books, presents - could be given to the patient without his permission.

The original list of questions put to relatives, when applying for the admission of a patient, was standard for most asylums.[95] Ten queries were set at Crichton in 1839:

1. Name, age, condition, occupation, disposition, and general deportment of the patient.
2. What is the cause, predisposing and exciting, moral or physical; and characteristic symptoms of the complaint?
3. Before the incursion of the disease, were there observed any unusual depression or elevation of spirits, or any marked alteration in the functions of the body?
4. What have been, and are, the prominent symptoms of the malady? Has any obvious change in its form occurred; and does it appear to be increasing, declining, or stationary?
5. Is this the first attack or a relapse? By what peculiarity of constitution or manner was it ushered in - if a relapse, of what duration was the lucid interval? And what has been the number of previous attacks?
6. Does the Patient manifest any disposition to commit suicide? Has he made any attempt to do so, and by what means?
7. Does the Patient manifest any disposition to injure other persons or property - to cherish any malicious designs - or is the morbid train of thought excited by any particular subject or event?
8. Is the Patient or his relatives subject to any hereditary, nervous, or periodical disease, and what?
9. What treatment has been resorted to, for what length of time, and with what success?
10. How long has the Patient been insane? Or has he ever been in any public asylum or private mad-house?

By 1851, the same information was stretched to thirteen queries: query 2, on the cause and characteristic symptoms of the disease, and query 5, on the number of attacks, were separated into two questions each and a further query identified the particular form of disease. The answers to these questions formed the basis of the individual patient manuscript case notes (MS Case Books). To these were added each year a progress

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[94] These official documents were legally required after 1858.

[95] At Montrose Royal Lunatic Asylum, Browne had completed details for 11 queries rather than 10, the extra question relating to female patients.

report for the patient, outlining the nature of his illness, any improvement or deterioration in his health, activities in which he had been involved and any other points of particular interest.

Browne was meticulous in his record-keeping throughout his time at Crichton. A general register was kept of all admissions; in this were recorded the patient's admission number, name, place of residence, date of admission, rate of board, the name and address of the cautioner (the person who was requesting admission for the patient), and general remarks including date of discharge or death. The manuscript case notes for each individual patient were compiled in volumes, chronologically from the date of admission. Hospital day-books were also kept, recording health, medication and daily incidents for every patient; unfortunately, these have not survived from this period. They were used as reference material for the manuscript case notes, written by Browne personally, which could vary in length from one paragraph to several pages each year. The manuscript case notes were also copied into separate bound volumes and as a result two versions of the case notes still survive in the hospital archives for all of Browne's patients. Browne estimated that in the manuscript patient case notes he wrote 'about twelve hundred pages per year, so great is the extent of these biographies, which are again copied into the books of the Institution.'[96] As patient numbers increased, it became such a time-consuming task that it is little wonder he often employed a member of staff or sometimes a patient to complete the bound volume copies; Richard Fleming, a former clerk in Chelsea Hospital, is known to have acted 'as an amanuensis for the Medical Officer' for a brief period before his death on 21 March 1841.[97]

Segregation of patients and classification of diseases

Browne's management of patients at Crichton was structured upon the principle of classification. Patients were segregated (or 'classified') first by sex, then by social class and finally by the severity of their disease. Classification of patients, on a limited scale at least, was a procedure well recognised in many British asylums. Separation of male and female patients at Bethlem had been introduced in the early-seventeenth century although deficiencies in the system of segregation had been pointed out by the 1815-16

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[96] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, p. 20.
[97] DUMCR1989.213, CRI MS Case Books, III, Patient No. 105, Richard Fleming, 21 March 1841.

Madhouses Committee.[98] William Stark's intention, in the design of Glasgow Asylum, had been to 'effect the isolation of patients of different sex, social class, and clinical state'.[99] The York Retreat had employed the 'universally admitted' practice of 'complete separation of male and female patients' since its inception in 1796.[100] At York, too, the Tukes had pursued a policy of 'the separation of patients in proper numbers, and in distinct apartments, according to the state of their minds'.[101] In *What Asylums Were, Are, and Ought to Be*, Browne explained the need for such a system:

> The accommodation, the fare, the attendance required for the rich, cannot be extended to the poor, nor is it necessary that it should. The pauper could not appreciate, nor prize, nor derive benefit from the refinement and delicacies essential to the comfort, and instrumental in the recovery of the affluent.[102]

Further, the curable, incurable and convalescents were to be separated and the violent or noisy kept apart from other patients at night so that their sleep would not be disturbed. As late as 1850 it was recorded at Bethlem that 'the tranquil classes are intermixed with the excited of their fellow patients, whose restless habits must militate against, not only their comfort, but their cure'.[103] Browne's ideal system of classification was further influenced by the Retreat's success in treating the insane in small groups. Tuke had promoted this practice, for when ten patients were grouped together, he had observed:

> Here, I generally found several of the patients engaged in some useful or amusing employment. Every class seemed to form a little family; they observed each other's eccentricities with amusement or pity; they were interested in each other's welfare, and contracted attachments or aversions. In the large society, the difference of character was very striking. I could perceive no attachments, and very little observation of one another. In the midst of society, everyone seemed in solitude; conversation or amusement was rarely to be observed - employment never.[104]

Experience at Montrose had taught Browne that it was 'not enough that the furious should be separated from the docile, or the imaginative from the fatuous'.[105] He

[98] Andrews et al., *The History of Bethlem*, pp. 152, 218.

[99] Stevenson, *Medicine and Magnificence: British Hospital and Asylum Architecture, 1660-1815*, p. 208.

[100] Tuke, *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*, p. 11. Tuke, however, was willing to accept that male and female convalescents could benefit from occasionally meeting together.

[101] Ibid., p. 11.

[102] Browne, *What Asylums Were, Are, and Ought to Be*, p. 199.

[103] Andrews et al., *The History of Bethlem*, p. 450. Quote from *1851 Bethlem Royal Hospital General Report*, p. 51.

[104] Tuke, *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*, p. 14.

[105] Browne, *What Asylums Were, Are, and Ought to Be*, p. 200.

did not agree with Esquirol's observation that the insane had 'no community of thoughts, each lives alone, and for himself'.[106] Browne's patients were to be grouped together to increase the possible mutual benefit of shared companionship. Sometimes the large group of chronic cases in the asylum was seen as 'a benefit in helping to pacify, treat, and educate the more violent and disturbed class of patient':

> It forms a sort of conservative body, whose tendency is, upon the whole, to support constituted authorities and regular government. Promotion to it is a coveted honour; expulsion from it is a disgrace. It receives and drills recruits and convalescents. It is a depository of the customs and traditions of the place. It is the great resource and nursery for amusements, lectures, schools, monster meetings, pic-nics [sic], matches at bowls, and cricket.[107]

Such a system was introduced at Crichton and instances of real friendships were formed among patients. They played chess together, taught each other, shared classes in drawing, music, languages and the sciences. One patient, George Agnew, a former Sheriff Clerk of Wigtown, requested discharge from the hospital because of the 'departure of several companions who had assisted in rendering his captivity cheerful'.[108] David Crawford, an unmarried clerk formerly residing in Greenock, was admitted to Crichton in June 1854; by 1861 he had 'accepted his present residence as permanent' and enjoyed 'the society of pleasant companions' so much that the 'removal one after another of his equable companions' left him 'rather dull'.[109] When David McMichael, a farmer's son only seven years old, was admitted in December 1841 suffering from idiocy, he was placed in the female gallery where he seemed to become a favourite with his fellow-patients.[110]

Browne's patients were separated into groups by gender and social class but it was their mental disease that proved the most significant factor determining their management and moral treatment. So what were the classifications of disease that Browne employed during his superintendence at Crichton? In *What Asylums Were, Are, and Ought to Be*, Browne published three systems for classifying the insane, including

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[106] J.E.D. Esquirol, *Mental Maladies: A Treatise on Insanity*, transl. E.K. Hunt, Philadelphia: Lea and Blanchard, 1845, p. 20.

[107] Browne, *The Moral Treatment of the Insane*, p. 16.

[108] DUMCR1989.213, CRI MS Case Books, XI, Patient No. 372, George Agnew, 30 July 1847.

[109] DUMCR1989.213, CRI MS Case Books, XX, Patient No. 678, David Crawford, June 1861 and July 1863.

[110] DUMCR1989.213, CRI MS Case Books, V, Patient No. 156, David Crawford. He died on 22 October 1842.

his own.[111] Two were by earlier physicians, Thomas Arnold (1742-1816) and J. C. A. Heinroth (1773-1843).[112] In *Observations on the Nature, Kinds, Causes, and Prevention of Insanity, Lunacy, or Madness* (1782-6), Arnold had divided mental diseases into two types, 'Ideal Insanity' and 'Notional Insanity':

> Ideal Insanity is that state of mind in which a person imagines he sees, hears, or otherwise perceives, or converses with, persons or things, which have either no external existence to his senses at that time; - or have no such external existence as they are then conceived to have ... Notional Insanity is that state of mind in which a person sees, hears, or otherwise perceives external objects as they really exist, as objects of sense; yet conceives such notions of the powers, properties, designs, state, destination, importance, manner of existence, or the like, of things and persons, of himself and others, as appear obviously, and often grossly erroneous, or unreasonable, to the common sense of the sober and judicious part of mankind.[113]

Under each heading were specific types of insanity such as 'Phrenetic', 'Incoherent', 'Maniacal' and 'Sensitive'. Heinroth had divided insanity into three disorders: 'of the Moral Dispositions'; 'of the Understanding, or intellectual faculties'; and 'of voluntary powers, or of propensities, or of will'.[114] Browne's classification, however, came closer to that of the French alienists, Pinel and Esquirol. Pinel's classification in *Nosographie Philosophique* (1798) of 'alienations', or 'neuroses' into hypochondria, melancholia, mania, dementia and idiocy, had been adapted by Esquirol who specified seven 'crises' of insanity in *Mental Maladies*: 'lypemania' or melancholy, 'demonomania', suicide, 'monomania', 'mania', 'dementia' and 'idiocy'.[115] *Mental Maladies* had been formed from papers and articles Esquirol had previously published; although not translated into English until 1845, it was first published in France in 1838 and, as Browne had studied under Esquirol in Paris, he would have had first-hand knowledge of Esquirol's classification system.[116] It was 'preferable to any other', according to George Burrows, and was adopted as early as 1825 by Alexander Morison, who had visited Esquirol in Paris in 1817, in his *Outlines*

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[111] Browne, *What Asylums Were, Are, and Ought to Be*, p. 12.

[112] Dr Thomas Arnold was physician to the Leicester Infirmary and Lunatic Asylum, and owner of Belle Grove Asylum, Newcastle. His *Observations* was one of the earliest textbooks on psychiatry published in Britain. J.C.A. Heinroth was Professor of Psychological Medicine at Leipzig University.

[113] R. Hunter and I. Macalpine, *Three Hundred Years of Psychiatry 1535-1860*, London and New York: Oxford University Press, 1963, p. 469. Quote from T. Arnold, *Observations on the Nature, Kinds, Causes, and Prevention of Insanity, Lunacy, or Madness*, Leicester: G. Ireland for G. Robinson and T. Cadell, 2 vols, 1782-6.

[114] Browne, *What Asylums Were, Are, and Ought to Be*, p. 11.

[115] P. Pinel, *Nosographie Philosophique*, Paris: J.A. Brosson, 1798.

[116] E. Esquirol, *Des maladies mentales considérées sous les rapports médical, hygiénique et médico-légal*, 2 vols., Paris: J.B. Baillière, 1838. J.E.D. Esquirol, *Mental Maladies: A Treatise on Insanity*, transl. E.K. Hunt, Philadelphia: Lea and Blanchard, 1845, p. 29.

of Lectures on Mental Maladies.[117] Browne's own classification was a development of the approach of Esquirol and Morison, adopting their nosology of 'mania', 'monomania' and 'idiocy', but replacing dementia with the term 'fatuity' and removing 'melancholia'.[118]

I. Idiocy. Non-development of faculties.
    1. Gradation. Non-development of all the powers.
    2. Gradation. External senses developed.
    3. Gradation. A propensity or affection developed.
    4. Gradation. An intellectual power developed.

II. Fatuity. Obliteration of Faculties.
    1. Partial.
    2. Complete.

III. Monomania. Derangement of one or more faculties.

Section 1.
    1. Satyriasis.
    2. Homicidal and destructive.
    3. Proud.
    4. Vain.
    5. Timid.
    6. Cunning and suspicious.
    7. Religious and superstitious.
    8. Desponding and suicidal.
    9. Imaginative.
    10. Avaricious.
    11. Benevolent or affectionate.

Section 2.
    12. Incapability of perceiving relations of ideas.
    13. Incapability of perceiving relations of external things.
    14. Incapability of perceiving qualities of external objects.

IV. Mania. Derangement of all the faculties.
    1. Mania with increased activity.
    2. Mania with diminished activity.

Since it is difficult to give a faithful and accurate translation of these terms into current terminology, Browne's own interpretation of each term is given here. The term 'idiocy' was reserved for those who 'appear to possess no mind to which the impressions thus received can be communicated, or one so closely assimilated to that of

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[117] Burrows, *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity*, pp. 256-9. A. Morison, *Outlines of Lectures on Mental Maladies*, London: Rees, Orme, Brown & Green & Highley, 1825.
[118] Browne, *What Asylums Were, Are, and Ought to Be*, p. 12.

the lowest gradations of animal existence, that the impressions pass away without becoming objects of thought, or causality, and without calling forth a single propensity or sentiment.'[119] 'Fatuity' was a slow, insidious disease that led to the 'annihilation' or 'suspension' of the mind.[120] The largest group of mental diseases was 'monomania', which encompassed a wide range of disorders but all with a common factor; that each patient suffered from 'only *one* delusion', which was expressed through 'excessive activity of the feeling of self-esteem, accompanied by an inability to perceive the relations subsisting between the impressions in the mind and real circumstances'.[121] 'Mania' was defined as 'the irregular action of all the mental powers.'[122] It is not clear why Browne omitted 'melancholia' or 'lypemania' from his 1838 classification. It was a term widely used before and during the nineteenth century. Perhaps he perceived it as too widespread to be classified as a separate disease, in spite of the many publications on 'melancholia'.[123] He wrote that the 'great prevalence of this disease, which was formerly regarded as a national characteristic, may be legitimately traced in part to the agitation and sources of apprehension which at present pervade all communities.'[124] However, by 1848, the year when 24 of the 41 patients admitted to Crichton were affected by 'melancholia', Browne was ready to define the disease and its different types - simple, religious, avaricious and hypochondriacal:[125]

> Melancholia is a comprehensive term. It includes all species of derangement in which despondency is the prevailing and pathognomic sign. It ranges from the ennui, the inability to enjoy, and the dissatisfaction and disappointment of unsuccessful exertions, to despair and suicide. It may be defined, misery with delusion. That delusion may be real and palpable; or it may consist in the exaggerations of a real cause of annoyance, or the substitution of a fancied for a real cause.[126]

Once patients were separated out. Browne could turn his attention to their physical condition. He shared with many doctors the belief that proper medication and a balanced nutritional diet would strengthen the body and aid recovery. For patients

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[119] Ibid., pp. 12-3.

[120] Ibid., p. 14.

[121] Ibid., pp. 17-8.

[122] Ibid., p. 47.

[123] T. Bright, *A Treatise of Melancholie*, London: Thomas Vautrollier, 1586; R. Burton, *The Anatomy of Melancholy, What it Is. With all the Kinds, Causes, Symptomes, Prognostickes, and Severall Cures of It*, Oxford: Cripps, 1621; N. Robinson, *A New System of the Spleen, Vapours and Hypochondriack Melancholy*, London: A. Bettesworth, W. Innys, and C. Rivington, 1729. These are only a few of the early publications on the nature of melancholy.

[124] DUMCR1990.29, *CRI Ninth Annual Report*, 11 November 1848, p. 7.

[125] Ibid., pp. 7-9.

[126] Ibid., p. 9.

whose minds were also diseased, however, cure could not depend solely on medical treatment. At Crichton, Browne introduced 'moral' remedies to an extent unknown in any other nineteenth-century asylum.

Chapter 5

Therapeutics at Crichton – Medical and Moral Approaches

> ... I have of late, - but
> wherefore I know not. - lost all my mirth, forgone all
> custom of exercises; and, indeed, it goes so heavily
> with my disposition that this goodly frame, the
> earth, seems to me a sterile promontory, this most
> excellent canopy, the air, look you, this brave
> o'erhanging firmament, this majestical roof fretted
> with golden fire, why, it appears no other thing to
> me than a foul and pestilent congregation of vapours.[1]

Therapeutics - Medical Treatment

Browne's direction of patient care at Crichton was based upon two therapeutic approaches, medical and moral. For the asylum physician there existed various forms of treatment to aid the patient's recovery or relief. As we have seen, Browne defined medical treatment as that 'in which the mind is acted upon remotely by material agents, and *through* the body' while moral treatment was 'every mode by which the mind is influenced through the mind itself'.[2] Both these approaches, used in combination with each other, formed Browne's therapeutic intervention.

Drug Therapy

The most direct resource for the physical ailments of patients was through prescribed drugs. Pinel, however, had been cautious about their use:

> For, in diseases of the mind, as well as in all other ailments, it is an art of no little importance to administer medicines properly: but, it is an art of much greater and more difficult acquisition to know when to suspend or altogether to omit them.[3]

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[1] W. Shakespeare, *Hamlet*, II, 2, 295-303.
[2] W.A.F. Browne, *The Moral Treatment of the Insane; A Lecture*, London: J. E. Adlard, 1864, p. 7.
[3] P. Pinel, *Traité medico-philosophique sur l'aliénation mentale, ou la manie*, [A Treatise on Insanity], Paris: Richard, Caille & Ravier, 1801. English translation, D.D. Davis, London: Cadell and Davies, 1806, reprinted 1962, p. 10.

William Cullen had 'a rule in practice' that 'I seldom push a remedy that may do harm as I would rather let a disease kill a patient than kill him by medicine'.[4] He was not against testing out forms of medication as long as the physician did not persist with drugs when they were shown to be ineffective or indeed detrimental to the patient's health. To find cures, doctors could not operate without first-hand experience of 'testing' new drugs or combinations of drugs on their patients. In the early-nineteenth century, lectures on pharmacy were available to most medical students who were also encouraged to visit dispensaries. Browne had attended courses on pharmacy by Thomas Hope and Matthews Duncan at Edinburgh University and had attended the New Town Dispensary; two of his testimonials for the post at Montrose in 1834 were from Andrew Douglas MacLagan, Surgeon to the New Town Dispensary and John Coldstream, the Medical Officer to Leith Dispensary.[5] In Scotland, lists of prescribed drugs, or pharmacopoeias, were published by the Royal College of Physicians of Edinburgh. The most common categories of drugs were cathartics to activate the bowels; analgesics and narcotics such as opiates for pain relief and to induce sleep; emetics to excite vomiting; diaphoretics to increase sweating; expectorants; tonics; diuretics; and mercurials for venereal disease and skin disorders.[6] All these drugs were used by Browne at Crichton.

Since asylum doctors faced both physical and mental disorders in their patients, they had to use a wide variety of medicines which were also employed in the general hospitals. It is interesting to note that few histories of British hospitals - general and for the insane - offer details of specific treatment for individual patients, perhaps because the drug records have not survived or are incomplete. Jenkinson, Moss and Russell's *History of the Glasgow Royal Infirmary* refers to 'varicose leg ulcers' and 'venereal diseases' as the two most common problems for patients during the period from 1794 to 1815 but they do not give details of the medication offered; they do refer to one patient, James Hamilton, who had been struck by lightning in 1794 and had 'blisters applied' for a period of three months with only partial improvement in his sight.[7] Of all drugs used

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[4] Royal College of Physicians of Edinburgh [hereafter RCPE] Library, MS Collection, W. Cullen, Clinical Lectures [unpublished], pp. 359-60, 541. Quoted in G.B. Risse, *Hospital Life in Enlightenment Scotland: Care and Teaching at the Royal Infirmary of Edinburgh*, Cambridge: Cambridge University Press, 1986, p. 178.

[5] DUMCR1989.483, *Testimonials in Favour of W. A. F. Browne, Surgeon, as Candidate for the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, Edinburgh: Balfour and Co., 1834. Testimonial XXI, pp. 23-4 and Testimonial X, pp. 15-6.

[6] For a discussion of the different categories of medicines see Risse, *Hospital Life in Enlightenment Scotland*, pp. 191-202.

[7] J. Jenkinson, M. Moss, I. Russell, *The Royal: the History of the Glasgow Royal Infirmary, 1794-1994*, Glasgow: Glasgow Royal Infirmary NHS Trust, 1994, pp. 28-32.

at the Royal Infirmary of Edinburgh during the period from 1771 to 1799, cathartics – laxatives and purgatives – made up the largest quantity (26.2%), followed by analgesics (16.3%) and emetics (13.9%).[8]

The problem for patients with mental disorders was that remedies employed to relieve their physical ailments could sometimes act detrimentally on their mental diseases. Often physicians had to find medicines which could treat both effectively. Numerous publications recommending particular types of medicines for the insane were available in the early-nineteenth century. In his *Illustrations of Madness* (1810), John Haslam wrote that 'vomits have their use', from his 'personal knowledge'.[9] This opinion was echoed by Bryan Crowther, the author of *Practical Remarks on Insanity* (1811), who stated that 'the servants of Bethlem have repeatedly told me of the quantity of phlegm, with other offensive matters, which have been evacuated by them'.[10] George Burrows, in his *Commentaries on Insanity* (1828), reported on other physicians' somewhat startling success with vomits:

> Dr Bryan Robinson gave emetics daily for a whole year, and sometimes twice a day, with great success, in the cure of insanity; and Dr John Munro gave a gentleman sixty-one emetics in six months, and also for eighteen successive nights, by which the patient was recovered.[11]

Burrows also recommended camphor 'in large doses' for 'heating and stimulating' the patient, spirit of turpentine for 'maniacal epilepsy', and tonics, the 'admirable adjuvants in the cure of insanity', especially for melancholics, 'as soon as the vascular excitement is subdued'.[12]

Castor oil, calomel and salts were popular purgatives in most hospitals. They were employed frequently at the York Retreat where patients such as 'Samuel W.' were

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[8] Ibid., p. 192.

[9] J. Haslam, *Illustrations of Madness: Exhibiting a Singular Case of Insanity, and a no less Remarkable Difference in Medical Opinion: developing the Nature of Assailment, and the Manner of Working Events*, London: G. Hayden, 1810, p. 109.

[10] B. Crowther, *Practical Remarks on Insanity*, London: Underwood, 1811. Quoted in V. Skultans, *Madness and Morals: Ideas on Insanity in the Nineteenth Century*, London and Boston: Routledge & Kegan Paul, 1975, p. 101. Bryan Crowther was Surgeon at Bethlem Royal Hospital from 1789 to 1815.

[11] G.M. Burrows, *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity*, London: Underwood, 1828, pp. 639-42. Also quoted in Skultans, *Madness and Morals*, p. 125. John Munro was Physician at Bethlem Royal Hospital, 1751-1791. Dr Bryan Robinson is likely to have been a physician in London. He did not work at Bethlem but he is mentioned by Munro in his *Remarks on Dr Battie's Treatise on Madness* (1758).

[12] Burrows, *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity*, pp. 656-62.

given calomel and a 'cathartic mixture' to increase evacuation of stools.[13] Purgatives were reported to have been used regularly but perhaps sparingly during the early-nineteenth century at Glasgow Royal Lunatic Asylum.[14] In France, Esquirol promoted the use of emetics for patients suffering from 'some forms of monomania, and lypemania with stupor'.[15] E. K. Hunt, who translated Esquirol's *Mental Maladies* (1845), included in his 'Additions' a caution against 'prolonged purgation'; he further stated that 'Iron with Conium is, in many Institutions, very freely employed, sometimes in pills, but more generally in a liquid form' as a depressing agent.[16] Thomas Story Kirkbride, at Pennsylvania Hospital for the Insane, also used conium as a narcotic for patients with 'less violent symptoms', as well as quinine with iron for cases of 'periodic insanity'.[17]

Not every physician expressed confidence in medication. When questioned by the 1815 Select Committee, Dr Thomas Monro, Physician at Bethlem, had been of the opinion that insanity was not cured by medicine.[18] Further, at Glasgow Royal Lunatic Asylum, medicines accounted for 'less than 1% of the Asylum's total expenditure during the first decade of its history' and were only given 'if the patient asked for them, while drugs were not forced on an unwilling patient'.[19] However, Browne, like many of his contemporaries, was anxious to try out different forms of medication as part of a broader approach to therapeutic treatment:

> No observation made on the present occasion should countenance the suspicion that I doubt or undervalue the efficacy of drugs and physical remedies, in relieving or removing mental disease, or rather in bringing about that condition which is incompatible with disease … my conviction is that there is no class of diseases more amenable to medicine, under certain circumstances, than that under consideration.[20]

[13] A. Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914*, Cambridge: Cambridge University Press, 1985, pp. 128, 263.

[14] J. Andrews and I. Smith, eds., *"Let there be light again": A History of Gartnavel Royal Hospital from its Beginnings to the Present Day*, Glasgow: Gartnavel Royal Hospital, 1993, p. 56.

[15] J.E.D. Esquirol, *Mental Maladies: A Treatise on Insanity*, transl. E.K. Hunt, Philadelphia: Lea and Blanchard, 1845, p. 86. "Lypemania" was melancholy.

[16] Ibid., 'Addition' by E.K. Hunt, p. 90.

[17] N. Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping. 1840-1883*, Cambridge: Cambridge University Press, 1984, p. 195.

[18] J. Andrews, A. Briggs, R. Porter, P. Tucker, K. Waddington, *The History of Bethlem*, London and New York: Routledge, 1997, p. 429.

[19] Andrews and Smith, *"Let there be light again"*, p. 55.

[20] Browne, *The Moral Treatment of the Insane*, p. 31.

Scull has pointed to Browne's 'aggressive tendencies' to administer drugs in large doses to his Crichton patients.[21] He refers to Browne's own admission that he had administered opiates in such high doses 'as would startle those who repose confidence in the time-honoured doses of days gone by' and 'even alarmed those who were accustomed to deal with the singular power of resistance to medicine, which is often a characteristic of insanity'.[22] Scull comments that Browne still 'persisted with them' even knowing that they could have side-effects.[23] However, that is a misrepresentation, because Browne clearly states that the 'course was, in fact, interrupted from fears that, although no visible effects followed the administration of the dose, it might act detrimentally, although insidiously, upon the nervous structure, as it would certainly upon the organs of assimilation'.[24] Indeed, patient case notes indicate that Browne was more cautious than Scull might imply. Browne's use of opiates was not untypical in the treatment of the insane in nineteenth-century Britain. Burrows had commented that 'maniacs will generally bear large quantities of opium and other sedatives better than they will support remedies which weaken the vital powers'.[25] From the 1830s, a 'combined sedative and emetic pill', composed of morphia and tartrate of antimony was used at the York Retreat and after 1860 potassium bromide was prescribed as a sedative 'for restless patients'.[26] To produce sleep, Esquirol preferred 'regimen, labor [sic] and exercise' or 'tepid or cool baths' to narcotics such as opiates.[27]

American physicians had developed their theories on treatment of insanity by the mid-nineteenth century and responded quickly to the dangers of opium. As early as 1827 Nathaniel Chapman was warning that opium acted as a stimulant on maniacs and should not be employed.[28] Kirkbride at Pennsylvania 'never doubted the ability of medical measures to alter the course of insanity' and was a strong advocate of morphine rather than 'crude opium' for 'delirium tremens', 'mania' and 'melancholia'.[29] He prescribed morphine for '75-88 percent of the patients receiving medical treatment'.[30]

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[21] A. Scull, ed., *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, London and New York: Routledge, 1991, p. xlii.

[22] DUMCR1990.29, *CRI Third Annual Report*, 11 November 1842, p. 25.

[23] Scull, ed., *The Asylum as Utopia*, p. xlii.

[24] DUMCR1990.29, *CRI Third Annual Report*, 11 November 1842, p. 25.

[25] Burrows, *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity*, p. 610.

[26] Digby, *Madness, Morality and Medicine*, pp. 128-9.

[27] Esquirol, *Mental Maladies*, p. 87.

[28] N. Chapman, *Elements of Therapeutics and Materia Medica*, 5th ed., 2 vols, Philadelphia: Carey, 1827, Vol II, p. 171. Quoted in Tomes, *A Generous Confidence*, p. 83.

[29] Tomes, *A Generous Confidence*, pp. 83, 194-5.

[30] Ibid., p. 195.

Samuel Woodward, Superintendent of Worcester State Hospital, Massachusetts, observed in 1845:

> The manner in which morphine has been used in this and other hospitals in the country, continuing it until the symptoms have subsided, then omitting it and seeing them return, then again and again removed by the renewal of the medicine, affords unequivocal evidence of its power to subdue maniacal excitements, relieve the delusions of the insane and restore the brain and nervous system to a sound and healthy state.[31]

In the *Third Annual Report*, Browne included a 'Table Illustrative of the Effects of Narcotics'.[32] He recorded the name of each narcotic, its first dosage, daily increase, last or maximum dosage, proportion to ordinary dose and finally, effects or reasons for discontinuance. Hyosciami Tincture, Belladonae Extract. Opii Extract, Camphor, Morphiae Acetate and Tobacci Tincture were among the narcotics employed. The side-effects were not encouraging: parched mouth and throat, drowsiness, nausea, vertigo, rapid pulse, anorexia, tremor and stupor. He noted:

> But the facts that patients who were active and lively presented dilation of the pupil, could not read print of an ordinary size, heard dully and imperfectly, and appeared to have neither taste nor smell, seem to indicate that the narcotics used have a special, and it may be unobserved effect upon the nervous system, apart from, and independent of the production of sleep.[33]

While believing that nothing should 'interfere with the constant application of whatever experience has demonstrated, or experiment has recommended as beneficial'. Browne acknowledged that 'great caution and incredulity is natural and necessary' for 'in mental derangement even the physiological effects of medicines are counteracted and obscured by the moral effort or physical condition of the patient'.[34] He employed a wide variety of medicines on his patients. A few examples from the case notes of individual patients will serve to illustrate how attentive Browne could be to their needs. George Agnew was admitted to Crichton on 24 July 1846; 'a habitual drunkard', he was 'addicted to the use of stimulants'.[35] Browne recorded:

> On considering the recent loss of blood, the long continued intemperance and predisposition of the patient it appeared indispensable to guard against the

[31] S. Woodward, 'Observations on the Medical Treatment of Insanity', American Journal of Insanity, 7, 1850, 62. Quoted in Tomes, *A Generous Confidence*, pp. 83-4. Samuel B. Woodward (1787-1850) was the first Superintendent of Worcester State Hospital.

[32] DUMCR1990.29, *Crichton Royal Institution Third Annual Report*, 11 November 1842, p. 36.

[33] Ibid., p. 26.

[34] DUMCR1990.29, *CRI Eighth Annual Report*, 11 November 1847, p. 20.

[35] DUMCR1989.213, CRI MS Case Books, XI, Patient No. 372, George Agnew.

recurrence of delirium tremens. Opium and stimulants were accordingly prescribed. When the immediate danger appeared to be averted Calomel and purgatives were combined with the opium and subsequently to the removal of the extravagant conceptions described gentle tonics were substituted for the Porter originally allowed.[36]

Later, in 1850, Agnew's bronchopneumonia 'disappeared' under the use of Tartrate Antimony with 'anodynes and the application of blisters'.[37]

Williamina Bowden, admitted on 1 April 1852, suffering from 'acute mania', was given Croton Oil as a purgative to relieve her bowels when Cod Liver Oil was found to be 'impracticable', and was given a 'small dose' of morphine at night to help her sleep.[38] Croton Oil was such a powerful medicine that it had to be given sparingly. At Bethlem, Hood employed it when necessary - in 1853, a patient, 'M.C.', who had entered the asylum in a violent rage needed only one drop of the oil 'on a lump of sugar' to activate her bowels after which she 'resumed her natural demeanour'.[39] At Crichton, when Richard Charteris, an officer in the East India Company, suffered from a common cold that 'ran into pleuritis' in 1845, his illness 'yielded to the free use of purgatives diaphoretics and expectorants', in particular Acetate of Ammonium.[40] Twice a week the compound Rhubarb Pill was given to Marianne Rigby in 1849 to remove the 'pain in the left side', perhaps related to her colon.[41]

Often a single drug served several purposes or several medicines were supplied at the same time. One of the most frequently-mentioned drugs in the patient case notes is the 'blue pill'; consisting of mercury, licorice root, honey and sugar, it was commonly used for syphilis, hypochondriasis and as a purgative. Browne administered the blue pill to John Drummond in 1842 to relieve 'the intestinal canal from the faeces which generally collect in it during travelling'.[42] Small doses of the blue pill and vegetable tonics were given to George Grieve to treat 'congestion of the liver' but without success and were 'speedily abandoned'.[43] Calomel, Castor Oil and Turpentine were employed

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[36] Ibid., 1 June 1847.
[37] Ibid., 1 June 1850.
[38] DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 598, Williamina M, Bowden, 1 June 1852.
[39] Andrews et al., *The History of Bethlem*, p. 494. The patient information comes from the *Bethlem Royal Asylum General Report*, 1855.
[40] DUMCR1989.213, CRI MS Case Books, VII, Patient No. 193, Richard Charteris, 1 June 1845.
[41] DUMCR1989.213, CRI MS Case Books, XI, Patient No. 382, Marianne (Mary Anne) Rigby, 1 June 1849.
[42] DUMCR1989.213, CRI MS Case Books, V, Patient No. 167, John Drummond, 1 June 1842.
[43] DUMCR1989.213, CRI MS Case Books, IX, Patient No. 272, George Grieve, 28 January and 23 March 1852.

together to treat William Wood James when he was suffering from ascariasis in 1846.[44] Sometimes, medicines were mixed in with the patients' food or drink; while many patients were unaware of their presence, occasionally these additives were detected. In 1847 Browne recorded that 'it has been attempted to administer purgatives and alteratives' to Marianne Rigby 'but she detects and generally defeats the stratagem.'[45]

Dietetics

> To the mere drug exhibiter, to the man who conceives that he can combat mania by the lancet and tartar emetic alone, or who believes that he can exorcise melancholia by a purge, it would certainly be unpardonable folly to commit the insane.[46]

Browne shared with many doctors the belief that proper medication and a balanced nutritional diet would strengthen the body and aid recovery. After all, he wrote, that it 'may be no fiction that a well-fed [sic], will provide a rational as well as a prosperous community'.[47] Dietetics also had a moral dimension, for patients often ate their meals in small groups and meal times were viewed as important social occasions. As Samuel Tuke had remarked, 'the probability of recovery is greater, where a moderate number of patients associate together'.[48] If a patient could converse well with his fellow-inmates and behave in an orderly manner at the dinner table, it was another step on his road to recovery. William Cullen had 'indicated that he considered dietary prescriptions the first order of therapeutics, and he also acknowledged that this part of medicine had been somewhat neglected'.[49] In *The English Malady* (1733), Cheyne had written of the benefits of a 'low diet', of bread and water, for those suffering from melancholy.[50] Burrows, too, considered diet important:

> Diet is a very material part in the treatment of the insane. The appetite of most is capricious. Sometimes it is voracious, sometimes defective ... when the case will not admit of stimulation, as in most recent cases, the diet must be light and

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[44] DUMCR1989.213, CRI MS Case Books, X, Patient No. 312, William Wood James. 1 June 1846. Ascariasis is caused by an infestation of the parasitic worm of the genus *Ascaris*.
[45] DUMCR1989.213, CRI MS Case Books, XI, Patient No. 382, Marianne (Mary Anne) Rigby, 1 June 1847.
[46] W.A.F. Browne, *What Asylums Were, Are, and Ought to Be*, Edinburgh: Adam and Charles Black, 1837, p. 178.
[47] DUMCR1990.29, *CRI Fifteenth Annual Report*, 11 November 1854, p. 21.
[48] S. Tuke, *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*, York: William Alexander, 1815, p. 17.
[49] Risse, *Hospital Life in Enlightenment Scotland*, p. 220.
[50] G. Cheyne, *The English Malady: or, A Treatise of Nervous Diseases of All Kinds, as Spleen, Vapours, Lowness of Spirits, Hypochondriacal, and Hysterical Distempers, & c.*, London: G. Strahan, 1733.

spare. But when a strengthening system is indicated, it should still be light, but more nutritive.[51]

Pinel, in his *Traité*, had warned that insufficient quantities of food could 'exasperate and prolong the disease' of the insane.[52] Dietetics had been the subject of numerous medical publications such as Andrew Duncan's *Elements of Therapeutics* (1773) and George Pearson's *Arranged Catalogues of the Articles of Food, Drink, Seasoning and Medicine* (1801).[53] Pearson's division of nutriments and aliments, and their listings into categories such as emetics, excitants and stimulants, was a useful reference for physicians. However, British hospitals rarely took much care over the nutritional content or variety of food offered to their patients. Typical of the period was Aberdeen Royal Asylum where, in 1800, breakfast and supper consisted of 'oat or barley meal' pottage or sowins (a kind of jelly made from the dust of oatmeal): their dinner, served at 2 p.m., was 'a chopin of good broth made with a sufficiency of potatoes, turnips, carrots, or other wholesome vegetables' with bread or oatcakes.[54] This diet was similar to the food eaten by highland farmers and their servants at the time. Rabenn's study of hospital diets in England during the eighteenth century has highlighted their similarity with only minor regional variations.[55] Broth or gruel was the preferred daily fare for breakfast and supper: meat - in the form of boiled mutton or beef - was offered on occasion: beer was more common than milk. Fish and fruit were rarely included on the menu, although the Royal Infirmary in Edinburgh was an exception when, in 1778, a range of fruits was added to the diet of their patients.[56]

By the early-nineteenth century, advances had been made towards a greater variety of foodstuffs in some hospitals, particularly those that attracted paying customers. Samuel Tuke published the diet for the Retreat at York in 1813:

[51] Burrows, *Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity*, p. 664.

[52] P. Pinel, *Traité medico-philosophique sur l'aliénation mentale, ou la manie*, [A Treatise on Insanity], Paris: Richard, Caille & Ravier, 1801. English translation, D.D. Davis, London: Cadell and Davies, 1806, p. 31.

[53] A. Duncan, *Elements of Therapeutics: or, First Principles of the Practice of Physic*, Edinburgh: W. Drummond, 1773; G. Pearson, *Arranged Catalogues of the Articles of Food, Drink, Seasoning and Medicine: for the Use of Lectures on Therapeutics and Materia Medica*, London: Burgess and Hill, 1801. George Pearson was Physician in Ordinary to H.R.H. The Duke of York and Senior Physician to St George's Hospital.

[54] D.K. Henderson, *The Evolution of Psychiatry in Scotland*, Edinburgh and London: E. & S. Livingstone, 1964, pp. 49-50. A 'chopin' was half a Scottish pint, the equivalent of an English quart.

[55] W.B. Rabenn, 'Hospital Diets in Eighteenth Century England', *Journal of The American Dietetic Association*, 30, 1954, 1216-21.

[56] Ibid., p. 1220.

Breakfast: Milk and bread, or milk porridge.
Dinner: Pudding and animal food five days in the week; fruit pudding, and broth or soup, two days. In the afternoon, the men have bread and beer, the women tea or coffee.
Supper: Generally the same as breakfast, or bread, cheese, and beer.[57]

Anne Digby, however, has argued that the food offered to patients was much more varied than the table would suggest. quoting visitors to the asylum who considered the quantity and range of food and alcohol excessive.[58] A similar diet was offered at Glasgow Royal Lunatic Asylum where the higher class of patients also enjoyed 'fruit and groceries'.[59] At Pennsylvania Hospital of the Insane. patients in the 1840s were offered a more varied diet: breakfast was usually 'potatoes or mush with an occasional side dish of meat', lunch consisted of 'soup, meat. vegetables, bread, and pie or pudding for dessert' and supper featured 'bread, mush or chipped beef, and stewed fruit'.[60] Frankford Retreat, near Philadelphia, also provided a range of food 'of the most wholesome and substantial kind' for the inmates: at breakfast, 'superfine wheat bread and butter, fish or meat, and potatoes; 'fresh beef, veal, mutton or pork, with a great variety of vegetables' with 'pies and puddings' for dinner; and a supper of tea, bread and milk, and 'chocolate, wheat bread and pickles' and cakes.[61]

As early as the eighteenth century, diet tables had been published for many hospitals such as St Thomas's, Westminster and St George's in London, as well as Nottingham General. Manchester Infirmary and Edinburgh Royal Infirmary.[62] Following this common practice, Browne, too, published Crichton's diet table, but unlike at Bethlem, York and Pennsylvania, he itemised not just the range of food but the quantities offered.[63] Perhaps he wished to reassure the public (and potential paying

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[57] S. Tuke, *Description of the Retreat. an Institution near York, for Insane Persons of the Society of Friends. Containing an Account of its Origin and Progress. the Modes of Treatment. and a Statement of Cases.* York: W. Alexander, 1813, 2nd ed. 1964, p. 124. Quoted in Digby, *Madness. Morality and Medicine*, p. 131.

[58] Digby, *Madness, Morality and Medicine*, p. 131.

[59] Andrews and Smith, eds., *"Let there be light again"*, p. 29.

[60] Tomes. *A Generous Confidence*, pp. 199-201. Kirkbride (1809-1883) was the Superintendent of Pennsylvania Hospital for the Insane, 1840-1883.

[61] R. Waln Jr., *An Account of the Asylum for the Insane, Established by the Society of Friends, near Frankford, in the Vicinity of Philadelphia,* Philadelphia: Benjamin and Thomas Kite, 1825, pp. 20-1 The *Account* had also been published in the *Philadelphia Journal of the Medical and Physical Sciences*, August 1825. Waln was anxious to explain that only the choicest cuts of meat were selected and the vegetables included asparagus, cauliflower, green peas, tomatoes and egg-plants. He stated that 'the board of the farmer, though wealthy, does not equal it'.

[62] For full details of their diet tables see Rabenn, 'Hospital Diets in Eighteenth Century England', *Journal of the American Dietetic Association*, **30**, 1954, 1217-8.

[63] Many of the general hospitals in Britain also followed this practice.

customers) that no class of patients would go hungry.[64] The diet varied according to the rate of board for each patient.[65] Pauper patients, those paying £15 to £18 per annum, received porridge (16 oz.), milk (8 oz.), tea (16 oz.) and bread (8 oz.) for breakfast. At dinner, the most substantial meal of the day, animal soup and vegetables (16 oz.) and bread (4 oz.) was served four times, and animal soup and vegetables (8 oz.), meat (8 oz.) and bread (4 oz.) were offered three times each week. Supper consisted of porridge (10 oz.), milk (8 oz.) or beer (10 oz.); or bread (4 oz.) and milk (8 oz.); or potatoes (20 oz.) and milk (8 oz.).

Most patients paid £30 to £100. Like the inmates at the York Retreat, they enjoyed four meals although only dinner was substantial. A light breakfast of tea (16 oz.) and bread (8 oz.) was followed by lunchtime dinner of soup (10 oz.), meat (8 oz.), bread (4 oz.), vegetables (6 oz.), pudding (6 oz.) and beer (10 oz.). Tea (12 oz.) and bread (4 oz.) were offered in the afternoon and supper consisted of an egg or breadberry, gruel or sago (8 oz.).[66] This was the same menu as served at the officers' table. For those patients on the highest rate of board, £350 per annum, the menu remained the same with the exception of breakfast when a more elaborate meal was served: added to the tea and milk were coffee, an egg, fish, cold meat, game, dessert and wine (4 oz.) every day. Alcoholic beverages such as red and white wine diluted with water, spirits, beer (usually with a low alcohol content, 1.2%) and porter (a dark, strong beer, 6.8% alcohol) were considered nutritional and used as tonics and diuretics, as well as forming part of the etiquette of refined society for the well-off patients.[67] In 1844, when the Crichton patient Edward Vavasour became too excited on a carriage drive and vomited he was given hot wine and then 'rallied took tea and appeared quite well'.[68] As early as 1724, Shaw had promoted 'the Use of Wine duly proportion'd to the Case, and accompanied with proper Exercise and cheerful Conversation' as the best cure for a sedentary life.[69]

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[64] Risse, *Hospital Life in Enlightenment Scotland*, p. 220.
[65] DUMCR1989.320, CRI, Dr Easterbrook's Scrap Book 1838-1937. Diet Table, 1839-1840.
[66] Breadberry is a type of berry.
[67] Risse, *Hospital Life in Enlightenment Scotland*, pp. 224-7.
[68] DUMCR1989.213, CRI MS Case Books, VIII, Patient No. 222, Edward Vavasour, 1 June 1844.
[69] P. Shaw, *The Juice of the Grape: or, Wine preferable to Water. A Treatise wherein Wine is Shewn to be the Grand Preserver of Health, and Restorer in Most Diseases*, London: W. Lewis, 1724, p. 40. Also quoted in R. Hunter and I. Macalpine, *Three Hundred Years of Psychiatry 1535-1860*, London and New York: Oxford University Press, 1963, p. 311.

There is no doubt, however, that the adverse effects of intoxicating liquors were widely recognised. Esquirol had observed that 'the abuse of wine, liquors, and aromatic infusions of opium, produce a great amount of insanity' and were the cause of 'half the cases of insanity that occur in England'.[70] Even allowing for the dilution of these drinks, consumption was high by present-day standards. In the eighteenth century, it was not uncommon for three pints of beer to be supplied daily to patients - St Thomas's, Westminster and St George's Hospitals in London offered this quantity; Manchester Infirmary and Edinburgh Royal Infirmary offered less, up to one pint daily.[71] West Riding Lunatic Asylum even brewed its own beer.[72] At Crichton, those patients whose diseases were exacerbated by prolonged use of such stimulants were weaned off them by decreasing their daily intake until abstinence was achieved. The ideal diet was not discussed in *What Asylums Were, Are, and Ought to Be*; nor did it feature in the Crichton *Annual Reports* until 1854 when Browne devoted a section of the report to abstinence, famine, hunger and diet. He warned that 'the absence of natural and necessary food induces a state closely allied to that resulting from voluntary fasting':[73]

> Even inadequate nourishment may be the cause of every form of alienation. Imperfect assimilation, either from the deficiency of the supply of food, or the morbid state of the organs engaged, is the first stage of melancholia, and of a large proportion of all other forms of mental alienation.[74]

For those patients who were in a weakened physical state, dietary intervention was considered necessary. Browne had to resort on occasion to force-feeding. This was a standard practice in the eighteenth and nineteenth centuries. In 1816 John Rogers, a surgeon, had described the most barbaric forms of the practice, recording that 'if a patient refuse to take his food at the pleasure of his keeper, it is the practice to attempt to force it down his throat; and this is generally done with such inhuman violence, that in the act numbers are suffocated.'[75] Charles Newington at Ticehurst Private Asylum, wrote that 'no part of actual and personal superintendence can be more disagreeable or

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[70] Esquirol, *Mental Maladies*, p. 41.

[71] Rabenn, 'Hospital Diets in Eighteenth Century England', *Journal of the American Dietetic Association*, 30, 1954, 1217-8. However, it is not clear if Edinburgh diet referred to a Scottish pint, the equivalent of four English pints.

[72] A. Halliday, *A General View of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland and in some other Kingdoms*, London: Thomas & George Underwood, 1828, Appendix III, Copy of a Letter from Dr Ellis, Director of the York West Riding Lunatic Asylum, to Sir Alexander Halliday, 30 November 1827, p. 94.

[73] DUMCR 1990.29, *CRI Fifteenth Annual Report*, 11 November 1854, p. 14.

[74] Ibid., p. 25.

[75] J.W. Rogers, *A Statement of the Cruelties, Abuses, and Frauds, which are practised in Mad-Houses*, 2nd ed., London: E. Justins, 1816, p. 22.

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revolting than the task of forcing food upon a contumacious patient by the methods usually pursued'.[76] In 1854, Browne listed 25 'moral and physical means adopted to overcome refusal to eat'.[77] They included baths and shower baths; commands and entreaties; bribes 'of Dress, Ornaments, Indulgences'; eggs, fruit, milk, lozenges and alcohol; food given by stealth; food offered by friends; and food offered by other persons. Browne declared that 'during the last fifteen years not a case has been lost from inanition, although hundreds of abstainers have been under treatment'.[78]

When all moral means had been tried and had failed, however, Browne resorted to physical aids. He listed feeding in different forms - by common or medicine spoon, by funnel with or without tube, by naso-oesophageal tube, by stomach pump - all used with or without the 'Chair', an indication that the patient was restrained during feeding. He discarded the 'primitive process' of forcing open 'the jaw with keys' and shutting the mouth and nostrils as 'rude, cruel, and inoperative'.[79] Browne preferred instead the use of a flexible tube with a funnel, 'introduced into the pharynx' as well as the naso-oesophageal tube, a 'slender India-rubber tube' that 'passed through the nostrils into the throat and stomach', and through a syringe, fluids were administered.[80]

Other interventions

Force-feeding was not the only medical intervention employed at Crichton. The traditional remedies of leeches, purges, bleeding and dry-cupping were employed to alleviate symptoms of derangement. Cullen had recommended 'large and repeated bleedings' either from the jugular veins or by the 'drawing of blood from the temples' as a cure for phrensy.[81] Leeching, a procedure that had been used for many centuries, seemed to effect relief in certain cases although some practitioners, such as Burrows, considered that it was 'a practice fraught generally with mischief'.[82] Staff at Lancaster

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[76] C. Mackenzie, *Psychiatry for the Rich: A History of Ticehurst Private Asylum, 1792-1917*, London and New York: Routledge, 1992, p. 64. Quote from C. Newington, 'An instrument invented for administering food and medicine to maniacs by the mouth during a closed state of the teeth', *The Lancet*, 10, 1826, 845-6.

[77] DUMCR1990.29, *CRI Fifteenth Annual Report*, 11 November 1854, p. 31.

[78] Ibid., p. 32.

[79] Ibid., p. 34.

[80] Ibid., p. 35.

[81] W. Cullen, *First Lines of the Practice of Physic. For the Use of Students in the University of Edinburgh*, 2 vols., Edinburgh: William Creech, 1777-9, I, p. 228. Phrensy was described by Cullen as 'an inflammation of the parts contained in the cavity of the cranium'.

[82] Burrows, *Commentaries on the Causes, Forms, Symptoms, and Treatment, Moral and Medical, of Insanity*, p. 583.

County Asylum still bled patients in the 1830s 'to reduce excitement';[83] and Samuel Tuke found 'topical bleeding' to be 'eminently useful, where the approach of a paroxysm was indicated by a determination of blood to the head.'[84] There are only occasional references to leeching in the patient case notes at Crichton. In 1849, the 'syphilitic symptoms', including bubo, that affected the patient, Horatio Tennyson, were removed by leeching.[85] And, in 1853:

> In the Month of Febry [sic] Mrs Orde after some unpleasant feelings in the neck attributed to Neuralgia was suddenly seized with endocarditis attended with great prostration of strength. Almost immediate relief was obtained by leeching and fomentation, and the use of calomel and opium. She was subsequently treated by Lemon Juice. Tonics and stimulants have subsequently been exhibited and she has long been in possession of restored health.[86]

Other forms of treatment were also tried. Although in 1847 Browne was writing about the introduction of 'new agents' - Electro-Magnetism, Inhalation of Ether, and the Perchloride of Formyle - there is little evidence of their use in the Crichton case notes.[87] Perhaps their reference in the *Eighth Annual Report* was more to impress his audience with his knowledge of new forms of treatment than as a record of their widespread usage at Crichton. Esquirol had tried 'cures by electricity' on many female patients at La Salpêtrière in the period 1823 to 1824, but only one had been successfully treated.[88] Browne does not seem to have used the 'rotary machine' or the swinging chair which were employed sporadically in British asylums but more widely on the Continent. Cold bathing, a therapy used widely in the eighteenth century, was far more common. It had been introduced to Bethlem in the 1680s and had 'become routine' there by 1815.[89] Haslam, however, had been strongly opposed to it, commenting that 'the idea of immerging a furiously mad patient, with a plethoric habit, in a cold bath, is so absurd, and repugnant to common sense'.[90] Browne employed cold and tepid bathing. Immersion in tepid water promoted 'repose' and was used throughout Browne's superintendence, with a break in 1842, when he reported:

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[83] Andrews et al., *The History of Bethlem*, p. 451.

[84] Tuke, *Description of the Retreat*, p. 117.

[85] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 499, Horatio Tennyson, 1 May 1849.

[86] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 581, Isabella Ord (or Orde), 1 June 1853. Fomentation is a poultice.

[87] DUMCR1990.29, *CRI Eighth Annual Report*, 11 November 1847, p. 20.

[88] Esquirol, *Mental Maladies*, p. 87.

[89] Andrews et al., *The History of Bethlem*, p. 272.

[90] Haslam, *Illustrations of Madness*, p. 128.

This was constantly practised until, in consequence of the long-continued drought, the general scarcity of water, and the failure of the springs upon which we mainly depended, we have been compelled to economize this resource.[91]

The practice was continued after Crichton was provided with its own water supply from the river Nith. Esquirol had recommended tepid baths as the 'most useful' form of water treatment for the insane who were 'lean, nervous and very irritable'.[92] But he also promoted the douche:

> The douche produces its effects, both by the action of the cold, and the percussion. It exercises a sympathetic influence upon the region of the epigastrium. It causes cardialgia, and desires to vomit. After its action ceases, the patients are pale, and sometimes sallow. It acts also morally, as a means of repression; a douche often sufficing to calm a raging excitement, to break up dangerous resolutions, or force a patient to obedience.[93]

Cold bathing and the douche were used more selectively at Crichton. When, in 1840, John Walter Jesse 'resisted the administration of medicine', it became necessary on several occasions to 'have recourse to compulsory feeding but latterly it was discovered that the alternative of the shower bath had the effect of inducing compliance'.[94] The shower bath was also used on the 'constitutional irritation' of Gruffydd Clayton Lloyd who suffered from 'general mania'.[95] The 'liberal employment of the douche' served to treat Elizabeth Stirling when she suffered from convulsions.[96] It should be pointed out, however, that there is no evidence that Browne used any such interventions to excess. A reading of the case notes suggests, rather, that he was cautious about many of the 'remedies' and used them only when more moderate alternatives had been tried without success.

Physical restraint

By far the most contentious treatment for insanity was that of physical restraint. In 1864, discussing asylums before moral treatment, Browne described the horrific conditions some who were confined had to experience:

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[91] DUMCR1990.29, *CRI Third Annual Report*, 11 November 1842, p. 24.
[92] Esquirol, *Mental Maladies*, p. 84.
[93] Ibid., p. 85.
[94] DUMCR1989.213, CRI MS Case Books, I, Patient No. 9, John Walter Jesse, 1 June 1840.
[95] DUMCR1989.213, CRI MS Case Books, XVI, Patient No. 544, Gruffyd Clayton Lloyd, 1 June 1851.
[96] DUMCR1989.213, CRI MS Case Books, IV, Patient No. 127, Elizabeth Stirling, 4 September 1845.

Ten females, perhaps, with no other covering than a rag round the waist, were chained to the wall ... And if you asked where these creatures slept you were perhaps led to a kennel, eight feet square, with an unglazed airhole eight inches in diameter. Here five might be crowded or *piled* together, - the violent with the timid, the delicate with those of debased habits. Here they were strapped down to their beds, lashed, muffled, and forgotten from Saturday night till Monday morning ... The floor was covered, the walls bedaubed, with filth and excrement; no bedding but wet and decayed straw was allowed, and the lair of the wild beast is more homelike.[97]

Pinel's removal of the chains from the insane in Bicêtre had become the rallying cry for British reformers in the early-nineteenth century. Chains and manacles were viewed as 'cruel, or pernicious, or unnecessary' and many physicians, such as John Conolly at Middlesex County Asylum, Hanwell, chose to distance themselves from such degrading measures.[98] Samuel Tuke had declared in 1813 that 'neither chains nor corporal punishments are tolerated, on any pretext, in this establishment.'[99] Others, however, sought to explain why certain forms of restraint were sometimes necessary. Burrows had regarded 'the rotary chair, the douche, a dark room, and personal confinement' as 'justifiable and imperative on many occasions' although 'in employing repression, or constraint, or deprivation, we must always remember the constitution and condition of the patient, and act accordingly'.[100] John Haslam, at Bethlem, had preferred manacles and leg-locks to straight-waistcoats which he considered to be constricting; John Munro had preferred the straight-waistcoats.[101] Leonard Smith has shown that 350 patients (out of a total of 2700) were restrained, sometimes more than once, during the period from 1818 to 1841 at Staffordshire General Lunatic Asylum; and that mechanical restraint had been used on thirteen of those patients for 1-5 years, and on seven for more than 5 years.[102] Browne described chains and rigid confinement as 'barbarous moral treatment' or '*Immoral Treatment*'.[103] He concurred with the opinion that mechanical restraints, such as chains, were repugnant:

Restraint is repudiated chiefly upon two grounds. First, that it painfully and injuriously compresses certain parts of the body, interfering with the natural

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[97] Browne, *The Moral Treatment of the Insane*, p. 4.
[98] For a discussion of Conolly's attitude to restraint see A. Scull, C. MacKenzie and N. Hervey. *Masters of Bedlam*, Princeton, New Jersey: Princeton University Press, 1996, pp. 65-8.
[99] Tuke, *Description of the Retreat*, p. 141.
[100] Burrows, *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity*, p. 688.
[101] Andrews, et al., *The History of Bethlem*, p. 214.
[102] L.D. Smith, '*Cure, Comfort and Safe Custody*': *Public Lunatic Asylums in Early Nineteenth-Century England*, London and New York: Leicester University Press, 1999, pp. 256-7.
[103] Browne, *The Moral Treatment of the Insane*, p. 4. The italics and upper-case letters are in the original text.

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discharge of the functions of locomotion, circulation, and respiration, according to the position of the apparatus ... Secondly, it is objected that restraint irritates without subduing, gives pain to the sensitive, exasperates the violent, and degrades the rational in their eyes.[104]

However, while Browne might advise that physical restraint '*may be dispensed* [sic] with', he warned that 'it does not follow, nor must it be concluded, from this that there do not, and will not, occur occasions when recourse to such an expedient may be both humane and beneficial.'[105] So, how often did Browne restrain his patients at Crichton? Very rarely and not for any length of time, if we are to believe the *Annual Reports* and the individual patient case notes. Susan Christie was placed in a darkened, padded room because of her violent behaviour but was released soon after.[106] William Cairns was placed in a boarded room where there was 'constant nightwatching' after he had committed 'sad havoc'.[107] Browne was somewhat defensive about the padded room in Crichton that was required specifically for those refractory patients on whom 'morphia' and the canvas dress had little effect:

> As that now in use here, and the approved plan adopted in the Nottingham Asylum, are both liable to serious objections, it is proposed to construct another [padded room], the walls of which will consist of double quilted canvass [sic], stretched on wooden frames, in the same way as the bottom of many beds are made. The canvass will be fixed on a number of frames placed in a socket and secured by locks, at a distance of half-a-foot from the wall, and may be removed or changed when it is necessary to clean or repair them. The only difficulty is, that the frames themselves will offer a point of resistance to the head or limbs of a patient; but these points may be padded.[108]

Elizabeth Gordon had to be placed in a room containing an 'epileptic bed' (with restraining fixtures) because of frequent fits in 1839.[109] In North America, at the Pennsylvania Hospital for the Insane, the superintendent Thomas Story Kirkbride employed a 'partial straitjacket' and a 'canvas suit' that 'prevented destruction of clothing', but only 'sparingly and carefully'.[110] At Crichton, Robert Foster Pratt, a student of Divinity at Durham University, became very violent, throwing furniture around. In 1844 Browne wrote:

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[104] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 11-2.

[105] Ibid., p. 10.

[106] DUMCR1989.213, CRI MS Case Books, I, Patient No. 8, Susan Christie.

[107] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 637, William Cairns.

[108] DUMCR1990.29, *CRI Fourth Annual Report*, 1 June 1843, p. 9.

[109] DUMCR1989.213, CRI MS Case Books, I, Patient No. 19, Elizabeth Gordon.

[110] Tomes, *A Generous Confidence*, pp. 197-8.

> The strong canvas dress, fastened at the back by means of buckles and padlocks, repeated seclusion and incessant vigilance are still unavoidably necessary in this case as the perverse, pugnacious and destructive tendencies are nearly as indomitable as ever.[111]

The canvas dress was also employed on Williamina Bowden when she became particularly destructive in her habits and because of her 'disposition to dispense with clothing'.[112] These were isolated cases, however. Browne did not see the need to use it on Thomas Gillies, a 'fractious' patient who had spent the previous thirty years in a private asylum where, for about seven years, he had been 'confined in a waistcoat'.[113] Nor was it employed on Mary Dalglish, a 'furious incoherent maniac' during her time at Crichton; she had arrived at the asylum in January 1841, 'swathed and half strangled in a straight waistcoat in an open cart, unprotected from the weather'.[114] Far more frequent reference is made to alternative means of controlling patients' behaviour. Coercion, persuasion and even threats were resorted to, as in the case of John Ranken whose violent behaviour and 'brutality' became a cause of real concern in 1846; Browne threatened him with removal from the Convalescent Gallery to 'another part of the house as a penalty' and carried out the threat, placing him 'amidst men of less refined manners and more violent passions'.[115] Physical restraint, then, was only justifiable when there existed a threat to the life of the patient or of his fellow inmates, when such measures could 'prevent the recurrence of injuries from blows, falls, friction' and aid recovery from 'the most formidable symptoms of the disease.'[116]

Therapeutics - Moral Treatment

> Chains, which seemed to identify the madman and the felon, are discarded from some of the largest establishments; and maniacs, who for many years were manacled with irons, are on a sudden [sic], under a more mild and vigilant system of management, found to be gentle and inoffensive.[117]

By 1815, Samuel Tuke was claiming that many patients no longer suffered physical restraint by chains and had found relief through a system of regulated daily routine and

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[111] DUMCR1989.213, CRI MS Case Books, I, Patient No. 12, Robert Foster Pratt, 1 June 1844.

[112] DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 598, Williamina Bowden, 1 June 1852.

[113] DUMCR1989.213, CRI MS Case Books, II, Patient No. 66, Thomas Gillies, admitted 16 January 1840.

[114] DUMCR1989.213, CRI MS Case Books, III, Patient No. 113, Mary Dalgleish, admitted 2 January 1841.

[115] DUMCR1989.213, CRI MS Case Books, X, Patient No. 297, John Stewart Ranken (or Rankine), 1 June 1846.

[116] DUMCR1990.29, *CRI Fourteenth Annual Report*, 1 June 1853, p. 24.

[117] Tuke, *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*, pp. vii-viii.

organised activities. Employment, exercise, entertainment and diversions became essential tools in the new approach - moral therapy. In the mid-nineteenth century there was no asylum in Scotland - or, perhaps, in Britain - more active in its pursuit of therapeutic agents than Crichton. In 1864 Browne reflected upon his understanding of the new approach:

> What is to be understood and taught of Moral Treatment are *not* the comforts, and indulgences, and embellishments by which the insane are now surrounded, but the reasons upon which these are provided, the objects in view; and that they are not, necessarily, general arrangements for *all* cases, but *special* adaptations for particular conditions and stages, which the skilful superintendent grants, withholds, modifies, as he sees expedient.[118]

Browne's importance to Scottish psychiatry lies in the stance he took at Crichton, making it a model of therapeutic activity in the mid-nineteenth century. If contemporaries south of the border, such as William Charles Hood at Bethlem, received greater recognition for their advances in treatment of the insane, it should not prevent our recognition of Browne's remarkable achievements at Dumfries.[119] A sample of activities, taken from the 'Table of Amusements' published in the *Seventh Annual Report*, will serve to illustrate Browne's enthusiasm for therapeutic 'diversions'. From January to June 1846, patients enjoyed the following:[120]

Date	Nature of Amusement	Patients present
21 Jan	Concert in Asylum	55
27 Jan	Soirée in Asylum	15
6 Feb	Ball	48
12 Feb	Soirée in Asylum	16
20 Feb	Exhibition of Magic Lantern	73
23 Feb	Visit of General Tom Thumb	89
4 March	Exhibition of Ventriloquism	81
10 March	Soirée in Asylum	14
12 March	Ball	63
17 March	Soirée in Asylum	16
26 March	Concert in Asylum	75
1 April	Theatre in Asylum	82
2 April	Theatre in Dumfries	11
7 April	Soirée in Asylum	15
15 April	Theatre in Dumfries	11
16 April	Ball	55
21 April	Soirée in Asylum	16
23 April	Theatre in Dumfries	10
28 April	Ball	58
5 May	Soirée in Asylum	15

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[118] Browne, *The Moral Treatment of the Insane*, pp. 5-6.
[119] William Charles Hood (1824-1870) was the first Resident Physician-Superintendent of Bethlem Hospital in 1852 and was appointed Lord Chancellor's Visitor in Lunacy in 1862; he was knighted for his services in 1868.
[120] DUMCR1990.29, *CRI Seventh Annual Report*, 1 June 1846, pp. 31-2.

6 May	Theatre in Dumfries	16
7 May	Concert of Amateurs in Asylum	62
12 May	Excursion to Terregles House	6
14 May	Soirée in Asylum	14
16 May	Soirée in Asylum	15
25 May	Visit to a Launch at Glencaple	12
2 June	Theatre in Asylum	56
8 June	Theatre in Dumfries	6
10 June	Excursion to Carlaverock [sic]	10
13 June	Excursion to Carlaverock	10
20 June	Evening Promenades	7
25 June	Féte Champêtre	22
27 June	Evening Promenades	12

As we shall see, these special events formed only a small part of the therapeutic activities on offer to patients under Browne's superintendence at Crichton.

Routine, exercise and employment

By 1843, Browne had devised a strict regime for patient activities at Crichton.[121] Patients were woken early, at 7 a.m.; breakfast was served an hour later and was accompanied by a Bible reading; at 9.30 a.m., tobacco and snuff were distributed to 'the industrious' men and work began. At 10 a.m., Browne began his three-hour ward rounds, when every patient was 'seen, scrutinised, conversed with, prescribed for'.[122] Wine, spirits and porter were served at noon; lunch (or dinner), the main meal of the day, followed at 1 p.m. The afternoon activities were amusements, carriage rides, walking and working parties, according to the patient's class and severity of disease; during this time Browne revisited those patients who were in bad health or who had requested an interview with him. Tea was at 5 p.m. and the evenings were given over to exercise and entertainments such as concert, theatre visits or lectures and performances within the asylum. A light supper was offered at 7.30 p.m. and most patients retired at 8 p.m. Browne and the Apothecary were then responsible for checking on the comfort and security of patients before handing over care to the night-watch. A similar routine was observed at Bethlem.[123] For patients in the 1840s at Pennsylvania Hospital for the Insane, the pattern was only slightly different although the day was longer: patients arose at 6 a.m., breakfasted at 6.30 a.m. and were visited by the Physician between 8.30 and 10 a.m.; they were then encouraged to take exercise before lunch at 12.30 p.m..

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[121] DUMCR1990.29, *CRI Fourth Annual Report*, 11 November 1843, pp. 18-20. Browne described the daily routine at Crichton in the *Annual Report* under the heading 'Doings of a Day'. It is very likely this was the routine when the asylum first opened in 1839.

[122] Ibid., p. 19. This explains Browne's detailed knowledge of his patients revealed in the case notes.

[123] Andrews et al., *The History of Bethlem*, p. 456.

followed by further activities before tea at 6 p.m. (in winter) or 6.30 p.m. (in summer);
evening entertainments were provided before patients retired between 9.30 and 10.00
p.m.[124]

Browne wished to increase the physical and mental activity of those patients
who were confined within the asylum boundary walls. He was not alone in his belief
that daily exercise and nightly rest were essential to the patients' comfort and possible
cure. Having seen the evidence of patient inactivity at York Lunatic Asylum, Jonathan
Gray had been in no doubt as to the importance of employment:

> To provide the patients with the means of employment and amusement, and to
> prevail on them to use these means, is a great desideratum in an establishment
> for lunatics. The malady induces habits of desponding inactivity, and the patient
> must be roused to exertion'.[125]

In the late-eighteenth century, walking in the yard and the use of one pack of
playing cards had been the only patient occupations offered at Bethlem Hospital.[126]
Burrows' view that 'inactivity debilitates the powers of the body and mind - due
exercise strengthens both', was shared by many physicians.[127] Physical exercise was a
common prescription for convalescents in all hospitals, not only asylums: it promoted
good circulation and strengthened musculature, as Browne observed:

> If they can be made to combine muscular exertion with such mental exercise as
> compels the temporary relinquishment of delusion or distempered feelings, the
> two-fold benefit is derived of invigorating the body and establishing a lucid
> interval. Occupation must ever hold a prominent place among such expedients.
> The inmates of the Crichton Institution are taught to regard idleness as culpable
> and unhealthy; and they have generally acted in accordance with this principle.
> The females have been occupied in sewing, spinning, knitting, fancy work. A
> few of the males have pursued their crafts as tailors, shoemakers, stocking-
> weavers; but the great majority have been employed as labourers in the fields
> and gardens.[128]

Those allowed to 'lapse into reverie and indolence' were being treated with
'mistaken kindness'. in his opinion. and he took pains to organise a daily regime to

[124] Tomes, *A Generous Confidence*, pp. 199-201.

[125] J. Gray, *A History of the York Lunatic Asylum, with an Appendix, containing Minutes of the Evidence of the Cases of Abuse lately inquired into by a Committee, & c. Addressed to William Wilberforce, Esquire*, York: W. Hargrave and Co., 1815, p. 94.

[126] Andrews et al., *The History of Bethlem*, p. 213.

[127] Burrows, *Commentaries on the Causes, Forms. Symptoms and Treatment, Moral and Medical, of Insanity*, p. 704.

[128] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 14.

divert them from such 'distempered inclinations'.[129] Browne may have concurred with George Combe that while 'the necessity of labour to the enjoyment of life is imprinted in strong characters on the structure of man', labour must be 'moderate both in severity and duration, in order that men may enjoy, and not be oppressed by it'.[130] Foucault has stressed the moral dimension of the work ethic as evidenced at the York Retreat:

> In the asylum, work is deprived of any productive value; it is imposed only as a moral rule; a limitation of liberty, a submission to order, an engagement of responsibility, with the single aim of disalienating the mind lost in the excess of a liberty which physical constraint limits only in appearance.[131]

The items made by inmates of the Retreat were not valued in the same way as goods manufactured in the industrial world outside the asylum; rather, they were made because the physical and mental activity required for their manufacture acted as a form of moral medicine. As Foucault points out:

> work possesses a constraining power superior to all forms of physical coercion, in that the regularity of the hours, the requirements of attention, the obligation to produce a result detach the sufferer from a liberty of mind that would be fatal and engage him in a system of responsibilities.[132]

Responding to Foucault's observation that work was 'imposed as a moral rule' at the York Retreat, Anne Digby has emphasised the importance of employment to the everyday lives of the Quakers for whom 'the path to recovery and resumption of the habits of the outside world might therefore include work'.[133] But it was not only Quakers who viewed work as a moral responsibility. In the nineteenth century much of society, with the exception of the wealthier classes, expected to work; employment formed the structure of their day; it regulated their habits; it provided the income necessary for daily living and was actively encouraged through the Church and other religious bodies as a moral duty for the benefit of the wider society. In Browne's opinion, mental diseases often affected those who had strayed from a regulated pattern of daily living and had given themselves up to an excess of self-indulgence. Further, if patients were to be made ready to return to their community, it was considered

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[129] DUMCR1990.29, *CRI Third Annual Report*, 11 November 1842, p. 22.
[130] G. Combe, *Lectures on Popular Education delivered to the Edinburgh Association for Procuring Instruction in Useful and Entertaining Science, in April and November 1833*, Edinburgh: John Anderson Junior, 1833, p. 42.
[131] M. Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, transl., R. Howard, London: Tavistock Publications, 1967, p. 248.
[132] Ibid., p. 247.
[133] Digby, *Madness, Morality and Medicine*, p. 64.

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beneficial to them to have become accustomed, during convalescence, to the kind of routine they would need to take up on discharge from the asylum. Browne's belief in the therapeutic value of work certainly seems to have been supported in the case of one patient, George Grieve. Browne described him in 1846 as suffering from many delusions; he had become 'so abusive and vociferous so lavish in his accusations of revolting crimes against all his companions' that he was removed to another gallery:

> In a week afterwards he joined the labourers undeterred and undismayed by the terrors of consumption and unaffected by the debility of its incessant stages. His assumption of the spade is an era in his history. He has ceased to be the origin and focus of contention in the house: he is useful in the garden and proud of his usefulness for although of an more imaginative and speculative cast of mind than is generally found in its disciples, he is deeply imbued with utilitarian principles and hourly proclaims 'laborare est orare'; he earns agreeable sensations, sound sleep and a nervous vigor more prepared to receive, if still incapable of originating healthy impressions ... It was at length arranged that he should take his food with the companions of his labor [sic] provided he partook of their fare. He was delighted with the change and remains a member of their society during the day but occupies his own bedroom.[134]

At Crichton, when a patient refused to work because of idleness rather than on grounds of ill health, as happened on numerous occasions, there was little Browne could do except vent his disapproval in the patient's case notes. However, the majority of patients, finding employment in the useful tasks that had occupied them in the outside world, settled into the daily routine. By summer 1840, eighteen patients were employed in the gardens to provide the asylum 'with fruit, flowers and vegetables; and to ornament that which, to some of them, must be a permanent residence' and several acres had been 'trenched, dug, planted, and kept'.[135] When the Southern Counties Asylum was opened in 1849, a workroom for female patients became a centre of activity where they could work at sewing, knitting, crochet and embroidery while regaining 'habits of quiet, and composure, and self-possession'.[136] In the *Fourth Annual Report*, Browne listed the results of the female patients' indoors occupations during the period from 12 November 1842 to 11 November 1843:[137]

161 Shirts	10 Straw Mattresses
74 Shifts	6 Sea-grass Mattresses
68 Flannel Jackets	4 Straw Ottomans

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[134] DUMCR1989.213, CRI MS Case Books, IX, Patient No. 272, George Grieve, 1 June 1846. 'Labore est orare' means 'to work is to pray'.

[135] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 15.

[136] DUMCR1990.29, *CRI Eleventh Annual Report*, 11 November 1850, p. 39.

[137] DUMCR1990.29, *CRI Fourth Annual Report*, 11 November 1843, p. 31.

11 Pairs Flannel Drawers	30 Door Mats
19 Pairs Trowsers [sic]	10 Garden Baskets
38 Gowns	12 Pairs Braces
39 Aprons	2 Flannel Spencers
52 Petticoats	2 Worked Collars
36 Bed-gowns	1 Pair Worked Cuffs
81 Caps	1 Knitted Cap
33 Habit Shirts	40 Pairs Socks
202 Pocket Handkerchiefs	6 Pairs Stockings
50 Pairs Sheets	8 Ottomans
100 Bolster-cases	40 Mats
24 Bed Quilts	4 Patch-work Quilts
27 Beds	1 Worsted-work Chair
12 Toilet Covers	2 Worsted-work Footstools
117 Towels	

Browne recorded how 'bustle, and business, and activity' prevailed among the female patients for whom such employment assumed 'an importance and dignity when they become the great objects of life, or the antidotes to sorrow or conscience'.[138] It was agreed that male and female patients would be paid a small sum for their labour, although payment could be made in kind, such as extra food or tobacco, or could be held back until patients were discharged, allowing them to have savings to see them through the first few difficult months of their new-found freedom. This was not an uncommon practice: in La Salpêtrière, for example, the female patients were permitted to sell the 'produce of their needle' and use the money earned for the 'relief of their necessitous families'.[139] From the eighteenth century at Bethlem, patients were 'recompensed in money and alcohol', where appropriate.[140] Payment, it seemed, acted as an incentive to employment and thus, to the possibility of cure.

Work, however, was only appropriate to those of the lower classes; alternative activities had to be provided for the wealthier patients, in keeping with their station and range of interests. Burrows had observed that 'the greatest difficulty is to find occupation or amusement for the higher classes of lunatics' for they 'sooner get tired of the same pursuit'; after all, he added, 'a man of refined education would find exercise and occupation in digging, but no diversion of his morbid ideas – a peasant might find both, and amusement also, in this pursuit'.[141] Browne presided over all the leisure activities within Crichton and was anxious to promote healthy outdoor activities whenever weather permitted:

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[138] DUMCR1990.29, *CRI Eleventh Annual Report*, 11 November 1850, p. 30.
[139] Burrows, *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity*, p. 706.
[140] Andrews et al., *The History of Bethlem*, p. 213.
[141] Burrows, *Commentaries on the Causes, Forms, Symptoms and Treatment, Moral and Medical, of Insanity*, pp. 705-7.

... every effort has been made to multiply and vary the sources of amusement. Wherever it was practicable these have been associated with exercise in the open air - such as driving, walking, quoits, skittles, bowls, & c.; but this cannot in every case be accomplished, nor is it desirable; and singing parties, dances, visits to menageries, races, regatta, the camera, billiards, drawing, music, have been engaged in to sweeten confinement, and to promote the cheerfulness of minds which reject higher means of consolation.[142]

A regular register was kept of walking and outdoor exercise done by inmates. In one three-month period, for male patients, Browne recorded 1334 walks in the airing yard, 1499 in the grounds, 138 outside the hospital walls, 654 daily drives and 1432 days of labour in the gardens.[143] A promenade and a carriage drive were formed in 1840; a large carriage was acquired for the use of higher rank and middle-class patients; one patient was recorded as having driven 1465 miles while another had walked 405 miles.[144] Visits were also made to local beauty spots such as Caerlaverock Castle, New Abbey, Lochmaben, Drumlanrig Castle, Terregles and Cumlongan Castle. Even railway journeys to Carlisle and the Lakes were enjoyed. Tables of Amusements were included in many of Crichton's *Annual Reports* and served to illustrate the development of the asylum grounds and the surrounding locality for an increasing variety of activities and amusements. Animals such as rabbits, mice, sheep and even a jack-ass were introduced into the asylum grounds.[145] Battledore and shuttlecock, skittles and quoits were favoured pastimes. A bowling green was provided in 1848 and became the most popular outdoor sport:

> Bowls is perhaps the most suitable game for the insane. It is enjoyed in the open air during fine weather, and when the aspect of Nature is beautiful and cheerful; it affords gentle and interrupted physical exercise; it is a trial of skill rather than of strength; the stimulus of rivalry is slight, and rarely degenerates into a spirit of gambling.[146]

Bowling was certainly a favourite with many of the male patients who took the sport very seriously and held matches. Browne noted in 1856 that James Christie, admitted in December 1853, 'distinguishes himself' at bowls;[147] in 1855, David Crawford became 'enthusiastic in the cultivation of Bowl playing' and had 'ardent

[142] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 18.
[143] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, p. 25.
[144] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 20.
[145] DUMCR1990.29, *CRI Second Annual Report*, 11 November 1841, p. 22.
[146] DUMCR1990.29, *CRI Ninth Annual Report*, 11 November 1848, p. 39.
[147] DUMCR1989.213, CRI MS Case Books, XX, Patient No. 660, James Christie, 1 June 1856.

aspirations directed towards the championship'.[148] Once the Southern Counties Asylum
had been opened, matches between the inmates of both asylums were held and the
results recorded in *The New Moon*. Indoors, at both Crichton and the Southern Counties
Asylum, billiards, drafts, backgammon and card games were considered suitable
amusements for the patients. These leisure activities, understood by Browne to be more
than mere amusements, were introduced as pleasant alternative forms of 'medication'.

Education and classes

> Impressed with the conviction that the treatment of the insane is allied to
> education; that the mind is educable at all times, perhaps even in the second
> childishness of imbecility; and that new pursuits and new purposes are new
> curative agents, opportunities are sought to place instruction within the reach of
> those who may be benefited by it.[149]

By the time Browne wrote this statement, in 1849, he had been encouraging educational
activities at Crichton for almost ten years. In the mid-nineteenth century, there was no
other asylum in Scotland that offered such a range of opportunities for patients to
broaden their education. Browne's pioneering work in establishing education as a
curative tool of moral treatment in Britain gained recognition only in the second half of
the nineteenth century when, as Scotland's first Commissioner of Lunacy, he lectured to
new generations of medical students. He became one of the most vociferous advocates
of education in its broadest sense, a stance supported by years of experience at
Montrose and Crichton, and reflecting his earlier interest in Phrenology. He
acknowledged that all minds, however sick, were open to education and the insane
should not be 'shut out from the pale of improvement'.[150] As early as 1840 he observed:

> The similarity between the education of the young and undeveloped mind, and
> the restoration or reconstruction of the infirm and diseased mind, and the
> tendency which intellectual training has to impart strength and order and
> precision to the faculties, has led to the introduction of education as an element
> of moral treatment.[151]

Browne likened the female patients' workroom to a school, where new or former
skills could be taught.[152] Education, or 'intellectual training', was an extension of the

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[148] DUMCR1989.213, CRI MS Case Books, XX, Patient No. 678, David Crawford, 1 June 1855.
[149] DUMCR1990.29, *CRI Tenth Annual Report*, 11 November 1849, p. 33.
[150] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 22.
[151] Ibid., p. 14.
[152] DUMCR1990.29, *CRI Eleventh Annual Report*, 11 November 1850, p. 39. See also DUMCR1990.29,
CRI Tenth Annual Report, 11 November 1849, p. 34.

work ethic; he viewed it as a means of imparting 'strength and order and precision to the faculties'.[153] Education was a necessary part of asylum life because it occupied the patient in useful activity during the long hours of confinement and distracted his mind from his illness, diverting him towards more constructive thoughts and ideas. Browne approached his patients' education rather tentatively at first:

> A school for lunatics is a striking and instructive scene ... But while it is proved, by the decided success which has attended the progress of this experiment, that a new agent has been added to the science of moral treatment, the attempt, however, has been limited, the individuals submitted to trial few, and the full extent and nature of the effects require still to be developed. The exertions of the teacher have, as yet, been confined to the instruction of the convalescent and docile in the most rudimentary parts of knowledge; and of these writing and arithmetic were selected as being the branches in which, notwithstanding the national boast, the natives of this country are very deficient ... The Schoolmaster had, at first, four pupils, and to these eleven others have subsequently been added; and, in every case, manifest progress has been made and benefit derived.[154]

As the years went on, more tutors and teachers were brought into the hospital for wide-ranging educational provision, from elementary education - reading, writing and arithmetic - to more cultivated lectures and classes on languages, the arts, music, science, photography, geology and natural history. In 1852 a Latin class was offered to patients (mainly female), asylum officers and children, 'thus combining the influence of authority, the plasticity of youth, and the desire for knowledge, which has inspired the mature members'; Latin was considered to be a 'safe' subject for study because it 'does not appeal to the feelings: it reflects a broad light upon all previous acquisitions in language or composition, and it proves a basis for the philosophy of grammar.'[155] Joseph Dalton, a clergyman from Whitehaven, was admitted for the second time on 1 October 1840; by the following June, he had 'on the recommendation of the Medical Superintendent acquired the French language, in such a manner at least as to translate easily and to read with considerable accuracy of pronunciation'.[156]

In 1844, fifty-five patients attended the practical demonstrations (or 'exhibitions') of physical and chemical properties of the atmosphere, as demonstrated

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[153] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 21.

[154] Ibid., pp. 21-2.

[155] DUMCR1990.29, *CRI Thirteenth Annual Report*, 11 November 1852, p. 35.

[156] DUMCR, *MS Cases*, III, Patient No. 101, Revd Joseph H. Dalton, 1 June 1841. He was first admitted to Crichton on 14 January 1840 and removed 'on trial' by his relatives on 14 September 1840.

by Mr Aitken and Mr Balfour.[157] These lectures, primarily organised for the well-educated inmates, were also open to those patients from the poorer classes whom Browne felt would benefit from such education. Lectures were diverting, stimulating and instructive, according to Browne:

> So far as they are practical, they convince by appeals to the senses; so far as they are demonstrative, they impart, or may impart, clear and consecutive notions upon which the reason may rest and act, which may displace some error, supply a deficiency or indicate a new and agreeable train of thought, and, so far as they are imaginative, they may refine or elevate.[158]

Even more radical was the concept of the insane teaching each other. One patient was recorded as teaching a fellow inmate the German language.[159] Music theory was taught by a patient to several members of staff as well as to an inmate; a clergyman patient organised Church of England prayer readings for his fellow sufferers.[160] By 1847 Browne was able to report that education 'by the insane' had been added to the list of 'remedies' tried at Crichton.[161] In 1852, a female patient was recorded as forming 'a class for children, and is for hours surrounded by her pupils, whose affections have been conciliated'.[162] Eliza Gordon, a gentlewoman admitted on 3 August 1852, was described as being of 'good education, cheerful disposition and correct general deportment'; in spite of suffering from 'dipsomania associated with violence and vituperation', she acted as a tutor at Crichton:

> The mind has been occupied not only by reading but in teaching and in being taught. She has superintended the elementary studies of the children of the Medical Superintendent, and besides attending the lectures and conversations on scientific subjects which are accessible. She has been associated with convalescent patients for instruction in arithmetic and Latin.[163]

Remarkably, Mary Ann Brand, a governess from Edinburgh, who was admitted on 26 September 1850, suffering from 'melancholia', also taught music to one of Browne's daughters.[164] In 1856 James Thorburn, a well-educated patient in the

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[157] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 22.

[158] DUMCR1990.29, *CRI Ninth Annual Report*, 11 November 1848, p. 33.

[159] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 16.

[160] DUMCR1990.29, *CRI Eighth Annual Report*, 11 November 1847, p. 31.

[161] Ibid., p. 31.

[162] DUMCR1990.29, *CRI Thirteenth Annual Report*, 11 November 1852, p. 35.

[163] DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 617, Eliza Gordon, 1 June 1853.

[164] DUMCR1989.213, CRI MS Case Books, XVI, Patient No. 554, Mary Ann Brand, 3 February 1852. The daughter may have been either Madeline Goldie Browne (1839-1929) or Jessie Elizabeth Cecilia Browne (1842-1852).

Southern Counties Asylum, began giving French lessons to a large class at Crichton.[165] While Browne was aware that few other physicians would have recommended patients teaching other inmates, he chose to ignore it.[166] Browne's later annual reports mention many instances when classes in languages, art, craftwork and music were led by convalescent inmates. On occasion, real benefit could be observed in those patients who became involved in educational activities. When James McKinlay, a clergyman from Govan, was admitted to Crichton on 19 January 1855, he was suffering from 'mania exhibited in great excitement'. By 1 June 1856 Browne was able to report:

> It is scarcely possible to recognise in the calm, rational, self possessed person who now may be found seated at a piano, or disposed to engage in conversation upon current topics ... He engaged in the preparation of Lectures which were delivered before the community with great ability and less fervour than might have been and than actually was feared: and without the betrayal of the slightest incoherency or impropriety. He even exposed the grounds of many of the fallacies and delusions cherished by those who listened. He attended public lectures: formed part of a German class: received lessons in music and has passed the winter in rational and profitable mental activity.[167]

As noted in the previous chapter, convalescent patients with medical training were also invited to attend Browne's lectures to his staff. Browne delivered a series of thirty-nine lectures on the 'history and treatment of the different forms of mental disease' to the asylum medical officers in 1851.[168] Three years later, when he lectured on mental diseases to all asylum medical and nursing staff, including attendants, Dr James Thorburn, a patient suffering from 'mania', was included among the listeners.[169] Browne's open attitude to education for the insane seems all the more remarkable when viewed alongside the practice of his contemporaries. Alexander Morison had not considered including patients in his audience when he lectured to mental health nurses at Surrey County Asylum in 1844. When William Charles Hood delivered his first lecture series on insanity to the Bethlem Governors in 1855, no patients were invited to attend.[170] Browne was willing to try any measure that would aid the 'restoration or reconstruction of the infirm and diseased mind'.[171]

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[165] DUMCR1989.214, Southern Counties Asylum [hereafter SCA] MS Case Books, X, Patient No. 390, James Y. Thorburn, 1 June 1857.

[166] DUMCR1990.29, *CRI Fourteenth Annual Report*, 11 November 1853, p. 28. Browne states that Esquirol was against allowing patients to teach fellow inmates.

[167] DUMCR1989.213, CRI MS Case Books, XXI, Patient No. 697, Revd James McKinlay, 1 June 1856.

[168] DUMCR1990.29, *CRI Twelfth Annual Report*, 11 November 1851, p. 29. See also DUMCR1989.364, CRI, *The New Moon*, 7, August 1851, 'Lectures on Insanity'.

[169] DUMCR1989.214, SCA MS Case Books, X, Patient No. 390, James Y. Thorburn, 1 June 1855.

[170] Andrews et al., *The History of Bethlem*, p. 488.

[171] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 21.

Crichton Library

Even before the asylum had opened its doors in 1839, a small library had been formed at Crichton through an appeal to the public for donations. The library was officially opened in September 1839 with a collection of 220 volumes:

> ... of which 184 have been read or consulted by 24 readers; and although still imperfect, has, with the aid of papers and periodicals, served to solace many a discontented and dejected spirit, to place the deluded and misanthropic in connection with real events, and with the transactions of their fellow men; and even more directly to act the part of a remedy, for whenever the judgment can be brought to receive and derive interest from the contemplations of other and these healthy minds, it is less attentive to, and less actuated by its own suggestions.[172]

Within two years a further 480 volumes had been added. Newspapers and periodicals became especially popular. Among those were the *Athenaeum*, *Quarterly Review*, *Penny Magazine*, *Edinburgh Review*, *Chambers's Edinburgh Journal*, *Phrenological Journal* and the *Saturday Magazine*; newspapers included *The Times*, *The Globe*, *Dumfries Herald*, *Dumfries Courier* and the *Morning Chronicle*. In 1842, forty-five patients accessed 700 volumes and two years later Browne wrote that in one gallery of ten male patients, 'French, Italian, German, Persian, and Hindostanee [sic] are read and spoken' and books in these languages were 'demanded or coveted'.[173] One benefactor gave 700 volumes in 1847, bringing the size of the collection to 2000 volumes.[174] Reference to the usefulness of reading, for recreational and educational purposes, is made in every annual report. In the patients' case notes, Browne records his many attempts to encourage them to read by the judicious placing of newspapers, magazines and books near them and his willingness to purchase books recommended by individual patients:

> There are many lunatics who could not concentrate their thoughts upon the most simple topic; others who could not remain sufficiently long at rest to open a book; others who would misunderstand, and misinterpret, and misapply whatever is submitted to their notice; but by far the greater number retain capacity and susceptibility sufficient to be impressed and moved by the contents of books suited to their original tastes and acquirements. To this large class a well-selected collection should be at all times open.[175]

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[172] Ibid., p. 19.
[173] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 19.
[174] DUMCR1990.29, *CRI Eighth Annual Report*, 11 November 1847, p. 34.
[175] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 20.

It was not unknown for asylum patients to have access to reading material in the early-nineteenth century. Pennsylvania Hospital for the Insane had a library and a reading room.[176] In the early years at the York Retreat, the Bible was the only book considered suitable for patients but by the mid-nineteenth century 'newspapers and magazines, poetry, even plays and novels were perused'.[177] What was unusual, however, was the extent to which Browne promoted literature in the hospital environment. Browne had encouraged the literary tastes of his patients at Montrose Royal Lunatic Asylum and had made available volumes from the library as well as newspapers and journals such as the *Penny Magazine*.[178] At Crichton, occasional public readings to small groups of quiet patients were held in the Chapel (in the absence of a large Recreation Hall) between tea and supper time; one of the attendants read from a history or biography, for about an hour or until the patients became too restless.[179] By 1843, a reading-room was being proposed for those who had made literature 'a pursuit', and the library quickly became 'not a luxury, but a necessary [sic] of their mortal existence'.[180] In 1845, at the same time as the library was moved from the Crichton Board Room to the top storey of the lantern tower, a notice appeared in asylum publication *The New Moon*:

> We are forming a Library, which it is hoped may equal that of Alexandria in value, and that of the Vatican in extent and duration. Many authors and collectors have sent contributions, and we can disinterestedly recommend our shelves to those who desire a posthumous fame greater than Stationers' Hall or the British Museum can bestow; for the room is fire-proof, and the readers do not manufacture for the periodical press.[181]

The library continued to expand through purchases and donations. By 1852, the collection had grown to five thousand volumes.[182] Several patients - among them Henry Dacre, James Cadell, George Grieve and George Johnston - became members of book clubs. The Southern Counties Asylum was also given its own library in 1849 and, within a year, a collection of 300 volumes had been formed. Biography, history, travel and religion were considered suitable subjects but novels and romances were also welcomed.

[176] Tomes, *A Generous Confidence*, p. 162.
[177] Digby, *Madness, Morality and Medicine*, p. 45.
[178] University of Dundee Archive Services, THB23/3/1/1, *Report of the Directors of the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1 June 1835, p. 15.
[179] DUMCR1990.29, *CRI Second Annual Report*, 11 November 1841, p. 22.
[180] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, p. 30.
[181] DUMCR1989.364, CRI, *The New Moon*, 1, September 1845, 'Intelligence'.
[182] DUMCR1990.29, *CRI Thirteenth Annual Report*, 11 November 1852, p. 36.

Relatives of patients, hospital staff and local well-wishers made significant contributions. Local donors included Mark Napier, Sheriff of Dumfriesshire, the Dumfries hairdresser Mr Coupland, and Mrs Crichton whose continued support was greatly appreciated. Physician friends of Browne, including Andrew Combe, also made regular contributions. Many publications came from further afield - Yorkshire, the Lake District, the Isle of Wight and London; the library even received the *China Mail* from J. Shortreid in Hong Kong. In 1847 the editors of the *Pictorial Times*, *The Illustrated London News* and the *Parish Choir* sent one year's publication of these serials to Crichton.[183] Miss Stirling Graham, of Duntrune, made a donation of Steward's *The Mascarenhas* and Walker's *Specimens of English Prose* and *Specimens of English Poetry* in January 1847.[184] She was the sister of William Stirling Graham, the patient Browne had accompanied on his travels abroad in 1828-30, and had remained a friend of Browne.[185] In the 1830s, Graham's mental health had declined and he spent periods in Blacklands House, a private asylum for men in Chelsea, London and in Garngad Asylum, Glasgow. He was admitted to Crichton on 8 June 1839 at the rate of £200 per annum, suffering from 'monomania of suspicion' but despite much care from Browne, he died on 19 December 1844.[186] Miss Stirling Graham continued her interest in Crichton, even after her brother's death, through donations to the asylum library.

In 1843, a 'most amiable and erudite patient' was being considered for the position of the asylum's Librarian; his identity is unknown.[187] From December 1846, and perhaps earlier, the library collection was being managed by the 'ingenious and intelligent curator', James Cruikshanks (or Cruickshank); he continued until his death on 3 December 1847.[188] He was one of the asylum's oldest attendants, described by Browne as 'a most useful, gifted, generous member' and as the 'self-taught genius, the naturalist, painter, musician'.[189] Around 1851 a catalogue of the library was begun but

[183] DUMCR1989.364, CRI, *The New Moon*, 1, May 1845.

[184] DUMCR1989.364, CRI, *The New Moon*, 3, January 1847, 'Our Library and Museum'.

[185] George Combe Correspondence, NLS, MS Collections, MS 7230.ff.19-20. Dr Browne's letter to Miss Graham, dated 3 January 1833.

[186] DUMCR1989.213, CRI MS Case Books, I, Patient No. 4, William Stirling Graham, admitted 8 June 1839.

[187] DUMCR1990.29, *CRI Fourth Annual Report*, 11 November 1843, p. 28.

[188] DUMCR1990.29, *CRI Ninth Annual Report*, 11 November 1848, p. 40.

[189] DUMCR1989.364, CRI, *The New Moon*, 4, December 1847, 'Letter to the Editor from W.A.F. Browne'.

probably not finished until 1853.[190] John Oliver, a patient 'educated as a gentleman', was described in his case notes as 'in succession artist, actor, athlete: copiest [sic] librarian' in June 1852 but it is unclear if his literary activity was related to the compilation of the library collection list or to the copying of patient records for Browne.[191] If involved in the asylum library, he may not have been able to help too much before his discharge in August 1852. The man more likely to have been responsible for the catalogue - and certainly for its printing - was another patient, William Shields.[192] First admitted to Crichton on 10 January 1851, suffering from 'mania', he was, by profession, a printer. In his report for 19 May 1852, Browne recorded the following:

> As his bodily health improved: and as he was gradually induced to resume his former occupation: greater intelligence was developed, his original amiable feelings obtained the ascendancy: and he is now an expert printer: an able assistant to the attendants on friendly terms with all and so captivated with his position that he has solicited permission to remain and to be installed in the office of printer of *The New Moon* on condition that he is regarded as a voluntary Boarder who does not pay board. As a patient he is discharged.[193]

The Crichton library catalogue listed 4186 books.[194] It is the earliest asylum library catalogue produced in Scotland.[195] The publications were itemised under headings such as Novels, Tales and Romances; Voyages and Travels; History and Statistics; Lives, Memoirs and Autobiography; Moral and Religious; Poetry; Plays; Encyclopaedias, Dictionaries, and Miscellaneous. Seventy different magazines and reviews were recorded along with twelve annuals, nineteen serials and twenty-one almanacs. From October 1846 the library acquisitions were recorded in the monthly asylum periodical *The New Moon*.[196]

[190] M. Williams, W. Sutherland, 'The 1851 Library Catalogue at Crichton Hospital', *The Crichton News*, May 1985.

[191] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 579, John Oliver, 1 June 1852.

[192] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 562, William Shields, admitted 10 February 1851.

[193] Ibid., William Shields, 19 May 1852.

[194] DUMCR1989.320, CRI, Dr Easterbrook's Scrap Book 1838-1937, Catalogue of Crichton Royal Institution Library, c.1851-3.

[195] M. Williams, *History of Crichton Royal Hospital 1839-1989*, Dumfries: Dumfries and Galloway Health Board, 1989, p. 23. Morag Williams has pointed out that Murray Royal Asylum at Perth did not produce its library catalogue until 1863.

[196] Although reference to library acquisitions did appear in *The New Moon* from October 1846, the title 'Curator of Library and Museum' only appeared for the first time in December 1846.

The New Moon

> The Governor of the Asylum at Crichton, in Britain, has published a newspaper, written by those under his charge, with the view of affording occupation and amusement. In Germany, we have piles of paper, whose libraries, written by men who go at large, but prove themselves, by their writings, to be fit for confinement. Here we have sound philosophy, and interesting literature, produced by men who are secluded, but prove themselves by their writings, fit to be at liberty.[197]

It was in 1842 that the idea of an asylum periodical began. Browne reported that patients were involved in a number of literary exercises, one translating a 'treatise upon Dipsomania', one scanning newspapers for articles on a particular topic, and another sending 'to a periodical the creations of his fancy'.[198] In December 1844 the first edition of the magazine *The New Moon; or, Crichton Royal Institution Literary Register* appeared and sold for sixpence. Printed initially by W. C. Craw at the Herald Office in Dumfries, and later by William Shields at Crichton, it was the first magazine regularly produced and written by asylum patients in Britain.[199] Although *Chronicles of the Monastery* (1835) and *Glasgow North Britain* (1836) had been produced earlier at Glasgow Royal Lunatic Asylum, both were short-lived patient magazines; it was not until 1853, with the first publication of the *Gartnavel Gazette*, nine years after *The New Moon* had begun circulation, that Glasgow Asylum patients were able to enjoy their own regular monthly magazine.[200] In Edinburgh, *The Morningside Mirror* began circulation in 1845 when Dr William McKinnon was Royal Edinburgh Asylum's first Physician Superintendent.[201] Bethlem's first magazine, *The Star of Bethlehem*, did not appear initially until 1875 and ran for only seven weeks before being reintroduced in 1879.[202]

The earliest known asylum magazines were produced in North America: patients at Hartford Lunatic Asylum, Connecticut, issued the *Retreat Gazette* in August 1837

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[197] Anon., *Augsburg Allgemeine Zeitung*, February 1845. Quoted in DUMCR1989.364, CRI, *The New Moon*, 2, February 1846, 'Literary Intelligence'.

[198] DUMCR1990.29, *CRI Third Annual Report*, 11 November 1842, p. 19.

[199] Craw also printed all but one of the Crichton *Annual Reports* during Browne's superintendence. The *Thirteenth Annual Report* was printed by William Shields at the Crichton Press.

[200] Andrews and Smith, eds., *"Let there be light again"*, Chronological Table, p. ix.

[201] Lothian Health Services Archive, at www.lhsa.lib.ed.ac.uk/histheal/hospital/reh.html. Accessed 31 March 2005. The *Morningside Mirror* was recommended to the 'intellectual readers' of *The New Moon* in the number issued September 1846.

[202] Andrews et al., *The History of Bethlem*, p. 518.

and the *Asylum Journal* was published by patients at Vermont Asylum for the Insane from November 1842; but *The Opal* was not published by the patients at the New York State Insane Asylum in Utica until 1851 and only ran until 1860.[203]
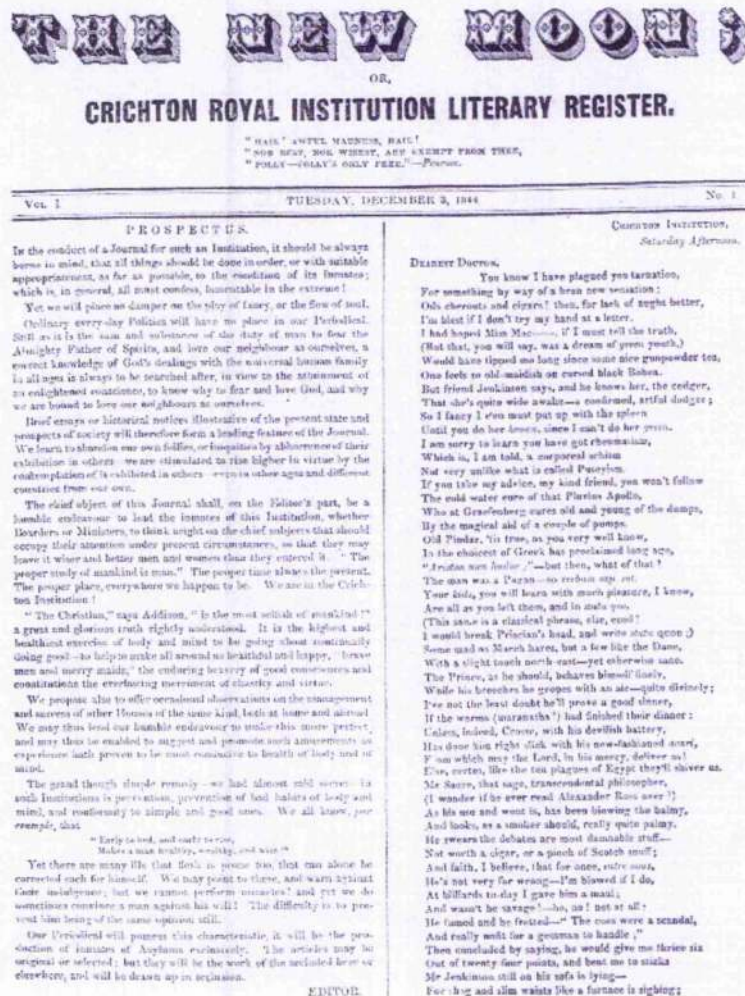
FIG. 12   Front page of the first edition of *The New Moon*

At Crichton, *The New Moon* became an instant success and a long-term publication:

> It has these qualities - it is the unaided work of five patients, who are or have recently been residents in the Institution; it will serve as a vehicle for the free undisguised feelings and views of the writers, whether erroneous or not; it will be a compound of the grotesque and the beautiful, of the sensible and extravagant, it will be a collection of the impressions of healthy and the new creation of the disordered imaginations, of mental portraits, and of all that relates

[203] Disability History Museum, at www.disabilitymuseum.org/publication.php?n=26&id=13. Accessed 31 March 2005.

to the present condition and prospects of its contributors, and of the class to which they belong.[204]

The format of the magazine remained unchanged for many years. Below the title was a quotation. In the early years it was taken from Thomas Penrose's poem, *Madness*, first published in 1775 in his *Flights of Fancy* and later in *The English Anthology*:[205]

> Hail, awful Madness, hail!
> Nor best, nor wisest, are exempt from thee,
> Folly - Folly's only free.[206]

The identity of the Editor is unknown but was almost certainly Browne. One piece of evidence supports this. A letter on Electro-Biology was included in the July 1854 issue of *The New Moon*; published anonymously, the letter began, 'Mr Editor', and was addressed to 'W. A. F. Browne, Esq., M.D.'.[207] It was important that the Editor should hold a position of authority and be regarded as a suitable judge of the material submitted for publication. As someone who became so closely involved in the other activities of his patients, it seems likely that Browne would have taken an active role in this new venture.

Most of the articles, poems and reviews were written by patients although Browne and his staff also made contributions. The content of the second number, published on 3 January 1845, will serve to illustrate the material typical of this early periodical: a poem 'For Christmas Day, 1844'; a lengthy article 'Chapter from a commentary on, and complete translation from, the Psalms of David'; an historical reflection on 'The Goddess of Reason'; two sonnets; a translation from French of 'Promenades of the Patients in the Asylum of Stephansfeld, Strasbourg'; a 'Border Song'; a poem 'Stanzas written to my son in answer to the concluding words of his letter, Remember Me'; 'Correspondence' sent to the editor and 'Intelligence' on asylum events and proceedings. It was noted that four 'additional contributors' had been involved in this second number. By the twelfth number, in November 1845, three ladies and seventeen men had contributed to *The New Moon*:

> One hundred and nineteen articles have appeared, of which forty-one are poetry, seventy-six prose. Of these eighty-six are of considerable length, and have been

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[204] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 21.
[205] J. Ritson, ed., *The English Anthology*, 3 vols., London: C. Clarke, 1793-4, Vol II, p. 212. The quotation is taken from lines 6, 9 and 10 of the poem *Madness*.
[206] This was replaced in December 1846 by a quotation by Alexander Pope.
[207] DUMCR1989.364, CRI, *The New Moon*, 10, July 1854, 'Electro-Biology'.

published almost verbatim from the author's manuscript, and thirty-three are announcements of imaginary intelligence.[208]

Many of the articles appeared without any attribution; others had the initials of the contributor or a nickname such as 'Dominic Runaway' or 'Poeticus'. An example is the February 1846 number of *The New Moon*. It was edged in black, as a tribute to the eldest son of Browne: William, born on 20 March 1835, whose constitution had been 'especially tender and insecure', died on 12 January 1846.[209] The number contained a prose tribute to him written by 'J. S.' and a poem, 'On the death of a beloved child' by 'E. G.' There are two possible authors of the prose: 'J. S.' may be identified as Miss Jane Stewart, a gentlewoman from Edinburgh, who was described as 'thoroughly educated and familiar with the usages of polished society'; she was, however, suffering from 'partial fatuity' which, depending upon its severity, might have excluded her from such an activity.[210] Perhaps a more likely candidate was John Stewart, a clergyman from Dairsie, a man of 'obliging disposition' but 'of infirm purpose' who became 'an invaluable prompter in the hospital theatre'.[211] The author of the poem was probably a gentlewoman from Stirling, Emily Georgina Graham: admitted on 27 June 1843, she was described by Browne as having a good understanding 'cultivated by a taste of literature' and before her discharge in May 1846, Browne noted that her writings had appeared in *The New Moon*.[212] The number also included an article by 'W. W. J.' (William Wood James) and pieces - poetry, song lyrics and conundrums - without any attribution.[213]

A wide range of patients became involved in the publication. Mary Ann Keay, admitted in October 1839, composed conundrums for *The New Moon* during the 1850s.[214] Patients in the Southern Counties Asylum also made contributions. David Arnot, a teacher and student of Divinity, was admitted on 17 January 1852, suffering from 'monomania of pride'; he is recorded as writing verses for *The New Moon*.[215] James Lawrie Leach (or Leech), from Glasgow, was admitted on 30 March 1842; in 1846 Browne reported that he had 'a disposition to literary composition' and that 'these

[208] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, p. 31.
[209] DUMCR2001.10, CRI, Dr Browne Depression Letter.
[210] DUMCR1989.213, CRI MS Case Books, X, Patient No. 295, Jane Stewart.
[211] DUMCR1989.213, CRI MS Case Books, X, Patient No. 319, Revd John Stewart.
[212] DUMCR1989.213, CRI MS Case Books, VIII, Patient No. 226, Emily Georgina Graham.
[213] William Wood James, one of the artist-patients, will be discussed in Chapter 9.
[214] DUMCR1989.213, CRI MS Case Books, II, Patient No. 52, Mary Ann Keay, admitted 17 (or 16) October 1839. A long-term patient at Crichton, she died in December 1870.
[215] DUMCR1989.214, SCA MS Case Books, V, Patient No. 178, David Arnot.

effusions are poetical and critical. Several have found a place in *The New Moon* much to the gratification of the author.' A year later he had become a 'copious contributor to that Periodical'.[216] In fact, Leach took on the nickname 'Poeticus' and became the most regular contributor to the journal. More than fifty articles by him were published in *The New Moon*, including one posthumously, a month after his death in July 1857. Browne also included a tribute to him:

> His name has been associated with every form of composition; politics and poesy, transcendental metaphysics, the phantasy of the moment, with every manifestation of subtle genius, and of a gentle man-loving heart ... We have lost a stay and a strength, a satirist who could be loved, an eccentric whose extravagance could scarcely be distinguished from wisdom, a friend whose genial antagonism had become an element in our daily life, the companion and literary champion of the last twelve years, the historian and laureate of our body.[217]

The New Moon, having been distributed locally and abroad, became so successful that proceeds from the sales were shared between allowances for newly discharged patients, public charities donations and additions to the hospital library. By 1847 a printing press had been purchased and patients were enlisted to oversee all aspects of its production. *The New Moon* came to serve many purposes, not least to occupy and divert the minds of the contributors and readers. On occasion, it also recorded events, tragic and happy, in the lives of the Browne family. As noted above, the February 1846 number of *The New Moon* opened with a moving tribute to Browne's son William who had died in January 1846; after his daughter Jessie died on 22 February 1852, a poem, 'A Mother's Lament', composed by 'M. W.', appeared in the March 1852 number.[218] The author was Miss Matilda Whittenbury, a 'gentlewoman of liberal education', admitted in September 1851, who was to have her poems published in 1854.[219] On a lighter note, Browne's daughter Margaret became the first 'Christian ever admitted into the church in a Lunatic Asylum' when she was baptised on Sunday, 30 May 1852.[220]

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[216] DUMCR1989.213, CRI MS Case Books, V, Patient No. 171, James Lawrie Leach (or Leech), 1 June 1846 and 1 June 1847.

[217] DUMCR1989.364, CRI, *The New Moon*, 13, August 1857, 'Died at Crichton Institution, J.L.L., Esq., "Poeticus" of the *New Moon*'. Leach may also have been responsible for other articles published anonymously.

[218] DUMCR1989.364, CRI, *The New Moon*, 8, March 1852, 'A Mother's Lament'.

[219] *Songs in the Night*, a selection of poems by Miss Whittenbury, was published by the Crichton Press and printed by the patient William Shields in 1854. The volume was dedicated to Dr Browne.

[220] DUMCR1989.364, CRI, *The New Moon*, 8, June 1852, 'Baptism Extraordinary'.

The New Moon remains the most important source of information on the monthly events of the asylum, the dramatic productions staged there and the festivities and classes that enlivened the daily lives of the inmates and staff. And, as the library and museum collections began to expand, so the pages of the periodical were used both to advertise the collections and to encourage readers to make contributions.

Crichton Museum

In 1846 Browne was reporting the beginning of a museum collection, formed by the generosity of donors for the benefit of the patients:

> A Museum is projected, and may be announced as begun, as another means of multiplying impressions, as exciting curiosity without addressing wonder or credulity, as teaching lessons by the eyes. As we trust entirely to the generosity of donors for contributions, the collection must necessarily be multifarious, and, perhaps, may defy system; yet some sections of natural history may be rendered complete, and in the departments of models and antiquities this is not necessary. The gradual acquisition, and the interest and speculation attached to every addition, will constitute the chief attraction and utility.[221]

The museum collection, located on the top floor of Crichton, was managed originally, like the library collection, by the attendant James Cruikshanks until December 1847.[222] He began recording donations to the Museum in The New Moon in December 1846. His bequest to Crichton of a herbarium containing 1645 specimens was noted as entering the museum collections in February 1848.[223] Although a collection was being formed from 1846, the museum was not officially 'opened for inspection' until July 1847, at the same time as the asylum organised its first Horticultural Exhibition. Within a year the collection numbered more than 400 items comprising 'antiquities, manufactures, models, minerals, insects, and plants; but the largest proportion belongs to the department of ornithology.'[224] In February 1847, ancient gold and silver coins were added to the collection and nine donors were named giving a large collection of seeds of East and West Indian plants.

Often specimens of local birds were shot by a patient and mounted within the asylum while the foreign specimens were donated by local benefactors. Browne's

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[221] DUMCR1990.29, CRI Seventh Annual Report, 11 November 1846, p. 28.
[222] DUMCR1990.29, CRI Ninth Annual Report, 11 November 1848, p. 40.
[223] DUMCR1989.364, CRI, The New Moon, 4, February 1848, 'Donations to Museum and Library'.
[224] DUMCR1990.29, CRI Eighth Annual Report, 11 November 1847, p. 35.

daughter Jessie even donated her pet canary when it died in March 1847.[225] Bird-watching also became a favourite activity at Crichton and featured in several numbers of *The New Moon*. In May 1846 an amusing report appeared:

> There are at this moment a couple of mavis nests in our grounds, one of them containing young birds, which have been in the land of hope for some days. But more extraordinary still, we had a nest containing young birds nearly three weeks since, and the little creatures were commencing to get fledged when some lean uncivilized cat, which had evidently made its escape from a *private asylum*, had the horrid barbarity to devour them.[226]

With such unwelcome cats around the asylum grounds, it is not surprising that there is no record of mavis specimens entering the museum at this time. More unusual items are listed in the collection: an armadillo, a skeleton of a cat (perhaps of the 'uncivilized' variety), a complete magic lantern with slides, a specimen from the gold brocade wedding dress of Mary, Queen of Scots and even the skulls of 'savage inhabitants' of Eastern jungles. Browne was quick to appreciate the educational possibilities of the museum and promoted it as supplying 'an instrument to revive former pursuits, to create new tastes, and to suggest matter for curiosity, or wonder, or speculation, to those who limit their attention to external forms and qualities'.[227] The museum became a popular venue for evening visits, especially during the winter months. By November 1848 Browne was able to report:

> Wonder and admiration were perhaps the feelings most addressed; but to many individuals either the history of the objects, or their uses, or some fact connected with them, were familiar, and to all the order and beauty and variety of the collection would prove pleasing and suggestive. Evening reunions will speedily take place in the Museum; and when enhanced by light and music, by the exhibition of flowers, and books, and plates, of which we now possess a portfolio, and by some brief illustration of a tribe of birds, a shell, or a coin, by a patient or an officer, an hour of gloom may be brightened, and the burden of misery rendered lighter and easier.[228]

This venture may have been unique in British asylums during the nineteenth century. Research has not highlighted any other mental hospital where a collection of objects was formed for the benefit of patients. Nor has a precedent been identified in any American asylum at this date. At Crichton, the museum could be viewed as a

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[225] DUMCR1989.364, CRI, *The New Moon*, 3, March 1846, 'Our Library and Museum'. Jessie Browne was born on 20 September 1842 and died before her tenth birthday, on 22 February 1852.
[226] DUMCR1989.364, CRI, *The New Moon*, 2, May 1846, 'Natural History'. A mavis is a song-thrush.
[227] DUMCR1990.29, *CRI Eighth Annual Report*, 11 November 1847, p. 35.
[228] DUMCR1990.29, *CRI Ninth Annual Report*, 11 November 1848, p. 41.

natural development of Browne's willingness to develop any project that would stimulate patients' interest in the world around them.[229]

Music, concerts and dances

> Music has charms to soothe a savage breast.[230]

For centuries, music has been recognised as a form of healing. Greek philosophers such as Plato and Aristotle had made reference to the medical qualities of music: Aristotle had written of those suffering from unrestrained passions who 'after listening to melodies which raise the soul to ecstasy relapse to their normal condition as if they had experienced a medical or purgative treatment'.[231] Esquirol had described how music acted 'upon the physical system, by producing gentle shocks upon the nerves, by quickening the circulation' and recommended the use of musicians in asylums to soothe the patients; although describing music as 'a valuable remedial agent' he had also warned that it 'brings composure of mind, but does not cure'.[232] At Crichton, Browne promoted music as a therapeutic tool and as a means of bringing the asylum community, patients and staff, together. This view was undoubtedly fostered during his earlier appointment at Montrose. He was not the first to introduce music there, however. The *Montrose Royal Lunatic Asylum Medical Report* for June 1828, signed by Dr David Paterson and surgeon James Willis, refers to its introduction:

> We cannot refrain from stating that latterly we have tried the power of music on the Patients, and that, in a general sense, we have found it productive of the most happy effects, operating like magic, and inspiring almost all, more especially, the females, to a greater or lesser degree with happiness. - making some to trip it 'on the light fantastic toe' - others, from seventy to ninety years of age, to rise from their seats, and, standing, to move their feeble frames in time to the enchanting melody, - and others sitting to listen and to gaze with wondrous delight.[233]

The doctors' recommendation that the asylum should employ a musician for two hours, twice or three times a week, to entertain the patients, seems to have been adopted

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[229] According to staff reports, the Museum survived until the Second World War when some exhibits were transferred to Dumfries Museum.

[230] W. Congreve, *The Mourning Bride*, I, i.

[231] J.E.C. Welldon, ed., *The Politics of Aristotle*, London: Macmillan, 1883, p. 256.

[232] Esquirol, *Mental Maladies*, p. 80.

[233] *Montrose Royal Lunatic Asylum Medical Report*, 10 June 1828. Quoted in R. Poole, *Memoranda regarding the Royal Lunatic Asylum, Infirmary, and Dispensary, of Montrose*, Montrose: J. & D. Nichol, 1841, p. 113.

for the Sheriff's *Report* of 1832 mentions the patients dancing on Friday evenings to the music of a fiddler.[234] By 1835, Browne noted that 'weekly music and dancing relieve the more important pursuits of the pauper portion of the little community'.[235] A visitor to the asylum observed how 'the octogenarian lunatic may be seen striving to rival the youngest of the company in exertion and agility'.[236] Browne extended the range of musical activities at Montrose and allowed the patients both to perform in concerts within the hospital and to attend concerts in the local vicinity. In 1838 he was able to report of the Montrose patients:

> They have attended public concerts, but as these were not always accessible, and as, by a fortunate coincidence, a number of cultivated individuals of strong and cultivated musical powers, were resident in the Asylum at the same time, there were, during last autumn, repeatedly concerts within our own walls, which, besides yielding great delight to those who can appreciate harmony, were productive of much hilarity and merriment to others who are less gifted.[237]

Such varied musical activity in an asylum was not that common: musical soirées and concerts were introduced into the York Retreat only in the 1850s;[238] although at Bethlem, a pianoforte was purchased for patients' use in the early 1840s and female inmates were allowed to dance together earlier than this date, their musical opportunities were somewhat limited.[239] Browne went further with this concept than any of his contemporaries, believing that 'the worst dement should never be despaired of while music is untried'.[240] There is no annual report written by Browne at Crichton that does not mention music as central to the activities of his patients. On occasions, patients were placed on the balconies and the musicians performed in the airing yard; a patient taught himself to play music.[241] An 'enthusiastic violin-player' paid welcome visits to the different galleries. This was William Thomson, a local joiner who had attempted to murder his father; Browne recorded that 'during the whole of last winter [1842/3] the patient played the fiddle, in other words, formed the orchestra in the asylum theatre'.[242] On 16 May 1855 Thomson, or 'honest Wullie' as he became know to his friends in the

[234] *Sheriff's Report on Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1832. Quoted in A.S. Presly, *A Sunnyside Chronicle*, Dundee: Tayside Health Board, 1981, p. 7.
[235] University of Dundee Archive Services, THB23/3/1/1, *Report of the Directors of the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1 June 1835, p. 14.
[236] Anon., 'A visit to the Montrose Asylum', *Chambers's Edinburgh Journal*, 193, 1835, 294.
[237] University of Dundee Archive Services, THB23/3/1/1, *Report of the Directors of the Montrose Royal Lunatic Asylum, Infirmary, and Dispensary*, 1 June 1838, p. 12.
[238] Digby, *Madness, Morality and Medicine*, p. 45.
[239] Andrews et al., *The History of Bethlem*, p. 449.
[240] Browne, *The Moral Treatment of the Insane*, p. 26.
[241] DUMCR1990.29, *CRI Third Annual Report*, 11 November 1842, p. 20.
[242] DUMCR1989.213, CRI MS Case Books, I, Patient No. 37, William Thomson, 1 June 1843.

asylum, was presented with 'a handsome silver-mounted snuff box' in recognition of his 'valuable and long-continued services' to the 'Corps Musical' [sic].[243] John Gaudie, a sailor and itinerant musician from Orkney, also played on the violin continuously after his admission on 11 March 1845.[244] Violins, flutes, cornets and the piano were frequently heard in the galleries. A choir was formed in 1847 and performed at the church services. James Dickson, a nurseryman from Inverness, came to Crichton in 1839, suffering from delusions but in 1851 he 'joined the choir' and sang 'chants and sacred music'.[245]

Instrumental bands were invited to play at monthly evening soirées and vocal concerts by amateur performers and patients were common. All classes enjoyed the musical soirées; concerts often included Browne's wife, children and other asylum staff performing alongside patients. Mrs Browne's musical talents were put to good use and she became a frequent performer at the asylum concerts: with Mrs Shaw she played a piano duet, *Lucy Neal Quadrilles*, on 17 November 1848 and played the piano and sang at the concerts in March and May 1849.[246] The Grand Farewell Concert on 21 December 1853 was held in honour of Dr Gilchrist who was leaving to take up the position of Medical Superintendent of Montrose Asylum; he had served as the manager of Crichton's *Corps Musicale* for several years and at the concert he performed three songs, one of which was a trio with Mrs Browne and Mr Ingram.[247] Mrs Browne also played a piano duet, *The Royal Irish Quadrilles*, with Miss Bell while her son, Master John Browne sang with guitar accompaniment, *The Cavalier*. At a musical entertainment on 19 December 1855, John sang a duet, *March to the Battlefield*, with his younger brother Vincent.[248] When the first Christmas Tree 'which it is supposed has flourished in an Asylum in Scotland, was raised here, and decorated upon the appointed day' in 1854, the accompanying festivities, enjoyed by patients and staff, included

[243] DUMCR1989.364, CRI, *The New Moon*, 11, June 1855, 'Home Department'. The term should be 'Corps Musicale'.
[244] DUMCR1989.213, CRI MS Case Books, X, Patient No. 298, John Gaudie, 12 November 1845.
[245] DUMCR1989.213, CRI MS Case Books, I, Patient No. 14, James Dickson, 1 June 1851.
[246] DUMCR1989.320, CRI, Dr Easterbrook's Scrap Book 1838-1937, Concerts on 17 November 1848, 27 March 1849 and 14 May 1849. The identity of Mrs Shaw is unknown. She was not one of the patients nor a member of the senior nursing staff at Crichton.
[247] DUMCR1989.320, CRI, Dr Easterbrook's Scrap Book 1838-1937, Grand Farewell Concert on 21 December 1853. Master John was John Hutton Balfour Browne (1845-1921). Miss Bell may have been Miss Grace H. Bell, patient No. 619, a gentlewoman of 'good disposition, excellent education and exemplary deportment' who was admitted on 25 August 1852, suffering from 'melancholia'. She had been formally discharged on 1 December 1853 but may have returned to perform at Crichton.
[248] DUMCR1989.320, CRI, Dr Easterbrook's Scrap Book 1838-1937, Musical Entertainment on 19 December 1855. Vincent was St Vincent de Paul Browne (1848-1870).

music.[249] Such events added to the community spirit at Crichton and brought benefits to both performers and audience. Browne later recalled:

> Watch an assemblage of lunatics while national or cheerful airs are played; and it becomes palpable that though dead to all else, they are alive to sweet and familiar sounds. A lady after hearing Scotch music retired to bed degraded, mute, fatuous; she arose next morning and remained permanently of right and rational mind, quietly remarking to the physician, that "The banks and braes o' bonny Doon had awakened her".[250]

The incident referred to occurred in late 1842 or 1843. The patient's 'perfect and permanent' restoration was promoted by Browne as being influenced by the effects of the music having struck 'some hidden chord' in the patient's 'dormant but living thoughts and emotions' and thereby 'reorganised the shattered and prostrated mind'.[251] Alicia Todd, a widow from London who had been insane for forty years, assisted in the public concerts;[252] Mary Ann Brand, a governess from Edinburgh, also participated in musical events in the asylum before her discharge in February 1852.[253] By the time the Crichton library catalogue was printed in 1853, music for songs, psalms, sacred music, operas and Scottish airs had been acquired and put to good use. Articles on music not only appeared in *The New Moon* but the edition, issued on 2 November 1846, was dedicated to a 'musical mélange' of compositions 'set to music by inmates of this and such other Elysian retreats'.[254] Browne also welcomed dancing as an appropriate activity and even planned balls:

> With the less cultivated classes it may be conceived that the experiment of a Ball was somewhat dangerous, and exposed to ludicrous, if not to injurious excitement. But I have ever observed that individuals, both sane and insane, deport themselves better and more rationally in society than in solitude, when under the check given by the presence of strangers, the usages and customs of respectable life, and the influence of a common object ... the event of the Queen's marriage was celebrated by a dance, at which about fifty individuals were present, of whom thirty were pauper patients ... Great caution and discrimination were employed in selecting the members of the party ... all the superior officers were present, both to lend their authority and example to the

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[249] DUMCR1990.29, *CRI Sixteenth Annual Report*, 11 November 1855, p. 34. In 1846 a print of Queen Victoria, Prince Albert and their children standing around a hand-decorated Christmas tree appeared in *The Illustrated London News*. The tradition of the Christmas tree, popular in other European countries for centuries, then became fashionable in Britain.

[250] Browne, *The Moral Treatment of the Insane*, p. 26.

[251] DUMCR1990.29, *CRI Fourth Annual Report*, 11 November 1843, p. 26.

[252] DUMCR1989.213, CRI MS Case Books, X, Patient No. 326, Alicia Todd, admitted 12 October 1845.

[253] DUMCR1989.213, CRI MS Case Books, XVI, Patient No. 554, Mary Ann Brand, 3 February 1852.

[254] DUMCR1989.364, CRI, *The New Moon*, 2, October 1846, 'Great Attraction'.

attempt: the festivities were designed of short duration: every thing was marked with the most perfect propriety and unanimity.[255]

These balls were a great success with the patients. The fact that they quickly became a regular feature of Crichton's annual programme of activities is testament to this. In the *Annual Report* of 1845, four balls were recorded, two being held on Christmas Eve and Halloween;[256] and six were organised the following year. In 1846, one of the patients recorded his personal view of this activity in *The New Moon*:

> Of all kinds of amusements, Balls we consider foremost; they not only tend to make us forget our various delusions and fancies, but they contribute to our bodily health, by giving us muscular exercise. What is there like a good Scotch reel for exercising our muscles, and thus causing sound refreshing sleep in lieu of our usual night watching? And even to the on-lookers what pleasure it gives to see the merry faces, and hear the hearty whoop as the dancers turn and skip through the mazy reel? The pleasure is intense.[257]

Theatrical productions

It might seem, in the light of the other activities at Montrose and Crichton, that theatrical productions were a natural development for the patients and staff. However, as late as 1837 Browne was cautioning against the use of drama as therapy:

> I cannot speak so decidedly as to the introduction of dramatic representations as a means of cure. The attempt has been made at Charenton unsuccessfully, at Copenhagen without injury; but the inhabitants of this country manifest during health so little taste for such spectacles, and depend so little upon them as sources of amusement, that it would be injudicious to resort to them in order to arouse, or attract, or amuse the insane, while we have so many better modes of abstraction at our disposal.[258]

As Browne recorded, attempts at drama had been tried in continental asylums, with mixed results. Apparently, Molière's *Tartuffe* was performed at La Salpêtrière in 1842 with 'better success' than theatricals at Charenton.[259] Esquirol believed that maniacs should not be present at theatricals, monomaniacs only rarely, and that imbeciles derived no benefit from them.[260] At Crichton, Browne's reservations were overcome by the enthusiasm of one of his patients, John Drummond, a 25 year-old

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[255] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, pp. 18-9.

[256] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, p. 28.

[257] DUMCR1989.364, CRI, *The New Moon*, 2, May 1846, 'Memoranda for the Month'.

[258] Browne, *What Asylums Were, Are, and Ought to Be*, p. 219.

[259] Browne, *The Moral Treatment of the Insane*, p. 27.

[260] Esquirol, *Mental Maladies*, 1845, p. 81.

former student at Cambridge who came to the asylum in February 1842 suffering from 'mania'.[261] Drummond's initial proposal for staging theatricals in the asylum was described by Browne as 'somewhat startling'.[262] Browne, however, became convinced that Drummond's central part in the staging of the production was the key to his recovery.

Crichton was the first asylum in Britain to stage a play performed by patients. *Raising the Wind*, a farce written by the Irish dramatist William Kenney (1780–1849), was performed on 13 January 1843.[263] Patients were the actors, stage-hands, designers, directors and prompts. During the interval between the acts, songs were performed by two gentlemen, Mr Cooper and Mr Tennyson.[264] Tennyson had also taken a leading role in the farce. Charles Kid, from Arbroath, who was recovering from 'monomania of inebriety', was the stage-manager; he held that position for the drama production, *Red Gauntlet*, before being discharged in July 1844.[265] Mr Cranstoun is noted in the original playbill as the 'prompter' but he may have been assisted by James Crinean, a Church of Scotland clergyman from Dumfries, whose patient records indicate he acted as prompter to the theatrical company shortly before his discharge on 4 February 1843.[266] Such was the success of this venture that the performance was repeated in front of the Crichton Directors and invited members of the public.[267] Feeling justly proud, Browne reported:

> Convalescents and monomaniacs have repeatedly attended the public Theatre;
> but that about sixty patients should, with perfect propriety of deportment, with
> keen appreciation of the merits and mirth of the performance, witness the
> repeated representation of farces or vaudevilles by members of their own
> community, by those participating in their own infirmities, was certainly a noble
> triumph over the sorrows and intractableness of disease; a miracle if we reflect
> upon the past, an augury of success if we look to the future.[268]

[261] DUMCR1989.213, CRI MS Case Books, V, Patient No. 167, John Drummond, admitted 22 February 1842.

[262] Ibid., John Drummond, 15 February 1843.

[263] D.J. O'Donoghue, *The Poets of Ireland: A Biographical Dictionary with Bibliographical Particulars*, London, D. J. O'Donoghue, 1892-3; p. 312. A successful dramatist, Kenney published his two-act farce, *Raising the Wind*, in 1803. He suffered from a nervous disease in later years.

[264] Arthur Tennyson was the brother of Alfred, Lord Tennyson. He will be discussed in more detail in Chapter 9.

[265] DUMCR1989.213, CRI MS Case Books, V, Patient No. 170, Charles Kid (or Kidd); he was admitted 10 March 1842.

[266] DUMCR1989.213, CRI MS Case Books, VI, Patient No. 183, Revd James Crinean; he was admitted 6 August 1842.

[267] It is possible the surviving playbill was produced for the performance in front of invited guests rather than the first performance within the asylum.

[268] DUMCR1990.29, *CRI Fourth Annual Report*, 11 November 1843, p. 29.

THEATRE.

CRICHTON ROYAL INSTITUTION.

Mr C. Kid, Stage-Manager, begs respectfully to announce that the above
Theatre is now open, and that

On FRIDAY next, the 13th current,

Will be represented Kenny's humorous Farce of

RAISING THE WIND.

UNDER THE DISTINGUISHED PATRONAGE OF

MRS CRICHTON OF FRIARS' CARSE.

Fainwould, - Mr Tennyson. Jeremy Diddler, - Mr. Drummond.
Richard, - Mr Boyd. John, - Mr Gibson.
Plainway, - Mr Moffat. Sam, - Mr Cruickshank.
Waiter, Mr Johnston. Messenger, Mr Horncastle.
Miss Laurelia Durable, - Mr Simpson. Peggy, - Mr Wingett.

The Farce will be preceded by an Address and Prologue, and concluded with
an Epilogue, written for this occasion by Residents in the Institution.

Between the First and Second Acts will be introduced
"John Anderson, my Joe," - - - - - by Mr Cooper.
A Comic Song, - - - by Mr Tennyson.

Stage-Manager, - Mr C. Kid.   Prompter, - Mr Cranstoun.

Doors to be opened at Eight.
The Curtain and the Wind to be raised precisely at half-past Eight.

Crichton Institution, 9th January, 1843.

DUMFRIES-PRINTED AT THE HERALD OFFICE, BY W. C. CRAW.

FIG. 13   Playbill for *Raising the Wind*, January 1843

Further, Browne observed that of the fifteen patients who had been actively involved in the production, almost half had left the hospital, cured. John Drummond was discharged a month after the first performance, on 15 February 1843, 'regretting that his immediate departure for India would not permit him to take part in *Mons. Tonson*'.[269] For him and his fellow Thespians, preparations for the theatricals did indeed prove 'curative':

> The collection and preparation of a wardrobe, the erection and decoration of the stage, the speculations as to effect, the rehearsals, the criticisms, the composition of prologues and addresses, the green-room supper, the debut and retirement of companions, all contributed to unite the different inmates in a common purpose, and to furnish matter for thought and conversation very widely removed from what generally obtain [sic] among them.[270]

[269] DUMCR1989.213, CRI MS Case Books, V, Patient No. 167, John Drummond, 15 February 1843.
[270] DUMCR1990.29, *CRI Fourth Annual Report*, 11 November 1843, p. 30.

Theatricals continued throughout Browne's term of office, often performed during the winter months. On 18 December 1845, in front of an invited audience from Dumfries, patients and staff presented two 'laughable farces', Morton's *The King and I*, followed by Beckett's *The Man with the Carpet Bag*.[271] In 1849 an 'unoccupied laundry' was converted into a theatre for dramatic and musical performances by local and patient groups.[272] The Crichton library catalogue listed sixty publications on plays, many of them compilations.[273] Patients even turned their hands to play writing, with such productions as *The Railway Mania, or the New Institution* and *The Last of the Tudors*.[274] Gaetano Donizetti's three-act drama, *A Duel under Cardinal Richelieu*, was translated by a patient, 'J. K.' and the play text appeared in six instalments of *The New Moon* in 1851;[275] in the same year, eleven 'farces and vaudevilles' were produced, 'some of them more than once'.[276] By the mid-nineteenth century, drama had become a central activity both for the performers and their audience at Crichton.

Browne was willing to admit that, in rare instances, theatricals could have an injurious effect on certain individuals, retarding their convalescence. James Marshall, a clerk from Greenock, suffered from 'monomania of vanity' on admission in May 1851; he was actively discouraged from participating in the theatricals to keep him calm.[277] Also, when a patient failed to temper his behaviour he was excluded from further involvement in drama. In 1854, Peter Barr Munro, a labourer of 'irritable temper' and 'incapable of receiving instruction', took part in a theatrical production but overdid his 'humble part and, of course, closed his career'.[278] But such instances were rare. Far more common was the experience of the Southern Counties Asylum patient George Nixon, a labourer of 'quiet and regular deportment'; he was permitted to take a part on the stage and 'though his part consisted in pronouncing a few words, he was morbidly proud of this distinction'.[279] Female patients were also permitted to appear in theatricals. Mary Ann Lockhart, a gentlewoman from Liverpool, suffering from 'monomania of vanity', appeared repeatedly in the theatrical productions 'with considerable effect'

[271] DUMCR1989.364, CRI, *The New Moon*, 2, December 1845, 'Fashionable Intelligence'.
[272] DUMCR1990.29, *CRI Tenth Annual Report*, 11 November 1849, p. 35.
[273] DUMCR1989.320, CRI, Dr Easterbrook's Scrap Book 1838-1937. Catalogue of Crichton Royal Institution Library, c.1851-3, p. 237.
[274] DUMCR1989.364, CRI, *The New Moon*, 5, November 1849, 'Crichton Theatricals'.
[275] DUMCR1989.364, CRI, *The New Moon*, 7, 74-79, 3 January - 3 June 1851.
[276] DUMCR1990.29, *Twelfth Annual Report*, 11 November 1851, p. 24.
[277] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 570, James Marshall, 5 May 1851.
[278] DUMCR1989.214, SCA MS Case Books, VII, Patient No. 274, Peter Barr Munro, 1 June 1854.
[279] DUMCR1989.214, SCA MS Case Books, VIII, Patient No. 336, George Nixon, 1 June 1854.

during the years from 1844 to 1846.[280] In 1844, Browne promoted the overwhelming benefits of drama and, throughout his time at Crichton, never lost his enthusiasm for this form of moral treatment:

> ... no human mean as yet employed has, at so little risk and with so little trouble and expense, communicated so much rational happiness to so many of the insane at the same time, or so completely placed them in circumstances so closely allied to those of sane beings, or so calculated either to remove the burden of mental disease, or to render it more bearable.[281]

The meeting of the Sane and Insane

Oh, East is East, and West is West, and never the twain shall meet.[262]

Rudyard Kipling may have been referring to the clash of cultures between Britain and India, but in the mid-nineteenth century the idea of 'lunatics' socialising with civilized 'sane' society would have seemed to many equally at odds. One of the most remarkable features of the Crichton *Annual Reports* is the list of activities that involved the patients mixing with the 'sane' community beyond the asylum walls. In 1848 Browne recorded:

> Tranquil and convalescent patients have been allowed to attend quiet parties for conversation and music; to visit the Theatre, the Circus, the Exhibition, the Bazaar, the Races, and Public Concerts; and the liberty thus granted has in no case been abused, nor, so complete has been the controul [sic] exercised, have the insane been distinguished from those by whom they were accompanied.[283]

From the outset, Browne was eager to involve his patients in a wide range of public events. While Browne had arranged occasional outings to local venues for the convalescent patients at Montrose, few other asylum superintendents were so innovative in the 1830s. It was not until a decade later that many of the inmates at Stephansfeld Asylum in Strasbourg were permitted beyond the hospital perimeter because of the Directors' concerns for safety:

> At length, one hundred and eighty-seven patients - ninety-five women and ninety-two men - that is to say, almost all the healthy population of the establishment, walked for three hours in the adjoining forests and villages, without the slightest disorder having occurred, or a single attempt to escape having been made. Such a result is encouraging, as it shews [sic] that human

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[280] DUMCR1989.213, CRI MS Case Books, VIII, Patient No. 225, Mary Ann Lockhart, admitted 3 June 1843.
[281] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 23.
[282] R. Kipling, *The Ballad of East and West*, 1.
[283] DUMCR1990.29, *CRI Second Annual Report*, 11 November 1841, p. 23.

nature is worthy of confidence, even when perverted by disease; and as it proves better than all reasoning the salutary influence of humane treatment.[284]

Aberdeen Asylum only organised excursions for patients from 1849 when they began visiting local beauty spots such as Dunnottar Castle.[285] It is true that by 1839 inmates at the York Retreat were able to take exercise in twenty-seven acres of land 'laid out with walks, wooded glades, gardens and orchards' and also had access to occasional carriage drives; but although convalescents were allowed out of the asylum to attend religious meetings and to visit the homes of local Quakers, leisure excursions farther afield were not encouraged.[286] Browne's patients, however, were offered a much more varied programme of public entertainment: he and his staff accompanied the patients to local events and tourist attractions:

> About thirty-five excursions were made to the most attractive scenes in the vicinity; some of these were fishing, others nutting parties, and upon one occasion the pleasures of railway travelling were put to the test by several of the inmates. Had such a journey been proposed fifty years ago, it is difficult to determine whether most wonder would have been excited by the mode and rate of progress, or by the condition of the travellers. Even Pinel would have shuddered at the temerity of such an exploit.[287]

By 1844, it was not uncommon for seventy patients at the same time to be outside the hospital walls enjoying the extended grounds.[288] Each year we read of visits to the theatre, menageries, concerts, art exhibitions, races, the Camera in Dumfries and travels to castles and other historical remains in the neighbourhood. Tours were made of the studios of artists and photographers; in 1851 a box in Dumfries Theatre was hired for a season, for the use of patients.[289] Patients attended the launch of the *Glencaple* on the river Nith in May 1848;[290] 'a large party' of inmates witnessed Queen Victoria's progress through the streets of Dumfries in September 1848 and saw the Royal yacht and the war-steamer *Virago*;[291] a party of patients, accompanied by staff, even visited Ireland and England in 1855.[292]

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[284] DUMCR1989.364, CRI, *The New Moon*, 1, January 1845, 'Promenades of the Patients in the Asylum of Stephansfeld, Strasbourg'.

[285] DUMCR1989.364, CRI, *The New Moon*, 5, October 1849, 'Letter from P.O., Aberdeen Asylum'.

[286] Digby, *Madness, Morality and Medicine*, pp. 43-5.

[287] DUMCR1990.29, *CRI Ninth Annual Report*, 11 November 1848, pp. 39-40.

[288] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 26.

[289] DUMCR1990.29, *CRI Twelfth Annual Report*, 11 November 1851, p. 24.

[290] DUMCR1989.364, CRI, *The New Moon*, 4, June 1848, 'Launch of the *Glencaple*'.

[291] DUMCR1989.364, CRI, *The New Moon*, 4, November 1848, 'Letter from Omega to the Editor of *The New Moon*'.

[292] DUMCR1990.29, *CRI Sixteenth Annual Report*, 11 November 1855, p. 36.

The two most memorable excursions were to see the famous entertainers Van Amburgh and Tom Thumb. The American animal trainer Isaac Van Amburgh brought his circus of wild cats to Britain on an extended tour in 1843. This 'respectable stranger' paraded through the streets of Dumfries where thirty patients watched from the safety of Mr Sinclair's house on the High Street; the evening show, in which Van Amburgh was to be seen performing with lions and tigers within their cage, was considered 'too exciting' for all but a few of the patients.[293] General Tom Thumb's visit to Dumfries on 23 February 1846 was witnessed by fifty-seven male and thirty-two female patients from Crichton and caused even greater excitement. Browne was anxious to emphasise to the asylum directors the educational value of such an outing:

> His miniature carriage and coachmen excited the wonder of one class; the pigmy himself secured universal admiration and sympathy, and all those endearments to which he was accustomed. But very generally there was a sound tone of criticism and inquiry as to the nature and tendency of the exhibition. Some philosophical minds were desirous to determine what his capacities were, and whether, notwithstanding his histrionic or imitative powers, they were still infantile and undeveloped, corresponding to his size rather than his age; while others speculated on his great strength and agility displayed by so embryo a muscular system in his gymnastic feats, and especially in raising himself by his hands when suspended from a rod; and to all a new, anomalous, and suggestive impression was conveyed.[294]

An article on 'Dwarfs' appeared in the March 1846 number of *The New Moon*, written by 'S', in which Tom Thumb was compared to other notable 'tiny personages' such as Jeffery Hudson, Joseph Boruwlaski and the Spaniard Don Francisco Hidalgo.[295] It would seem that witnessing Tom Thumb's parade through the streets of Dumfries was the starting point for reflection on the diversity of the human form and acted as a stimulus to 'healthy' mental activity for Browne's patients. Browne was fortunate to find a number of Dumfries residents who supported his attempts to involve the patients in community life and even opened their homes to them.

Just as the patients were moving about in the community, so plans were underway to bring Dumfries society into the asylum environment. While members of the public - 'medical men, parochial authorities, and persons of respectability' - had been admitted to Crichton and its grounds from 1844, Browne had more ambitious ideas

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[293] DUMCR1990.29, *CRI Fourth Annual Report*, 11 November 1843, p. 25.
[294] DUMCR1990.29, *CRI Seventh Annual Report*, 11 November 1846, pp. 30-1.
[295] DUMCR1989.364, CRI, *The New Moon*, 2, March 1846, 'Dwarfs'.

for community participation.[296] In the summer of 1847, the first Horticultural Exhibition to be held in a Scottish asylum's grounds took place at Crichton.[297] For Browne it was a public relations exercise: his motives were to extend the enjoyment of the asylum residents by involving them in a major social event and at the same time to encourage a better public understanding of the asylum and its residents. Patients were involved in all the behind-the-scenes preparations. They contributed to a concert conducted from a balcony overlooking the gardens; they helped at the competitions for fruit and flowers; and they manned the stalls in a Bazaar tent offering a wide range of goods and gifts they had made for sale.[298]

A list of 'the élite of the land' who 'thronged the grounds' of the horticultural show appeared in *The New Moon* in August 1847: local dignitaries included the Marquis and Marchioness of Queensbury, the Maxwells of Terregles, Mrs Crichton and many members of the Grierson family (Mrs Crichton's relatives).[299] As one patient observed so poetically, 'no dell of Tempe, no garden of Hesperides, no vale of Cashmere, no slope on the banks of Genesareth, ever presented a fairer appearance than our grounds'.[300] The sum of £20 was raised for charitable purposes from the sale of goods made by the patients. Every inmate who could walk was permitted to look round the grounds during the morning; a concert began at 3 p.m. performed by patients, staff and professional musicians, and further music was provided in the evening. Not surprisingly, Mrs Crichton was delighted with the event. It had been a resounding success for the patients, staff and the public and was to be repeated many times in later years.

As if all these activities were not enough to employ, instruct and entertain his patients, Browne added one other activity to the list: the production of visual art. A collection of the pictures created by the Crichton patients still survives and remains one of the most remarkable records of asylum life in mid-nineteenth century Britain.

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[296] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 30.
[297] DUMCR1990.29, *CRI Eighth Annual Report*, 11 November 1847, pp. 37-8.
[298] Ibid., pp. 37-8.
[299] DUMCR1989.364, CRI, *The New Moon*, 3, August 1847, 'Horticultural Fête and Flower Show'.
[300] Ibid.

Chapter 6

Fine Art at Crichton – Art as Decoration in the Healing Environment

> The effect in sickness of beautiful objects, of variety of objects, and especially of brilliance of colour, is hardly at all appreciated ... Variety of form and brilliancy of colour in the objects presented to the patients are actual means of recovery.[1]

Introduction

Florence Nightingale's famous pronouncement on the value of creating a pleasing environment for the sick first appeared in 1860 with the publication of her *Notes on Nursing: What it is, and What it is Not*.[2] Her ideas were not new but the remarkable success of her book - fifteen thousand copies of the first version, published in January 1860, were sold within two months and three versions had appeared by April 1861 - did ensure that her views were brought to the attention of the general public.[3] By the late-nineteenth century, the concept of a pleasantly-decorated hospital environment being used to aid a patient's recovery was being widely discussed: as far away as British Guiana, for example, the Medical Superintendent of the Public Lunatic Asylum in Berbice commented that while 'pictures on a wall' gave 'a pleasant aspect to the wards', they were also 'a curative measure' because 'we physically are very much the creatures of our environment'.[4] Further, he believed they were educational because they could teach 'habits of order as well as developing a taste for innocent luxuries and fostering that desire which is one of the greatest inducements to industry; the wish to possess a comfortable home'.[5] These are sentiments of which Browne would have approved.

Fine art as decoration in asylums

Art as decoration in British asylums is known to have emerged by the seventeenth century. As early as 1676, sculpture had been used to decorate the entrance to Bethlem

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[1] F. Nightingale, *Notes on Nursing: What it is and What it is Not*, London: Harrison, 1860, pp. 33-4.
[2] Ibid.
[3] V. Skretkowicz, *Florence Nightingale's Notes on Nursing*, London: Scutari Press, 1992, pp. x-xii.
[4] Anon., 'Why Are Asylum Wards Decorated?', *The Asylum Journal of The Public Lunatic Asylum for British Guiana*, 12, 1882, 1-4.
[5] Ibid., p. 2.

Hospital, newly rebuilt at Moorfields. Caius Gabriel Cibber (1630-1700), an English sculptor born in Denmark, had been commissioned to produce two monumental figures of *Melancholy* and *Raving Madness* (Bethlem Royal Hospital Museum, Beckenham) made of Portland stone, and displayed above the hospital gateway.[6]
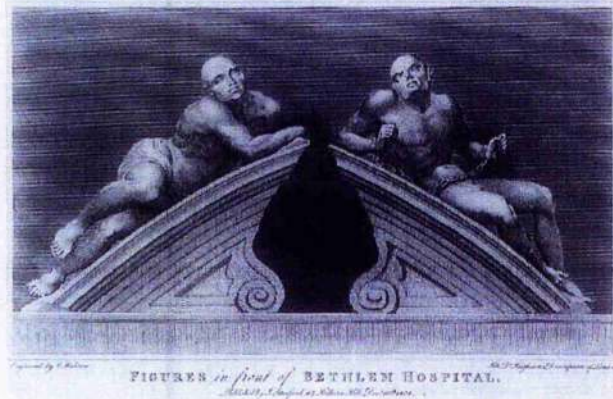
FIG. 14   Engraving of C. G. Cibber's *Melancholy* and *Raving Madness*
(courtesy of Bethlem Royal Hospital Archive and Museum)

The sculptures represented two different aspects of mental illness: the 'melancholic', meditative figure, his listless body and blank expression staring out towards the viewer; and the animated figure of 'mania', his distorted body bound in chains, his clenched fist and anguished expression revealing his violent, uncontrollable emotions. Cibber's inspiration for such imagery may have been derived from continental sources. The poses of *Melancholy* and *Raving Madness*, reclining on curved stone plinths, echo Michelangelo's celebrated reclining figures of *Night*, *Day*, *Dawn* and *Dusk* decorating the Medici tombs of Giuliano, Duke of Nemours and Lorenzo, Duke of Urbino in the Medici Chapel, San Lorenzo, Florence.[7] Cibber had studied art in Italy and would have had the opportunity to visit the site of one of Michelangelo's most famous triumphs of monumental sculpture. The theme of madness in Cibber's statues, however, was possibly inspired by a prototype from northern Europe. Cibber had arrived in England by 1660, having spent part of his career in Amsterdam. Earlier in the seventeenth century a sandstone statue of *Woman from the Madhouse, known as Frenzy* (Rijksmuseum, Amsterdam, c.1615), probably by the sculptor Geraert Lambertsz, had

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[6] These statues are now displayed in Bethlem Royal Hospital Museum, Beckenham, Kent.

[7] The decoration of the Medici Chapel in the New Sacristy of San Lorenzo, was one of Michelangelo's most famous commissions after completion of the Sistine Chapel ceiling. Michelangelo began working on the project in 1519, designing all aspects of the chapel - its architecture and decoration - but left it unfinished when he moved to Rome in 1534.

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been commissioned for Amsterdam's 'Dolhuis' or lunatic asylum.[8] Placed in the asylum's garden, the twisted body of a naked woman, her hands tearing out her long hair in an act of frenzy, would have been visible from the windows of the wards.[9] The purpose of such sculpture was not simply decorative: Cibber's figures also served as 'warnings and advertisements of the madness lurking within - within Bethlem, within everyone'.[10]

FIG. 15   W. Hogarth, *Scene in a Madhouse* from *The Rake's Progress*
(courtesy of Fortune City. www.fortunecity.de)

Cibber's statuary, in turn, became a source of inspiration for other British artists. In the final plate of William Hogarth's series of engravings, *The Rake's Progress*, 'Scene in a Madhouse' (1735), Tom Rakewell is depicted chained and lying on the ground within a ward of Bedlam (Bethlem), in a pose derived from Cibber's statue of *Raving Madness*. Through a doorway we can view Cell 45, where a religious fanatic, echoing the pose of Cibber's *Melancholy*, is seen praying before a cross: above his head, three prints of saints - Clement, Athanasius and Lawrence - are pinned on the asylum wall.[11] James Harris has pointed to Hogarth's representation of the patient, with his bed of straw and bowl of water as 'similar to the traditional depiction of religious

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[8] For a discussion of this sculpture, see S.L. Gilman, *Seeing the Insane*, Lincoln and London: University of Nebraska Press, 1996, pp. 18-20. Gilman attributes the sculpture to Artus Quellinus de Oude; however, the current Rijksmuseum catalogue attributes it to Geraert Lambertsz.

[9] For more information on the statue and its original location, see the Rijksmuseum website at www.rijksmuseum.nl/aria/aria_assets/BK-AM-38?page=0&lang=en&context_space=&context_id=. Accessed 14 July 2005.

[10] J. Andrews, A. Briggs, R. Porter, P. Tucker, K. Waddington, *The History of Bethlem*, London and New York: Routledge, 1997, p. 183.

[11] The saints are identified as Clement, Bishop of Rome (d. c.100) and Athanasius the Anthonite (c.925-1003); the third saint may be identified as either Lawrence, Deacon of Rome (d.258), patron of the poor, or Lawrence Giustiniani (1381-1455) who, according to legend, died on a bed of straw.

hermits' and has commented upon the choice of saintly images as examples of 'fanatical beliefs'.[12] In the main corridor, where Tom Rakewell is being comforted, another patient draws on the asylum wall a diagram of the world showing the North Pole and the Antarctic, a reference to William Whiston's attempts to calculate the longitude at sea.[13] A later version of the engraving, published in 1763, also included a drawing of Britannia seated in her chariot, on the same wall. Whether such art would have been allowed in the real Bethlem of the eighteenth century is not known. Certainly there is little evidence of art used widely as decoration within asylums until the mid-nineteenth century.

Hogarth was one of the earliest British artists to become involved in hospital art. In 1736, he had painted two vast canvases, *The Pool of Bethesda* and *The Good Samaritan*, for the stairway of the Great Hall of St. Bartholomew's Hospital, London. He provided paintings and decorations for Coram's Foundling Hospital, including one of his finest portraits, that of the founder, *Captain Thomas Coram* (The Thomas Coram Foundation for Children, London, 1740).[14] He had also actively encouraged his fellow artists to contribute to the decoration of the hospital and by December 1746, fifteen 'Gentlemen Artists had severally presented and agreed to present Performances in their different Professions for Ornamenting this Hospital ... without any expence [sic] to the Charity'.[15] Among them were Francis Hayman, Allan Ramsay, Richard Wilson and, not least, Hogarth himself, who gifted *Moses brought to Pharaoh's Daughter* (1746). Hogarth may have visited Bethlem but neither he nor his fellow 'Gentlemen Artists' were commissioned to provide decoration for it or any other British asylum.

In January 1848, an article, 'Twelfth Night at the Hanwell Lunatic Asylum', appeared in *The Illustrated London News*.[16] The author, an anonymous admirer of John Conolly's 'non-restraint system of management', had visited the asylum and witnessed

[12] J. Harris, 'A Rake's Progress', *Archives of General Psychiatry*, 60, 2003, 338.

[13] J. Uglow, *Hogarth*, London: Faber and Faber, 1998, p. 257. William Whiston (1667-1752) had been a promoter of the Longitude Act (1714) and made several unsuccessful proposals to find a method to calculate longitude at sea. For a detailed discussion of these proposals, see R.J. Howarth, 'Fitting geomagnetic fields before the invention of least squares. II. William Whiston's isoclinic maps of southern England (1719 and 1721)', *Annals of Science*, 60, 2003, 63-84.

[14] Uglow, *Hogarth*, pp. 282-6, 328-34.

[15] Quarterly meeting of the Foundling Hospital, 31 December 1746. Quoted in R. Paulson, *Hogarth, High Art and Low*, 2 vols., Cambridge: The Lutterworth Press, Vol II, p. 334.

[16] Anon., 'Twelfth Night at the Hanwell Lunatic Asylum', *The Illustrated London News*, 15 January 1848, p. 27. For the full text, see www.mdx.ac.uk/www/study/xmad1848.htm. Accessed 5 March 2005.

the Twelfth Night entertainments of the male patients.[17] Published alongside the article was an engraving of the event: it clearly shows the asylum's walls fully decorated with festive garlands and pictures, one at least of which relates to the festive season with the words 'Merry New Year'. It is not clear if the smaller pictures in the room on the left of the engraving were also seasonal or were permanent fixtures. In the same year, Katharine Drake produced a lithograph, *The Lunatics' Ball* (1848), her impression of the festivities at Somerset County Asylum for Pauper Lunatics, Wells.[18] The asylum had opened its doors on 1 March 1848 and quickly established a reputation for its promotion of moral treatment. Its first Resident Physician and Superintendent, Dr Boyd, based his treatment on 'liberal rations of nourishing food, active physical work in moderation, cleanliness, decent living conditions, kindness and consideration'.[19] The asylum interior was probably simple and uncluttered. In Drake's image the only decorations to be seen in the hospital room are banners suspended from the ceiling rafters and another, decorated with the word 'Harmony', displayed above the fireplace. Such decorations appear to have been temporary, however, used to brighten the room during the dancing. By 1853 Boyd was reporting that he intended to make 'the corridors and day-rooms more cheerful, by placing in them maps and engravings' but admitted that financial restraints made 'improvement in this respect slow'.[20]
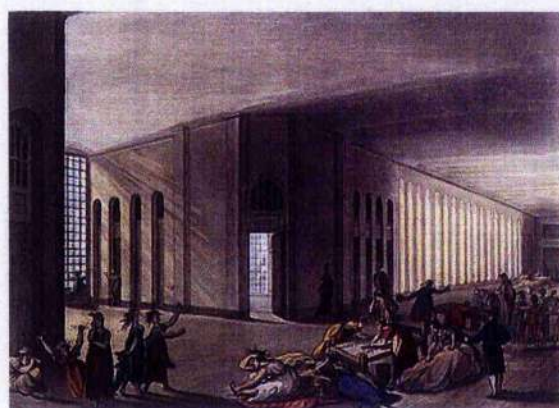
FIG. 16   T. Rowlandson and A. C. Pugin, *St Luke's Hospital*
(courtesy of Shapero Gallery. www.gallery.shapero.com)

[17] Dr Conolly had been appointed Resident Physician at Hanwell Lunatic Asylum, Middlesex, in 1839. By the time of this visit, Conolly had become Hanwell's Visiting and Consulting Physician, a position he held until 1852. For a discussion of Conolly's contribution to asylum reform see A. Scull, C. Mackenzie and N. Hervey, *Masters of Bedlam*, Princeton, New Jersey: Princeton University Press, 1996, pp. 48-83.
[18] The Wellcome Trust owns a process print after this lithograph. The image was 'drawn and lithographed by Miss Katharine Drake'. The print was published in London by Ackermann & Co. and in Wells by Backhouse.
[19] Friends of Mendip Hospital Cemetery website at www.lyatt.freeserve.co.uk/Lecture1.html. Accessed 16 April 2004.
[20] Anon., 'British Institutions for the Insane', *Journal of Psychological Medicine and Mental Pathology*, **6**, 1853, p. 20. This information was taken from the asylum's *Fourth Annual Report*.

Rowlandson and Pugin's aquatint of St Luke's Hospital interior which appeared in *The Microcosm of London* (1808-11) showed a large gallery bereft of any decoration.[21] Forty years later, in 1852, Charles Dickens published an account of his visit to St Luke's Hospital, 'A Curious Dance Round a Curious Tree', in *Household Words*.[22] Arriving on Boxing Day 1851, he described in detail his impressions of the asylum interior. He mentioned one work-room 'with coloured prints over the mantel-shelf, and china shepherdesses upon it; furnished also with tables, a carpet, stuffed chairs, and an open fire' but the 'sleeping cells' had no decoration, only a bed and a stool. Little, it seems, had changed in terms of the hospital's decoration, in spite of asylum reform, for Dickens made no other references to artistic embellishment of the wards in his account. Indeed, Dickens, while touched by the scene of the Christmas tree festivities, bemoaned the lack of a homely environment in the 'long, long' galleries:

> Forms and tables, the only furniture. Nothing in the rooms to remind their inmates of the world outside. No domestic articles to occupy, to interest, or to entice the mind away from its malady. Utter vacuity. Except the scolding woman sewing a purposeless seam, every patient in the room either silently looking at the fire, or silently looking on the ground - or rather through the ground, and at Heaven knows what, beyond.[23]

Dickens urged his readers to 'do a little in any direction' and support asylum reform. The hospital governors were permitted to use his text to raise funds for the institution and on a return visit to St Luke's in 1858, Dickens was able to record his enthusiasm for the changes that had taken place in the decoration and atmosphere of the hospital wards:

> Much delighted with the great improvements in the Hospital, under many difficulties - with the excellent demeanour of the attendants - and with the benignant and wise spirit of the whole administration.[24]

A similar transformation was taking place in other British asylums. By 1861, James Murray's Royal Lunatic Asylum in Perth, was being praised for 'the beauty and cheerfulness' of the hospital interior, decorated with 'pictures, statuettes and flowers'.[25] Two engravings, published in *The Illustrated London News*, on 24 and 31 March 1860,

[21] W.H. Pyne and W. Combe, *The Microcosm of London*, London: R. Ackermann, 1808-1811. It was published in three volumes and contained 104 hand-coloured aquatint plates by Thomas Rowlandson and Augustus Charles Pugin. An aquatint is a method of etching to produce tone rather than line.
[22] C. Dickens, 'A Curious Dance Round a Curious Tree', *Household Words*, 4, 1852, 385-9. For the full text, see www.lang.nagoya-u.ac.jp/~matsuoka/CD-Dance.html. Accessed 11 November 2004.
[23] Ibid., p. 33.
[24] St Luke's Hospital Visitors Book 15, January 1858. Quoted in R. Hunter and I. Macalpine, *Three Hundred Years of Psychiatry 1535-1860*, London and New York: Oxford University Press, 1963, p. 999.
[25] *Third Annual Report of the General Board of Commissioners in Lunacy for Scotland*, Edinburgh: Thomas Constable, 1861, p. lxxi.

show views of the 'Women's Ward' and the 'Men's Ward' at Bethlem Hospital. The contrast to Hogarth's shocking portrayal of the asylum environment could not be more marked. Well-dressed patients, seemingly busy and contented, fill the wards. The windows are decorated with bird-cages and hanging baskets of flowers and the walls ornamented with sculpture and paintings.[26] Such innovations were the result of Dr William Charles Hood's appointment as Resident Physician-Superintendent in 1852. His commitment to moral management transformed the hospital environment at Bethlem and the treatment of its patients. Within a year of his appointment Hood had introduced a magic lantern, prints and other amusements into the asylum.[27] Henry Morley's anonymous article, 'The Star of Bethlehem', in Dickens' magazine *Household Words*, praised Bethlem's use of 'birds, flowers, books, statuettes and pictures' to brighten the wards.[28] What is clear from this article and from the Bethlem records is that such ornamentation was new in the hospital: Hood's appointment ushered in a period of transformation for the asylum, when moral management was extended to the creation of a healing environment, at once pleasant, home-like and cheerful.

Since the Quakers preferred their homes to be undecorated rather than cluttered with imagery, the walls of the York Retreat were left unembellished with pictures in its early years. Joseph Gurney had encouraged Quakers to take 'a humble walk with God' and warned against 'lusts, follies, vices, and vanities' such as the 'unnecessary display in funerals, furniture and style of living'.[29] Thomas Clarkson, whose account of Quakerism in the early-nineteenth century is one of the most important sources of information on the Society of Friends, wrote of their attitude to displaying pictures, noting that 'we shall often be disappointed, for instance, if we expect to find either paintings or prints in frame, such things being looked upon by Friends as indicating a love of display or vain decoration.'[30] Not all Quakers were uninterested in displaying fine art - indeed, pictures such as engravings of Benjamin West's *Penn's Treaty with the Indians* (1772) were considered suitable for display not simply because the artist had

[26] These engravings are displayed in the Bethlem Royal Hospital Museum, Beckenham, Kent.

[27] J. Andrews et al., *The History of Bethlem*, p. 489.

[28] Anon., 'The Star of Bethlehem', *Household Words*, 16, 1857, 145-50. Quoted in Andrews et al., *The History of Bethlem*, p. 491.

[29] J.J. Gurney, *Observations on the Religious Peculiarities of the Society of Friends*. London: J. and A. Arch, 1824, pp. 305-6.

[30] T. Clarkson, *A Portraiture of the Christian Profession and Practice of the Society of Friends: Embracing a View of the Moral Education, Discipline, Peculiar Customs, Religious Principles, Political and Civil Economy, and Character of that Religious Society*, Glasgow: Robert Smeal, 1869, p. 81. Thomas Clarkson (1760-1846) first published his three-volume account in 1806. This edition included slight amendments to the original text.

been brought up in a Quaker family but, more importantly, the print was 'the pleasing record of a transaction so highly honourable to the principles of the Society'.[31] But pictures rarely decorated the homes of Friends and those who did own them would have been sensitive to Quaker custom:

> Some members have come accidentally into possession of paintings and engravings in frame, which, being innocent in their subject and their lesson, they have thought proper to retain. Prints in frames, if hung up promiscuously in a room, would be considered as ornamental furniture, or as furniture for show. They would therefore come under the denomination of superfluities; and the admission of such, in the way that other people admit them, would be considered as an adoption of the empty customs or fashions of the world. But though the members of this Society are not in the practice of hanging up prints in frames, yet there are amateurs among them, who have a number and variety of prints in their possession. But these appear chiefly in collections, bound together in books, or preserved in portfolios, and not in frames as ornamental furniture for their rooms.[32]

Samuel Tuke, whose family had founded the York Retreat, believed that Christianity contemplated 'the elevation, refinement and perfection of man, singly and socially, by the infusion of new moral principles into his mind'; since the Christian was thus raised 'to the love and contemplation of the eternally beautiful' by religion, he did not require 'the offices of the Fine Arts to elevate, refine, and truly civilize him'.[33] It was not until 1855, under John Kitching's direction, that the Retreat's corridors began to be decorated, 'on therapeutic grounds', in brighter colours and 'elegant wallpaper and pictures adorned the upper surfaces'; within a few years photographs and lithographs had also been introduced to other rooms.[34]

Some North American asylums had begun to introduce art on their walls well before the 1850s. In 1800, at Pennsylvania Hospital for the Insane, the hospital's Board of Managers had commissioned a large painting from Benjamin West (1738-1820), an American artist resident in London.[35] The subject chosen was *Christ healing the Sick* and took eleven years to complete. Painted in London, the original was bought by the

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[31] Ibid., p. 81. Biographical information on Benjamin West is given later in this chapter.

[32] Ibid., p. 82.

[33] C. Tylor, *Samuel Tuke: His Life, Work, and Thoughts*, London: Headley Brothers, 1900, p. 173. Tylor mentions that Tuke's papers appeared from the 'Ninth Month, 1844, to First Month, 1845' in the *Friend*. The page references are not recorded.

[34] A. Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914*, Cambridge: Cambridge University Press, 1985, p. 40. John Kitching was Superintendent of the York Retreat, 1849-1874.

[35] West arrived in London in 1763 and was a founding member of the Royal Academy in 1768. During his hugely successful career he was appointed Historical Painter to King George III and President of the Royal Academy.

British Institution but a second version was sent to the hospital in 1817, as a donation in memory of West's wife.[36]

FIG. 17   B. West, *Christ healing the Sick* (courtesy of the University of Pennsylvania Health System. www.uphs.upenn.edu)

The painting was displayed as much for the benefit of the general public who paid to view it as for the good of the hospital's inmates. But the patients' need for the stimuli provided by the fine arts was not neglected. By the 1840s they were allowed to decorate their rooms with their own furnishings and pictures as it was the asylum's policy to deny 'no patient such expressions of individual taste'.[37] In 1851 the hospital funds allowed for the purchase of 'some pictures and busts' for display in the asylum.[38] The earliest photographs of the hospital date from the 1870s and clearly show framed pictures decorating the long hallways of the wards. Other American asylums were not so enlightened. An engraving, *Ball of Lunatics at the Asylum, Blackwell's Island, East River, New York* (1865), shows the assemblage of patients and staff dancing in a bare-walled room, brightened only by lanterns suspended from a ceiling rail.[39]

In Europe, art was also appearing in hospitals for the insane. In an article, 'The Picture Asylum', which appeared in *The New Moon* in 1845, the author (possibly Browne) wrote about an 'Asylum in Bruges':

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[36] West added a 'demoniac with attendant relations' to this second version as a tribute to the work of the hospital. For further information on the commission see the History of Pennsylvania Hospital website at www.uphs.upenn.edu/paharc/tour/index.html. Accessed 5 October 2004.

[37] N. Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*, Cambridge: Cambridge University Press, 1984, p. 202.

[38] Anon., 'American Hospitals for the Insane', *Journal of Psychological Medicine and Mental Pathology*, 6, 1853, p. 606. The author acquired this information from the asylum's *1851 Annual Report*.

[39] This engraving first appeared in *Frank Leslie's Illustrated Newspaper*, 9 December 1865. The name of the artist is not recorded. The asylum, established in 1839, was part of a complex that included a penitentiary and a smallpox hospital.

In all the cells were symbols, and especially pictorial symbols, of the Catholic religion ... Tokens of the fine arts in the land of the Flemings is nothing surprising; yet the number of pictures, of all sorts and sizes, scattered through all parts of this house, was extraordinary, and had a good effect. They occupied conspicuous places in the public rooms. They lay in portfolios on the tables of the convalescents. You discovered them in corners and nooks, the most unlooked for and unexpected. Even some of the apartments of the patients were humble picture galleries. The lobbies and passages needed no paper or tapestry - they were clothed with engravings or oil paintings, which astonished by their number ... the plan struck me as new, and the general effect as good and cheerful; and if properly managed, as calculated to suggest innumerable trains of thought, which must otherwise have lain dormant and unproductive.[40]

In Italy, art had been used as a form of decoration in hospitals for many centuries, dating at least to the Renaissance. The façade of Florence's Ospedale degli Innocenti (Foundling Hospital, c.1419-1440s) designed by Filippo Brunelleschi (1377-1446) was decorated with glazed terracotta roundels of children by Luca della Robbia (1399/1400-1482) and the hospital interior contained frescoes promoting the work of the hospital by Sandro Botticelli (1444/5-1510), Domenico Ghirlandaio (1449-1494) and Piero di Cosimo (c.1462-1521).[41] Another member of the della Robbia dynasty, Giovanni (1469-c.1529), designed a coloured terracotta relief frieze that included the scene, *Visiting the Sick* (c.1525), showing patients being attended to by physicians, for the façade of the Ospedale del Ceppo in Pistoia.[42] In 1439 Domenico Veneziano (d.1461) and Piero della Francesca (1415-1492) were paid by the Ospedale di Santa Maria Nuova in Florence for a series of frescoes, *Stories from the Life of the Virgin*, in the principal chapel of the hospital's church, Sant' Egidio.[43] The Ospedale di Santa Maria della Scala, in Siena, still contains frescoes painted on the walls by a variety of artists including Domenico di Bartolo (c.1400-1447), Vecchietta (c.1412-1480) and Jacopo della Quercia (c.1374-1438). Dating from the 1440s, these frescoes depict scenes from the hospital's history and its charitable deeds.[44] The evidence for art in

[40] DUMCR1989.364, CRI, *The New Moon*, 1, February 1845, 'The Picture Asylum'. Bruges had an asylum separate from St John's Hospital.

[41] The Foundling Hospital was an institution for orphans and abandoned children. For information on the Innocenti Hospital architecture and decoration, see www.mega.it/eng/egui/monu/ospinn.htm. Accessed 3 February 2005.

[42] For illustrations of the whole frieze and a discussion of the hospital's decoration, see http://digilander.libero.it/pistoia_tour/ospedale_del_ceppo.htm. Accessed 27 January 2005.

[43] P. Murray and P. De Vecchi, *The Complete Paintings of Piero della Francesca*, Middlesex: Penguin Books, 1970, p. 83. Piero was named as Veneziano's assistant in this project. See also P. Hendy, *Piero della Francesca and the Early Renaissance*, London: Weidenfeld and Nicolson, 1968, pp. 19-21. This is the earliest surviving document of Piero's artistic activities.

[44] There are also frescoes by Domenico Beccafumi (c.1512) and seventeenth-century works by Manetti. The hospital was also a hostel for pilgrims. For the most recent account of the frescoes and the artists

Italian asylums, however, is not well documented; even by the nineteenth century it is not known how many benefited from similar forms of decoration.

In Spain, the artist Francisco José de Goya y Lucientes (1746-1828) produced a number of studies of the asylum at Saragossa, including *The Madhouse* (Royal Academy of San Fernando, Madrid, 1794 or c.1812-14) and *Yard with Madmen* (1794, Meadows Museum, Dallas), both of which record bleak scenes, devoid of any decoration.[45] And yet, Goya's visions are at odds with Pinel's comments on the asylum's approach to treatment: Pinel had praised the Saragossa Asylum staff for not using solitary confinement or straightjackets and for seeking 'an antidote to the wanderings of the diseased imagination in the charms of agriculture'.[46] Johann Konrad Fäsi-Gessner was both a Swiss artist and the Director of Zurich Asylum, from 1835 to 1853. He filled a sketchbook with drawings of his patients. In Fäsi-Gessner's beautiful engravings of the Zurich Asylum, such as *Festive Meal in the Oberpfründerstube* (c.1840) and *Hymn Hour in the Oberpfründerstube* (c.1840), there are no pictures on the walls. Nor is mention made of decoration in the descriptions of the French hospitals of this period; neither Pinel nor Esquirol in their publications refer to any use of artistic embellishment in their asylums. Moderate or minimal decoration is possibly not typical of many European asylums until after the mid-nineteenth century. Pictures were, after all, a luxury that might have seemed unnecessary in institutions for paupers, many of whom would not have been able to afford to furnish their own homes with such imagery.

Fine Art as decoration at Crichton

While Browne believed that 'the decorations and ornamentation, which form so essential an element in moral treatment as applications of the influence of beauty in softening and refining coarse and harsh natures' were undoubtedly desirable, he was

involved in the decorative commission, see
http://brunelleschi.imss.fi.it/genscheda.asp?appl=LST&xsl=luogo&lingua=ENG&chiave=700435.
Accessed 7 January 2005.
[45] The date of Goya's asylum paintings has been much debated over the years. There is still uncertainty whether *The Madhouse* was done in 1794, shortly after the serious illness that left him permanently deaf, or later in his career, c.1812-14, after the accession of Ferdinand VII. *Yard with Madmen* can be dated to 1794 because Goya described the painting in a letter of that date. In size and in technique it is quite different from *The Madhouse*.
[46] P. Pinel, *Traité medico-philosophique sur l'aliénation mentale, ou la manie*, [A Treatise on Insanity], Paris: Richard, Caille & Ravier, 1801. English translation, D.D. Davis, London: Cadell and Davies, 1806, reprinted 1962, pp. 217-8.

anxious that they should not become overwhelming in the asylum environment. This opinion was highlighted in his lecture, *The Moral Treatment of the Insane*:

> The hospitals for the non-affluent classes ... should be beautified, but in a manner which the inmates can understand and appreciate; their refinements and elegances should not interfere with comfort, ease, or freedom, nor be calculated to create tastes and preferences which cannot be gratified elsewhere; they should teach and elevate, but their lessons should speak clearly of early habits, former pursuits, natural proclivities, rather than of the glitter and gaudiness of tinsel luxury.[47]

It is not certain when fine art began to be used as a form of decoration but a reference to Crichton's 'picture gallery' is made as early as August 1845 in *The New Moon*, years before Browne's British contemporaries began to introduce art into their asylums.[48] However, the text of a 'monthly notice' in a later edition of *The New Moon* would seem to indicate that Crichton's walls may have been left undecorated prior to 1847 when Browne made the following donation:

> Our hitherto bare walls are to be decorated with works of art; that is, if the liberality of our Medical Superintendent be a guarantee of what is to follow. He has presented us with a beautiful engraving, neatly framed, the subject being quite apropos, pourtraying [sic] the visit of the Marquis of Worcester and Marion Delorme to Bicêtre, they being the figures in the foreground, the other striking personage Solomon de Caus, looking through the bars of his prison-house, and offering to the notice of the visitors a scroll, upon which is written "Des effets de la Vapeur."[49]

This print was probably designed by Paul Gavarni (1804-1866).[50] The subject, a man confined in prison and yet found to be a genius rather than a madman, must have held a special appeal to Crichton's residents. The story was, in fact, based upon a hoax document which appeared in the French journal, *Musée des Familles*, in 1834: a letter purporting to have been written by Marion Delorme on 3 February 1641 had given an account of her encounter with Solomon de Caus, an inspired engineer and inventor.[51] Browne would not have known that it was a fake and like so many of his contemporaries would have found the narrative a fascinating reminder of the misunderstood nature of genius and insanity. A year later, a 'folio volume, bound in

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[47] W.A.F. Browne, *The Moral Treatment of the Insane; A Lecture*, London: J.E. Adlard, 1864, p. 7.

[48] DUMCR1989.364, CRI, *The New Moon*, 1, August 1845, 'Intelligence'.

[49] DUMCR1989.364, CRI, *The New Moon*, 4, December 1847, 'Monthly Notice'.

[50] Gavarni was the pseudonym of the French caricaturist Sulpice-Guillaume Chevalier. The author has not been able to identify any other contemporary artist who depicted this unusual subject.

[51] Henri Berthoud, a literary enthusiast and regular contributor to the *Musée des Familles*, admitted to writing the letter. Solomon de Caus, the supposed inventor of the steam engine, was never confined at Bicêtre. De Caus published *Les Raisons des Forces Mouvantes* in 1615.

vellum' of Solomon de Caus's publication, *Les Raisons des Forces Mouventes*, had entered the Crichton Library.[52]

The fact that Browne had collected prints suitable for donating to the asylum is a reflection of his interest in the fine arts. In Britain before the eighteenth century, only wealthy connoisseurs could afford to collect high-quality engravings to display in folios of art or on the walls of their residences. But in the 1730s, mass production and an expanding market in affordable prints - more than 17,800 foreign prints entered Britain from the continent in 1730 - had allowed the public greater access to this form of decoration.[53] Indeed, British print production, inspired by the success of artists such as William Hogarth, had led to the development of a British school of engravers which matched its foreign rivals and resulted in a rapid expansion in the production of book illustrations and individual engravings.[54] By the mid-nineteenth century, print collecting had become a widespread popular activity, encouraged through the journals and magazines of the day, such as *The Art Journal* which included quality engravings after major paintings in its volumes. Browne's engraving was only one of many produced to cater for a public who had little opportunity of seeing, or indeed owning, the original paintings.

Print collecting, it seems, was an activity that appealed to both young and old alike. In April 1848, another 'valuable addition' to the asylum picture gallery was a donation by 'Master John Frederick Dickson, Westminster School', a 'juvenile philanthropist', of two black and white engravings: *The Prisoner of Gisors* and *Convalescent from Waterloo*.[55] Both prints were published by the Art Union of London. *Convalescent from Waterloo* had been engraved by George T. Doo (1800-1886) in 1845 after a painting by William Mulready (1786-1863), the popular Irish-born artist.[56] As Lyndel Saunders King has observed of this image, it 'reminded the viewer of a recent event in English history, evoked feelings of patriotism and had just the right amount of

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[52] DUMCR1989.364, CRI, *The New Moon*, 5, December 1848, 'Monthly Notice' and 'Donations to Museum and Library'. It was one of five books donated by 'W. C. Aitken, Esq., Birmingham'.
[53] J. Brewer, *The Pleasures of the Imagination: English Culture in the Eighteenth Century*, London: HarperCollins, 1997, p. 454.
[54] For a discussion of early print production in Britain, see R. Russell, *Guide to British Topographical Prints*, Newton Abbot, Devon: David & Charles, 1979, pp. 23-54.
[55] DUMCR1989.364, CRI, *The New Moon*, 4, April 1848, 'Monthly Notice'. Master Dickson was probably the son of Dr Dickson, from London, who is recorded in *The New Moon*, 4, March 1848, as having donated 'Two Pieces of New Music' and the 'Art Union of London Almanac'.
[56] The original painting is now on display in the Merrion Hotel, Dublin.

sentiment to be appealing'.[57] The subject of *The Prisoner of Gisors*, engraved in 1848 by Edward Henry Wehnert after the painting by Frederick Bacon, came in for particular praise in *The New Moon*:[58]

> That the Prisoner of Gisors was somebody of importance the engraving plainly enough pourtrays [sic], but, like the Man in the Iron Mask, the more we contemplate his misfortunes, the greater our curiosity to know who he was. "O Mater Dei Miserere mei, Pontani," is the prayer he has chiselled over the Crucifixion which the sunlight permitted him to execute upon the wall of his prison, and we feel disappointment that the following story is all that can be gleaned of him:- "Every one at Gisors has heard of the unknown criminal whom State reasons, now forgotten, immured alive in that tomb which is still called 'The Prisoner's Tower,' where he has perpetuated his memory in bas-reliefs, executed, it is said, with a nail, on that part of the wall where the solitary sun-beam which entered his cell enabled him to see his work."[59]

Within a month, the collection had been expanded by a personal donation from S. C. Hall, Editor of the *Art Union of London*:

> We must notice three dozen magnificent plates, of various dimensions, some of them coloured, but chiefly the works of the Art Union. We look forward with pleasure to the time when they shall be framed in a style equal to their excellence, and the galleries they are intended to adorn, and we may safely predict that the future visitor, when admiring the elegance of these decorations, will be delighted to know we possess such a benevolent and substantial patron as J. B. Hall, Esq.[60]

The donation was most timely, for on 24 March 1847, the patient J. L. Leach (using the name 'Poeticus') had written a letter to the Editor of *The New Moon* in which he stated that if 'art and civilisation go hand in hand, and civilisation strengthens the bonds of social and political fellowship ... true patriotism demands the cultivation and encouragement of the Fine Arts, calls for the formation of Art Unions every where, and the establishment of Schools of Design.'[61] It is quite possible Hall had read the March

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[57] L.S. King, *The Industrialization of Taste: Victorian England and the Art Union of London*, Michigan: UMI Research Press, 1985, p. 95. According to King, Mulready selected only three engravers who had his permission to engrave the image; in the end, George Doo was given the commission over J. H. Robinson and H. C. Shenton.

[58] Wehnert designed book illustrations for *Grimm's Fairy Tales* and made additional illustrations for the 1858 edition of Coleridge's *Rime of the Ancient Mariner*. In spite of the praise heaped on it in *The New Moon*, it is possible that the Art Union committee who commissioned the engraving was not fully satisfied with it. For more information, see King, *The Industrialization of Taste*, pp. 171-2.

[59] DUMCR1989.364, CRI, *The New Moon*, 4, April 1848, 'Monthly Notice'.

[60] DUMCR1989.364, CRI, *The New Moon*, 4, May 1848, 'Monthly Notice'. The following month, *The New Moon* contained an apology not only for printing Hall's initials incorrectly (J. B. instead of S. C.) but also for implying that Hall had gifted these prints on behalf of the *Art Union*. They were, in fact, a personal donation.

[61] DUMCR1989.364, CRI, *The New Moon*, 3, April 1847, 'Letter to Editor'.

1847 issue of *The New Moon* and responded to the appeal, perhaps delighted to read Leach's pronouncement that the 'zeal with which Art Unions prosecute their humanizing task, and the courage with which they defend their real or fancied rights, is another hopeful feature of the age'.[62] None of the thirty-six engravings is identified by name but by that date the Art Union had published an extensive range of prints, mainly landscapes and genre scenes.[63]

In 1849 a series of etchings depicting incidents from the life of Robert the Bruce was gifted to Crichton by a donor, 'Sellers', although it is not clear if these prints would have been displayed on the walls or kept in a folio format.[64] But fine art by professional artists was not exclusively for the educated patients and those of refined taste. By 1855 pictures were also being introduced onto the walls of the Southern Counties Asylum. As Browne observed, the 'benevolence of strangers is clothing them with good engravings and lithographs.'[65] They had appeared as a result of an appeal made by an unidentified source known only as 'T' from the Southern Counties Asylum.[66] It is not certain whether 'T' was a member of staff or a patient. In a letter to the Editor of *The New Moon*, 'T' recorded the beginnings of the collection:

> A great event has taken place in the gallery to which I belong during the last month. Some kind charitable soul has made us a present of maps and pictures. They are elegantly framed, and placed over the fireplace. I may say that every patient admires them, if I may judge from the number of eyes that are constantly examining them. Shut out as we are from the world, and most of us indifferent to books, it would be both amusing and instructive if the walls of our gallery were covered with interesting pictures ... When our gallery becomes like a little Louvre, our eyes will rejoice and our tongues will praise our kind friends.[67]

As with so many requests made through *The New Moon*, this appeal did not fall on deaf ears. Within a month donations from well-wishers had been received: fourteen 'water-coloured drawings' had been gifted by 'a lady who was once distinguished among us as the Queen of Beauty': and James Gibson Craig, from Edinburgh, also made 'a magnificent present of religious prints, (coloured) embracing all the great

[62] Ibid., 'Letter to Editor'.
[63] For a discussion of the types of works engraved, see King, *The Industrialization of Taste*, p. 87.
[64] DUMCR1989.364, CRI, *The New Moon*, 5, February 1849, 'Donations to Library and Museum'.
[65] DUMCR1990.29, *CRI Sixteenth Annual Report*, 11 November 1855, p. 33.
[66] It is possible 'T' may be identified as Robert Smith, MD, Medical Assistant at the Southern Counties Asylum, 1854-6.
[67] DUMCR1989.364, CRI, *The New Moon*, 12, December 1855, 'Letter to the Editor of the New Moon'.

events of the New Testament History'.[68] More donations followed: in 1856, Mrs Browne gifted a print of 'Sabrina' and Mrs Dalgairns gifted prints of 'Raffaelles [sic] Madonna', 'Return from Deer Stalking, by Landseer' and 'View of Edinburgh, by Bishop Tower'.[69] These were put on display and were certainly appreciated by some of the patients for in February 1857, 'T' was able to announce:

> One Gallery and two Sitting-Rooms are now furnished with elegant Pictures. Many of the Pictures are Scriptural, and give great pleasure to the Patients. A great many more Pictures or Drawings are needed, to give all the Sitting-Rooms and Galleries an equal share. We trust that our kind friends will continue to aid in completing the good work so well begun.[70]

If other pictures for the asylum walls were received, they are not recorded in subsequent numbers of *The New Moon*. Perhaps later Browne saw limitations in the benefits to be derived from the display of art for 'non-affluent' patients, for in 1864 he was to reflect that the 'pets and sights and sounds of happier days, and birds and flowers, are more health-giving and hope-inspiring to the unsophisticated heart than ... copies of Raphael's cartoons'.[71]

Fine art and patient art – artistic conventions and art criticism in Britain from Reynolds to Ruskin

> Taste is the perception of beauty and deformity ... Show me the nation where the Fine Arts are cultivated, where science has fixed her seats of literature, and where the discussions and refinements of a polite philosophy are brought practically to bear on every branch of the national employment, and I will tell you what is the rich and prosperous nation.[72]

These words, composed by one of Browne's Crichton patients, may well have reflected Browne's own appreciation of the importance of fine art. In the later eighteenth century, Sir Joshua Reynolds had set the tone for artistic training and art appreciation in Britain in his *Discourses*, his lectures on art delivered to the students and members of the Royal

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[68] DUMCR1989.364, CRI, *The New Moon*, 12, January 1856, 'Letter to the Editor of The New Moon'. James Gibson Craig was the son of Sir James Gibson Craig (1765-1850) of Riccarton Estate. The identity of the lady is not known. Since this was the paupers' asylum, it seems likely that reference is being made to a former member of the female staff rather than to a former patient.

[69] DUMCR1989.364, CRI, *The New Moon*, 12, April 1856, 'Donation to Southern Counties Asylum Painting Gallery'; DUMCR1989.364, CRI, *The New Moon*, 12, May 1856, 'Donation to Southern Counties Asylum Painting Gallery'. Mrs Browne is likely to have been Dr Browne's wife rather than his mother who resided in Edinburgh.

[70] DUMCR1989.364, CRI, *The New Moon*, 13, February 1857, 'Letter to Editor'.

[71] Browne, *The Moral Treatment of the Insane*, p. 7.

[72] DUMCR1989.364, CRI, *The New Moon*, 3, January 1847, 'Taste, Part VII'. This was written by 'Poeticus', the patient James Lawrie Leach.

Academy between 1769 and 1790. In describing the acquisition of skills and expertise required by aspiring artists, Reynolds had divided them into three phases. The first was a proficiency in painting: a 'facility of drawing', an ability in the 'management of colours' and an understanding of the 'rules of composition'.[73] In the second phase the artist was instructed to 'collect subjects for expression' and to 'learn all that has been known and done before his own time' in terms of artistic achievement.[74] Historical and religious paintings were held up as the ideal 'subject for expression' but landscapes (preferably with an historical or moral element), narrative compositions and portraiture were also viewed as acceptable subjects. Reynolds promoted the Renaissance masters such as Raphael and Michelangelo as 'models of excellence' and 'the properest guides' for the student seeking the ideals of beauty and truth in art.[75] Only through a thorough study of such art, he advised, could the student be prepared for the final phase, that of using his own judgment and imagination. As Reynolds observed, the 'mind that has been thus disciplined, may be indulged in the warmest enthusiasm' and the artist 'will stand among his instructors, not as an imitator, but a rival.'[76] Well into the mid-nineteenth century, Reynolds's *Discourses* were still held up as exemplary by many British artists and critics, and the old masters such as Raphael whom he had praised so warmly, remained favourites with artists and public alike.

Not all of Reynolds's contemporaries shared his opinions on art, however. By the time of his last lecture to the Royal Academy in 1790, the dominance of Neoclassical art with its serious moral message, its emphasis on antique grandeur and on the ideals of heroism was beginning to be challenged by Romantic notions of the importance of individuality and personal expression in art. In Britain, William Blake led the charge against Reynolds, the man who was, according to Blake, 'Hired to depress Art'.[77] Blake disagreed with Reynolds's comment that 'those inventions which either disdain or shrink from reason, are generally, I fear, more like the dreams of a distempered brain than the exalted enthusiasm of a sound and true genius.'[78] 'If this is True' responded Blake, 'it is a Devilish Foolish Thing to be an Artist'.[79] In his *Lectures*

[73] R.R. Wark, ed., *Discourses on Art by Sir Joshua Reynolds*, San Marino: Huntington Library, 1959. 'The Second Discourse', p. 25.
[74] Ibid., p. 26.
[75] Ibid., p. 28.
[76] Ibid., p. 27.
[77] D. Erdman, ed., *The Complete Poetry and Prose of William Blake*, New York and London: Doubleday, 1988, p. 635. 'Annotations to Reynolds.'
[78] Wark, ed., *Discourses on Art by Sir Joshua Reynolds*, 'The Seventh Discourse', p. 142.
[79] Erdman, ed., *The Complete Poetry and Prose of William Blake*, p. 660. 'Annotations to Reynolds.'

on Aesthetics (1818) the German philosopher Georg Hegel (1770-1831) described the Romantic form of art as addressing itself 'to the inward mind ... the heart, the feeling'.[80] The powerful and emotional imagery of Gericault and Delacroix in France and of Goya in Spain promoted the notion of the primacy of personal expression.[81] In Britain the landscapes of J. M. W. Turner (1775-1851), so often 'Romantic' in mood and containing historical or literary references, appealed to the public taste for drama and excitement in art.

By the mid-nineteenth century Britain had witnessed a flourishing of the fine arts. Through the huge popular success of the annual exhibitions held in the Royal Academy and in many other institutions around the country, art reached out to a public who was only too eager to embrace the pleasures that it offered. The practice of art, no longer the reserve of the wealthy and the well educated, was open to a broadening spectrum of society while the appreciation of pictures was fostered through exhibitions and an increasing number of specialist journals and publications. As noted earlier in this chapter, the mass production of prints after established 'old masters' meant that art collecting became accessible to the many rather than the few. Amidst so much enthusiasm for art, it became the role of connoisseurs and critics to instruct the public on those qualities that elevated paintings from the level of mediocrity to that of genius.

During the Victorian era narrative painting, inspired by the success of the Scot Sir David Wilkie (1785-1841), became the dominant genre. Pictures with a sense of moral purpose, wrapped up in the guise of social, religious or historical themes, were presented for public consumption alongside landscapes (continental views proved very popular) and portraits. By the mid-nineteenth century the most influential writer on art was the critic, artist and social reformer John Ruskin (1819-1900). For more than forty years, from the publication of his first volume of *Modern Painters* (1843), Ruskin sought to elevate the minds of his readers through his eloquent analysis of 'The True, the Beautiful, and the Intellectual' in art.[82] It was Ruskin who championed first Turner

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[80] G. Hegel, *Lectures on Aesthetics*, quoted in C. Harrison, P. Wood, J. Gaiger, *Art in Theory 1815-1900*, Oxford: Blackwell Publishing, 2005, p. 69.

[81] It is in his series of etchings such as *Los Caprichos* and in his private 'Black Paintings' rather than in his royal and public commissions, that Goya reveals his affinity with Romanticism.

[82] This phrase forms part of the original title of Ruskin's 1843 publication *Modern Painters: Their Superiority In the Art of Landscape Painting To all The Ancient Masters Proved by Examples of The True, the Beautiful, and the Intellectual, From the Works of Modern Artists, Especially From those of J.M.W. Turner, Esq., R.A.* The first volume of *Modern Painters* was published anonymously as by a 'Graduate of Oxford'; Ruskin's name did not appear on the title page until the fifth volume (1851).

and then the artists of the Pre-Raphaelite Brotherhood - Millais, Holman Hunt and Rossetti.[83] In Ruskin's view, 'all great art is the work of the whole living creature, body and soul, and chiefly of the soul ... Senses, fancy, feeling, reason, the whole of the beholding spirit, must be stilled in attention or stirred with delight: else the labouring spirit has not done its work well.'[84]

Ruskin's stance divided the art world between those who interpreted *Modern Painters* as an unwelcome challenge to the traditional aesthetics of Reynolds and those more progressive critics who welcomed Ruskin's emphasis on nature and the senses as the basis of aesthetic judgment.[85] Towards the end of his career Reynolds, too, had acknowledged the value of originality in art for he wrote that 'something must be conceded to great and irresistible impulses' and observed that great art could proceed 'from the most poetical and sublime imagination', but only when the mind was rational and ordered.[86] It was a point echoed by Ruskin when he observed that a 'great painter can only under the most extraordinary circumstances be liable to fits of physical exhaustion or depression, and assuredly he is never liable to any morbid conditions of either'.[87] It is interesting to note that those British painters whom Browne included in his article 'Mad Artists' - such as Blake, Barry, Hayden, and Ruskin's hero, Turner - were accused by some of their contemporaries of stepping over the border of reason in their compositions and in their personal behaviour into a world of irrationality and even madness.[88]

And so, given the widespread enthusiasm for the fine arts and the diversity of viewpoints on the nature of art, how would British society in the mid-nineteenth century, the period when Browne was forming his collection of *Art in Madness*, have viewed art produced by asylum patients? The answer is probably a unified rejection of any interest in such productions. Public interest in the art of Richard Dadd ceased the

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[83] Sir John Everett Millais (1829-1896), William Holman Hunt (1827-1910) and Dante Gabriel Rossetti (1828-1882).
[84] J. Ruskin, *The Stones of Venice*, III, ch. IV, 1. 21. Quoted in K. Clark, ed., *John Ruskin: Selected Writings*, London: Penguin Books, 1991, p. 145.
[85] For a discussion of Ruskin's writings and influence, see G. P. Landow, *The Aesthetic and Critical Theories of John Ruskin*, Princeton: Princeton University Press, 1971. *Blackwood's Magazine* and the *Athenaeum*, for example, were opposed to Ruskin's views while periodicals such as the *British Quarterly Review* and the *North British Review* supported his stance.
[86] Wark, ed., *Discourses on Art by Sir Joshua Reynolds*, 'The Fifteenth Discourse', pp. 270 and 273.
[87] J. Ruskin, *Modern Painters*, II, Appendix II, 1. 7. Quoted in Clark, ed., *John Ruskin: Selected Writings*, p. 182.
[88] Anon. [W.A.F. Browne], 'Mad Artists', *The Journal of Psychological Medicine and Mental Pathology*, 6, 1880, 33-75.

moment he entered Bethlem. Not only would it have been assumed by many that Dadd was no longer mentally fit to continue his painting but also the notion that art produced by the insane was worthy of consideration was not one that was widely shared. If the public was not aware of, or interested in, the work of a successful professional artist such as Dadd after his confinement, there can have been little attraction in viewing the work of unknown amateur artist-patients who had received only limited training and had no previous standing in the art world. Because art was not necessarily encouraged in many asylums, there was limited opportunity for such productions to have been viewed by the public and no apparent demand for it.

When Browne introduced the subject of patient drawings in 'Mad Artists', he was careful to describe them not specifically as 'art' but as '*pseudo* art', perhaps acknowledging the distinction between the products of a sane, rational mind and those of the irrational and insane.[89] Having been a keen phrenologist, Browne may have shared George Combe's belief that 'Phrenology ... should furnish one grand element towards constructing a philosophy of art'.[90] According to Combe, the 'natural gifts' that were necessary for a successful artist included '*temperament, or quality* of brain', a '*full size of brain*' so that 'the size of the organs' was not 'deficient', and '*a favourable combination of the cerebral organs.*'[91] Combe observed:

> To form a great artist, therefore, the first requisite is a fine constitution of brain, and an active temperament; the second is a sufficient development of the organs of all the propensities and sentiments, to confer upon him a sympathy with, and a keen experience of, all human passions and emotions; the third is an adequate endowment of the artistical [sic] organs; the fourth, an ample endowment of the organs of the higher intellectual faculties; the fifth, an adequate knowledge of every branch of science which reveals the structure, qualities, and expression of the objects which he aims at representing; - to all of which must be added a thorough acquaintance with the practice of his art.[92]

For Browne as for Combe, the insane, suffering as they did from diseased minds, were lacking in those qualities so essential for artists who created works of real merit. Until

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[89] Ibid., p. 33.

[90] G. Combe, 'Mr Combe on the Application of Phrenology to the Fine Arts', *The Phrenological Journal and Magazine of Moral Science*, 17, 1844, p. 114. This article is one of several written by Combe and published in *The Phrenological Journal* on the subject of phrenology and art. These articles were also revised and published in book form. See G. Combe, *Phrenology applied to Painting and Sculpture*, London: Simpkin, Marshall, & Co., 1855.

[91] Ibid., pp. 114-6.

[92] G. Combe, 'Mr Combe on the Cerebral Development and Moral and Intellectual Character of Raphael Sanzio d'Urbino', *The Phrenological Journal and Magazine of Moral Science*, 19, 1846, p. 44.

the time when their 'fine constitution of brain' was restored, their productions could not be appreciated on the same level as art by their 'sane' contemporaries.

At Crichton, Browne promoted those aspects of art activity that conformed to the public's understanding of 'normal' or 'conventional' art. In this respect he was allying himself to Reynolds rather than to Blake.[93] Just as Reynolds had promoted three phases of art education, so through his promotion of moral treatment Browne made available an environment that offered the required training in elementary drawing through hired instructors brought into the asylum; visits were made to exhibitions and artists' studios to study the works of professionals. Browne encouraged 'suitable subjects for expression' in the form of engravings and books illustrated by established painters. These were exactly the kind of images considered suitable for copying by amateurs in the 'sane' world. He also promoted original compositions through visits to local beauty spots where sketches could be made. Wishing to demonstrate that his patients could produce art without 'a trace ... of the mental or moral lesion under which the workmen suffered', Browne would have been only too aware of the necessity for selecting pictures for his collection that conformed to contemporary notions of conventional art.[94]

As for Browne's artist-patients, it is difficult to know for certain who influenced their aesthetic judgments. The fact that the majority of the preserved drawings are traditional in both design and execution may be a reflection as much of Browne's as it is of his patients' taste in art. But it may be that most artist-patients, like the wider public, adhered to the principles of Reynolds. Many of their landscapes and portraits display the classical conventions of design; their copies of prints are accurate and often well executed; and their natural history studies are faithful recordings of their observations. However, there are exceptions. David Cathcart produced battle scenes that bear little resemblance to the rational productions promoted by Reynolds; their imaginative subject matter (epic battles that never took place) and their freedom of handling are closer to Romantic art. John Fenn Russell's copies of works by Albrecht Dürer and Raphael may appear conventional in their taste for the 'great masters', but in those drawings which rely upon his own imagination, Russell reveals a personal interest in the art of Blake, both in style and in imagery. William Bartholomew, too, produced

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[93] George Combe was also an admirer of Reynolds' theories on art. In his articles on art Combe makes numerous references to Reynolds' *Discourses*.

[94] Anon. [W.A.F. Browne], 'Mad Artists', p. 35.

portraits of his fellow patients that are both traditional and straightforward; and yet some of his drawings such as *Cake Month* (1984.35) could be considered as products of a 'distempered brain'.[95] It does seem that patients were free to express their own personal aesthetic taste in their art and they chose both the traditional values of Reynolds and the imaginative world of Blake.

Patient art as decoration at Crichton

As we have seen, for Browne and his contemporaries, art produced by the insane could not, and perhaps should not, be referred to in the same manner as productions from a sane and rational mind. Such art could never have graced the walls of the Royal Academy in the nineteenth-century. Nevertheless, Browne had no objections to displaying the drawings of his patients alongside those by established masters on the walls of Crichton. During his superintendence of Crichton, he approved of fine art on the walls of both asylums, in part because these pictures could be used to 'teach' the paying and pauper inmates:

> If it be true that the mind is affected, enlarged, or contracted by every
> impression, these pictures may be regarded as object lessons. They may be
> selected to serve as narratives. They are suggestive of former thoughts and
> accomplishments. The beauties of the forms and colours may elevate and refine;
> and their humblest office may be to break in upon the continuity of wall, which
> is said to be so painful to the captive, and to predispose to monotony and
> hebetude. Like the window flowers that carry the longings of the pent-up artizan
> where "wild woods wave and waters run," they may fill and expand the
> imagination, and transport the vision of the insane from the immediate contact
> with disease and decay to more pleasing realities of life; to the deeds of bold,
> and heroic, and virtuous men; to the grand epochs of history.[96]

But it was not only the works of professional artists that were employed 'to transport the vision' of his patients at Crichton. The first reference in the *Annual Reports* to patients' own art on display is in 1847, when Browne records that an 'enthusiast in the fine arts has infected all around him with similar predilections' and 'clothed our walls or filled his portfolios with beautiful drawings and paintings'.[97] The following year he again mentioned landscapes adorning the walls of the asylum;[98] Browne likened them to the

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[95] The patients David Cathcart, John Fenn Russell and William Bartholomew will be discussed in more detail in Chapter 9.
[96] DUMCR1990.29, *CRI Sixteenth Annual Report*, 11 November 1855, pp. 33-4. 'Hebetude' is mental dullness and lethargy.
[97] DUMCR1990.29, *CRI Seventh Annual Report*, 11 November 1846, p. 27.
[98] DUMCR1990.29, *CRI Eighth Annual Report*, 11 November 1847, p. 32.

'mats and carpets on the floors made by the hands of inmates'.[99] These were the product of patient activity at Crichton. Patients were also allowed to decorate their private rooms with their art:

> One gentleman has converted the walls of his parlour into a picture gallery. He is the artist; and whatever may be the merit of his productions, they are intended to represent to his memory a tour in Switzerland, of which he retains vivid recollections; and perhaps they suffice to do this. The room of another is crowded with maps of countries which he has visited in imagination; plans of campaigns and combats, of which he is the champion and hero.[100]

By August 1845, Crichton already had a 'picture gallery' where patients' work was displayed, sometimes in a most inventive manner.[101] As Browne later observed:

> Go into our Picture Gallery and you will see a massive hoop of iron, worn smooth, or ruddy with rust, adapted for the waist, with corresponding hoops for the hands, and which was used as a means of restraint within the last thirty years for *us*, who were then truly "fast bound in misery and iron;" but which now, ingeniously and appropriately, forms the frame of a spirited sketch, by our former contributor, W. C., of the *Taking of the Bastile*.[102]

In 1852 a group of the male patients had 'converted the public room into a studio, covered the walls with mementos of their taste and talents, and gave to the pursuits of asylum life, a tone, and elegance, and beauty, which is at all times desirable'.[103] Art as decoration had an educational value that Browne was anxious to promote. Just as music performed several functions in the asylum - educating the ear of the listener, occupying the long hours of the hospital day, uniting the patients in appreciation and enjoyment - so fine art was more than a mere distraction: it served to revive former tastes and interests, stimulated new pursuits and often allowed disparate members of the asylum community to share in an appreciation of its beauty. As Browne observed, an appreciation of the fine arts, as part of a 'liberal education', not only afforded 'support and solace to the mature mind'; it also constituted an instrument 'for the removal of disease'.[104] But by 1856 Browne was also warning against the superficial use of decoration in asylums to cover up the inadequacies of a system that so often failed its patients:

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[99] Ibid., p. 35.

[100] DUMCR1990.29, *CRI Twelfth Annual Report*, 11 November 1851, p. 27.

[101] DUMCR1989.364, CRI, *The New Moon*, 1, August 1845, 'Intelligence'.

[102] DUMCR1989.364, CRI, *The New Moon*, 7, February 1851, 'Fine Arts'.

[103] DUMCR1990.29, *CRI CRI Thirteenth Annual Report*, 11 November 1852, p. 37.

[104] Ibid., p. 37.

It has become a fashion to paint Asylum interiors in brilliant and attractive colours. This error, as it is, may be the natural tendency of generous and sanguine minds to describe that which is hoped and expected and might be, as objects already accomplished ... But much has still to be learned and unlearned, to be worked out laboriously and struggled for earnestly, and to be long hoped for as "a sight to dream of, not to see," before that standard can be approached which philanthropists have created, before that deep substratum of misery, of unnecessary suffering, of error and mismanagement, which may be concealed by the pleasing aspect, the artistic decorations, the indulgences, even the partial cheerfulness which modern innovations have produced, can be removed or can be reduced to that minimum which may be inseparable from mental disease.[105]

During Browne's superintendence at Crichton, he employed fine art in its most pleasing aspects - as decoration, occupation, education and even medicine - for the benefit of all his patients, male and female, paying and pauper. The Crichton archives reveal a man committed to fine art in his hospital. The following chapters will look at the kind of patient art encouraged at Crichton and those of Browne's patients who were active in its production.

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[105] DUMCR1990.29, *CRI Seventeenth Annual Report*, 11 November 1856, pp. 37-8.

Chapter 7

Patient Art at Crichton – 'Mad Artists' and *Art in Madness*

> How bright the scenes and gladdening
> That from the magic pencil spring,
> When inspiration lends her aid
> To grace the powers of light and shade;
> When Guido's hands the pallet hold,
> And Raphael's brush with touches bold,
> Give colour to the lifeless cheek,
> And make the silent canvass [sic] speak.[1]

Patient art activity in asylums in the early-nineteenth century

While music and literature were the forms of 'cultivated' recreation most commonly employed in asylums before the mid-nineteenth century, the incidence of organised art activity by individuals or groups of patients was more rare. Isolated cases are known, however. Pinel had made reference in his *Traité medico-philosophique sur l'aliénation mentale, ou la manie* to two patients at Bicêtre who had created art during their confinement.[2] One, a Parisian silversmith and watchmaker, had become 'infatuated with the chimera of perpetual motion' and had 'chalked on all the walls and doors as he passed, the various designs by which his wondrous piece of mechanism was to be constructed'.[3] The other patient, a sculptor who had failed to become a member of the French Academy, had entered the asylum as a violent maniac but on becoming calm, had attempted to renew his artistic skills:

> The art of painting ... presented its renascent attractions to him, and he
> expressed a desire of attempting portrait painting. His inclination was
> encouraged and gratifyed [sic], and he made a sketch of the governor and his
> wife. The likeness was striking; but incapable of much application, he fancied he
> perceived a cloud before his eyes. The talent which he had discovered ...
> induced the Board of Bicêtre to request of him a pledge of his genius; leaving to
> him the choice of his subject, that his imagination might not be cramped. The
> convalescent, as yet but imperfectly restored, shrunk from the task that was thus
> imposed upon him; requested that the subject might be fixed upon, and that a

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[1] DUMCR1989.364, CRI, *The New Moon*, 12, June 1856. 'A Hymn to Art' by 'Poeticus'.

[2] P. Pinel, *Traité medico-philosophique sur l'aliénation mentale, ou la manie*, [A Treatise on Insanity]. Paris: Richard, Caille & Ravier, 1801. English translation, D.D. Davis, London: Cadell and Davies, 1806, reprinted 1962, pp. 68-72.

[3] Ibid., pp. 68, 70.

correct and proper sketch might be given him for a model, His [sic] application was evaded, and the only opportunity of restoring him to himself and to his country was thus allowed to escape ... His taste for the fine arts, with his propensity to exertion of any kind, had forever disappeared.[4]

Esquirol, too, had described the case of a patient who was a sculptor but had made no reference to him pursuing his profession in the asylum:

> A young artist, a passionate admirer of Rousseau, not obtaining the first prize for sculpture, of which he thought himself deserving, gives himself up to despair. He vows eternal hatred to men, and wishes no longer to live, except after the manner of brutes. He walks upon all fours, and if placed upon a bed rolls himself off upon the ground. If confined, he has convulsions ... This condition persists for more than two months, after which he falls into a state of dementia.[5]

These cases are of interest because both patients were professional artists; neither Pinel nor Esquirol attempted to collect their patients' art; nor did they refer to art as a regular activity for those without professional training. In fact, it was only in January 1845 that *The New Moon* carried an article on activities at Bicêtre, recording how Dr Leuret had established 'classes of various descriptions, where the lunatics are taught grammar, geography, drawing, &c'.[6] The implication was that such classes were new to Bicêtre.

Not all artists in asylums ended their days as unhappily as those recorded by Pinel and Esquirol. As early as 1810, in *An Enquiry into the Causes producing the Extraordinary Addition to the Number of Insane*, William Hallaran had written of a young patient, 'in a state of acute mania', at Cork Lunatic Asylum who had been cured through the employment of art:

> This man had nearly been ranked amongst the incurable idiots of the house, when by accident he was discovered in the act of amusing himself, with some rude colouring, on the walls of his apartment. From the specimen he had then given, he was questioned as to his knowledge of drawing, and he, having signified some acquaintance with that art, was immediately promised colours of a better description, if he would undertake to use them. This evidently gave immediate cheerfulness to his countenance, and he shortly evinced an impatience for the indulgence proffered to him. On his being furnished with the necessary apparatus for painting, he immediately commenced a systematic combination of colours, and having completed his arrangements, he requested one of the attendants to sit for him ... The portrait was an exact representation of

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[4] Ibid., pp. 198-200.
[5] J.E.D. Esquirol, *Mental Maladies: A Treatise on Insanity*, transl. E.K. Hunt, Philadelphia: Lea and Blanchard, 1845, p. 24.
[6] DUMCR1989.364, CRI, *The New Moon*, I, January 1845, 'A Musical Fête in Bicêtre'.

the person who sat before him, and in a few days there were several other proofs of his skill in this line, which bore ample testimony of his ability.[7]

Upon discharge from the Cork Lunatic Asylum the man 'pursued his profession of miniature painting' and moved to London where he found 'singular success'.[8]

These were isolated cases and there is only sporadic mention of organised classes or community involvement in fine art in the early-nineteenth century. One of the earliest examples was in Germany: before 1820, Berlin Asylum was offering 'instruction in drawing and painting' to its inmates.[9] When Harriet Martineau (1802-1876) recorded her visit to Hanwell Lunatic Asylum, Middlesex, in June 1834, she mentioned drawing as one of the activities enjoyed by patients there.[10] Twelve years later, art had become firmly established at Hanwell as evidenced by an article that appeared in *The New Moon*. Published anonymously in September 1846, it observed of the Hanwell patients:

> One gentleman, now in the House, has developed his genius as an artist, and his drawings and paintings have been much admired by numerous visitors; while, another has lightened a long and dreary confinement by inventing, and transferring to paper, designs which have been pronounced by judges to be as beautiful in execution as original in conception and fancy. The cultivation of these elegant and refining pursuits is eagerly encouraged by medical men, as forming not only an integral part of their method of cure, but because they tend to ameliorate a condition that to some would be otherwise intolerable.[11]

At Pennsylvania Hospital for the Insane, art does not seem to have been encouraged until the 1850s when the steward's expense book began to record the purchase of drawing paper for patients' use.[12] The Medical Superintendent, Dr Kirkbride, did not object when such luxuries were paid for by the patient's family or friends. By 1853 John Galt, Physician to the Eastern Lunatic Asylum in Virginia, was promoting a taste in the fine arts among the insane of his establishment, adding that 'in

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[7] W.S. Hallaran, *An Enquiry into the Causes producing the Extraordinary Addition to the Number of Insane, together with Extended Observations on the Cure of Insanity: with Hints as to the Better Management of Public Asylums for Insane Persons*, Cork: Edwards & Savage, 1810, pp. 44-8. William Saunders Hallaran (1765-1825) was Physician to the Cork Lunatic Asylum from its opening in 1789.

[8] Ibid., p. 48.

[9] DUMCR1989.364, CRI, *The New Moon*, 1, April 1845, 'The Schoolmaster'. This class was held for one hour before dinner on weekdays. Instruction was also given in geography and in turners' and joiners' work. Berlin Asylum had been founded in 1728.

[10] H. Martineau, 'The Hanwell Lunatic system', *Tait's Edinburgh Magazine*, June 1834. Mental Health History Timeline, The Hanwell Lunatic Asylum, at www.mdx.ac.uk/www/study/xmad1834.htm. Accessed 24 April 2005.

[11] DUMCR1989.364, CRI, *The New Moon*, 2, September 1846, 'Verses from Hanwell'.

[12] N. Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*, Cambridge: Cambridge University Press, 1984, p. 202.

a description of the asylum at Palermo, in Sicily, a medical acquaintance' had observed that it was 'ornamented with paintings and statues, the work of the insane residents'.[13] At Manchester Royal Lunatic Hospital, in Cheadle, drawing was also 'much practised' by 1853.[14] As we have seen, art was not used as decoration at the York Retreat; nor were drawing and painting encouraged as activities. The Quaker attitude to the Fine Arts was highlighted by Samuel Tuke in a series of papers published in the monthly magazine, the *Friend*, between September 1844 and January 1845. Tuke seemed to take a severe stance and warned against the dangers of art:

> History tells us that moral evils have been rampant where the Fine Arts have been largely cultivated; and it is natural that it should be so, for they do but minister to the sensuous in man, from which so many of our moral evils flow: and if, which is by no means proved, they draw the mind from more gross, sensual indulgences, they have no power or influence in restraining selfishness, or raising man to the love of his Creator and fellow-creatures. Indeed, we believe, there is in the devotion to these more refined pleasures a species of idolatry, or at least infidelity, which excludes, as effectually as the grosser indulgences, the truly regenerating power of Christianity.[15]

At the same time, however, Tuke did acknowledge that drawing could be 'a pleasant art' and it is known that several of his own children were encouraged to cultivate their artistic talents; but, as Tuke explained, a Quaker 'may not tarry so long as some do in the mere enjoyment of these things'.[16] Joseph Gurney, too, warned Quakers against 'all such occupations of time and mind as plainly tend to levity, vanity, and forgetfulness of our God and Saviour'.[17] Clarkson observed that 'the first Quakers never had their portraits taken with their own knowledge and consent': he admitted, however, that by 1806 there 'may be here and there an individual who has had a portrait of some of his family taken: but such instances may be considered as rare exceptions from the general rule'.[18] There is no record of art being created within the Retreat nor has any been preserved.

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[13] J. M. Galt, 'On the Reading, Recreation, and Amusements of the Insane', *The Journal of Psychological Medicine and Mental Pathology*, 6, 1853, p. 587. Dr Galt makes several references to Browne's work at Montrose and Crichton in this article.

[14] Anon., 'British Institutions for the Insane', *The Journal of Psychological Medicine and Mental Pathology*, 6, 1853, p. 10. This information is taken from the asylum's *Second Annual Report*.

[15] C. Tylor, *Samuel Tuke: His Life, Work, and Thoughts*, London: Headley Brothers, 1900, pp. 173-4.

[16] Ibid., pp. 177-8.

[17] J.J. Gurney, *Observations on the Religious Peculiarities of the Society of Friends*, London: J. & A. Arch, 1824, pp. 277-8. Quoted in A. Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914*, Cambridge: Cambridge University Press, 1985, pp. 88-9.

[18] T. Clarkson, *A Portraiture of Quakerism, as taken from a View of the Moral Education, Discipline, Peculiar Customs, Religious Principles, Political and Civil Economy, and Character, of the Society of Friends*, 3 vols., London: Longman, Hurst, Rees and Orme, 1806, Vol I, pp. 296-7.

It was at Bethlem that the most remarkable cases of individual art activity in nineteenth-century Britain occurred. Two of the most famous asylum patients whose artwork has survived were housed there, in the ward for the criminally insane: Jonathan Martin and Richard Dadd. Martin (1782-1838), whose history has been so well documented by John MacGregor in *The Discovery of the Art of the Insane*, spent the last nine years of his life in Bethlem, from 1829 to 1838.[19] He is better known now for his crime - setting fire to York Minster - than for his art production. Born in Haydon Bridge, Northumberland, Martin came from a family environment where, in the midst of poverty, art was fostered: he was the elder brother of the Romantic historical painter John Martin (1789-1852) whose vast apocalyptic paintings, often depicting biblical events such as *The Great Day of His Wrath* (1851-3, Tate Britain), gained him considerable success. In 1818 Jonathan, a religious fanatic, had threatened to shoot the Bishop of Oxford in Durham Cathedral, an offence for which he was confined in West Aukland Asylum and then Gateshead Lunatic Asylum, where he produced art.[20] Escaping in 1821, he later published *The Life of Jonathan Martin of Darlington, Tanner, Written by Himself* (1826), illustrated with his own drawings.[21]

On 1 February 1829 Jonathan Martin attempted to burn down York Minster. During his trial for arson he was recorded as 'drawing figures for his amusement ... for which he seems to evince very considerable natural talent'.[22] Found to be suffering from an unspecified 'monomania', he was admitted to Bethlem Hospital, at St George's Fields, Southwark, on 28 April 1829 where, even in the confines of the asylum, he was provided with art materials and continued to produce drawings. His best-known works of fantasy and imagination, *My Dream of My Foot Cut Off* and *Self Portrait with the Lambton Worm* (both 1829, Bethlem Royal Hospital Museum) were produced within the first two years of admission.[23] Only a few drawings now survive; that any art was created at all, however, is remarkable considering Martin was an amateur artist, and

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[19] J. M. MacGregor, *The Discovery of the Art of the Insane*, Princeton, New Jersey: Princeton University Press, 1989.

[20] MacGregor makes no reference to Martin's confinement in the asylum at West Aukland but this detail is included in M. Lipsedge, 'Jonathan Martin: Prophet and Incendiary', *Mental Health, Religion and Culture*, 6, 1, 2003, p. 60. Martin's drawings from this period have not survived.

[21] J. Martin, *The Life of Jonathan Martin of Darlington, Tanner, Written by Himself*, Lincoln, 1828. The name of the publisher is unknown but the publication was sold by Martin himself. The second and third editions included a number of his drawings.

[22] Bethlem Royal Hospital Archives, Casebook on Criminal Lunatics, Entry for Jonathan Martin, Entry 181. Quoted in MacGregor, *The Discovery of the Art of the Insane*, p. 51.

[23] The Legend of the Lambton Worm, a tale inspired by the Crusades and St George and the Dragon, was part of the folklore of County Durham.

may be accounted for by his own notoriety and the fame of his brother John. During his confinement, Martin's drawings in pen, ink and watercolour were sought after by collectors and many were removed from Bethlem. His last drawing, now lost, was described by his son in a letter dated 31 May 1838:

> He had got permission to draw a little, which he had not been allowed to do for a long time. I left him paper, etc., and he began with eagerness, and must have worked very hard at it ... In a short time he had covered a large sheet of drawing paper with a serpent, lions, archers shooting, and other things which I do not remember as I have not the drawing yet.[24]

FIG. 18   J. Martin, *Self Portrait with the Lambton Worm*
(courtesy of The Leicester Galleries. www.leicestergalleries.com)

Only six years after Martin's death, another patient - this time a professional artist - began a long-term residence in Bethlem. Richard Dadd (1817-1886) is undoubtedly the most famous British artist to have produced work during confinement in an asylum. His art only came to public notice in 1974 when an exhibition, *The Late Richard Dadd*, was held at the Tate Gallery; the catalogue by Patricia Allderidge, former Archivist of the Bethlem Royal Hospital, remains the most important monograph on his artistic output.[25] In July 1842, having left the Royal Academy Schools where he had been considered one of their most promising pupils, Dadd agreed to accompany Sir Thomas Phillips on a ten-month tour through the Mediterranean and Egypt.[26] The art he produced during his travels and the sights he observed there were to become a source of inspiration during his later confinement. By November 1842 Dadd was apparently

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[24] T. Balston, *The Life of Jonathan Martin, Incendiary of York Minster*, London: Macmillan and Co., 1945, pp. 101-2.

[25] P. Allderidge, *The Late Richard Dadd*, London: The Tate Gallery, 1974. More recently, John MacGregor devoted a chapter to Dadd in *The Discovery of the Art of the Insane* and acknowledged his debt to Allderidge's 'detailed research and documentation', p. 335.

[26] Sir Thomas Phillips (1801-1867), a solicitor, was mayor of Newport, Wales; he was knighted in 1839 for his part in quelling the Chartist riots in Newport.

suffering from exhaustion and sunstroke and began to show 'symptoms of aberration of mind'.[27] He wrote to his friend and fellow-artist William Powell Frith:

> At times the excitement of these scenes has been enough to turn the brain of an ordinary weak-minded person like myself, and often I have lain down at night with my imagination so full of wild vagaries that I have really and truly doubted my own sanity.[28]

By February 1843, in quarantine at Malta, Dadd observed that he had 'never passed six more miserable days' and was 'ignorant of the nervous depression' that he was experiencing.[29] On his return home, at first violent and unpredictable and believing he was persecuted by devils, Dadd seemed to recover and his father chose to ignore the advice of Dr Alexander Sutherland to have his son confined.[30] In the belief that his father was the Devil, Dadd murdered him on 28 August 1843 at Cobham Park in Kent. Fleeing to France, Dadd was apprehended and temporarily confined in an asylum at Clermont before being returned to England for trial. Probably suffering from schizophrenia, he was placed in the Criminal Lunatic Department of Bethlem Hospital on 22 August 1844 where he remained for twenty years until his transfer to the newly-constructed Broadmoor Hospital, Berkshire. He died of consumption in January 1886.
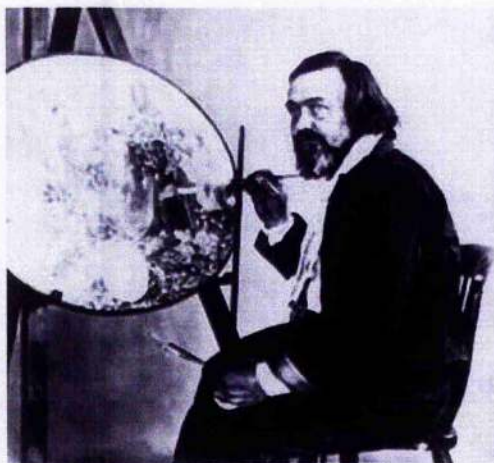
FIG. 19   Photograph of Richard Dadd in Bethlem
(courtesy of Wikipedia. en.wikipedia.org)

[27] Anon., 'The Late Richard Dadd', *The Art-Union*, October 1843, p. 268.
[28] W.P. Frith, *My Autobiography and Reminiscences*, London: Richard Bentley and Son, 1888, p. 187. The letter was composed while on the '*Hecate* Man-of-War Steamer, lying off Jaffa, 26 November 1842'. Frith (1819-1909) was one of Dadd's closest friends but does not seem to have visited him after his confinement. He did, however, devote a whole chapter of his autobiography to Dadd.
[29] Anon., 'The Late Richard Dadd', *The Art-Union*, October 1843, p. 270. The letter was written on 24 February 1843 at Fort Manuel, Malta.
[30] Dr Alexander Sutherland was Physician to St Luke's Hospital. Two of Dadd's brothers, Stephen and George, and his sister Maria Elizabeth (who married the Scottish artist John Phillip) died insane.

According to *The Art-Union* in 1843, 'it was impossible for any youth to commence a career in Art with greater certainty of success' and yet the writer labelled him 'the Late Richard Dadd':

> Alas! We must so preface the name of a youth of genius that promised to do honour to the world; for, although the grave has not actually closed over him, he must be classed among the dead'.[31]

What had not been anticipated was that at Bethlem and Broadmoor, Dadd would receive encouragement from members of the hospital staff to continue his art production. His most famous works were painted there: *Contradiction. Oberon and Titania* (1854-8, Private Collection) was created for William Charles Hood, Resident Physician-Superintendent at Bethlem and *The Fairy Feller's Master-Stroke* (1855-64, Tate Britain) was a gift for George Henry Haydon, Steward of Bethlem.[32]
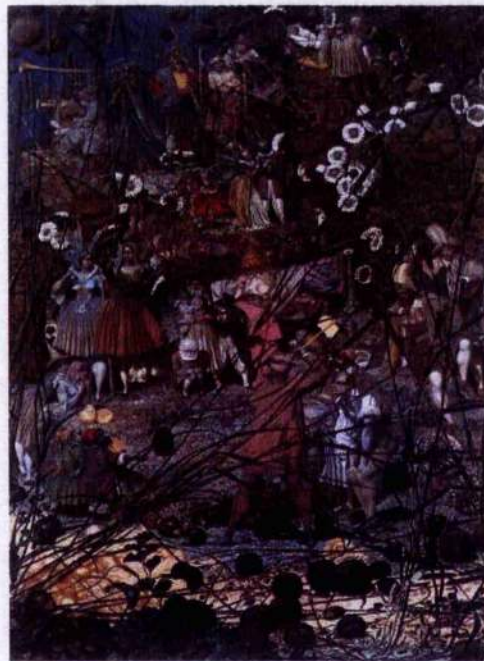
FIG. 20   R. Dadd, *The Fairy Feller's Master-Stroke*
(courtesy of Tate Online. www.tate.org.uk)

His many works of fantasy included oils, watercolours and drawings. Dadd even produced a watercolour series, *Sketches to Illustrate the Passions* (begun 1853, various locations), which included *Agony - Raving Madness* (1854, Bethlem Royal Hospital Museum) as well as stage scenery for the hospital theatre and murals for the house of

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[31] Anon., 'The Late Richard Dadd', *The Art-Union*, October 1843, p. 267.

[32] After Hood's death in 1870, his collection of works by Dadd was sold at auction. It comprised three oils, fourteen watercolours and sixteen drawings. Haydon, the steward at Bethlem, was also an amateur draughtsman.

the Broadmoor Superintendent, Dr William Orange, in his later years. Dadd also painted portraits of several of his physicians and carers, among them Sir Alexander Morison who had served as Visiting Physician to Bethlem until 1852.[33] How much art had become a part of his life by the time of his residence at Broadmoor is evidenced in an article for *The World*, published in December 1877:

> Oppressed he may be by thick-coming horrors and portentous visions - meditative, gloomy, abstracted; the request to assist in whiling away the tedium, or adding to the amusement of those who share his sorrowful fate, rouses him at once to devote himself with nimble fingers and busy fancy to his favourite pursuit. At Christmastide a few hours suffice to produce a host of humorous cartoons, comical street-figures, policemen, papas, merry children, clown and pantaloon; he will turn out as rapidly diagrams and illustrations for a lecture or entertainment.[34]

It is not certain how much Browne would have known about Dadd's paintings by 1880, when 'Mad Artists'was published. Because of Dadd's remarkable talent as a draughtsman, his art was collected by his carers and preserved: certainly far more of his productivity survives than that of Jonathan Martin. Nevertheless, much of his art remained within the confines of the asylum or in the private collections of a few select patrons and any of his work that was exhibited publicly during his lifetime dated from the period before his confinement. If Browne was aware of Dadd's continuing art activity, he may have considered it inappropriate to make reference to an artist who was still living. What is important to note is that while their physicians tolerated and even encouraged Martin and Dadd to draw, both were isolated cases. Unlike Browne's promotion of art as part of 'moral treatment', there is no record of drawing and painting being offered as group activities and no other examples by nineteenth-century patients survive at Bethlem. Even before Dadd had entered Bethlem Hospital, Browne was encouraging art activity at Crichton and it is quite possible he was already forming his collection.

Patient art activity at Crichton

Between 1839 and 1857, at least forty-six patients at Crichton Royal Institution and the Southern Counties Asylum are known, from the existing art collection and the

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[33] Morison's portrait, owned by the Royal College of Physicians of Edinburgh, hangs nearby in the Scottish National Portrait Gallery. Morison is known to have collected works by Dadd.

[34] Anon., 'Her Majesty's Pleasure. The Parricide's Story. Part I, The Brethren of the Brush', *The World*, 26 December 1877, p. 14.

individual patient case notes, to have become involved in drawing and painting. Why did Browne encourage his patients to create art? Was it simply a leisure activity, something to occupy patients during the long days? Alexander Morison had advised 'exercising the body, or employing the mind, or both, by such means as labour of various kinds, active or sedentary amusements, walking, riding, travelling, music, drawing, reading' as a means to 'diminish and remove delusions or erroneous ideas'.[35] As we have seen, Browne disliked idleness and encouraged well-educated patients to participate in activities involving outdoor pursuits, music and practical art:

> The hours of labour are to these beings a lucid interval; and the order and peacefulness of modern Asylums are mainly attributable to the efficacy of occupation, and amusement, and humanity, in rendering the Patients, for the greater part of their time, actually sane ... every hour of happiness which is given, every degree of additional enlightenment which is gained, is a boon of incalculable benefit to the individual; places the whole mind in a condition to be benefited by the other measures for its improvement; and goes to that grand total of health and resignation which, next to cure, it is the object of all moral treatment to realise.[36]

For paying patients, most of whom had received at least a 'moderate' or 'good' education, art was certainly one of the occupations 'calculated' to act as 'a healthful and necessary accompaniment to toil, and a preparation for new exertions'.[37] By the time of the *First Annual Report*, in June 1840, drawing was already included in the list of amusements for two inmates.[38] Like, Pinel, Browne would have been anxious to encourage a return to those interests enjoyed before admission to the asylum:

> At the commencement of convalescence, and upon the dawn of returning reason, it frequently happens, that the taste of the individual, for his former pursuit of science, literature or other subjects unfolds itself. The first ray of returning talent ought to be seized with great avidity by the governor, and tenderly fostered, with a view of favouring, and accelerating the development of the mental faculties.[39]

Just as fine art was educational when displayed on the asylum walls, so Browne was convinced that art as an activity held many possible benefits for his patients. It was used not simply to 'sweeten confinement, and to promote the cheerfulness of minds which reject higher means of consolation.'[40] Practical art - drawing and painting - could

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[35] A. Morison, *Cases of Mental Disease, with Practical Observations on Medical Treatment. For the use of Students*, London: Longman and S. Highley, 1828, p. 9.

[36] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 16.

[37] Ibid., pp. 17-8.

[38] Ibid., p. 18.

[39] Pinel, *Traité medico-philosophique sur l'aliénation mentale, ou la manie*, pp. 195-6.

[40] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 18.

'gratify, cultivate, or call forth former and familiar tastes; displace that brooding melancholy which the monotony and idleness of confinement so often engender in the active and educated mind'.[41] It could also, as Browne observed, be viewed as a form of medication:

> Drawing has been prescribed as a medicine in four cases, and appeared to prove curative in two; but even where restoration does not follow, the landscapes which adorn the walls show how near an approach is made to excellence and reason, and how many must be the hours stolen from langour and misery by such pursuits.[42]

Drawing was suggested as an activity to John Jesse, one of the first patients admitted to Crichton, but without much success;[43] in 1841, a 'convalescent house-painter' was encouraged to try his hand at portrait painting.[44] For another, 'the pencil, which at first represented nothing save cliffs, from which hideous figures precipitated themselves, or deserts or forests, in which ogres and satyrs disputed for sway, now depicts the natural and the beautiful'.[45] Patients began to produce 'exquisite paintings' and 'portraits of exquisite beauty and finish'.[46] Comments such as 'a dormant partiality for drawing has been awakened, encouraged, and matured' litter the pages of the *Annual Reports*.[47] By 1850, portfolios were filled with drawings and art had appeared on the asylum walls.[48] The impression conveyed in the *Annual Reports* is one of constant and pleasurable activity for those involved in art:

> Another lady, whose body is devoured by parasites, paints birds and flowers; a second, who is sunk in incurable despondency. divides her time between sewing. landscape drawing, and servile work. Flowers have been selected by one partial imbecile, ships and figures by a maniac, and historic pieces by a monomaniac, as worthy of their pencil; who, viewed through any other medium than their productions, would appear weak, or wayward, or deluded.[49]

A professional art instructor was brought in as early as 1845 when William Cairns displayed 'dexterity in drawing'.[50] The following year Richard Charteris, 'speedily outstripped an instructor provided for him' and 'enriched our collection with

[41] DUMCR1990.29, *CRI Fourth Annual Report*, 11 November 1843, p. 24.
[42] DUMCR1990.29, *CRI Eighth Annual Report*, 11 November 1847, p. 32.
[43] DUMCR1989.213, CRI MS Case Books, I, Patient No. 9, John Walter Jesse.
[44] DUMCR1990.29, *CRI Second Annual Report*, 11 November 1841, p. 20.
[45] DUMCR1990.29, *CRI Ninth Annual Report*, 11 November 1848, p. 32.
[46] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, pp. 8, 20.
[47] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, p. 26.
[48] DUMCR1990.29, *CRI Eleventh Annual Report*, 11 November 1850, p. 34.
[49] DUMCR1990.29, *CRI Tenth Annual Report*, 11 November 1849, p. 33. The patients under discussion included Joanna Hutton, Marianne Rigby and David Cathcart.
[50] DUMCR1989.213, CRI MS Case Books, X, Patient No. 279, William Cairns, 1 June 1845.

several landscapes of the places visited in the summer excursions.'[51] William Wood James, Robert Mayow and John Stewart Rankin also received professional instruction in drawing while resident at Crichton. In 1853, an art instructor was engaged 'to guide hands, recently familiar with destruction, or with daubing paper grotesquely, by the principles of perspective, and to fix wandering and wayward minds upon the relations of forms.'[52] But this was only after a much more radical, and successful, venture. Earlier that year, Browne reported on the insane teaching the insane:

> Drawing was taught by an accomplished female patient, and proved a test of the perseverance, as well as of the powers, of her pupils. Many altogether ignorant of the art produced pleasing sketches, which now enrich our collection; others regained and carried out a facility of execution lost or impaired; and to all there was suggested that calm enjoyment and refinement of taste which such pursuits afford.[53]

Visits made in search of picturesque spots, for leisure and for art, were not uncommon: regular picnics and outings to local beauty spots are recorded. Two patients, 'a surveyor and a draftsman' executed 'plans of portions of the surrounding country' which illustrated 'the topographical and some of the scientific features of the spot'.[54] Others made summer tours and their sketches became 'mementos [sic] of the talents and friendship of these artists'.[55] Art could be encountered in unlikely places, as one patient, 'Pedestrian', discovered: on attending the launch of a local ship in 1851, he was 'introduced to the mother and sisters of a famous London artist, where we were hospitably entertained at lunch, and had a look through a number of prints engraved from subjects that had issued from his studio'.[56]

To stimulate interest in art, patients were also permitted to visit art exhibitions. By the early-nineteenth century fine art had become a focus of British cultural life and art exhibitions had become widely accessible to all social classes. In London, the Royal Academy of Arts had been formed in 1768; its schools provided the most prestigious

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[51] DUMCR1990.29, *CRI Seventh Annual Report*, 11 November 1846, p. 27. Although the patient is not named in the *Annual Report*, his case notes, and a reference to his calligraphy, make his identification certain.

[52] DUMCR1990.29, *CRI Fourteenth Annual Report*, 11 November 1853, p. 30.

[53] Ibid., p. 30.

[54] DUMCR1990.29, *CRI Eleventh Annual Report*, 11 November 1850, pp. 33-4. The surveyor was William Rickard; the identity of the other patient is unknown.

[55] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, p. 29.

[56] DUMCR1989.364, CRI, *The New Moon*, 7, June 1851, 'A Scrap from the Crichton Log - the Launch'. 'Pedestrian' was probably the name used by the patient Archibald Jardine who was admitted to Crichton on 11 February 1843 and transferred later to the Southern Counties Asylum. He made several contributions to *The New Moon*.

training for artists in Britain.[57] The foundation of the National Gallery in 1824 also offered the general public access to an outstanding collection of international and British art. Browne's residence in Edinburgh had coincided with major advances in the capital's artistic ventures: Edinburgh had already been home to the short-lived Academy of St Luke and to the Trustees' Academy but it was not until the founding of the Scottish Academy (now the Royal Scottish Academy) in 1826 that a permanent exhibition space was provided for public access.[58] In Glasgow, public exhibitions were organised by the Institution for the Promotion of the Fine Arts from 1821 and the Dilettanti Society from 1828.[59]

Dumfries held its first art exhibition, organised by the Mechanics' Institute, from 15 September to 25 November 1841.[60] The town's Assembly Rooms became a temporary home for an 'extensive collection of natural and artificial curiosities' which included silverware, coins, gems, ethnographical material from China, Egypt, Asia and South America, archaeological and historical items and documents, magic lanterns, an orrery, models and natural history specimens. Browne was a major contributor to the 'Phrenological and Anatomical Apartment', lending a large collection of 'craniological casts', 'Osteological Preparations' and 'Ligamentous and Injected Preparations'.[61] The range of art on display in the exhibition was impressive. Oil paintings hung in the 'Large Hall' - historical and religious subjects, landscapes, genre scenes and portraits by Veronese, Correggio, Kneller and Hogarth as well as pictures by local artists such as Thorburn, Quadel, Maxwell, Johnstone and Glover.[62] In the 'Engraving Room' were print reproductions and drawings: among them Leonardo's *Last Supper*, Raphael's *La Fornarina*, John Martin's *The Deluge* and *Belshazzar's Feast* as well as various historical and genre scenes.[63] The 'Sculpture Gallery' displayed a range of busts, figure compositions and casts.

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[57] For a survey of the Royal Academy's contribution to cultural life in Britain, see S.C. Hutchison. *The History of the Royal Academy 1768-1968*, London: Chapman and Hall, 1968.

[58] The Academy of St Luke was established in 1729 and the Trustees' Academy was founded in 1760.

[59] Although the Glasgow Institution for the Promotion of the Fine Arts held its first exhibition in 1821, it only became a regular event from 1828. For a discussion of the establishment of these Scottish art institutions and other contemporary art societies, see D. Macmillan, *Scottish Art 1460-1990*. Edinburgh: Mainstream Publishing, 1990, pp. 92-3, 161-2, 226, 256.

[60] J. T. Creighton, 'Dumfries Exhibition Catalogue: A Description of the Mechanics' Exhibition, held in Dumfries in 1841', *The Gallovidian*, 49, 1911, pp. 41-50. This is the only surviving description of the exhibition; it is taken from a manuscript that remained unpublished until 1911.

[61] Ibid., pp. 49-50.

[62] Paolo Veronese (1528-1588); Correggio (c.1489-1534); Sir Godfrey Kneller (1646-1723); William Hogarth (1697-1764).

[63] John Martin was the brother of the Bethlem patient Jonathan Martin.

The exhibition, generating widespread interest in the fine arts, was undoubtedly a major event in Dumfries and attracted huge crowds. As one contemporary observer noted, visitors to such events could experience feelings of 'a pure and exalted emulation - a thirst for knowledge - a love of genius - a veneration for the memory of departed worth - a desire for present, and a love for posthumous fame'.[64] Moreover, seeing the work of established or accomplished amateur artists could act as a stimulus for an individual's personal interest in drawing and painting. Perhaps not surprisingly, Browne was anxious to involve his patients in the event:

> ... the patients have participated in every public amusement which combined present gratification with prospective benefit, and in which they could mingle without excitement or injury to themselves, or offence or disturbance to others. They have formed part of the crowds which frequented the rooms of the Exhibition of Paintings and objects of Natural History, indulging each one his own taste or fancy, unnoticed and undistinguished. They have examined and criticised unsparingly specimens of historical painting.[65]

In 1842 patients were permitted to visit a sculptor in his studio and four years later visits to a photographic studio resulted in 'memorials' obtained 'to be transmitted as gifts to distant friends.'[66] Within the asylum, too, patients could develop their knowledge and understanding of art by attendance at courses of lectures on the history of printing by Peter Gray, and on the fine arts by the local artist Joseph Watson, who produced the oil painting view of Crichton Royal Institution (Crichton Royal Museum).[67] Further, patients could become involved in art for more practical reasons: they painted the stage decoration for theatrical productions. In January 1851, the donation of a 'drop scene for the theatre' was made by an 'artist' who had 'executed his first painting in the Crichton Institution'.[68] As an anonymous writer commented in *The New Moon*:

> There are numerous accessories that add to the effect of dramatic representations. Amongst these may be mentioned painting. By the aid of this elegant art, stage effect is wonderfully heightened. When the same vulgar daub, night after night, hung up as a tattered ensign to beat up for Thespian recruits, the stage is but a poor affair ... The artist, then, is an indispensable element in

[64] Creighton, 'Dumfries Exhibition Catalogue', *The Gallovidian*, 49, 1911, p. 41.
[65] DUMCR1990.29, *CRI Third Annual Report*, 11 November 1842, pp. 15-16.
[66] DUMCR1990.29, *CRI Seventh Annual Report*, 11 November 1846, p. 29.
[67] Peter Gray delivered his lectures in January 1848. Joseph Watson's lectures were delivered on 25 April and 16 May 1848.
[68] DUMCR1989.364, CRI, *The New Moon*, 7, January 1851, 'Donations'. The identity of the patient is unknown.

the inventory of Thespian "Wanteds." Without the aid of the painter's brush there is no melody in music, no persuasion in elocution.[69]

There is no doubt that the influence of artistic activity pervaded the lives of far more patients than those who practised it. The walls of the asylum, the theatrical productions, the portfolios of art lying on display all bear testimony to an environment enriched by patients' creativity. But the greatest benefit must have been felt by those who produced paintings and drawings. The art surviving in Crichton's collection can only be a small fragment of the remarkable output of these patients. Many works would have been taken away with the patients upon discharge; some removed with personal belongings by relatives when a patient died. It is a testimony to Browne's enthusiasm for art that he was able to retain so many examples of 'art in madness'.

'Mad Artists'

In 1880 a lengthy article. 'Mad Artists', was published anonymously in *The Journal of Psychological Medicine and Mental Pathology*.[70] Although at one time this article was thought to have been written by the journal's former editor, Dr Forbes Winslow, that attribution is unlikely for several reasons: first, since Winslow died in 1874, six years before this was published, it would have been unusual for the article to appear posthumously without acknowledgment to the deceased author;[71] second, in connection with the artist Turner, the author cites two publications by W. C. Monkhouse and Philip Hamerton, both of which date to 1879, five years after Winslow's death. In support of Browne's authorship, it can be noted that he published articles on related subjects with similar titles, 'Mad Poets' in 1878 and 'Mad Actors' in 1883.[72] Further, the content of the article, his detailed knowledge and description of the art collection which still survives at Crichton, and the style of the prose make it almost certain that it was written by Browne.[73] His name appeared against the article following on from 'Mad Artists':

[69] DUMCR1989.364, CRI, *The New Moon*, 3, June 1847, 'The Drama - No. III'.

[70] Anon. [W.A.F. Browne], 'Mad Artists', *The Journal of Psychological Medicine and Mental Pathology*. 6, 1880, 33-75. The article ran over forty-three pages.

[71] Forbes Benignus Winslow (1810-1874) was editor of *The Journal of Psychological Medicine*, 1848-60. and of *The Medical Critic and Psychological Journal*, 1861-3. In 1875 his son, Lyttleton Stewart Forbes Winslow, revived *The Journal of Psychological Medicine*, as a 'New Series'.

[72] Anon. [W.A.F. Browne], 'Mad Poets', *The Journal of Psychological Medicine and Mental Pathology*, 2, 1878, 177-207; Anon. [W.A.F. Browne], 'Mad Actors', *The Journal of Psychological Medicine and Mental Pathology*, 8, 1882, 72-89. Browne's authorship of 'Mad Actors' is confirmed by a signed copy at Crichton.

[73] Kenneth M.G. Keddie was the first to attribute the article to Browne in his publication, *The Gentle Shetlander: The Extraordinary Story of an Artist in the Shadows*, Edinburgh: Paul Harris, 1984, p. 81.

'The Curability of Insanity' covered another thirteen pages and it is possible Browne did not wish to admit to writing two articles which occupied more than a third of the journal's pages.[74] While five articles in this edition were published with the authors' names, 'Mad Artists' is one of three to be published anonymously, a common practice in earlier volumes.[75]

Browne began the article by observing that 'while eccentricity appears to have been equally shared by those who possess "the poet's eye and painter's hand," there are fewer notorious examples of alienation among the distinguished wielders of the brush than of the pen.'[76] This, he explained, was because the 'errors, incoherencies, extravagances, and puerilities' of poetry were more easily discerned than those of painting and that 'every educated or cultivated individual' received training in drawing or attempted to create art:

> While, then, it may be conceded that *poeta nascitur, non fit*, that these God-gifted are few and far between, that every individual makes himself, or conceives that he makes himself, a Raphael or a Canova, or that the sum of these aspirants is legion; and while it would be vain to dispute as to the proportion of these classes upon which the blight of mental disease falls, it may be easily shown that of those who have received instruction in drawing, painting, &c. many become of unsound mind but continue to exercise their acquired powers contemporaneously with the most advanced and appalling forms of disease.[77]

Browne then described briefly a collection of art by patients in an asylum; this collection will be discussed after a review of the second, longer part of the article in which he focused on the lives of eight well-known professional painters whom he described as 'mad'. Those mentioned were mainly eighteenth and nineteenth century British artists - Barry, Blake, Haydon, Landseer, Morland, Turner - but also included the Italian Mannerist sculptor Cellini and the Swiss amateur painter of cats, Gottfried Mind (whose name Browne gave as Mund), better known as 'Cat Raphael'. What is clear from the second part of the article is that Browne was very well read in the fine arts. He quoted from authoritative sources and respectable biographers; in his discussion of Turner, for example, he referred to no less than 'six memoirs of this

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[74] W.A.F. Browne, 'The Curability of Insanity', *The Journal of Psychological Medicine and Mental Pathology*, 6, 1880, 76-88.

[75] The other articles published anonymously were 'Discussion on Private Lunatic Asylums' and 'Translations from French Journals'. The names of the other authors are given as Dr J.M. Winn, Major Greenwood, Dr A.E. Macdonald and the Revd W. Barset.

[76] Anon. [W.A.F. Browne], 'Mad Artists', p. 33.

[77] Ibid., p. 33. The Latin phrase '*poeta nascitur, non fit*' may be translated as 'the poet is born, he is not made'.

extraordinary man.'[78] Among the biographies he had read for the various artists were those by some of the leading authorities on art - John Ruskin, Allan Cunningham, William Stirling, and G. F. Stephens.

Browne's choice of artists is interesting but not altogether original; all had been considered eccentric in their own time although only a few had been branded so clearly as 'mad' before Browne's publication. Browne did not attempt a diagnosis of their illnesses but rather he identified certain aspects of their behaviour that set them apart from those who lived 'healthily'. They were selected because all displayed an inventive genius that was not hindered by their unconventional behaviour. For the biographies of Barry, Blake and Morland, he probably relied on Allan Cunningham's six-volume, *The Lives of the Most Eminent British Painters, Sculptors, and Architects,* one of the earliest accounts of the careers of British artists, first published from 1829 to 1833.[79] James Barry (1741-1806), appointed Professor of Painting at the Royal Academy of Arts in 1782, was to become the only member to be expelled from the Academy, after quarrelling with his fellow Academicians in 1799.[80] His eccentric behaviour - he lived, according to his contemporaries, 'in filth and chaos' and dressed 'in an old wig and a torn coat' - was considered further evidence of an unstable mind.[81] Friends, such as Robert Southey, referred to Barry's 'mental hallucinations' and his 'maddest days'.[82] Browne wrote that Barry was 'a compound of morbid tendencies and of distinguished talents and taste'; and a man who 'resembled those chronic lunatics, once educated men, who preserve the form and sequence of words without their coherency.'[83] And yet, he added, if 'placed at the bar of a court of justice, he would have been condemned as unsound and irresponsible, and acquitted as possessing abilities denied to the wisest and the best of his fellow men.'[84]

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[78] Ibid., p. 67.

[79] A. Cunningham, *The Lives of the Most Eminent Painters, Sculptors, and Architects,* 6 vols., London: John Murray, 1829-1833. Cunningham was a native of Dumfriesshire. His *Lives,* anecdotal in style, proved to be very popular with the public.

[80] In 1797 Barry published his *Letter to the Dilettanti Society* in which he attacked the behaviour of the Royal Academicians, including the President, Benjamin West. The letter caused such offence that Barry lost his Professorship and was expelled in 1799.

[81] J. Brewer, *The Pleasure of the Imagination: English Culture in the Eighteenth Century,* London: HarperCollins, 1997, p. 305.

[82] R. Southey, 'Letter to Allan Cunningham', 23 July 1829, in C.C. Southey, ed., *The Life and Correspondence of Robert Southey,* 6 vols., London: Longman, Brown, Green and Longmans, 1850. Vol VI, p. 54. Quoted in W.L. Pressly, *The Life and Art of James Barry,* New Haven and London: Yale University Press, 1981, pp. 187-8.

[83] Anon. [W.A.F. Browne], 'Mad Artists', p. 40.

[84] Ibid., p. 40.

His next artist, the visionary poet William Blake (1757-1827), was viewed then, as now, as a unique case in art:

> But we had never encountered an example, until we studied the biography of William Blake, where, throughout a long career, varied by humble though diversified incidents, there was an uninterrupted succession of delusions, hallucinations, and wild imaginings; where there was scarcely a phase in the constitution of his mind which was not modified by perversion, nor a pursuit in which the real could be certainly and satisfactorily separated from the unreal, the internal impression from the external hobgoblin.[85]

A poet and artist of singular talents, Blake was a true eccentric. Interestingly, Browne chose not to repeat in any detail the famous stories, recounted by Cunningham, of Blake being disturbed one evening while drawing the portrait of his guest, the Old Testament figure Lot, nor of Blake's strangest visitor - the Ghost of a Flea.[86] But he did agree with Cunningham's opinion that Blake's visions were a 'freak of fancy', the product of a mind unsettled by 'narcotic inspiration'.[87] Alexander Gilchrist, who wrote Blake's first full-length biography, even devoted a whole chapter to the question 'mad or not mad?' and came down firmly on the side of sanity. As he observed, all of Blake's friends who knew him well were unanimous in believing him to be of sound reason, if a little 'eccentric' or 'enthusiastic' in his visions. Browne, however, chose to disagree; he believed that 'it may be safely affirmed that if he was not insane in conduct, Blake betrayed undoubted symptoms of his mental malady in painting', the subject matter of which, inspired by his visions and imaginings, was certainly highly original and unconventional.[88]

Two foreign artists were included in the list of 'Mad Artists': Cellini and Gottfried Kind. Browne does not mention the precise sources of his information on the eighteenth-century artist Kind referring instead to 'fragmentary' notices of his life which were 'authentic' but not necessarliy 'authoritative'.[89] A brief article on 'Painting Cats' had appeared in *The Mirror of Literature, Amusement, and Instruction* in 1828 but provided only limited information on Kind and further unidentified sources must have

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[85] Ibid., p. 41.
[86] A. Cunningham, *The Lives of the Most Eminent Painters, Sculptors, and Architects*, 3 vols., London: John Murray, 1830, Vol II, pp. 173-5.
[87] Anon. [W.A.F. Browne], 'Mad Artists', pp. 45-6.
[88] Ibid., p. 46. Blake's illustrated writings, such as the *Book of Thel, Songs of Innocence* and *Songs of Experience* are most unusual in their format and subject matter.
[89] Ibid., p. 65.

been used.[90] Kind suffered from a form of 'physico-psychical degeneration', being of the 'cretinoid family', and was described thus:

> A queer roundabout manikin, with a large pyramidal head, thatched with long masses of hair, an oval face, small round eyes, widely separated, a short squat body with a vast paunch, resting upon dwarfish legs, which almost described semi-circles. His chin was globular, but unbearded; his thumbs and fingers were rounded knobs, and in front of his throat and pendulous over his breast hung a tumour of more life-like colour than his sallow cheeks.[91]

His talent for drawing cats in charcoal or chalk, however, became famous and earned him the nickname 'Cat Raphael'. In an article for the *TAT Journal*, Donald Snyder described Kind as an 'idiot savant' and mentioned that he 'even had a private showing of his works arranged by King George of England' although he does not cite a source for this claim.[92] Kind may have died in Berne and his art was reputed to have been found in the 'galleries of Dresden and elsewhere'.[93]

Benvenuto Cellini (1500-1571), the only Italian artist discussed in Browne's article, had been included because his life had been 'a romance of genius, crime, and superstition, through which there runs a poetic current of dreamy delusion'.[94] Browne's source was Cellini's own *Memoirs*, as translated by Thomas Roscoe.[95] From Cellini's autobiography, dictated to an amanuensis between 1558 and 1562, there emerged 'a man of flesh and blood, sensual, gifted and impetuous, with a strong vein of exhibitionism, a tendency towards introspection and the jealous single-mindedness of the creative artist'.[96] Browne considered Cellini's confessions to three murders as a sign of 'the union of genius, depravity, and delusion' and concluded:

> There are grounds for supposing that his highly wrought and inflammable fancy led to exaggeration, to the mystification of commonplace circumstances and to

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[90] Anon., 'Painting Cats', *The Mirror of Literature, Amusement, and Education*, 12, September 1828. Available from Ibiblio, The Public's Library and Digital Archive, at: www.ibiblio.org/pub/docs/books/gutenberg/1/0/8/4/10845/10845-h/10845-h.htm. Accessed 2 February 2005.

[91] Anon. [W.A.F. Browne], 'Mad Artists', p. 65.

[92] D.K. Snyder, 'The Uncanny Abilities of Idiot Savants', *TAT Journal*, 12, 1981, p. 4. There is no work by Kind in the Royal Collection. The *TAT Journal* is published by the TAT Foundation, an organisation that provides a forum for philosophical and spiritual inquiry.

[93] Anon. [W.A.F. Browne], 'Mad Artists', p. 66. The Staatliche Kunstsammlungen, (Old Masters Picture Gallery), in Dresden does not own any works by Gottfried Kind.

[94] Ibid., p. 46.

[95] B. Cellini, *Memoirs of Benvenuto Cellini, a Florentine Artist; by Himself*, transl. T. Roscoe, London: Henry G. Bohn, 1847. Browne used the 1847 edition although Roscoe's translation was first published in 1823.

[96] J. Pope-Hennessy in B. Cellini, *The Life of Benvenuto Cellini, Written by Himself*, transl. J.A. Symonds, London: Phaidon Press, 1995, Introduction, p. ix.

the confession of crimes which were never perpetrated, and of conduct which disclosed the reign of his passions and propensities, but could not redound to his reputation even in mediaeval Italy.[97]

Just as Cellini was prone to exaggeration rather than to 'madness', there is no doubt that Benjamin Robert Haydon (1786-1846) misunderstood his own level of 'genius' and failed to recognise his own limitations as an artist. Haydon's *Autobiography and Journals*, the main source of information on his life, painted a picture of a man of 'misfortune' and 'disappointed ambition'.[98] Browne, like many of his contemporaries, observed in the artist's life 'a deep tumultuous current of unhealth, of impetuous impulses of self-will and self-reliance, of miscalculated powers and pretensions, and of wild and Utopian projects rivalling the enormous breadth of his canvas.'[99] Haydon had believed himself to be a far greater talent than his art reveals and his behaviour was often considered unconventional. He had drawn his children as they lay dying, commenting in his *Journal*, 'what an exquisite subject a dying child would make'; he described the painting of his dying son Alfred as 'a most piercing subject'.[100] Plagued by financial difficulties, Haydon committed suicide on 22 June 1846.

Sir Edwin Landseer (1802-1873), one of Queen Victoria's favourite painters, was a man of 'nervous susceptibility' and 'subject to nervous depression'.[101] But a fuller discussion by Browne of his mental illness was prevented by the artist's death only seven years before the article was published and by the lack of information then available:

> We have all been apprised by popular rumour that Sir Edwin Landseer died of one of the neuroses, and details are not wanting of the progress of the calamity: but the precise signs or symptoms of the decadence and of the sad end have, we think, with commendable feeling and delicacy been withheld; and a veil has been drawn between the gradual culmination and the public gaze.[102]

More recent biographers than F. G. Stephens (1828-1907), the source for Browne's observations, have provided details of Landseer's erratic behaviour and 'distressing

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[97] Anon. [W.A.F. Browne], 'Mad Artists', p. 48.
[98] B.R. Haydon, *Life of Benjamin Robert Haydon, Historical Painter, from his Autobiography and Journals*, ed. T. Taylor, 3 vols., London: Longman, Brown, Green and Longmans, 1853. It is possible Browne had published an article on Haydon much earlier. See Anon., 'Haydon; a Psychological Study', *The Journal of Psychological Medicine and Mental Pathology*, 6, 1853, 501-27.
[99] Anon. [W.A.F. Browne], 'Mad Artists', p. 50.
[100] B.R. Haydon, *The Autobiography and Memoirs of Benjamin Robert Haydon, 1786-1846*, ed. A.P.D. Penrose, London: G. Bell and Sons, 1927, p. 410.
[101] Anon. [W.A.F. Browne], 'Mad Artists', p. 60. Landseer was knighted in 1850.
[102] Ibid., p. 60.

intervals of depression'.[103] Campbell Lennie described 'ominously odd behaviour' when Landseer sent 'for some sheep from the Home Farm for use as models, which he then wanted driven upstairs to his bedroom' and made reference to Lord Frederick Spencer Hamilton's opinion that Landseer was at times 'hopelessly insane' and could not be calmed by his physician.[104] By contrast, the mental distress suffered by George Morland (1763-1804) had been only too visible to the public during his lifetime. Browne described his disease as 'moral insanity', citing Morland's incessant 'preference for what is vile and vicious' and occasions of 'wild delirium of dissipation' but sought the sympathy of the reader for an artist who was a 'victim of brutal and fatal propensities'.[105] No doubt Browne's experience at Crichton and his later work as Scotland's Commissioner in Lunacy gave him a greater insight into the disastrous effects of such behaviour on a person's mental health. Morland's end came in a sponging-house after swallowing 'an unusual quantity of spirits, which, instead of stupefaction, produced fever'.[106]

The final artist in Browne's list was the most famous in Britain, Joseph Mallord William Turner (1775-1851). Browne pointed to the remarkably diverse reactions people had to Turner and his work: while many admired 'his marvellous imagination, his mastery over the secrets of colour and form', others were appalled by the 'pettiness, paltriness, degradation, and moral incompatibilities of the man'.[107] He referred to the fate of Turner's mother whose 'maniacal fury' had led to her confinement at Bethlem Hospital when Turner was a child.[108] In fact, his mother was not placed in Bethlem until 1800, having been in St Luke's Hospital for one year, by which time Turner had been elected an Associate Royal Academician; she died at Bethlem in 1804.[109] In later years, Turner was said to have spent his Saturdays in 'vile or vicious haunts in Wapping or Rotherhithe' where he 'wallowed in mad or maudlin gratification until summoned by

[103] F.G. Stephens, *Memoirs of Sir Edwin Landseer: a Sketch of the Life of the Artist*, London: George Bell and Sons, 1874, p. 135. Stephens included few details about Landseer's illness, a subject which he 'indicated rather than described' at the end of the biography.

[104] C. Lennie, *Landseer, the Victorian Paragon*, London: Hamish Hamilton, 1976, p. 235. Lord Hamilton's views on Landseer appeared in *The Days before Yesterday*, London: Hodder and Stoughton, 1937. He described Landseer as 'a great family friend'.

[105] Anon. [W.A.F. Browne], 'Mad Artists', pp. 61-2.

[106] Cunningham, *The Lives of the Most Eminent Painters, Sculptors, and Architects*, 3 vols., Vol II, p. 248.

[107] Anon. [W.A.F. Browne], 'Mad Artists', p. 67.

[108] Ibid., p. 69.

[109] Mary Turner's case notes at Bethlem are very limited. She suffered from violent and uncontrollable rages. The diagnosis of her illness is not recorded although information from Tate Britain indicates she may have been suffering from schizophrenia.

his better genius to exercise his heaven-born gifts'.[110] Such a picture of degenerative behaviour was certainly not taken from John Ruskin's adulatory descriptions of his idol Turner; instead, Browne used sources such as W. C. Monkhouse, George Thornbury and Philip Hamerton who were only too willing to include such details for dramatic effect.[111] Certainly, Turner's eccentricities of behaviour became more pronounced towards the end of his life when he lived with Mrs Booth in Chelsea and assumed the name 'Admiral Booth', to 'shield his identity'.[112] His paintings, however, continued to be admired for their beauty of vision.

So, what was the purpose of Browne's article? Esquirol had believed that artists were more susceptible to insanity not because of their natural genius but because of their mode of living:

> Men of the greatest genius, both in the sciences and arts, the most illustrious poets, the most skillful [sic] painters, have preserved their reason, even to extreme old age. If we have seen painters, poets, musicians, and artists become insane, it is because they associate, with a very active imagination, great errors in regimen, to which their organization exposed them, more than other men ... The greater part of painters also, of poets and musicians, impelled by the need of emotions, abandon themselves to numerous errors of regimen; and it is these, far more than excessive study, which are the true cause of their insanity.[113]

If Esquirol was correct, then it could be understood that art as an activity should not be harmful to a patient's mental health, if conducted within a safe environment. Browne went further in his belief: his experience in asylums had taught him that art could be of great benefit to patients, whether professional artists or gifted amateurs, by stimulating their interest, regenerating latent talents and restoring their mental calm. Browne selected Turner and the other 'mad artists' because he wished to demonstrate how 'sane' art could be created by those who suffered from mental derangement. Their inclusion reinforced the message he was promoting in the first section of 'Mad Artists': that mental illness did not necessarily impair the creative impulses of a patient and that fine art, like music, literature and drama, should be fostered among the insane.

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[110] Anon. [W.A.F. Browne], 'Mad Artists', p. 72.
[111] W. C. Monkhouse, *Turner, a Sketch of his Life and Works*, London: Sampson Low, Marston, Searle, & Rivington, 1879. G.W. Thornbury, *British Artists from Hogarth to Turner: being a Series of Biographical Sketches*, London: Hurst and Blackett, 1861; and G.W. Thornbury, *The Life of J.M.W. Turner, R.A.*, 2 vols., London: Hurst and Blackett, 1862; 2nd ed. in one volume, 1876. P.G. Hamerton, *The Life of J.M.W. Turner, R.A.*, London: Seeley, Jackson, & Halliday, 1879.
[112] E. Shanes, *Turner*, London: Studio Editions, 1993, p. 38.
[113] Esquirol, *Mental Maladies*, p. 39.

'Mad Artists' and *Art in Madness*

'Mad Artists' began with Browne's description of a collection, in 'three gigantic volumes' of art produced by 'lunatics in different forms and phases of derangement'.[114] Browne declared that with only a few exceptions, these 'melancholy records of art in madness' did not reveal 'a trace or allusion or revelation of the place or circumstances under which the work was undertaken, or of the mental or moral lesion under which the workmen suffered.'[115] Further, he stressed that while the majority displayed a 'marvellous degree of beauty, accuracy, and delicacy in the execution', it was 'only when the creative or imitative power is guided by fancy or passion that the design or the expression becomes altogether wild, absurd, or hideous.'[116] Browne wrote:

> This collection was formed by the medical superintendent of an asylum which received patients almost exclusively belonging to the educated classes. These attempts were made in pencil, ink, water colours [sic], chalk, sepia, and oil during a period of twenty years.[117]

As noted earlier in this chapter, there is little doubt that Browne was the author of the article. The identity of Browne as the 'medical superintendent' is further supported by these details: he had served as Crichton's Physician Superintendent for a period of over nineteen years (1838-1857) and the majority of Crichton Royal Institution's patients, excluding the Southern Counties Asylum inmates, did indeed come from the 'educated classes'. It is unlikely that Browne would have entrusted the description of his personal collection, formed so carefully over such a long period of time, to another author. The subsequent details given in the article allow us to identify the location of the art production as Crichton; further, a few of the individual pictures described by Browne can be identified with items which have survived in the fragmentary collection of art now housed in the Crichton Museum. In describing the content of these three volumes, Browne has provided an account of the earliest known organised artistic activities in a Scottish hospital. He began his description of the collection:

> The first volume is confined to portraits in pencil of fifty-five inmates of the asylum, which are described as having been in many cases striking likenesses, and which, at all events, convey the impression of characteristic displays of

[114] Anon. [W.A.F. Browne], 'Mad Artists', p. 33.

[115] Ibid., pp. 34-5.

[116] Ibid., p. 34.

[117] Ibid., p. 33.

power or weakness, sentiment or sensuality. We are not, however, left to conjecture the prevailing mental constitution of the individual depicted, as the species of alienation, diagnosed by the attendant physician, has been appended to each. The aspects of disease presented include monomania, with delusions; ecstatic mania, theomania, dementia ... The author of these sketches had been originally an engraver.[118]

The second volume contained 124 sketches 'embracing every possible object except the physiognomy of the patients around'; most were copies of 'engravings and paintings' but the volume also included landscapes 'from nature', a few 'creations of a disturbed imagination' and copies of plates from the publications of Esquirol and Morison.[119] As Browne observed:

> They were the work of persons labouring under erotomania, dipsomania, furious mania, manias of suspicion, fear, vanity, and almost every known form of mental disease except fatuity. The authors were, with two exceptions, unprofessional artists, but have, apparently from their productions, received instruction in the development of some degree of innate taste.[120]

Only five artist-patients had contributed to the third volume. There were 'exquisite' Canadian views by a former patient; flower vignettes by a 'practised adept'; landscapes and seascapes by two patients, one of whom suffered from 'paroxysms of mania'; and a collection of art by a 'distinguished landscape painter' in whose work could be traced 'the decline and fall of his genius'.[121] Browne then described in some detail the artist's pictures and illustrated letters as they deteriorated to a 'scarcely decipherable scrawl' shortly before the patient's death.[122]

The three volumes no longer exist in their entirety. In May 1983, more than a century after Browne described his collection of 'mad art', Mrs Morag Williams, Dumfries and Galloway Health Board Archivist, located one large volume of artwork in a cabinet of the Physician Superintendent's office at Johnston House, within the grounds at Crichton. It was leather-bound with the title, *1886 Art in Madness by W. A. F. Browne*, embossed on the front. The date would suggest it had been bound by someone else who wished to preserve the collection after Browne's death (he died in 1885) but perhaps following Browne's instructions. The collection numbered 135 works

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[118] Ibid., pp. 33-4.
[119] Ibid., p. 34. Both Esquirol and Alexander Morison employed professional artists to illustrate their publications on insanity.
[120] Ibid., p. 34.
[121] Ibid., pp. 35-6. The 'practised adept' was Marianne Rigby; the 'distinguished landscape painter' was William James Blacklock.
[122] Ibid., p. 35. Blacklock and his art will be discussed in Chapter 9.

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of art. The leather binding no longer exists: the boards on which the pictures were pasted had become damaged and there was evidence of foxing (staining) on the artwork. In the spring of 1989, the volume was sent for remounting and conservation work to the Falkirk restorer, Tom Valentine. All the pictures were remounted on cream acid-free boards; where images or text were found on both sides, mount windows were also opened on the reverse sides. Also found loose inside the volume was a sheet of instructions, possibly not in Browne's handwriting:

Catalogue of Illustrations

Single Illustrations.   Vol I

Group I	containing 3	
Group II	containing 2	
Group III	containing 3	
Group IV	containing 7	
Group V	containing 3	
Group VI	containing 8	Vol II
Group VII	containing 1	
Group VIII	containing 1	
Group IX	containing 17	
Group X	containing 3	
Group XI	containing 15	
Group XII	containing 10	
Group XIII	containing 21	
Group XIV	containing 2	

The groups to be inlayed or placed on guards in series.

This 'catalogue' presents some problems. If it is accurate, then volume II originally contained 96 works of art but the volume located by Morag Williams contained 135 drawings and paintings; even if the 'single illustrations' (portraits) of volume I had made up the remaining 39 works (Browne mentioned 55 portraits in 'Mad Artists'), no such portraits exist in the present volume. It is also not clear what is to be understood by the fourteen groupings: one possibility is that they relate to Browne's classifications of mental diseases. As we have seen in Chapter 4, Browne had devised his own 'arrangement' which he had published in *What Asylums Were, Are, and Ought*

to Be in 1837.[123] 'Monomania' had fourteen divisions, perhaps corresponding to the fourteen groups of the catalogue. However, that would then exclude patients who laboured under 'Idiocy' (four divisions), 'Fatuity' (two divisions) and 'Mania' (two divisions).[124]

Although *Art in Madness* contained 135 pictures, some have images on both sides of the paper; it is not clear if Browne counted these as extra drawings in his original list or if he considered each sheet of paper as constituting one work of art, regardless of the number of drawings it contained. The surviving collection, combined with the archival material from Browne's period as Physician Superintendent at Crichton, offers a rare glimpse of an asylum where drawing and painting were encouraged as activities for individuals, male and female, as well as for groups of patients. It seems unlikely that the surviving collection comprised only one of the original volumes described by Browne in his 1880 article because the contents do not fit exactly with the descriptions of any single original volume: rather, the surviving collection may be an amalgamation of the second and, possibly, third volumes. Even then, there are problems. Browne wrote that the second volume did not contain images of the 'physiognomy' of patients and yet the present collection contains seventeen portraits, at least nine of which represent Crichton patients: four are by Bartholomew but were executed too late to be used in Browne's lectures of 1854-5; and at least three are the work of Oliver, who was not the engraver mentioned in the description of first volume.[125] It is probable, however, that Browne made a distinction between artistic portraits produced for pleasure and medical portraits designed as physiognomical illustrations for teaching purposes.

Certain artwork, described by Browne as belonging to the original volumes, has been located in other archives. The pencil portraits of fifty-five patients in the first of the original volumes no longer exist at Crichton. However, eleven pen and ink portraits, almost certainly the original drawings, have been identified in the collection of medical

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[123] W.A.F. Browne, *What Asylums Were, Are, and Ought to Be*, Edinburgh: Adam and Charles Black, 1837, p. 12.

[124] As already noted, Browne does say in his description of the second volume that patients labouring under 'fatuity' were excluded. It is also unlikely that those labouring under 'idiocy' would have been included in those patients encouraged to produce drawings and paintings.

[125] The patient John H. Oliver was described as a 'gentleman' of no profession. He will be discussed in more detail in Chapter 9.

drawings and illustrations donated by Thomas Laycock to Edinburgh University.[126] The artist responsible for these drawings was William Bartholomew, a professional engraver who was a patient both at Crichton and at Royal Edinburgh Asylum.[127] The drawings had been commissioned originally by Browne to illustrate his lectures on the definition and management of mental disease, delivered to Crichton medical and nursing staff during the winter of 1854/5. At some point after this, however, they must have been handed over to Thomas Laycock (1812-1876), Professor of the Practice of Medicine at Edinburgh University from 1855. When Browne and Laycock became friends is not known. They would have been aware of each other's writings on insanity in the medical publications of the time. Browne moved to Edinburgh on his appointment as Commissioner in Lunacy for Scotland in 1857, the year Laycock began teaching his course on medical psychology.[128] It is quite possible that Browne, then so involved in travelling around Scotland for the Board of Lunacy that he had little time initially for teaching a course on insanity, loaned or gifted these drawings to Laycock. It is also possible that the Bartholomew drawings had remained at Crichton after Browne's departure, to be used as teaching aids by his successor Dr Gilchrist, and that Laycock was invited to select a sample for his own teaching. At Christmas 1859 Laycock was one of three 'gentlemen from Edinburgh' who delivered lectures at Crichton and may even have used the drawings for his lecture on the 'Physiology of the Brain and Nervous System.[129] Certainly they were in his possession by the time he handed over his extensive medical illustration collection to Edinburgh University in 1876.[130]

The third volume had originally included a number of works by the professional artist William James Blacklock (1816-1858). While one or two drawings may still remain at Crichton, others, along with samples of the artist's letters, have been

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[126] Edinburgh University Library [hereafter EUL], Special Collections, Medical Diagrams, Illustrations and Photographs used by Thomas Laycock, Professor of the Practice of Medicine at the University of Edinburgh, 1855-1876.

[127] William Bartholomew and his artwork will be discussed in detail in Chapter 9.

[128] Laycock's course on medical psychology proved very popular with students, unlike some of his other lectures which were 'too much crowded with etiological and nosological indices of diseases'. See K. M. MacDonald, 'Recollections of the medical "giants" of Edinburgh in the early fifties', *Caledonian Medical Journal*, 7, 1907, 94-102. For information on Laycock's election to the Chair of the Practice of Medicine, see M. Barfoot, *"To ask the Suffrages of the Patrons": Thomas Laycock and the Edinburgh Chair of Medicine, 1855*, London: Wellcome Institute for the History of Medicine, 1995.

[129] C.C. Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, Dumfries: Courier Press, 1937, p. 80. The other gentlemen were Professor Balfour, lecturing on 'Botany' and Mr David Murray, lecturing on 'Volcanoes'.

[130] EUL, Special Collections, Medical Diagrams, Illustrations and Photographs used by Thomas Laycock, Professor of the Practice of Medicine at the University of Edinburgh, 1855-1876.

identified in the Library of the Royal College of Physicians of Edinburgh.[131] An exhibitor at the Royal Academy from 1836, Blacklock was admitted to Crichton in November 1855, suffering from 'syphilis'. He continued to paint between bouts of illness until his death in March 1858.[132] Browne became interested in the decline of Blacklock's artistic powers as his disease progressed.

At least fifteen patients can be identified, from the artwork and the archives, as having been responsible for specific drawings in the existing collection although the actual number involved is likely to be higher. Among them are Joseph Askew, William Bartholomew, William Campbell, David Cathcart, Richard Charteris, George Grieve, Joanna Hutton, William Johnstone, Robert Mayow, Henry Newling, John H. Oliver, William Rickard, Marianne Rigby, John Fenn Russell and Margaret Towers. More than thirty drawings are signed by the patients or have the name of the patient written on the reverse side or drawing mount. Identification of other works by these patients can be made, in some instances, on stylistic grounds. David Cathcart, for example, has his name on four drawings but there is little doubt he was responsible for three other works.[133] John Fenn Russell's initials appear on only one drawing which is sufficient to attribute at least another fourteen to him, so alike are they in execution and imagery.[134] The most common themes in the art collection are townscapes and landscapes (32); portraits (17); natural history studies (16); and views of Crichton and other asylums (14); but the collection was very wide-ranging taking in plans for an asylum, survey diagrams of a nearby loch, imaginary battle scenes, music sheets, a theatrical playbill and examples of penmanship.

Research undertaken for this thesis has uncovered new information on many items in Crichton's art collection. It is now known that more than fifty drawings, many of them views of towns and the countryside, are direct copies of engravings; the originals had appeared in contemporary books and journals. Since Crichton had such an extensive library available to patients and a catalogue of its contents had been printed by early 1853, it might seem natural to expect identification of original sources to be relatively straightforward. However this is not the case. While donations to the library were recorded in *The New Moon* from 1846, often the exact book or journal titles are

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[131] RCPE Library, MS Collection, Thomas Laycock Collection, Box 10, File 73. The collection was presented to the College by Laycock's daughter, Mrs Stirling Boyd, in 1927.
[132] The patient William James Blacklock; his art will be discussed in detail in Chapter 9.
[133] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 516, David Cathcart.
[134] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 772, John Fenn Russell.

omitted; in the printed catalogue, also, sometimes only basic information on books is given, with no publication details, allowing for no certain identification of specific volumes. Further, patients often acquired their own books, either through book clubs or sent by their families. While the original sources for some may have been tracked down, it is also possible that images were reproduced in a variety of publications, at different times. For example, the drawing, *Palace of the Luxembourg, Paris* (1984.92), by an unidentified patient, is a faithful copy of the engraving after Thomas Allom which appeared in *Fisher's Drawing Room Scrapbook* of 1846 and reappeared in Wright's *The History of France* in 1860.[135]
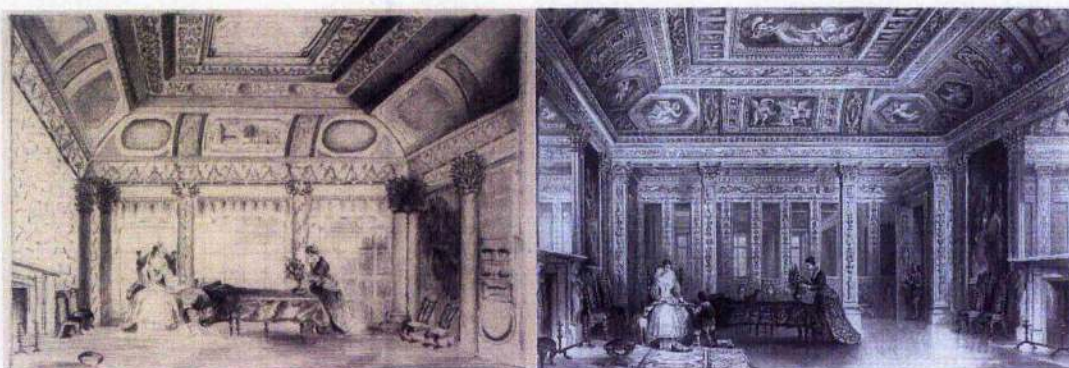
FIG. 21   1984.92, Unknown, *Palace of the Luxembourg, Paris* and print by M. J. Starling after T. Allom   (courtesy of Lombard Prints. www.lombardprints.com)

FIG. 22   1984.85, Unknown, *Chateau de Blois* and print by J. Carter after T. Allom   (courtesy of Lombard Prints. www.lombardprints.com)

The *Scrapbook*, not mentioned in the library catalogue, may have been published at a more suitable date for Browne's earlier patients but the later book is also a possible source because Wright's book contains two more illustrations drawn by

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[135] DUMCR1984.92, Crichton Art Collection, *Palace of the Luxembourg, Paris*. H. Fisher, R. Fisher and P. Jackson, *Fisher's Drawing Room Scrapbook*, London: Fisher, Son and Jackson, 1849, facing p. 31; T. Wright, *History of France: from the Earliest Period to the Present Time*, 3 vols., London: London Printing and Publishing Co., 1860, Vol II, facing p. 254. Before research began, this drawing was listed as 'sketch of the interior of an impressive and ornate room'.

Allom that were copied by unidentified patients - *Hotel de Ville, Paris* (1984.77) and *Chateau de Blois* (1984.85).[136] Although the book contains another illustration, *Hotel de Ville, Bourges* (1984.80), it cannot have been the original source because the drawing is known to have been produced by Marianne Rigby who died in 1858.[137]

Forty parts of *The Art-Union* journal were listed as in the library by 1851 and proved a rich source of images: an engraving of *The Death of the Stag* by J. Cousen after Landseer was illustrated in 1851 and copied shortly after by the patient John Oliver (1984.67);[138] research for this thesis has also shown that in the years 1851-1854, the journal published nine illustrations of works by Baily, Calcott, Harding, Wilson, Dürer and Raphael, all of which were copied by patients. Raphael was undoubtedly the most popular 'old master', and his work appeared in all the leading art and religious journals. For example, *Madonna della Sedia*, an image that was used by John Fenn Russell (1984.115) was reproduced in *The Pictorial Gallery of the Useful Arts* and Kitto's *The Pictorial Sunday Book*.[139] Research has also revealed that Kitto's book is likely to have been the source of *Bedouin Arabs* (1984.87), by an unidentified patient.[140]
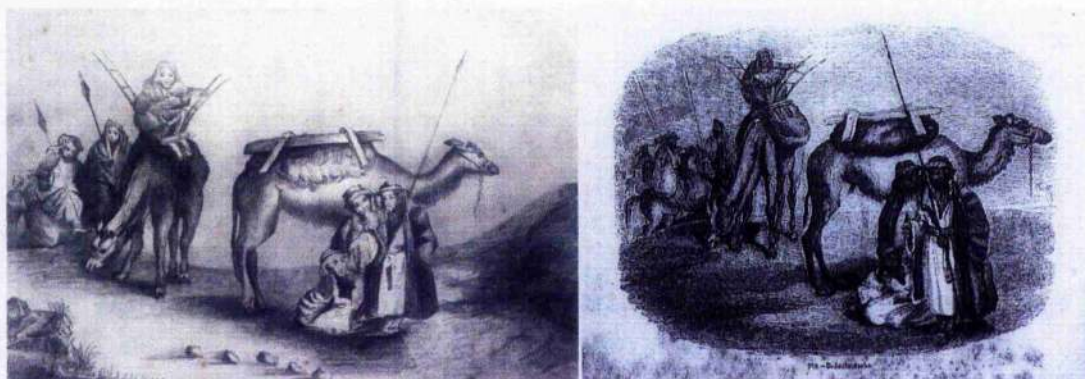
FIG. 23   1984.87, Unknown, *Bedouin Arabs* and print by unknown artist

The natural history studies, battle scenes and portraits - of fellow patients, of dignitaries taken from books in the asylum library, and even of one American President,

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[136] Wright, *History of France*, Vol I, facing pp. 534 and 785; Vol II, facing p. 468. Before research began, the drawing 1984.77 was listed as 'sketch of a street scene, maybe Liverpool'; the subject, but not the original source, of 1984.85 was already known because of an inscription on the patient's drawing.
[137] DUMCR1984.80, Crichton Art Collection, *Hotel de Ville, Bourges*. Before research began, the drawing was listed as 'sketch of a busy street scene'. Marianne Rigby will be discussed in Chapter 8.
[138] DUMCR1984.67, Crichton Art Collection, *The Death of the Stag*. Research for this thesis has revealed that the engraving appeared in *The Art-Union*, 3, 1851.
[139] DUMCR1984.115, Crichton Art Collection, *Madonna della Sedia*. The image appeared twice in *The Pictorial Gallery of Useful Arts*, London: George Cox, 1850, frontispiece and p. 360; J. Kitto, *The Pictorial Sunday Book*, London: Charles Knight and Co., 1845, p. 24.
[140] DUMCR1984.87, Crichton Art Collection, *Bedouin Arabs*. The print appeared in Kitto, *The Pictorial Sunday Book*, p. 289. The original artist was not identified in the publication.

Millard Fillmore - are by identifiable patients and will be discussed in the next chapter. Other fine drawings by unidentified patients are views, many from book engravings, from Britain, France, Italy, Switzerland, Turkey and the Near East.

Perhaps the most remarkable subject matter in the Crichton art collection is the depiction of other mental hospitals. It is not known if the drawings are by one or more patients but the concept of the insane drawing the buildings where other insane were confined is most unusual. The current description of these drawings has a tentative attribution to Marianne Rigby who was admitted to Crichton in October 1846 and this will be discussed more fully in Chapter 8.[141] There is no doubt, because of an inscription in Browne's handwriting on the original mounts, that two drawings are by Miss Rigby: *Somerset County Asylum* (1984.78) and *Coton Hill Asylum* (1984.84). On stylistic grounds, however, it is difficult to attribute other views of asylums to her with any degree of certainty.

Several works depict institutions in North America, well known for their promotion of moral treatment. Two drawings (1984.99 and 1984.100), perhaps the work of two different patients, were already known to represent *Pennsylvania Hospital for the Insane*.[142] Research undertaken for this thesis has now identified the original source as an engraving by W. E. Tucker, after a drawing by W. Mason; it was published in the *Report of the Pennsylvania Hospital for the Insane* for 1845.[143] But Browne may also have seen it in an article for the *American Journal of Insanity* in October 1845.[144]
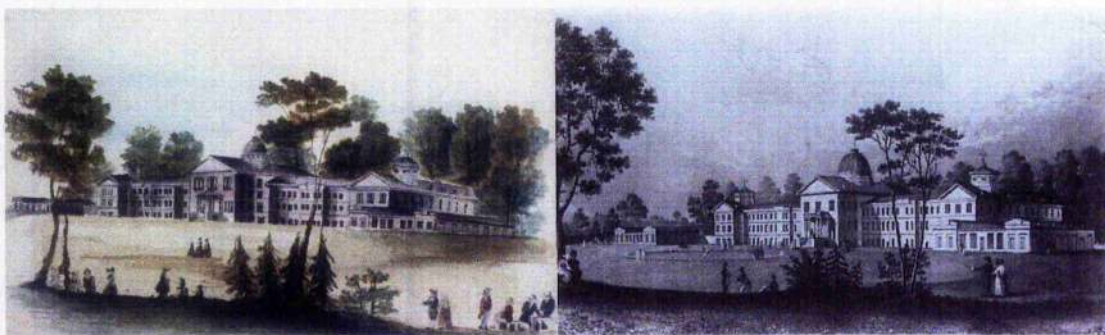
FIG. 24   1984.99, Unknown, *Pennsylvania Hospital for the Insane* and print by W. E. Tucker after W. Mason (courtesy of the Trustees of the University of Pennsylvania)

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[141] DUMCR1989.213 CRI MS Case Books, XI, Patient No. 382, Marianne Rigby.

[142] DUMCR1984.99 and 100, Crichton Art Collection, *Pennsylvania Hospital for the Insane*.

[143] N. Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*, Cambridge: Cambridge University Press, 1984, p. 20.

[144] Anon., 'A Sketch of the History, Buildings, and Organisation of the Pennsylvania Hospital for the Insane, Extracted Principally from the Reports of Thomas S. Kirkbride, M.D., Physician to the Institution', *American Journal of Insanity*, 2, 1845, 96-114.

The asylum offered its patients indoor pursuits such as concerts, parties, games, and a library. New research has also shown that *New Jersey State Asylum, Trenton*, is the subject of two pencil drawings (1984.86 and 1984.88), perhaps the work of two different patients.[145] The asylum, promoted by Dorothea Dix, was opened on 15 May 1848 and the engraving by Joseph Ives Pease (from a daguerreotype by John X. Mason) was published in the *First* and *Second Annual Reports*, 1848 and 1849.[146] The location of the hospital was described in 1848:

> Reposing in the midst of the most beautiful scenery in the valley of Delaware, combining all the influences which human art and skill can command to bless, soothe and restore the wondering intellect that are gathered in its bosom, the State may proudly point to this Asylum as a notable illustration of that charity, which, born from above, diffuses in blessing on the poor and unfortunate.[147]
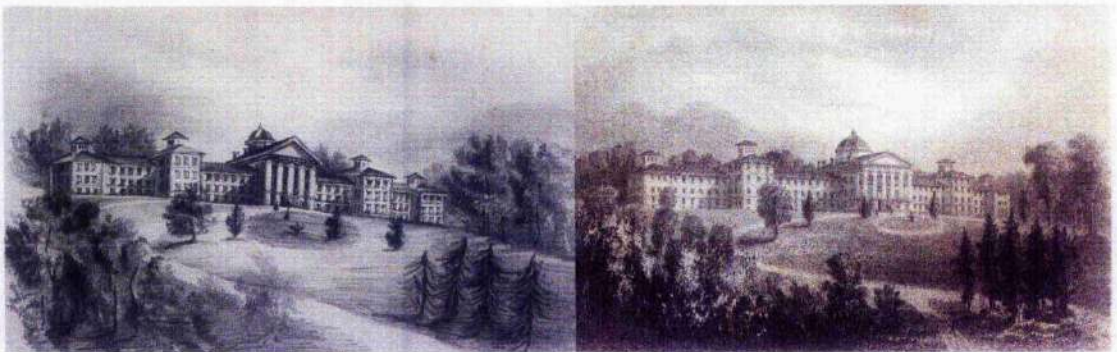
FIG. 25   1984.88, Unknown, *New Jersey State Asylum, Trenton* and print by J. Pease after J. X. Mason (courtesy of Special Collections, University Libraries of New Jersey)

It is not surprising that Browne was happy for the images of Pennsylvania Hospital for the Insane and New Jersey State Asylum - two of the leading asylums in North America - to be copied by his patients. It is likely that Browne exchanged *Annual Reports* with their Medical Superintendents; certainly his own writings on insanity were known to his American counterparts as early as 1847 through publications such as the *American Journal of Insanity*.[148]

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[145] DUMCR1984.86 and 88, Crichton Art Collection, *New Jersey Lunatic Asylum, Trenton*. Prior to this thesis research the institution was described in the Crichton art collection catalogue as 'pencil sketch of an impressive building'.

[146] I am most grateful to staff at Special Collections, University Libraries, University of Medicine and Dentistry of New Jersey, for supplying information on the original engraving. Miss Dorothea Dix was one of the great campaigners for asylum reform in the nineteenth century and visited Crichton in 1853. A daguerrotype was one of the earliest photographic processes.

[147] *New Jersey Lunatic Asylum First Annual Report*. Quoted in M. Rotov, 'The Birth of a Psychiatric Institution: Trenton State Hospital', *Psychiatric News*, January 1999, online at www.psych.org/pnews/99-01-15/hx.html. Accessed 9 October 2003.

[148] For example, W.A.F. Browne, 'Remarks on Insanity', *American Journal of Insanity*, 3, 1847, 358-63. This journal was published for the first time in 1844.

There are also two pencil drawings of Crichton, *View of Crichton Royal Institution* (1984.83 and 95) and one of the *Southern Counties Asylum* (1984.120) by unidentified patients.[149] Although the Southern Counties Asylum no longer exists, photographs from the nineteenth century make identification certain.
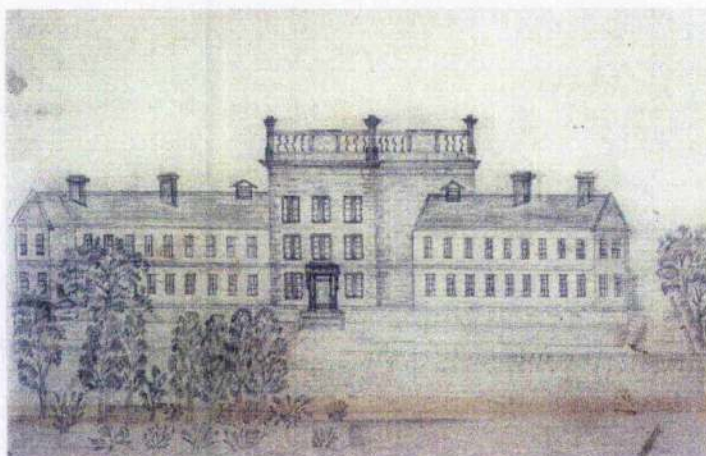
FIG. 26   1984.120, Unknown, *Southern Counties Asylum*

The drawings of Crichton are both taken from a woodcut which had appeared in *The Saturday Magazine* on 20 June 1839.[150] The details, from the precise location of the boats on the river Nith, to the foliage on the foreground tree, make it almost certain this was the original source rather than the patients drawing the scene from life. Views taken from or near Crichton also feature in the collection: *A View towards Kingholm Quay from Crichton Royal Institution* (1984.94a) is by an unidentified patient. Research for this project has shown that *A Parable - Browne's House on an Island* (1984.134) by Robert Mayow includes a drawing of Browne's residence as viewed from one of the Crichton wards;[151] and *View of Troqueer Holm* (1984.127) has now been identified as a residence close to Crichton, on the other side of the river Nith.[152] The owner of Troqueer Holm, David Melville, was a Director of Crichton Royal Institution from 1840 to 1842.[153]

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[149] DUMCR1984.83 and 95, Crichton Art Collection, *View of Crichton Royal Institution*; DUMCR1984.120, Crichton Art Collection, *Southern Counties Asylum*. There is also another small sketch of the building by Agnes Johnston which will be discussed in Chapter 8.

[150] *The Saturday Magazine*, **15**, 20 July 1839. The woodcut is reproduced in M. Williams, *History of Crichton Royal Hospital 1839-1989*, Dumfries: Dumfries and Galloway Health Board, 1989, p. 5.

[151] DUMCR1984.134, Crichton Art Collection, *A Parable - Dr Browne's House on an Island*. Research for this thesis has identified the building as Dr Browne's house.

[152] I am most grateful to Morag Williams and to members of the Dumfries and Galloway Natural History and Antiquarian Society for their help in tracking down the identity of this building.

[153] Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, Appendix C.
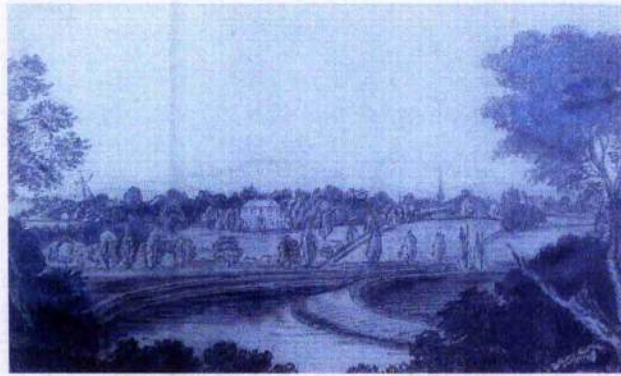
FIG. 27   1984.127, Unknown, *View of Troqueer Holm*

Three more drawings, one in pencil and two in watercolour, and not necessarily by the same patient, also represent an asylum (1984.82, 97 and 98). Similar in layout to two North American institutions, London Asylum at Ontario and Lincoln Insane Asylum in Nebraska, the building is nevertheless slightly smaller in scale and closer in construction design to Sunnyside Royal Hospital in Montrose, the hospital that replaced the original Montrose Asylum in 1858.[154] However, research for this thesis has now identified the building as Cheadle Royal Hospital, near Manchester.
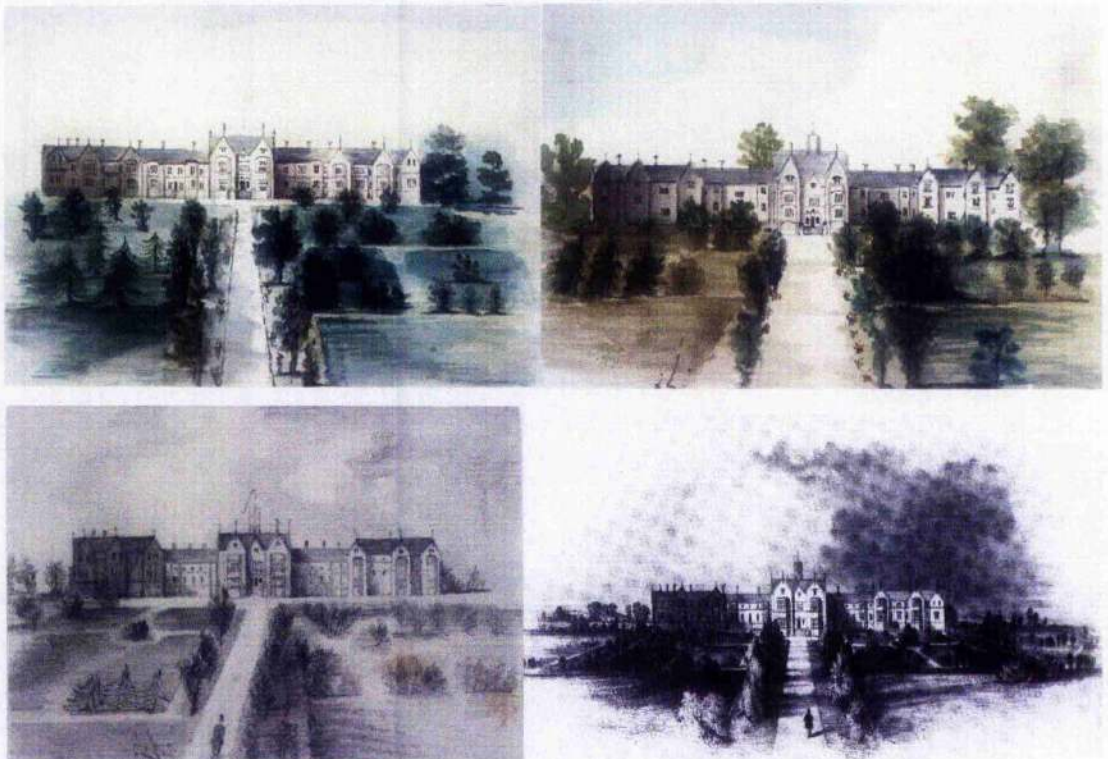
FIG. 28   1984.98, 97 and 82, Unknown, *Cheadle Royal Hospital, Cheshire* and print of the asylum produced c.1848 (courtesy of the Royal College of Physicians and Surgeons of Glasgow Library)

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[154] For a photograph of Sunnyside Royal Hospital, see A.S. Presly, *A Sunnyside Chronicle*, Dundee: Tayside Health Board, 1981, p. 14.

The original asylum had opened in 1766 as Manchester Royal Lunatic Asylum but moved to its present site in 1847. The drawings represent the asylum as seen from the main gate, looking through the long driveway up to the front of the main building. In order to publicize the hospital's new accommodation, 78,170 copies of an advertisement and a print by an unidentified artist of the new asylum building had been inserted into 22 'principal reviews and magazines', including medical journals, by 1850.[155] Further, the hospital's *Annual Report* for June 1851 had included a print, probably the same view, of the south east front of the building. It is now certain that this print was the source for the Crichton patient drawings. Although each of the three drawings shows slight variations in the architectural details, there is no doubt they are all representations of the same building.

These drawings may be connected to another item in the Crichton art collection. Just as *The New Moon* occasionally printed contributions from correspondents in asylums other than Crichton, so Browne's art collection contained a few works by patients who were not resident at Crichton. A fine watercolour, *View of Crichton Royal Institution* (1984.117) by an unidentified patient at Cheadle Royal Hospital, was sent to Browne by the Medical Superintendent, in 1854; below the image is the inscription:

> "I know that you are always interested in the production of any patient and I beg
> to enclose for the use of some of your wards a sketch made by one of my
> gentlemen of your Institution taken from a woodcut in a Number of the Saturday
> Magazine." Extract letter Dr Dickson: Cheadle, Cheshire, 1 June 1854.[156]

This is the same woodcut from *The Saturday Magazine* that had been copied by Crichton patients (1984.83 and 95).[157] On the reverse of the drawing sent from Cheadle is an unfinished watercolour sketch of a landscape with ruined castle. The artist-patient is not identified. In July 1857 John Fenn Russell was transferred from Cheadle Royal Hospital to Crichton, bringing with him a number of drawings; however, this watercolour bears little similarity to his other art and the fragmentary records of Cheadle Royal Hospital would seem to indicate that Russell was first admitted twenty-

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[155] N. Roberts, *Cheadle Royal Hospital: A Bicentenary History*, Altrincham: John Sherratt and Son, 1967, p. 62. The engraving may date from 1848.

[156] DUMCR1984.117, Crichton Art Collection, *View of Crichton Royal Institution*. 'Dr' Dickson was Mr Thomas Dickson who was appointed Medical Superintendent of Cheadle Royal Hospital in 1848. He was a 'parochial surgeon' who had qualified in 1826. His wife was also appointed Matron. For more information on Dickson's appointment, see Roberts, *Cheadle Royal Hospital: A Bicentenary History*, pp. 56-7.

[157] *The Saturday Magazine*, 15, 20 July 1839. DUMCR1984.83 and 95, Crichton Art Collection, *View of Crichton Royal Institution*.

one months after this watercolour was sent to Browne. Without more evidence, the patient responsible for this watercolour remains unidentified.[158] It is possible that just as Dickson had encouraged his patient to make a drawing of Crichton, so Browne in turn may have encouraged some of his patients to draw Cheadle Royal Hospital (1984.82, 97 and 98), perhaps with the intention of sending one of the drawings to Mr Dickson. If so, these drawings would date around 1854 rather than 1848, the probable date of the original print.
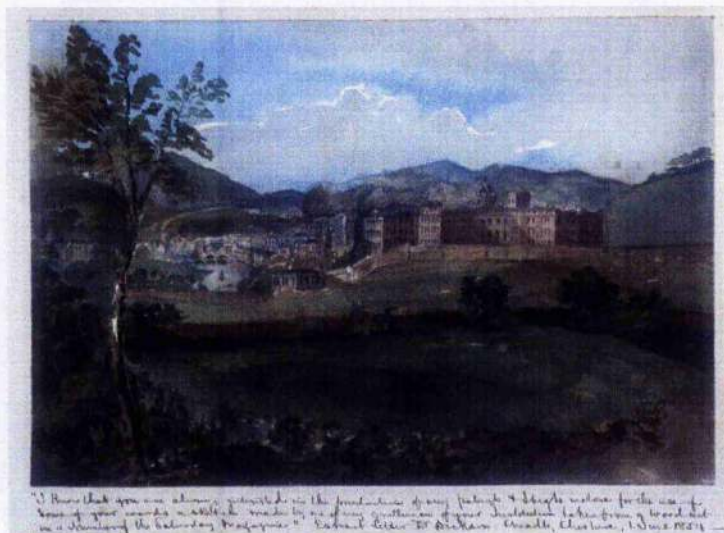
FIG. 29   1984.117, Unknown, *View of Crichton Royal Institution*
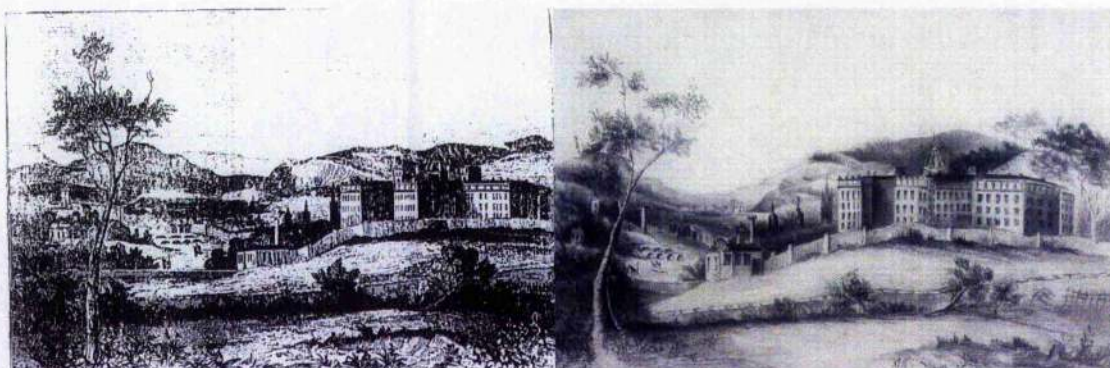
FIG. 30   Woodcut view of Crichton from *The Saturday Magazine* and 1984.83, Unknown, *View of Crichton Royal Institution*

From 1857, during his travels as Commissioner in Lunacy, Browne visited all the asylums in Scotland and his interest in patient art must have become well known to other Medical Superintendents. At least three watercolours, and perhaps one small

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[158] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 772, John Fenn Russell; Cheshire Health Board Archives, Cheadle Royal Hospital Case Book, 1856, p. 358, John Fenn Russell. This patient will be discussed in more detail in Chapter 9.

sketch, are by William Bannerman, a patient in Elgin Asylum. On the reverse side of *Girl in a Landscape* (1984.4) is written in pencil:

> 11 Feby 1861. The production of I. [or J.] Bannerman, now in Elgin Asylum, formerly in Millholme [sic], Musselburgh. He had commenced an apprenticeship as an engineer at Oban; when Mania occurred. It was attributed to evil practices; and was followed by stupidity and dullness. He is now regarded as convalescent. This and No 2 and 3 of the series of vast numbers of similar attempts, were executed during insanity.[159]

FIG. 31   1984.4, J. Bannerman, *Girl in a Landscape* and 1984.5, *Romantic Highland Scene with Figures*

Browne recorded his name incorrectly (I or J in place of W). Two more watercolours, *Romantic Highland Scene with Kilted Youth and Two Young Women* (1984.5, with 'II' marked in a corner) and *Scottish Battle Scene* (1984.6, with 'III' marked in a corner) are similar stylistically and in technique. Thin washes of colour, predominantly browns and blue-greens, have been applied in loose brushstrokes onto tinted paper; patches of varnish have been applied to the battle scene and now mar the surface. The battle scene may have been inspired by a set of engravings in Henry Tyrrell's *The History of the War with Russia*.[160] The illustrations, such as *Capture of the Malakhoff* and *Highlanders at the Battle of Alma*, show marked similarities of composition.[161] Browne described Bannerman's drawings in 'Mad Artists' as 'representing spots and transactions in the Highlands, and imbued with the most brilliant and blazing colours, the story told is merely stupid and Quixotic.'[162]

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[159] DUMCR1984.4, Crichton Art Collection, *Girl in a Landscape*. Millholm House was one of the Licensed Houses. It was praised in the *Third Annual Report of the General Board of Commissioners in Lunacy for Scotland*, 1861, written by Browne and James Coxe, for 'the manner in which' it was 'conducted'.

[160] H. Tyrrell, *The History of the Present War with Russia, Giving Full Details of the Operations of the Allied Armies*, London: Printing and Publishing Company, n. d. [c.1855].

[161] The engravings were by Joseph Austin Benwell, George W. Terry and the amateur artist Rear-Admiral William Allen (1793-1864) who served as a lieutenant during the Crimean War.

[162] Anon. [W.A.F. Browne], 'Mad Artists', p. 34.
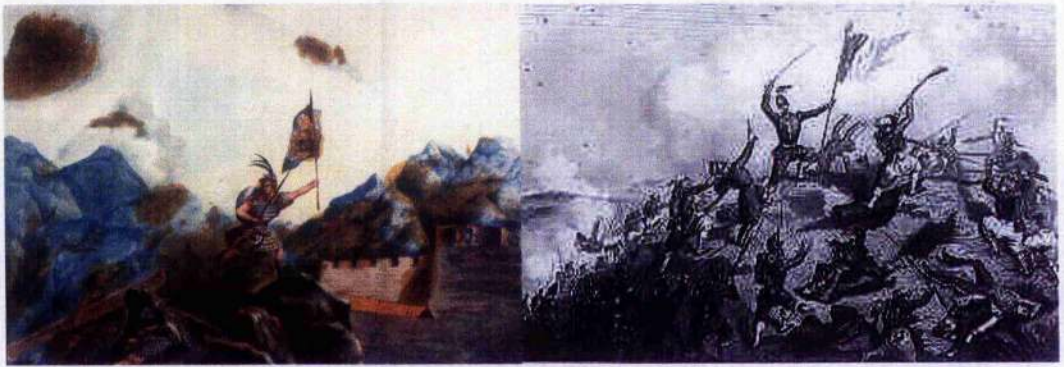
FIG. 32   1984.6, J. Bannerman, *Scottish Battle Scene* and H. Tyrrell, *Capture of the Malakhoff* (courtesy of Antique Maps and Prints.   www.antiquemapsandprints.com)

William Bannerman may also be responsible for the small sketch *Decorative Circlet* (1984.3) which employs similar washes of colour and thin, loose brushstrokes, although attribution remains uncertain.[163]

FIG. 33   1984.3, J. Bannerman?, *Decorative Circlet*

Records for the asylum at Millholm House no longer exist. The limited surviving Elgin Asylum archives record William Bannerman as patient No. 107, an unmarried clerk, age 17, admitted on 4 July 1860.[164] As a pauper patient his board was chargeable to Forres parish although he had been previously resident in Oban. The medical certificates were signed by Thomas R. Scott and Alex Buchanan, two doctors from Musselburgh. His form of disease is not recorded. He entered the asylum in 'good' bodily health and was

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[163] DUMCR1984.3, Crichton Art Collection, *Decorative Circlet*.

[164] Northern Health Services Archives, GRHB 46/3/2, Elgin Asylum Register of Lunatics. I am most grateful to Fiona Watson, Northern Health Services Archivist, for her help in locating this information on Bannerman.

discharged 'recovered', on 25 February 1861.[165] He was readmitted on 29 August 1863, (patient No. 183), by which time he was a 'farm servant', suffering from 'delusions'; the cause of insanity was recorded as 'masturbation' and again he was one of Forres' pauper patients. Bannerman died at Elgin Asylum on 8 January 1874. Although he was not the first patient at Elgin to produce art - the *First Annual Report of the General Board of Commissioners in Lunacy for Scotland* (1859) refers to the day room for 'quiet and convalescent patients' having been 'ornamented with rude paintings executed by one of the patients' - Bannerman is the only patient whose art has survived from this period.[166]

Another contributor to Browne's collection of 'mad art' was a female patient from Royal Edinburgh Asylum. A pencil and watercolour sketch, *Portrait of Two Patients at Morningside Asylum, Edinburgh* (1984.119), depicts Isabella McDonald and Flora Manson seated at writing tables while being observed by two men, presumably asylum physicians. The drawing is inscribed 'Morningside Asylum Edinburgh May 4 1859' and the artist has included text, part of which reads:

> Ah Were I the Monarch of the British Bright Isls [sic] I Would Pave it with Marbell [sic] And Dymonds [sic] so Bright Where Ye condescended to Visit in the shades of the Night the King he is Comming [sic] Hurra Hurra.[167]
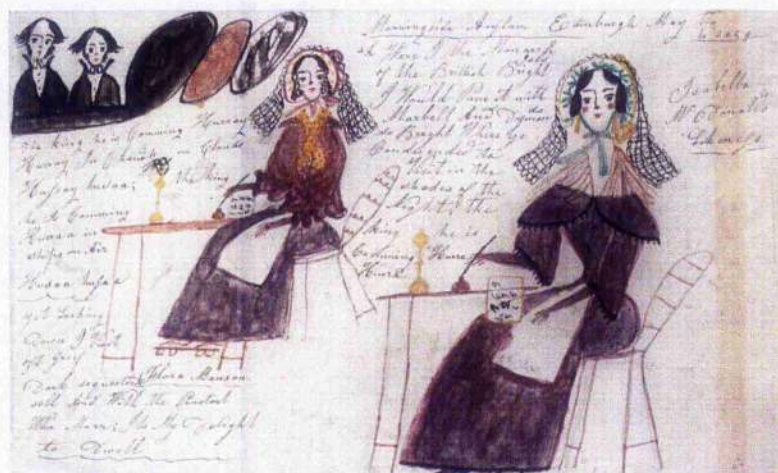
FIG. 34   1984.119, F. Manson, *Portrait of Two Patients at Morningside Asylum*

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[165] Bannerman is recorded as a 'clerk' rather than an apprentice engineer as mentioned by Browne. However, other details including the dates and references to Oban and Musselburgh, make it almost certain this is the patient who produced the artwork in Browne's collection: it would seem Browne made a mistake in recording the initial of Bannerman's Christian name.

[166] *First Annual Report of the General Board of Commissioners in Lunacy for Scotland*, 1859, Appendix B, VIII, p. 97. I am most grateful to Fiona Watson for pointing out this reference.

[167] DUMCR1984.119, Crichton Art Collection, *Portrait of two Patients at Morningside Asylum, Edinburgh*.

Research for the thesis has revealed that while the artist's identity is not known with certainty, it is probable that she was Mrs Manson. The wife of a lighthouse keeper, she had been admitted on 4 December 1846 with slight 'mental aberration'; by October 1848 she was 'in a state of Dementia' but six years later she was described as occupying 'much of her time in writing in what she terms novels [sic] which seem to consist of events in her own life illustrated after a fashion with pen and ink sketches'.[163] Mrs Manson remained at the asylum, 'pleased and happy' but with 'many delusions', until her death on 15 March 1871.[169] Her fellow-patient was Isabella McDonald, the wife of an Edinburgh plumber and formerly a domestic servant, who was admitted on 17 October 1853 suffering from 'acute mania'; she had a 'variable' disposition and after some weeks 'labouring under pericarditis' died on 10 March 1859.[170] This drawing may be Mrs Manson's recollection of their time together in the ward.

As these examples make clear, the works of art gathered together by Browne were not solely the product of his own patients nor was the collection formed exclusively 'during a period of twenty years';[171] the dates of some drawings make it certain Browne continued to expand his collection from Crichton and other asylums during his time as Commissioner in Lunacy. However, the majority of drawings do seem to date from his superintendence of Crichton. The archival sources provide irrefutable evidence that practical art was enjoyed by enough talented patients to make it a clearly visible aspect of moral treatment. As one patient observed:

> The cultivation of our mental powers, the harmonious development of all the faculties of our soul, an advancement in all that is lovely and fitted to multiply the sources of our intellectual joys, are matters of vast importance, and should attract to this study even those who never intend to follow painting as their professional avocation.[172]

In the belief that 'every educated or cultivated individual is now either initiated in one or other of the departments of art, or at some period of his life attempts to imitate

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[163] Royal Edinburgh Hospital Case Book, Lothian Health Services Archives, Edinburgh University Library [hereafter LHSA, EUL], LHB7/51/11, p. 4, Flora Manson. The Lothian Health Services Archive is based in Edinburgh University Library.

[169] Royal Edinburgh Hospital Case Book, LHSA, EUL, LHB7/51/17, p. 610, Flora Manson.

[170] Royal Edinburgh Hospital Case Book, LHSA, EUL, LHB7/51/9, p. 585, Isabella McDonald; Royal Edinburgh Hospital Case Book, LHSA, EUL, LHB7/51/11, p. 714, Isabella McDonald.

[171] Anon. [W.A.F. Browne], 'Mad Artists', p. 33.

[172] DUMCR1989.364, CRI, *The New Moon*, 9, July 1855, 'Review'. The article was written by patient 'J. McK'; he may be identified as the Revd James McKinlay, Patient No. 697, admitted on 19 January 1855. He was described in his admission notes as 'a clergyman of superior education and mild manners'.

in some way external and beautiful forms', Browne encouraged certain of his male and female patients to paint and draw.[173] Who these patients were and what they produced will be the subject of the following chapters.

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[173] Anon. [W.A.F. Browne], 'Mad Artists', p. 33.

Chapter 8

Art and Education – Female Artist-Patients at Crichton

To wake the Soul by tender Strokes of Art,
To raise the Genius, and to mend the Heart.[1]

Introduction

Between 1839 and 1857, certain patients at Crichton Royal Institution and the Southern
Counties Asylum are known to have become involved in the 'polite' activities of
drawing and painting. As we have seen in Chapter 5, musical and theatrical events were
attended by most of the Crichton patients, regardless of their social status. But the
archives reveal that art was not produced by the majority of patients at Crichton. Even
allowing for the severity of certain patients' illnesses which might exclude them from
such activity, drawing and painting seem to have been enjoyed by a very limited
number of the inmates. During Browne's superintendence at Crichton, 1284 patients
were admitted: 601 (46.8%) were private and 683 (53.2%) were aided (pauper)
patients.[2] Evidence from the individual patient case notes and from the existing art
collection indicates that at least forty-six patients (3.6% of total admissions) were
involved in art activity; of those only five were aided patients. More patients may have
produced art than have been recorded, however. Certainly Browne did not always
mention in the case notes when a patient had created works of art. In the case of two
patients, George Grieve and William Rickard, drawings inscribed with their names exist
in the collection but their case notes make no reference to such creativity.[3] Further, most
of the surviving drawings are neither signed nor inscribed with the patient's name.
Many patients were recorded as enjoying the range of cultural activities on offer in the
asylum without specific reference to practical art but proof of their involvement remains
elusive.

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[1] A. Pope, *Prologue to Addison's Cato.* See www.worldofquotes.com/author/Alexander-Pope/1/index.html
[2] C.C. Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, Dumfries: Courier Press, 1937, Appendix A, 'Summary and Analysis of the Movement of Population and Results of Treatment at Crichton Royal, 1839-1936'. The data for this was obtained by Dr Easterbrook from the Crichton *Annual Reports.*
[3] DUMCR1989.213, CRI MS Case Books, IX, Patient No. 272, George Grieve; DUMCR1989.213, CRI MS Case Books, XVI, Patient No. 539, William Rickard.

Artist-patients and education

Of the known artist-patients, there is little to link them together. They came from different areas of Britain, as far apart as the Isle of Wight, Cumbria, Argyllshire and Angus; their annual rates of board varied from £15 to £350; their age on admission ranged from twenty-two to sixty-two; and their length of stay varied from six months to fifty-one years. The forms of their mental disease - 'melancholia', 'mania', 'fatuity', a wide range of 'monomanias', with 'monomania of fear' and 'monomania of vanity' predominating - do not appear to provide a significant link. These types of 'monomania' and 'melancholia' were also the most common among those patients who were not involved in art activity. Indeed, attempts to link particular forms of mental illness with involvement in art activity are made difficult for several reasons: in some cases Browne did not identify the type of disease, only the symptoms that heralded the onset of illness. On occasion, also, the disease presented itself in several forms or in one form, only for Browne to change his diagnosis after careful observation of the patient. For example, when James Christie was admitted in December 1853, he appeared to labour 'under the monomania of fear and suspicion which threatens to pass into fatuity';[4] Eliza Nichol, admitted in December 1852, suffered from 'melancholia' and 'hysteria' but was later described as a 'maniac laboring [sic] under delusions'.[5] Further, those with similar types of illness were not necessarily placed together in a ward. As noted in Chapter 4, Browne preferred to group his patients not by their mental disease but rather by their 'similarity of taste, occupation, and disposition'.[6] It would appear that that their type of illness neither made it more likely that they would be involved in drawing nor did it necessarily exclude them from such activity, if Browne considered that they could derive benefit from it.

While the form of their disease may not have been a major factor in their artistic involvement, their period of residence may be more significant. It is true that drawing and painting do seem to have been encouraged throughout the duration of Browne's superintendence, and for a number of years later, under the guidance of Browne's successor, Dr James Gilchrist: twenty-four of the original artist-patients continued their residence or were readmitted after Browne's departure in 1857 and four new artist-

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[4] DUMCR1989.213 CRI MS Case Books, XX, Patient No. 660, James Christie.
[5] DUMCR1989.213 CRI MS Case Books, XIX, Patient No. 629, Eliza Nichol.
[6] W.A.F. Browne, *The Moral Treatment of the Insane: A Lecture*, London: J. E. Adlard, 1864, p. 18.

patients, Helen Home, John Willis Mason, Andrew Kennedy and William Peel, were
admitted up to 1880.[7] However, the archives reveal that the years from 1851 to 1855
witnessed the period of greatest artistic activity, when no less than six female and
twenty-seven male artist-patients were resident at some point in Crichton Royal
Institution and the Southern Counties Asylum; it is interesting to note this is also the
period of intense activity in dramatic and literary pursuits, promoted through the
theatrical productions and the publication of *The New Moon*. Research would seem to
indicate that the early 1850s was a time when Browne sought to expand the range of
'moral therapies' open to his patients, in the belief, or hope, that such treatment could
aid towards cure or alleviation of their mental diseases. The stimulus of so much
activity going on around them may have been enough for some patients to try out their
undiscovered or dormant talent for drawing.

Perhaps the most significant common factor linking the artist-patients was their
level of education. As Browne made clear in 'Mad Artists', his artist-patients were
'almost exclusively belonging to the educated classes'; that is, they were predominantly
paying rather than pauper patients. If Browne was selective in the patients he
encouraged to produce art, his attitude should be understood in the context of his time.
It is true that as early as 1719, Jonathan Richardson was promoting the idea of teaching
drawing and painting to all children:

> Our Common People have been exceedingly improv'd within an Age, or two, by
> being Taught to Read, and Write ... a farther Improvement might yet be made,
> and particularly in the Arts of Design, if Children are taught ... to Draw; they
> would not only become better Painters, Carvers, Gravers, and to attain the like
> Arts immediately, and evidently depending upon Design, but they would this
> become better Mechanicks [sic] of all kinds.[8]

Such an enlightened approach to the education of the masses, however, was not
common. A century later, while 'polite society' required children who received private
tutoring to become adept in the sciences and the fine arts, drawing and painting were
excluded from the curriculum of most school children because they were regarded as
irrelevant skills for those who would find employment in domestic service, industry or
farming. It is quite probable Browne shared George Combe's attitude to fine art:

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[7] Patients Nos. 977 Helen Elizabeth Home; 1031 John Willis Mason; 1654 Andrew Kennedy; 1670
William Peel.

[8] J. Richardson, *Two Discourses. II. An Argument in* [sic] *behalf of the Science of a Connoisseur*, London:
[no publisher named], 1719, p. 46.

A taste or genius for poetry, music, painting, sculpture or languages, is bestowed by nature on particular individuals, and these branches of knowledge ought to be taught to those who desire them. They are of great value as means of elevating and refining human nature; but unless there is in the mind a decided genius for them, they ought not to be made the great objects of education, nor the business of life. The fine arts should be taught as enjoyments, and a relish for them encouraged; but in common minds, a considerable amount of moral and intellectual cultivation must *precede* their due appreciation.[9]

From the very first *Annual Report* it is clear that Browne was interested in the level of education his patients had received. He produced a 'Table of Amount of Education of Patients in Relation to Results of Treatment' in 1840 but by the following year he had reduced the data to their level of education without reference to recovery rate;[10] and this format continued, with minor adjustments, until his last *Annual Report*. Of forty-seven males admitted in the period 1839 - June 1840, eight were 'highly educated', ten were 'well educated', twenty-one could 'read and write', four could read but not write, one could neither read nor write and the level of education for three patients was unknown.[11] Thirty-five females were admitted during the same period and, of those, three were 'highly educated', ten were 'well educated', ten could 'read and write', seven could read but not write and the level of education for five patients was unknown. After the Southern Counties Asylum was opened, only the level of education of those who paid for board was recorded. It might be expected that a high proportion of Crichton's paying patients would have been well educated but it is surprising how many had received only the basic level of education. For example, in 1849, of forty-seven patients admitted, thirteen could only read and write and three could do neither;[12] in 1856, while twenty-nine patients were 'highly' or 'well' educated, thirty-six could only read and write, and ten could neither read nor write.[13] The ability to pay for confinement did not guarantee a high level of education.

By contrast, only four of the paying and two of the pauper artist-patients were not described as having received at least a 'good education': James Christie had received a 'common education';[14] William Johnstone had an 'ordinary amount of

[9] G. Combe, *Lectures on Popular Education delivered to the Edinburgh Association for Procuring Instruction in Useful and Entertaining Science, in April and November 1833*, Edinburgh: John Anderson Junior, 1833, pp. 38-9.

[10] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 35; DUMCR1990.29, *CRI Second Annual Report*, 11 November 1841, p. 29.

[11] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 35.

[12] DUMCR1990.29, *CRI Tenth Annual Report*, 11 November 1849, p. 46.

[13] DUMCR1990.29, *CRI Seventeenth Annual Report*, 11 November 1856, p. 43.

[14] DUMCR1989.213, CRI MS Case Books, XX, Patient No. 660, James Christie.

education';[15] William Toward had been 'at school for seven years' but could not 'calculate' as he was 'of congenitally weak mind';[16] and Henry Williamson had a 'defective' education 'from want of capacity to receive instruction'.[17] Of the pauper patients, Agnes Johnston, had only a 'moderate education'.[18] For John Morpeth, a local house painter, his level of education is not recorded but is unlikely to have been high.[19] Each of the other aided artist-patients - William Bartholomew, James Thorburn and Alexander Thomson - had received what Browne described as a 'liberal education'. Most of the pauper patients were labourers or domestic servants. Since Browne encouraged his pauper patients, whenever possible, to become involved in the kind of employment which they might hope to resume after their discharge from the asylum, it is inevitable that art played an insignificant part in their lives.

Female artist-patients at Crichton, 1839-1857

The case notes for all the known male and female artist-patients have survived and have been fully researched for this thesis. Further, wherever possible, a careful study was made of case notes for those artist-patients who had been confined in other asylums. Reference has been made to these in this thesis when they contain mention of art activity. While a conscious effort has been made to limit the amount of general information given on each artist-patient, their personal details - such as date of admission, age, progress of their illness and dates of discharge or death - have been recorded. In particular, to place the art activity within its context, references to patients' other activities within the asylum are included. Art production did not take place in a vacuum; it was shaped by, and in turn influenced, the moral therapy environment at Crichton, its staff and the individual patients who passed through the hospital doors. Since the patients were physically separated, male and female, for most of their time in the asylum, it was considered a natural split to look at the artist-patients by gender.

Ten female patients are known to have been involved in drawing and painting at Crichton. The number is considerably less than that of the men (36) and, is

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[15] DUMCR1989.213, CRI MS Case Books, XX, Patient No. 689, William Johnstone.

[16] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 640, William Toward.

[17] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 655, Henry Williamson.

[18] DUMCR1989.214, SCA MS Case Books, VI, Patient No. 260, Agnes Johnston.

[19] DUMCR1989.213, CRI MS Case Books, II, Patient No. 63, John Morpeth. His case notes give no indication of a 'liberal education'; he is not recorded taking part in any literary or intellectual pursuits during confinement.

disproportionate to the ratio of male and female patients in the two asylums. (For Table of Number of Male and Female Patients under Treatment, see Fig. 35 over). The table, compiled from Crichton's *Annual Reports*, shows that each year between 1839 and 1857, male patients under treatment outnumbered their female counterparts. The total was 682 male and 602 female admissions. In the first year 47 men and 35 women were admitted; in the period 12 November 1842 - 11 November 1843, 98 men and only 44 women were treated. The number of females grew steadily from that date, reaching 179 in the period 12 November 1855 - 11 November 1856, but never overtook the male admissions. This was in marked contrast to many other asylums of the period. In 1815 Samuel Tuke had written:

> The master of St Luke's reported to the House of Commons some years ago, that the admission of female patients to males was as three to two. This is the proportion which has generally prevailed at the Retreat. In the Asylums at Norwich, Newcastle and Glasgow, the number of women also exceeds that of men.[20]

Browne, too, quoted extensively on the statistics of male to female patient ratios in *What Asylums Were, Are, and Ought to Be*: he referred to Esquirol's estimation of 11,119 males and 13,964 females insane in France; and in Scotland, for the year 1818, he quoted 2311 male and 3339 female lunatics.[21]

It is not clear why Crichton admitted fewer women than men. Certainly, while the asylum was advertised as offering admission to 'individuals whose condition requires confinement, whatever their rank or means', there were exceptions.[22] Patients who were 'pregnant, moribund, or affected with fever or contagious disease' could not be admitted.[23] Such restrictions however, were not unusual. It is possible that the tradition of boarding out individual patients, so well established in Scotland by the mid-nineteenth century, may have been a factor.[24] Among individual patients boarded in private dwellings, females outnumbered males, in spite of the fact that women were viewed as more vulnerable and required female supervision. Harriet Sturdy, in her

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[20] S. Tuke, *Practical Hints on the Construction and Economy of Pauper Lunatic Asylums*, York: William Alexander, 1815, p. 51.
[21] W.A.F. Browne, *What Asylums Were, Are, and Ought to Be*, Edinburgh: Adam and Charles Black, 1837, p. 69.
[22] DUMCR1983.17, The Crichton Institution Advertisement in *The Shipping and Mercantile Gazette*, June 1839.
[23] Ibid., The Crichton Institution Rates of Board.
[24] The system of boarding-out the insane in the community was administered in Scotland by parish officials. For a detailed study of this system see H. Sturdy, Boarding-out the Insane, 1857-1913: A Study of the Scottish System, unpublished PhD thesis, 1996. Copy in Glasgow University Library.

Male and female patients under treatment, 1839-1857

No. of males
No. of females

No. of patients

Year
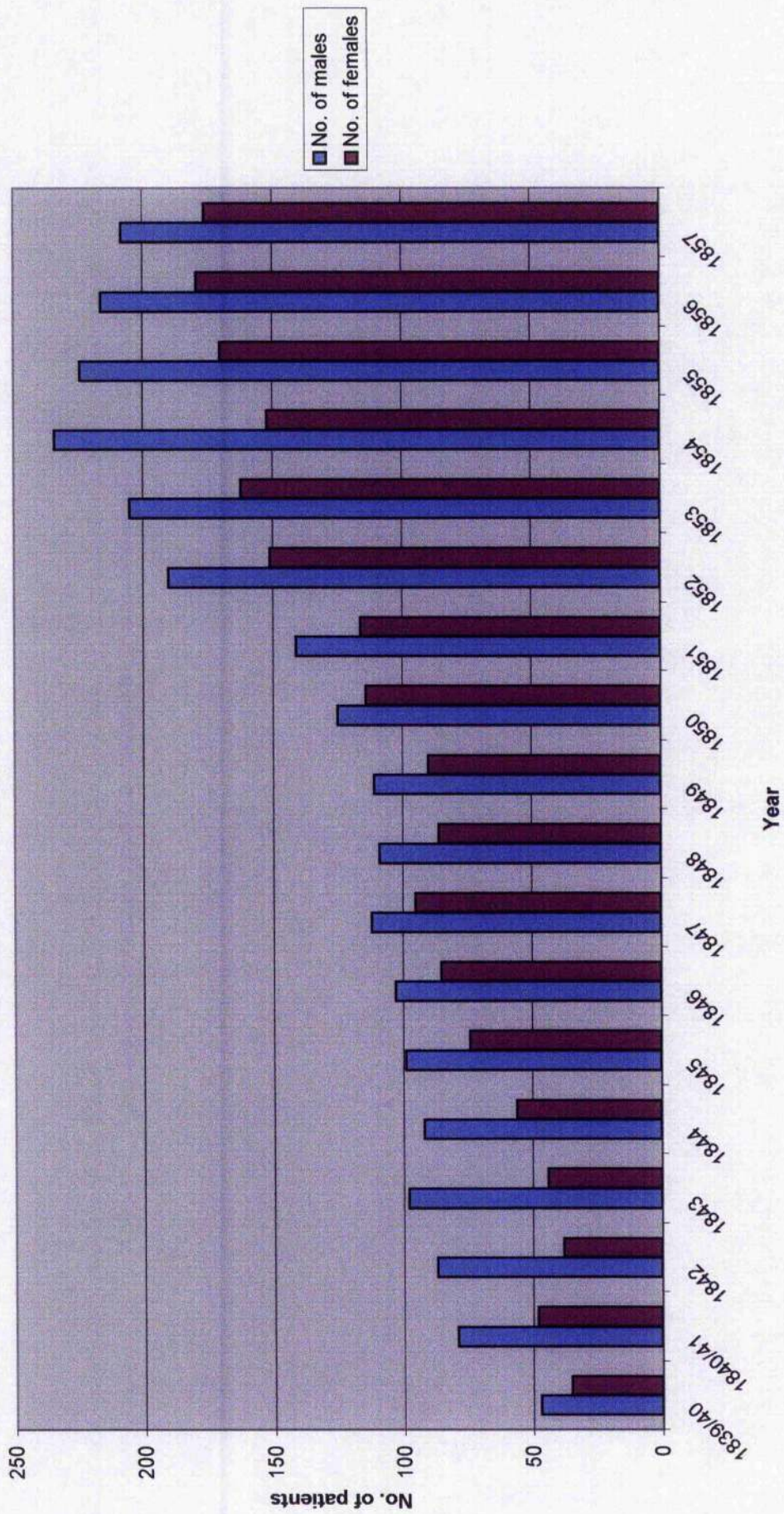
investigation into the boarding-out system, points to the 'greater ease with which female patients could be occupied', as domestic servants in both community and rural settings.[25] It was also not uncommon in nineteenth-century Scotland for insane females to be cared for at home, within the family unit, rather than sent to an institution, especially where there was limited local provision for the insane. By the mid-1840s, the reputation of Crichton as a leading institution for 'moral treatment' may have made the confinement of women in asylums more acceptable in southern Scotland.

Even allowing for the lower number of female to male admissions at Crichton, it may seem surprising that so few are recorded as enjoying the pleasures of drawing and painting. But it is interesting to note that the rare examples of artist-patients mentioned by Pinel in his *Traité* (1801) and by John Haslam in *Illustrations of Madness* (1810) are men.[26] In the collections formed by later Medical Superintendents of the Royal Edinburgh Asylum, all artwork so far identified from the nineteenth century has been attributed to male patients.[27]

In 1833, George Combe had written that 'the great business of female life' was 'the nurture and rearing of children, and the due management of the domestic circle' and few contemporaries would have disagreed.[28] Indeed, Browne, in talking of marriage, observed that for women 'it generally is or ought to be the point towards which all her wishes have formerly converged, and from which all her future hopes and happiness are to emanate.'[29] For Jane Austen, writing in the early-nineteenth century, the well-educated, 'accomplished' woman required 'a thorough knowledge of music, singing, drawing, dancing, and the modern languages' as well as a mind improved 'by extensive reading'.[30] However, women, regardless of social class, had to be prepared for the business of rearing a family and maintaining a household. Encouraged to lead a more sedentary life than the men, women were trained in a wide range of domestic arts, and, as the early Crichton records show, their 'creations of fancy and ingenuity'

[25] Ibid., p. 121.

[26] P. Pinel, *Traité medico-philosophique sur l'aliénation mentale, ou la manie*, [A Treatise on Insanity], Paris: Richard, Caille & Ravier, 1801. English translation, D.D. Davis, London: Cadell and Davies, 1806. J. Haslam, *Illustrations of Madness: Exhibiting a Singular Case of Insanity, and a no less Remarkable Difference in Medical Opinion: developing the Nature of Assailment, and the Manner of Working Events*, London: G. Hayden, 1810.

[27] LHSA, EUL., GD16, Papers of the Medical Superintendents of the Royal Edinburgh Hospital. The artist-patients identified include William Bartholomew, John Willis Mason, John Gilmour and John Myles.

[28] Combe, *Lectures on Popular Education*, p. 52.

[29] Browne, *What Asylums Were, Are, and Ought to Be*, p. 67.

[30] J. Austen, *Pride and Prejudice*, London: Pan Books, 1967, pp. 28-9.

produced in the asylum workroom, had 'sweetened many an otherwise bitter hour, and assisted in engrafting the pursuits of perfect health upon the period of convalescence'.[31] Their common workroom became the focus of activity for those inclined to sew, knit and manufacture clothing and domestic linen. The table of occupations in Crichton in the *First Annual Report* can testify to their employment: items for 'domestic purposes', knitting, reading, mat-making, sewing, spinning, winding worsted, fringe-making, flowering muslins and fancy work.[32] Among their productions were gowns, shirts, shifts, handkerchiefs, caps, aprons, stockings and socks.[33] Needlework, not drawing, was by far the most common employment for rich and poor females alike. It was practical but also allowed for the individual's creative talent.

Pauper patients would have had little use for training in drawing and painting. Instead, they were encouraged, wherever possible, to engage in those tasks which they had undertaken outside the asylum or were appropriate to their training. For example, Mary Galt, a laundress 'of respectable conduct', worked as a laundry assistant until discharged in February 1853.[34] Grace Whigham, an unmarried domestic servant, acted as 'Under Cook' while in the Southern Counties Asylum and was employed there as a servant for a season, 'with permission from the Directors', after her discharge in November 1850.[35] Elizabeth Scott was recorded as 'displaying so many of the qualities of a ladylike and educated person as to have been appointed public reader in the workroom' until her departure in November 1855.[36]

Agnes Johnston at the Southern Counties Asylum

The only identifiable female patient at the Southern Counties Asylum to produce art that survives was Agnes Johnston. The small pencil *Sketch of Crichton Royal Institution* (1894.118) is signed on the reverse, 'Agnes Johnston - Inspiration of the Holy Spirit'.[37] The patient, in her mid-fifties, was an unmarried housekeeper of 'retired habits, and moderate education' who was admitted to the Southern Counties Asylum on 3

[31] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 16.

[32] Ibid., p. 17.

[33] For a complete list of 'articles made in the house' see DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 17.

[34] DUMCR1989.214, SCA MS Case Books, VI, Patient No. 217, Mary Galt.

[35] DUMCR1989.214, SCA MS Case Books, III, Patient No. 110, Grace Whigham.

[36] DUMCR1989.214, SCA MS Case Books, VI, Patient No. 253, Elizabeth Scott.

[37] DUMCR1984.118, Crichton Art Collection, *Sketch of Crichton Royal Institution*.

November 1852 suffering from 'religious melancholia modified by various delusions'.[38] Browne described her disease as 'theomania' in February 1853. Discharged only three months later, she returned in May 1853 for a six-month residence;[39] again in April 1854 until November 1855;[40] and finally in July 1856, when she exhibited symptoms of 'mania of suspicion', made a speedy recovery and was discharged on 12 November 1857.[41] 'Occupation' and the 'routine of the Establishment' helped restore her to health on several occasions although her specific employment during confinement is not recorded. The drawing of Crichton may date from the earlier period of residence when her religious delusions were more marked.
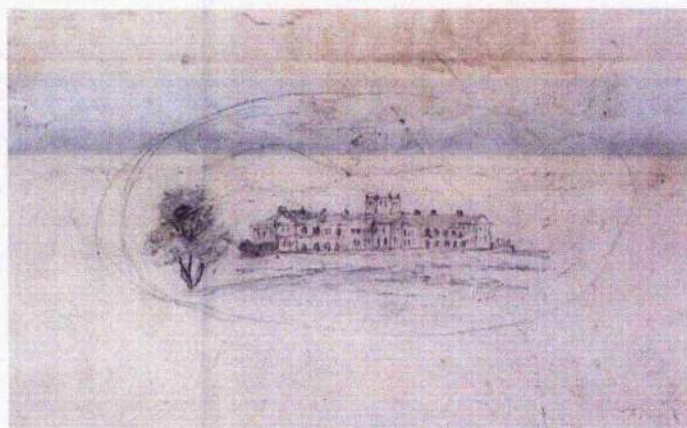
FIG. 36   1984.118, A. Johnston, *Sketch of Crichton Royal Institution*

Female artist-patients at Crichton Royal Institution

Nine paying female patients resident in the Crichton Royal Institution are now known to have been involved in drawing and painting. Domestic employment, such as helping in the asylum kitchens, would have been inappropriate for the wealthier female patients; instead, they were encouraged to become involved in needlework but also had a wider range of 'refined' pursuits to distract them: reading, writing, music, carriage rides, social entertainments and practical art. The background and education of many ladies would have made them possible participants in art activity; very often their case notes make reference to their involvement in amusements and 'female activities' but fail to include specific mention of drawing and painting. For example, Emily Georgina

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[38] DUMCR1989.214, SCA MS Case Books, VI, Patient No. 260, Agnes Johnston.
[39] DUMCR1989.214, SCA MS Case Books, VII, Patient No. 298, Agnes Johnston.
[40] DUMCR1989.214, SCA MS Case Books, IX, Patient No. 379, Agnes Johnston.
[41] DUMCR1989.214, SCA MS Case Books, XIV, Patient No. 526, Agnes Johnston.

Graham, admitted in June 1843, was an unmarried gentlewoman of 'good' understanding 'cultivated by a taste for literature, polished society and habits of thinking', is recorded as attending Exhibitions in 1844.[42]

Another gentlewoman, Mary Warwick, pursued 'constant occupation in female work' and 'derived much pleasure from attending the theatre, concerts'.[43] Jane Pollok, admitted in June 1844, was reported to join in 'parties of pleasure' and 'all amusements'.[44] Mary Ann Charteris, whose brother Richard was an artist-patient at Crichton, was introduced to art activity but the 'attempt to engage her in ornamental painting failed and she confines her labors [sic] to plain seam'.[45] Caroline Murray, the 'highly educated' daughter of a Colonel from Dumfries, may have produced art; she was admitted in September 1856 and expressed 'a strong desire to extend her knowledge, an ambition to attend all classes for instruction accessible, to know everything'.[46] Weekly tuition in drawing was offered at Crichton during her residence.[47] Sometimes, however, the patient's mental disease prohibited her enjoyment of such pursuits. Elizabeth Stirling of Keir, admitted in April 1841, had been 'in a state of idiocy' since birth and she enjoyed carriage rides at Crichton; when she was introduced to 'animals, dolls and latterly brilliantly coloured drawings ... her caresses and notice of these' were only 'very brief'.[48]

Of the nine ladies who are known to have practised art at Crichton, two were unmarried governesses, three were unmarried gentlewomen, two were married and two widowed. On admission, their ages ranged from twenty-five to sixty-two years. Five had been resident in Edinburgh, and the others came from the London area, Liverpool, Newcastle and Bradford. Their rates of board varied: £30 (1), £50 (1), £60 (2), £70 (1), £100 (3) and £140 (1). The first lady, Elizabeth Gordon, was admitted in July 1839 and died in February 1841, more than three years before the next recorded female artist-patient, Margaret Towers, came to Crichton. The period of greatest activity was 1851-1854 when at least four female patients who produced art were resident at Crichton.

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[42] DUMCR1989.213 CRI MS Case Books, VIII, Patient No. 226, Emily Georgina Graham.
[43] DUMCR1989.213 CRI MS Case Books, IX, Patient No. 255, Mary Warwick.
[44] DUMCR1989.213 CRI MS Case Books, IX, Patient No. 264, Jane Pollok.
[45] DUMCR1989.213 CRI MS Case Books, X, Patient No. 328, Mary Ann Charteris.
[45] DUMCR1989.213 CRI MS Case Books, XXII, Patient No. 754, Caroline Murray.
[47] DUMCR1990.29, *CRI Eighteenth Annual Report*, 1 June 1857, p. 31.
[48] DUMCR1989.213 CRI MS Case Books, IV, Patient No. 127, Elizabeth Stirling. She was the sister of William Stirling of Keir, later William Stirling-Maxwell, 9th Baronet, who inherited Pollok House, Glasgow. He was a notable collector of art, in particular of Spanish paintings, and wrote *Annals of the Artists of Spain* (1848).

Governesses at Crichton - Elizabeth Gordon

Two artist-patients, Elizabeth Gordon and Marianne Rigby, had served as governesses before admission. The incidence of governesses in mental hospitals has been discussed by Joseph Melling in his essay 'The English Governess and the Lunatic Asylum, 1845-1914'.[49] As Melling has observed, 'many "well-born" women were pressed into the ranks of the governess by family misfortune and personal obligation, with little prospect of improvement beyond a good marriage'.[50] Their plight was highlighted by the publication of Charlotte Brontë's *Jane Eyre* in 1847. Often ignored or abused by their employers, Victorian governesses were perceived as servants and yet their level of education, talents, and upbringing often placed them higher in the social scale than domestic servants. The isolated nature of their position in a household may have made those of a sensitive nature more susceptible to mental disease. Pamela Horn has shown that in 1851, 95 of 21,000 governesses (0.45%) in England were confined in asylums; that number had risen to 136 of 13,000 female inmates in the 1861 census.[51]

During the period from 1839 to 1857, eight governesses (1.3% of the total female admissions), many suffering from 'melancholia', entered Crichton. All were well educated and presumably competent in the polished arts of drawing and painting, skills they would have been required to pass on to their young students. Two governesses may have enjoyed drawing although there is no specific mention in their case notes. Margaret Bell, admitted in January 1840, was described as 'highly accomplished and intelligent' and when 'sufficiently restored', became 'a most valuable contributor to the Bazaar and a promoter of all that could relieve a tedious hour'.[52] Mary Anne Brand, from Edinburgh, was of 'ample education'; by the time of her discharge in February 1852 she had taught music to one of Browne's daughters, had taken part in a concert and enjoyed knitting and reading.[53]

Another governess, Elizabeth Gordon, is known to have painted at Crichton. Miss Gordon, age 26, 'mild, winning and affable in her manners and of unimpeachable propriety of conduct', was admitted on 26 July 1839 as Browne's seventh female patient

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[49] J. Melling, 'Sex and Sensibility in Cultural History: The English Governess and the Lunatic Asylum, 1845-1914', in *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, eds. J. Andrews and A. Digby, Amsterdam and New York: Editions Rodopi B. V., 2004, 177-221.

[50] Ibid., p. 182.

[51] P. Horn, 'The Victorian governess', *History of Education*, 18, 1989, pp. 333-8.

[52] DUMCR1989.213 CRI MS Case Books, II, Patient No. 67, Margaret Bell.

[53] DUMCR1989.213 CRI MS Case Books, XVI, Patient No. 554, Mary Anne Brand.

at Crichton.[54] Formerly residing at Brigliston, near London, she suffered from epileptic fits, the severity of which was increasing, and held various delusions that she was the Virgin Mary or the Queen of Canada.[55] Ordered to be 'watched closely', she was given an epileptic bed [with restraints] and encouraged to exercise in the open air. Her confinement in Crichton was not of long duration: she died during the night of 6 February 1841 during a fit of epilepsy.

It seems probable that Miss Gordon was one of the two patients listed under 'Drawing' in the Table of Amusements in the *First Annual Report*, introduced to 'sweeten confinement'.[56] Although she had suffered occasional paroxysms of 'violent mania', Browne observed that during her lucid intervals 'she is highly accomplished in drawing, fancy works etc. and means have been placed in her power to gratify these tastes'.[57] By early 1841, Browne was recording:

> ... although the period of alienation which invariably succeeded these had become so prolonged as to leave but little interval between the different attacks during which she could enjoy the society of the sane or engage in those innocent and elegant pursuits which afforded occupation and solace to her revived or restored powers.[58]

The nature of her artwork is not known. Because the idea of forming a collection of patient art may not have occurred to Browne in his earliest years at Crichton, it is unlikely that any drawings by Elizabeth Gordon survive.

Marianne Rigby

Marianne (or Mary Ann) Rigby, also a governess, was admitted on 10 October 1846.[59] Age 37, Miss Rigby was of 'haughty disposition and ladylike manners' and her disease was 'distinguished by pride, jealousy and irritability of temper'. She had been a former resident at two asylums in Liverpool - Walton Lodge for two months and Tuebrook Villa for two years.[60] Miss Rigby proved to be a difficult patient. She was described

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[54] DUMCR1989.213 CRI MS Case Books, I, Patient No. 19, Elizabeth Gordon.

[55] DUMCR1990.19, CRI Obligants' Book, Patient No. 19.

[56] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, pp. 18, 20.

[57] DUMCR1989.213 CRI MS Case Books, I, Patient No. 19, Elizabeth Gordon, Admission Notes.

[58] Ibid., 7 February 1841.

[59] DUMCR1989.213 CRI MS Case Books, XI, Patient No. 382, Marianne Rigby. Her case notes give her name as 'Marianne Rigby'; the Obligants' Book records her as 'Mary Ann Rigby'.

[60] Both Walton Lodge, near Liverpool and Tuebrook Villa, West Derby, were licensed madhouses (private asylums). Their patient records have not survived.

variously as 'unapproachable' and 'morbidly shy and inaccessible'.[61] Browne wrote of her:

> She flees and secrets herself whenever she sees or hears an individual of the other sex: or if so situate that escape is impossible she converses with her face to the wall and her back to the person by whom she is addressed. Her tone is at such times shrill and fierce, her articulation hurried, her subjects recrimination and complaint.[62]

In 1852 Browne recorded her decline towards 'fatuity' and by 1855, her quarrelsome behaviour had been replaced by 'industry, privacy and passiveness'. The *Obligants' Book* noted her death on 24 May 1858, six months after Browne's departure from Crichton.

For the first few years of her residence Marianne Rigby drew and painted. Even in her admission notes she is noted as being anxious for the restoration of her paint box. In 1847 she was described as 'passionately fond of drawing' and the following year Browne noted how art was therapeutic for her mental disease:

> When engaged in drawing an amelioration takes place: but she still abandons even this favorite [sic] pursuit and burrows in a corner when the medical superintendent appears, speaking from thence with all the indignation and fervor [sic] of offended virtue. Her productions with the pencil and in colors [sic] are very beautiful and valuable as specimens of art. Their excellence is the more wonderful that she labors [sic] without the usual appliances, the paper placed upon her knee held in her hand or occupying such constrained position as her bashfulness or irritability may render necessary.[63]

By 1850 she was reported as combining 'the most elegant arts and servile duties', on occasion abandoning her drawing to 'wash plates or sweep the carpet'.[64] A year later she had begun to neglect drawing and painting in favour of 'plain seam' because her 'right hand had forgot its cunning'.[65] After 1853 her interest in art activity seems to have waned:

> Industrious in sewing; she displays no desire to resume the pursuit of those accomplishments in which she excelled although in the series of interrogatories

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[61] DUMCR1989.213 CRI MS Case Books, XI, Patient No. 382, Marianne Rigby, 1 June 1847 and 1 June 1848.
[62] Ibid., 1 June 1847.
[63] Ibid., 1 June 1848.
[64] Ibid., 1 June 1850.
[65] Ibid., 1 June 1851.

that, when so disposed, she pours out as the medical officer approaches there may be a demand for brushes, paints, and Bristol Board.[66]

No mention of art appears again until her last entry, in June 1857, when Browne described her as 'an expert needlewoman' but regretted her artistic talent had disappeared. He wrote of her 'attempts to exercise that art in which she formerly so eminently excelled' as 'total failures' and unrecognisable as 'proceeding from the same hand and taste as formerly adorned the walls and albums around.'[67] The subject of her artwork is made clear in her report for 1850: she was 'engaged in flower painting' and in 'copying' prints by established artists.[68] Browne also referred to Miss Rigby in *Mad Artists* as 'a practised adept' who produced 'several beautiful vignettes of flowers on pieces of cardboard'.[69] Two such vignettes, *Flowerpiece* (1984.30) and *Decorative Vignette - 'The Coral Caves'* (1984.129), still remain in the collection and, although both on thick paper rather than cardboard and neither inscribed with her name, may be attributed to her.[70]
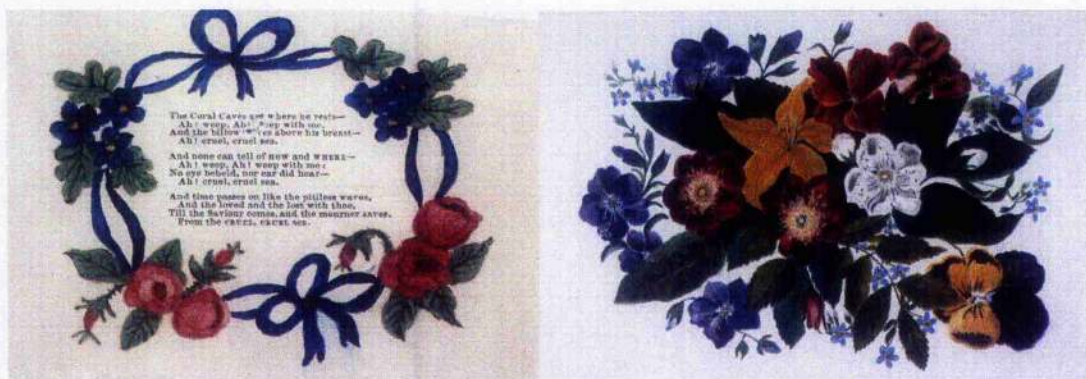
FIG. 37   1984.129, M. Rigby?, *Decorative Vignette - The Coral Caves* and 1984.30, M. Rigby, *Flowerpiece*

On the reverse of *Decorative Vignette* is written 'monomania of pride and suspicion'.[71] Miss Rigby's disease had been described in her case notes as 'distinguished by pride' and by feelings of being 'wronged, persecuted, robbed'.[72]

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[66] Ibid., 1 June 1853.

[67] Ibid., 1 June 1857.

[68] Ibid., 1 June 1850.

[69] Anon., [W.A.F. Browne], 'Mad Artists', *The Journal of Psychological Medicine and Mental Pathology*, 6, 1880, p. 35.

[70] DUMCR1984.30, Crichton Art Collection, *Flowerpiece*; DUMCR1984.129, Crichton Art Collection, *Decorative Vignette - 'The Coral Caves'*.

[71] DUMCR1984. 129, Crichton Art Collection, *Decorative Vignette -'The Coral Caves'*. The text of the poem has not been identified.

[72] DUMCR1989.213, CRI MS Case Books, XI, Patient No. 382, Marianne Rigby, Admission Notes and 1 June 1857.

Flowerpiece is a fine watercolour, intricate in composition and beautifully executed in strong, deep colours. Designed to be viewed from any angle, it imitates the flower vignettes that had become so fashionable in the magazines and publications of the mid-nineteenth century.[73] The flowers, although not so finely detailed as those in the *Flowerpiece*, are rendered in the same vibrant colours, in which the blue dominates. It is a far more complex design than the individual *Flower Studies* (1984.52-58) by Joanna Hutton.

In the Crichton Art Collection Catalogue, twenty works, many of them copies of illustrations, have been attributed tentatively by the present Archivist, Morag Williams, to Miss Rigby but research for this thesis has not been able to provide conclusive proof of her authorship. On stylistic grounds, the various European views appear to be the product of several different patients. Three drawings, however, have a definite attribution to Miss Rigby because her name was written, in Browne's handwriting, on their mounts. She was responsible for at least two views of asylums: Somerset and Coton Hill. *Somerset County Asylum for Insane Paupers* (1984.78) was reproduced in two drawings on one page.[74] The thesis research has identified the subject of the pencil drawing, formerly unknown, as a direct copy of an engraving, by T. G. Flowers of Edinburgh, that had been included in the hospital's *First Annual Report*.[75]
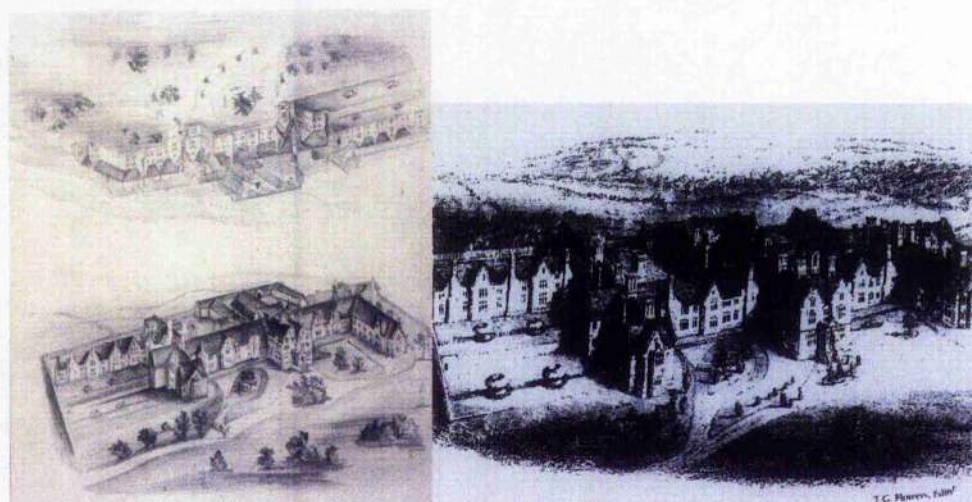
FIG. 38   1984.78, Unknown, *Somerset County Asylum for Insane Paupers* and print by T. G. Flowers (courtesy of Mendip Hospital, Somerset)

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[73] Such vignettes, for example, appeared as illustrations in J. Louden, *The Ladies' Flower-Garden of Ornamental Perennials*, London: William Smith, 1843.

[74] DUMCR1984.78, Crichton Art Collection, *Somerset County Asylum for Insane Paupers*. The asylum was later renamed Mendip Hospital.

[75] The drawing 1984.78 was listed originally as 'sketch of an imposing building maybe an institution'.

The subject of another of Marianne Rigby's drawings, *Coton Hill Asylum, Stafford* (1984.84), was already known because of an inscription on the reverse side.[76] Opening in 1854, it, too, offered moral treatment and provided patients with a dance hall, sporting facilities, extensive grounds and a separate chapel. The exact original source has not been identified. Although similar to a print of the asylum by Day & Son, dating to 1861, it is seen in reverse and from a slightly higher viewpoint and must have come from an earlier source because Miss Rigby died in 1858.[77] The asylum's early *Annual Reports* do not seem to have contained a view of the building and it may be that the original source was a print produced to promote the hospital's opening and published in contemporary magazines and journals. This drawing is of particular interest because it provides evidence that, in spite of references in her case notes to her declining interest in art, she did continue to produce drawings after June 1853 and possibly later. Even if the original print was published before the asylum opened in 1854, it is unlikely to predate it by more than a few months since construction only began in the early 1850s.
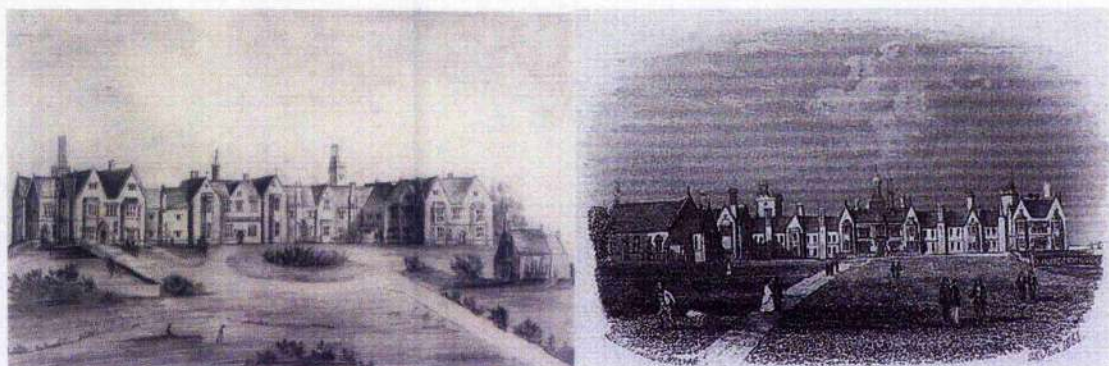
FIG. 39   1984.84, M. Rigby, *Coton Hill Asylum, Stafford* and print by Day & Son
(courtesy of Staffordshire Past-Track. www.search.staffspasttrack.org.uk)

An inscription on the orignal mount of the drawing *Hotel de Ville, Bourges* (1984.80) also confirms Miss Rigby's authorship. Research for this thesis has identified the original print as by Bradshaw, after Thomas Allom. The date of the original image is not known, nor the publication where Miss Rigby would have seen it; it was not included in the illustrations for *The Art Journal* during her lifetime. And, as noted earlier, Wright's *The History of France* (1860) was published too late for Miss Rigby.[78]

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[76] DUMCR1984.84, Crichton Art Collection, *Coton Hill Asylum, Stafford.*

[77] The existing print of the asylum was produced by Day & Son, Lithographers to Her Majesty, The Queen. The exact date of publication is unknown.

[78] T. Wright, *The History of France: from the Earliest Period to the Present Time*, 3 vols., London: London Printing and Publishing Co., 1860.
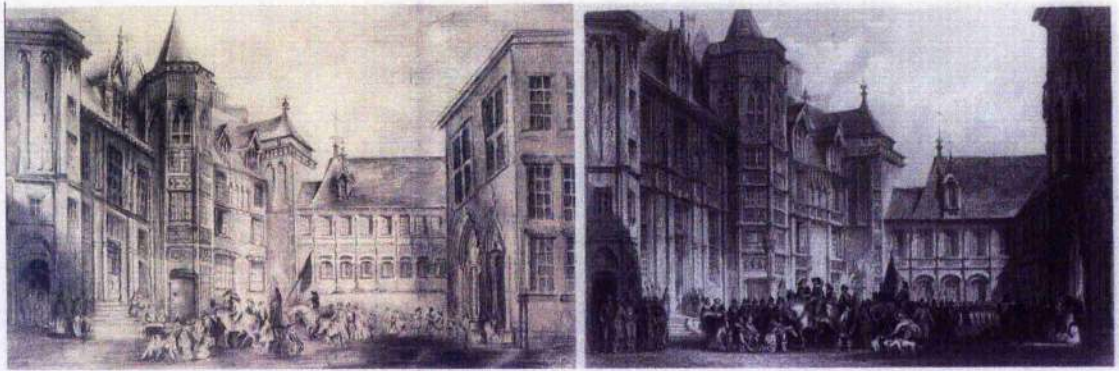
FIG. 40   1984.80, Unknown, *Hotel de Ville, Bourges* and print by S. Bradshaw after T. Allom   (courtesy of The Project Gutenberg EBook. www.gutenberg.org)

Marianne Rigby's art present us with a problem: her watercolour flower composition bears little stylistic similarity to her drawings of buildings. Further, although each of the pencil drawings displays a thorough knowledge of architecture and perspective, her drawing technique is quite different in the depiction of the two asylums compared to her copy of Allom's Bourges print. The asylum drawings are neat, delicately handled and precise in execution; the pencil lines are soft but sharp. The drawing of *Hotel de Ville, Bourges*, however, is freer in execution and the pencil lines are thicker and less precise, especially in the foreground; further, there is a far greater sense of depth to the detailing of the architecture here than in the asylum drawings which cannot be explained simply by the format of the original sources. It seems that Miss Rigby did not have only one drawing style throughout her confinement at Crichton.

Because it is certain that Miss Rigby made copies of two asylums, it might seem reasonable to attribute other hospital images in the Crichton collection to her. As noted in Chapter 7, there are drawings of *Pennsylvania Hospital for the Insane* (1984.99 and 1984.100), *New Jersey State Asylum, Trenton* (1984.86 and 1984.88) and *Cheadle Royal Hospital, Cheshire* (1984.82, 1984.97 and 1984.98). It is quite possible that more than one patient was encouraged to copy the same image and this may explain the different appearance of certain drawings. For example, the stylistic differences between the images of *Pennsylvania Hospital for the Insane* (1984.99 and 100) are marked: the artist of 1984.99 shows a greater ability in perspective, more accuracy in rendering architectural details and an interest in adding depth through light and shade, all elements found in Miss Rigby's drawing of Bourges. The artist of 1984.100, however, has had to obscure some architectural details with extra foliage, perhaps to disguise mistakes in

draftsmanship and seems less secure in handling watercolour. Without further information, attribution to any individual patient at Crichton remains uncertain for these drawings.
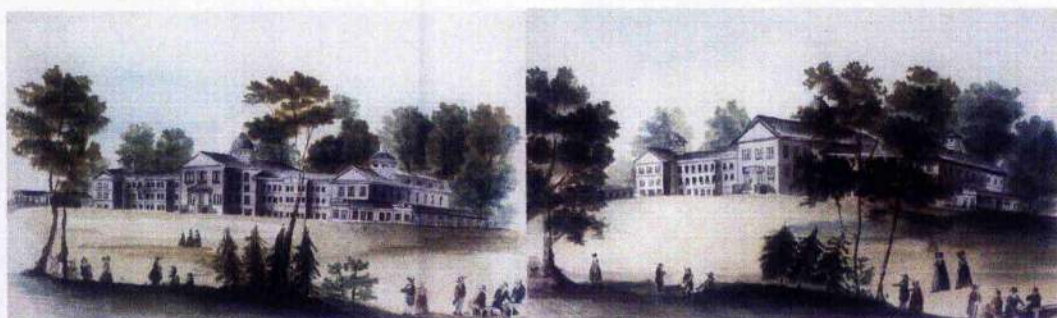
FIG. 41   1984.99 and 100, Unknown, *Pennsylvania Hospital for the Insane*

Gentlewomen as artist-patients

While four of the female artist-patients are mentioned as being involved in art activity no details of their subject matter are recorded and their names do not appear on any existing drawings. They may be represented in the existing collection but without more information no attributions can be made. They were all admitted in the 1850s, at a time when Browne was gathering samples of art for his collection. Miss Eliza Nichol came from Newcastle to Crichton on 29 December 1852, age 38, a 'highly educated' and 'benevolent' but 'very excitable gentlewoman'.[79] When settled in Crichton she sought to 'exhibit her accomplishments, to win applause, to extort the admiration and to attract the companionship of the other sex'.[80] The only reference to her art activity comes in June 1853 when 'calm' and 'dignified' she engaged in reading and drawing. After only seven months in confinement she had regained her 'self control' and was discharged to reside in the home of a clergyman on 31 August 1853.[81]

Three had been confined in other asylums before coming to Crichton. Mrs Isabella Orde (or Ord), the widow of an officer, was admitted to Crichton on 1 August 1851.[82] A gentlewoman of 'high birth, excellent talents and great cultivation', she

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[79] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 629, Eliza Nichol.

[80] Ibid., 1 June 1853.

[81] This practice of boarding out convalescent and recovered patients to the homes of local clergymen was not uncommon. Such a residence was considered to provide an appropriate 'moral environment' for patients and also allowed the clergymen to increase their income.

[82] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 581, Isabella Orde. The Edinburgh case notes record her surname as 'Ord'; at Crichton she was recorded in her case notes as 'Ord', but in the

suffered from 'monomania of suspicion' and believed herself to be the 'victim of persecution'. She had resided for eleven years in Saughton Hall Asylum and Royal Edinburgh Asylum before her transfer to Crichton.[83] Her Edinburgh case notes record her as being admitted on 22 May 1844, suffering from delusions of cruelties inflicted upon her at Saughton Hall: she 'mentioned that the Edinburgh and Glasgow Telegraph had been specially selected for her torture and that whenever the train passes the house at midnight she normally received a shock at the back of the head'.[84] At Crichton, while often described as quarrelsome, 'noisy and destructive', Mrs Orde could be calm, affable, even amiable, and engaged in 'her original pursuits of reading, drawing, fancy work'.[85] The last reference to her drawing is made in 1852. In 1854 she was 'much affected with strangury' and was seeing visions of corpses.[86] She recovered enough to continue her 'studies' (perhaps including drawing) before her death on 3 June 1855.[87]

Mrs Isabella Weir, the wife of an Edinburgh wine merchant, was admitted on 23 April 1855, age 38, and described as 'of excellent education but of a quiet and reserved habit'; she suffered from 'mania with delusions upon religious topics'.[88] She was proud of her family connections: her father was David Napier, a successful Clydeside shipbuilder.[89] This was her second attack, after an interval of ten years. She had twice been a patient in Glasgow Royal Lunatic Asylum during the period from 1844 to 1845, when she was decribed as suffering from 'mania'.[90] During convalescence there, she was occupied in needlework; no involvement in art is mentioned. At Crichton, while at first 'wayward' and domineering with a 'haughty and exacting temperament', by June 1856 she was much improved in her attitude:

> She is ... constantly employed either in music, drawing or translation; she not only acquired a considerable familiarity with German but assisted a more sluggish companion in her studies; and she displays great intelligence and

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Admissions Register as 'Orde'. This spelling is also used in the letter requesting her admission sent by William Sharpe.

[83] The records for Saughton Hall have not survived.

[84] Royal Edinburgh Hospital Case Book, LHSA, EUL, LHB7/51/5, p. 258, Isabella Ord.

[85] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 581, Isabella Orde, Admission Notes.

[86] 'Strangury' is severe pain in the urethra.

[87] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 581, Isabella Orde, 1 June 1855.

[88] DUMCR1989.213, CRI MS Case Books, XXI, Patient No. 706, Isabella Weir.

[89] David Napier promoted sailing on Loch Lomond. He designed the boiler for the *Comet* and his ship, the *Marion*, one of the first to cruise on the loch, was named after his wife, Isabella's mother.

[90] NHS Glasgow and Clyde Board Archives [hereafter NHSGCBA], Gartnavel Royal Hospital, Glasgow, GB 812, HB13/6/83, Glasgow Royal Lunatic Asylum Index to Female Patients, Patient Nos. 1516 and 1637, Isabella Napier or Weir; NHSGCBA, Gartnavel Royal Hospital, Glasgow, GB 812, HB13/5/74, Glasgow Royal Lunatic Asylum House Surgeon's Notes for Admission, Isabella Napier or Weir.

acuteness of observation. There still remains. however, a large amount of irrationality and delusion.[91]

Mrs Weir continued these activities. including drawing, for at least another year. By 1860 her mental health had improved and she was studying botany and geology but also pursued her interest in German and French. If her art activity continued, it is not recorded. She resided briefly with another female patient in the home of the Physician Superintendent, by then Dr Gilchrist. before her discharge on 3 August 1861.

Isabella Weir's confinement overlapped with that of Margaret Paterson (or Patterson). The wife of a Bradford manufacturer, she was admitted on 13 October 1855, age 49; she was 'eccentric and excitable' and suffered from 'monomania of suspicion'.[92] She had suffered several miscarriages and for three years had been confined at the York Retreat. The Retreat's Admission Registers record conflicting details: one notes her admission on 5 August 1854 and discharge 'recovered' on 29 May 1855.[93] Another records her admission on 12 September 1854; she was suffering from an 'ovarian tumour which left her sick' and her form of mental disorder was 'excitement'.[94] She appeared to be an amenable patient, although she did make a successful escape from the asylum on one occasion. She was discharged 'relieved' but not fully recovered. As noted in Chapter 7, since art was not actively promoted at the Retreat. no reference to drawing in her case notes was made during her confinement in York.

At Crichton, Mrs Paterson's involvement in art was probably stimulated by her fellow patients. By June 1856 she was showing 'a passionate attachment to science literature and the fine arts' and had 'engaged zealously in all studies and pursuits connected with these subjects'. although no specific details of her art are given.[95] She performed at concerts. attended lectures and a German class but was deluded as to her accomplishments: she declared she was 'familiar with chemistry, an adept at foreign languages' and 'a poet a harpist a theologian [sic]'.[96] She was discharged, on probation.

[91] DUMCR1989.213, CRI MS Case Books, XXI, Patient No. 706, Isabella Weir, 1 June 1856.
[92] DUMCR1989.213, CRI MS Case Books, XXI, Patient No. 729, Margaret Paterson. The Crichton records give her surname as 'Paterson' but the York Retreat records spell her name 'Patterson'.
[93] The University of York, Borthwick Institute for Archives, York Retreat Admission Register 1843-1879, RET 6/2/1/2. This register gives only basic details of patients.
[94] Ibid., York Retreat Registry of Admissions Book 1845-1890, RET 6/2/3/1. This register provides more comprehensive information than RET 6/2/1/2.
[95] DUMCR1989.213, CRI MS Case Books, XXI, Patient No. 729, Margaret Paterson, 1 June 1856.
[96] Ibid.

into the care of her husband on 11 November 1856. Browne was not confident she would be able to retain her self control but there is no record of her returning to Crichton or to the York Retreat.

Margaret Towers

Margaret Towers (or Tower), age 47, was an unmarried gentlewoman from Edinburgh.[97] She was admitted on 18 May 1844, having neglected her 'bodily health and comfort while in pursuit of mental gratification and improvement' for many years.[98] An adherent of the Church of Scotland, she had idolized a 'distinguished clergyman'. In September 1831 she was sent to Royal Edinburgh Asylum and then to Newbattle Asylum and had been confined in Garngad Asylum, Glasgow, since 17 August 1832.[99] At one time 'prone to destroy property and to injure those around', she had become 'most docile' by the time of her admission to Crichton. Although 'very gentle and good humored [sic]' she was, however, also 'proud' and 'exceedingly sensitive as to the companions with whom she may be placed.'[100]

At Crichton, Miss Towers quickly settled into her new environment, becoming a frequent member of the workroom, joining in amusements and occupying herself by reading (in particular the Bible), needlework (at which she showed no 'great dexterity') and by writing conundrums which first appeared in *The New Moon* in November 1845 with the initials 'M T'.[101] More were published, along with answers to the previous puzzles, in the December issue. By June 1847, however, she frequently destroyed books and her hallucinations gave cause for concern: she heard voices at night 'suggesting and even commanding the most horrible acts'.[102] By 1850 she was calm again and had returned to writing 'poetry, puns and conundrums' and needlework. Anxious to return home, and depressed by the death of her mother, she was discharged in August 1853 to an unidentified asylum near Edinburgh.

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[97] DUMCR1989.213, CRI MS Case Books, IX, Patient No. 260, Margaret Towers.
[98] DUMCR1990.19, CRI Obligants' Book, Patient No. 260, Margaret Towers. The Obligants' Book records her date of admission as 17 May while her own case notes record the date as 18 May.
[99] The records for Garngad Asylum no longer exist.
[100] DUMCR1989.213, CRI MS Case Books, IX, Patient No. 260, Margaret Towers.
[101] DUMCR1989.364, CRI, *The New Moon*, 1, November 1845, 'More Conundrums'.
[102] DUMCR1989.213, CRI MS Case Books, IX, Patient No. 260, Margaret Towers, 1 June 1847.

There is only one mention in her case notes of art: in June 1844 Browne commented that 'she is reported to draw well, but disclaims the accomplishment'.[103] If she did draw in the asylum we have no record of her activity. However, once settled in her new surroundings near Edinburgh, she sent to Browne *View of Criffel with Cottages* (1984.10).[104] On the reverse she had written in black ink: 'To Dr W. A. F. Browne, with best regards, and kindest wishes from an obliged friend and admirer. Margt. [her surname and exact location partially erased, possibly by Browne], Edinb. 25th November, 1853'.[105] 'Erotomania' was written on the sheet onto which the drawing was pasted. This is a delicate watercolour, the foreground slightly spoiled by touches of oil paint and varnish applied to the surface, perhaps in an attempt to give the landscape the impression of greater depth. It is a touching gift for the doctor who had cared for her for more than nine years.
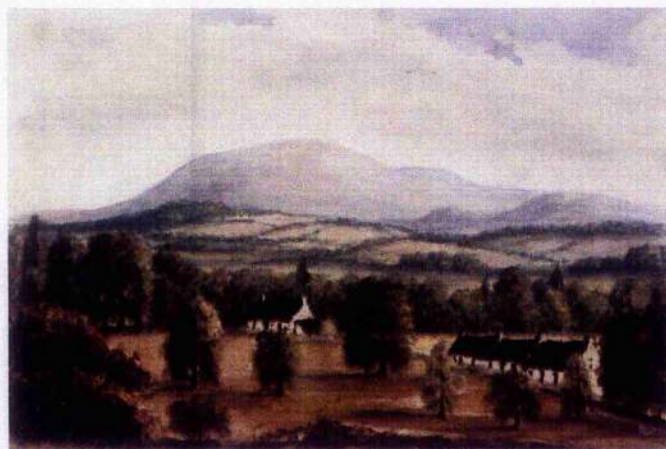
FIG. 42   1984.10, M. Towers, *View of Criffel with Cottages*

Williamina Bowden

Few patients caused more trouble for Browne than Miss Bowden, a gentlewoman 'of irritable and obstinate temper'. On 1 April 1852, age 25, she was admitted to Crichton suffering from 'acute mania'.[106] She may have been in private asylums before Crichton.[107] Two months later Browne reported on her 'filthy habits':

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[103] Ibid., 1 June 1844.

[104] DUMCR1984.10, Crichton Art Collection, *View of Criffel with Cottages*. Criffel hill dominates the view from Crichton Royal Institution.

[105] Although this inscription has been partially erased to hide the patient's identity, the top of letters of her surname are still visible and the surviving details are sufficient to identify Miss Towers as the artist-patient responsible for the drawing.

[106] DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 598, Williamina Bowden.

[107] NHSGCBA, Gartnavel Royal Hospital, Glasgow, GB 812, HB13/5/109, Glasgow Royal Lunatic Asylum Case Notes, Patient No. 87, Williamina Margaret Bowden. Browne made no mention of her

She smears her body with faeces; she dresses her hair with milk and bread or cod liver oil; she "baptises herself" with urine. She stuffs her ears with bread paper cherry stones wires [sic] or any article that can be introduced; and is generally redolent of these practices notwithstanding incessant ablution and change of dress ... When admitted there was a disposition to dispense with clothing which is now counteracted by the employment of a canvas dress.[108]

By August she had improved enough for Browne to observe that she 'plays writes music is clamorous for pony riding attendance upon Lectures Picnics [sic]' and even submitted work for *The New Moon*, but, at the same time, it was noted that she had 'repeatedly manifested preferences for the other sex', cherished 'erotic feelings' and touched 'the feet of gentlemen under the table'.[109] As a result, she was not permitted to perform at concerts with gentlemen. She was discharged on 17 February 1853, under the care of Dr Whiteside in Ayr, only to be readmitted five months later.[110] Her notes indicate that she resumed slowly her former pursuits and joined in many of the amusements. She was again discharged on 6 November 1854 to reside with 'the family of a clergyman in Dumfries to restore her to society'.[111]

Miss Bowden did not disappear from asylums, however. On 18 July 1863 she was transferred to Glasgow Royal Lunatic Asylum from Dr Tuke's Private Asylum. Manor House, at Cheswick.[112] At Glasgow she 'behaved indecently and stripped herself naked', not, it seems, for the first time. When Browne visited Glasgow to provide information about her behaviour at Crichton, he reported:

> She appeared ... raving mad exposing her person - using lewd, and offensive expressions, endeavouring to get up intrigues with the Medical assistants and on their refusal and avoidance of her - sent for Dr B [Browne] - and stood in his presence in "a nude state" and ... spoke most indelicately.[113]

Miss Bowden's behaviour did not improve and on 30 December 1869 she was transferred back to Crichton.[114] In September 1878 she was depressed and was forcibly fed 'with the stomach pump'.[115] In her last years, she became 'plump' in figure, cleaner

residence in private asylums in his original case notes but passed on this information to Gartnavel staff in October 1863 when describing Miss Bowden's case history.

[108] DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 598, Williamina Bowden, 1 June 1852.

[109] Ibid., 10 and 27 August 1852.

[110] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 649, Williamina Bowden.

[111] Ibid., 6 November 1854.

[112] NHSGCBA, Gartnavel Royal Hospital, Glasgow, GB 812, HB13/6/7, Glasgow Royal Lunatic Asylum Admissions Register and HB13/5/109, Glasgow Royal Lunatic Asylum Case Notes, Patient No. 87, Williamina Margaret Bowden.

[113] Ibid. The underlining appears in the original case notes.

[114] DUMCR1989.66, CRI Case Notes, XIII, Patient No. 1156, Williamina Bowden.

[115] Ibid., 12 September 1878.

in her habits, attended church and enjoyed amusements. Her last record, in December 1884, describes her as still demented but 'good humoured and pleasant as a rule'.[116] She died on 6 June 1890, after forty-eight years in confinement.

In her earlier years, Miss Bowden had been both artistic and musical; her mother had described her as 'clever and a superior musician' and in 1863 her piano playing was 'beautiful'.[117] Browne, in 1853, observed her 'great talent' and wrote that, when convalescent, she was 'completing a sketch of scene from Balcony' (probably a view from the balcony of her ward).[118] In 1854, during her second period of confinement, she was permitted to resume her drawing. At Glasgow Royal Lunatic Asylum, in July 1863, she requested 'a paint box, pallet and brushes' which must have been obtained for she later spent 'considerable time' sketching.[119] There is no further mention of her art activity either at Glasgow or in her later years at Crichton. One drawing from Browne's art collection may be attributed to her: a pencil sketch, *View towards Kingholm Quay from Crichton* (1984.94a).[120] This may be the sketch to which Browne referred in 1853, although many ladies would have enjoyed that view and would have had the opportunity to reproduce it.[121] Without more information, attribution must remain tentative.
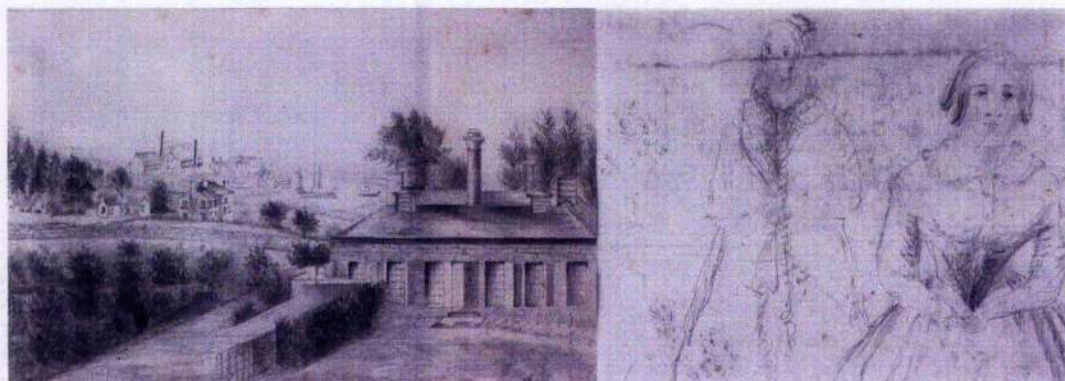
FIG. 43   1984.94a and b, W. Bowden?, *View towards Kingholm Quay from Crichton* and *Sketch of Two Ladies*

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[116] Ibid., 10 December 1884.

[117] NHSGCBA, Gartnavel Royal Hospital, Glasgow, GB 812, HB13/5/109, Glasgow Royal Lunatic Asylum Case Notes, Patient No. 87, Williamina Margaret Bowden.

[118] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 649, Williamina Bowden, 17 February 1853.

[119] NHSGCBA, Gartnavel Royal Hospital, Glasgow, GB 812, HB13/5/109, Glasgow Royal Lunatic Asylum Case Notes, Patient No. 87, Williamina Margaret Bowden, 24 July and 15 September 1863.

[120] DUMCR1984.94a, Crichton Art Collection, *A View towards Kingholm Quay from Crichton Royal Institution.*

[121] DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 598, Williamina Bowden, 10 August 1853.

It is almost certainly the work of a female patient since on the reverse is another drawing, *Sketch of Two Ladies* (1984.94b), possibly including Miss Bowden herself or fellow patients in her ward.[122] During daytime activities, such as drawing and painting, male and female patients were separated. This *Sketch of Two Ladies* is clearly done from life: it lacks the compositional structure and detail found in copies of works by professional artists. Both the *Sketch* and the *View* are competently handled but neither shows any real proficiency in technique. There is no signature or other marking on the drawings to aid identification.

Joanna Hutton

Joanna Hutton is one of the few female artist-patient whose art is described in enough detail to allow certain attribution. Mrs Hutton, the widow of the Revd James Hutton, a former Church of Scotland minister, was also sister of Lt-Col William Reid, author of *An Attempt to Develop the Law of Storms by Means of Facts*.[123] Mrs Hutton was admitted on 6 March 1847, age 62, a 'well even highly educated' gentlewoman.[124] Ill for the previous thirty years, she had been deeply affected by the death of her daughter and suffered hallucinations. 'Pale, coarse and aged' in appearance, she had been in several unnamed private asylums, boarded with private families and, latterly, had been under the superintendence of a *curator bonis* appointed by the Court of Session.[125] Mrs Hutton's art activity began as soon as she entered Crichton: she busied herself in 'constructing wax flowers' in which she was 'an adept', having acquired the skill in previous asylums.[126] It became her favourite occupation, along with sewing in the first year of residence. She attended all 'meetings for recreation' but her progress was slow:

> It is not possible to record any marked amelioration except that she is more amenable to advice that she devotes herself less to contemplation of her miseries and more to drawing and painting in the mechanical parts of which she displays some proficiency. She copies the figures of birds and flowers in brilliant colors [sic] with considerable ingenuity and is vain of her success distributing the least valuable of her productions as marks of her munificence to great favorites [sic]

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[122] DUMCR1984.94b, Crichton Art Collection, *Sketch of Two Ladies*.

[123] W. Reid, *An Attempt to Develop the Law of Storms by Means of Facts, arranged according to Place and Time*, London: J. Weale, 1841. This book was one of the first serious studies to be published on meteorology. Dr Browne was certainly aware of it as he referred to Col Reid's book as 'celebrated'.

[124] DUMCR1989.213, CRI MS Case Books, XII, Patient No. 405, Joanna Hutton.

[125] Mrs Hutton's *curator bonis*, who managed her financial affairs, was John Russell, one of the Principal Clerks of Session in Edinburgh.

[126] DUMCR1989.213, CRI MS Case Books, XII, Patient No. 405, Joanna Hutton, Admission Notes.

and in moments and moods of extreme affability. These avocations soften and soothe as well as divert the attention.[127]

There are seven surviving watercolour *Flower Studies* (1984.52-58) by Miss Hutton, all modest in size (smallest 13 x 10.9 cm, largest 12.3 x 14.2 cm), small enough to distribute as gifts to her favoured companions.[128] The flowers include rose, peony and anemone coronaria, all commonly grown plants, possibly drawn from life rather than copied from a botanical book.[129] A search of contemporary botanical publications has not yielded any definite source.
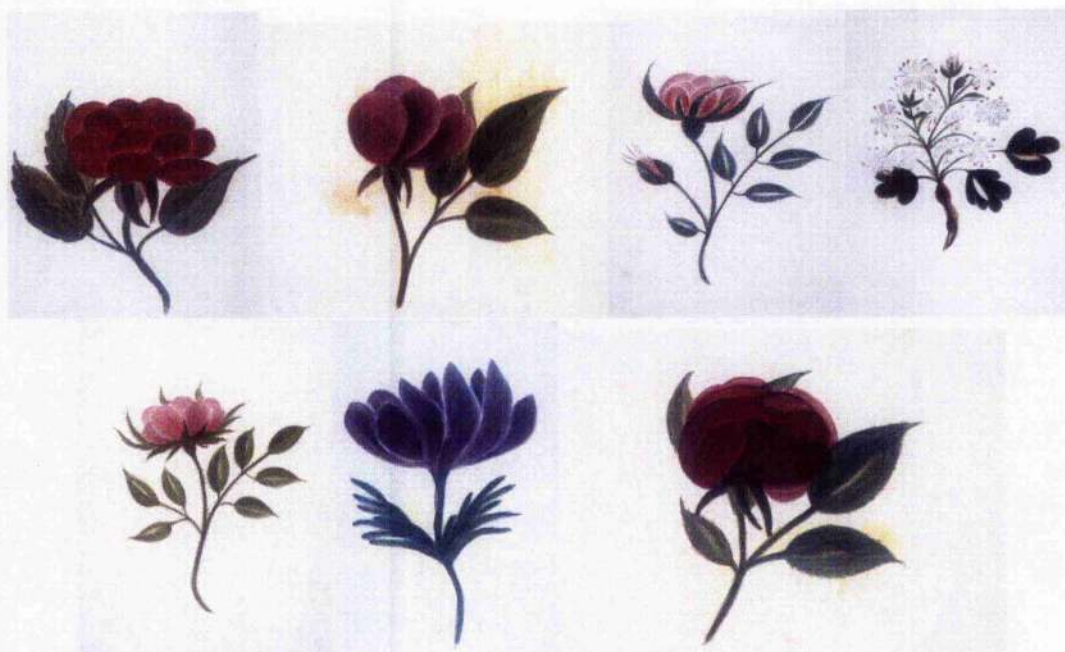
FIG. 44   1984.52, 53, 54, 55, 56, 57 and 58, J. Hutton, *Flower Studies*

The original source for three of the eight pencil and watercolour *Bird Studies*, however, has been identified by the present Crichton Archivist. William Jardine's *The Naturalist's Library*, volume VI on 'Ornithology', was illustrated with engravings of Humming Birds; the book was part of the Crichton patient library collection and remains in Crichton Museum.[130] *The Tufted Necked Humming Bird* (1984.64) is a copy of Plate 15.[131] Two drawings (1984.65 and 1984.66) depict *The Double Crested*

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[127] Ibid., 1 June 1849.
[128] DUMCR1984.52-58, Crichton Art Collection, *Flower Studies*. Miss Hutton is the only patient recorded as copying birds and flowers.
[129] I am most grateful to Professor James H. Dickson, University of Glasgow, for his help in the identification of the flowers.
[130] W. Jardine, *The Naturalist's Library*, Vol VI, 'Ornithology', Edinburgh: W.H. Lizars, 1841, Plate 15.
[131] DUMCR1984.64, Crichton Art Collection, *The Tufted Necked Humming Bird*.

Humming Bird (Plate 22).[132] Three others (1984.59, 60 and 63) may represent *The Black Breasted Humming Bird* (Plate 32).[133]
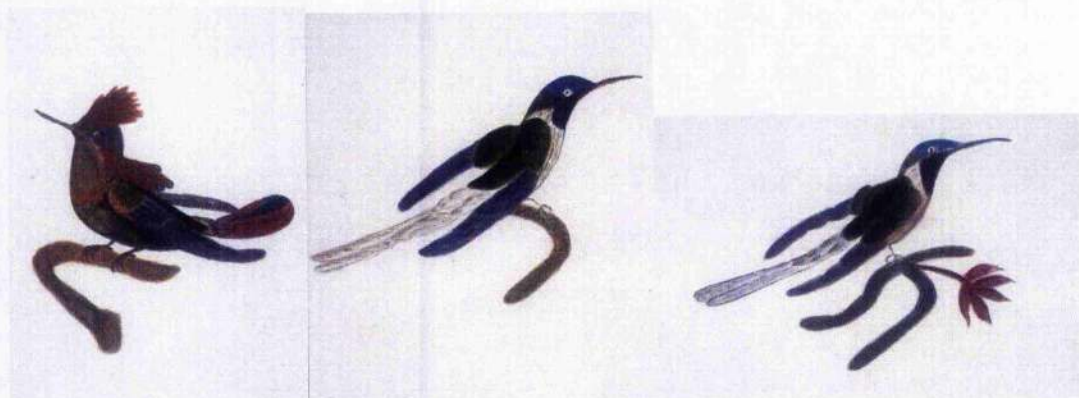
FIG. 45   1984.64, 65 and 66, J. Hutton, *Humming Birds*

FIG. 46   1984.59, 60 and 63, J. Hutton, *Humming Birds*

Although Mrs Hutton has been rather free in her interpretation of the original prints, often changing details, the pictorial source can be identified with certainty. The remaining *Bird Studies* do not resemble any other illustrations in this volume and a search of other volumes in the series has not allowed for identification.[134] That Browne was able to acquire so many examples might imply that Mrs Hutton produced a significant number of these types of drawings during her confinement.

In June 1851, Mrs Hutton is recorded as enjoying the theatre, joining excursions and walking in the asylum grounds. By 1853 her behaviour had become marked by hoarding items under her dress; the case was so extreme that Browne chose to highlight her obsession in his *Annual Report*, referring to her as 'of good position in society and excellent education':

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[132] DUMCR1984.65 and 66, Crichton Art Collection, *The Double Crested Humming Bird*.
[133] DUMCR1984.59, 60 and 63, Crichton Art Collection, *The Black Breasted Humming Bird*.
[134] DUMCR1984.61 and 62, Crichton Art Collection, *Bird Studies*.

Repeated examinations have been instituted as to the hoards collected by this person; and on the last occasion, it was discovered that there were secreted about her dress, so as to elude or deceive cursory inspection, fifteen bags containing 1182 articles, besides thirteen parcels not particularised. An analysis of the greater part of these was prepared, and may be introduced as the most extraordinary record of kleptomania on record.[135]

Browne went on to detail the contents of the hoard, many items of clothing but others more unusual: a dead butterfly, fragments of food and even art materials such as 4 sticks of Indian ink, 26 cakes of watercolour paints, 14 camel's hair brushes, 3 lead pencils, 2 pen holders, 2 pieces of India rubber, 3 fragments of card board and 1 small engraving.[136] In 1854, when confronted with these items, she defended her behaviour by explaining that they were 'valuable to her scientifically' or useful for 'the process of drawing' and 'construction of wax flowers'.[137]

This is the last reference to her artwork although she was to remain in Crichton for another fourteen years. It is likely her existing drawings were produced before 1854. Her increasing inactivity and apathy seemed to signal 'chronic mania', although her physical health remained good. Her hoarding ceased temporarily but returned in 1857; she sought privacy and no longer enjoyed her carriage rides, becoming 'fractious and abusive' towards her fellow patients on occasion. In her last case notes she is recorded as 'confined to bed for some weeks', avoiding all amusements and rarely riding in the asylum carriage.[138] She died on 25 December 1868.

Browne and female artist-patients

Research based on the Crichton archives reveals only fragmentary evidence for involvement in art among Browne's female patients. Needlework, rather than drawing, was their preferred activity. The few female artist-patients who have been identified do not seem to have formed any cohesive group. They entered the asylum at varying times, suffered from a range of mental disorders and remained for differing periods of confinement. Even when they were resident at the same time as each other, there is limited evidence that they worked alongside each other. Only two drawings by unidentified artist-patients, *Sketch of Two Ladies* (1984.94b) and *Woman Seated at a*

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[135] DUMCR1990.29, *CRI Fourteenth Annual Report*, 11 November 1853, p. 26.
[136] Ibid., pp. 26-7.
[137] DUMCR1989.213, CRI MS Case Books, XII, Patient No. 405, Joanna Hutton, 1 June 1854.
[138] Ibid., August 1866. There are no case notes between August 1866 and her death in December 1868.

Dresser (1984.96), appear to represent fellow patients. With the exception of Agnes Johnston, however, they came from social classes and educational backgrounds that made art production a natural activity during their convalescent hours. As we have seen earlier in this chapter, insanity seems to have been more prevalent in women than men in the early nineteenth century. Browne had his own views on the reasons for such a high level of mental disorders in women:

> The education of females is ... more imperfect and vicious than that of men; it tends to arrest the development of the body; it overtasks certain mental powers, it leaves others untouched and untaught; so far as it is moral it is directed to sordid and selfish feelings, and substitutes a vapid sentimentalism for a knowledge of the realities and duties of life. From such a perversion of the means of training, what can be expected to flow but sickly refinement, weak insipidity, or absolute disease.[139]

It is probable that, in an attempt to cure or alleviate insanity, Browne used moral treatment to correct errors in the education of his female patients by encouraging their artistic, literary and musical talents. Moral treatment, embracing as it did the social refinements of the 'sane' world, offered governesses and well-connected ladies an opportunity to find solace and comfort in familiar activities and display talents nurtured before their confinement. Their limited choice of art subjects - flowers, birds, portraits of ladies, architectural views and landscapes - reflected exactly those themes considered appropriate for the elegant pursuits of ladies in society. In Browne's selection of art by his female patients, while the quality varied from the amateurish pencil sketch by Agnes Johnston to the more accomplished and complex *Flowerpiece* (1984.30) by Marianne Rigby, in no example can any trace of an unbalanced mind be discerned. At Crichton, for his patients as much as for Browne, drawings and paintings may have served as tangible 'proof' of progress towards restoring mental balance to their disordered lives.

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[139] Ibid., p. 68.

Chapter 9

Male Artist-Patients at Crichton

Men of Easy, and Plentiful Fortunes have commonly a great part of their time at their Own Disposal, and the want of knowing how to pass those Hours away in Virtuous Amusements contributes perhaps as much to the Mischievous Effects of Vice, as Covetousness, Pride, Lust, Love of Wine, or any other Passion whatsoever. If Gentlemen therefore found Pleasure in Pictures, Drawings, Prints, Statues, *Intaglios*, and the like Curious Works of art ... how many Hours of Leisure would Here be profitably employ'd [sic].[1]

Introduction

While only ten female patients (1.7% of total female admissions) at Crichton Royal Institution and the Southern Counties Asylum were involved with any degree of certainty in art activity, for at least thirty-six male patients (5.3% of total male admissions), drawing and painting became part of their routine during confinement. In the early-nineteenth century, accomplishment in drawing and appreciation of art were considered important aspects of the education of the male aristocracy, landed gentry and middle classes. Many of the male artist-patients came from these classes; six were gentlemen of no profession and others were employed in professions that required artistic skills - land surveyor, engraver, lithographer and professional artist. By the early 1850s male patients were 'colouring sketches of the surrounding country', copying book and magazine reproductions, producing portraits of each other and forming 'the neuclus [sic] of a picture gallery'.[2] As Browne observed in 1846, 'an enthusiast in the fine arts has infected all around him with similar predilections'.[3] It would appear that the creativity of a few talented 'amateurs' at Crichton served as an impetus for fellow inmates to become involved in drawing and painting.

Drawings by at least fourteen identifiable male patients survive in Browne's collection of 'Art in Madness'. Another twenty-two men are known to have been involved in art activity and some at least may be represented in the collection. Many others may have participated but the hospital archives record insufficient evidence of

[1] J. Richardson, *Two Discourses. II. An Argument in behalf of the Science of a Connoisseur*, London: [no publisher named], 1719, p. 45.
[2] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, pp. 23, 29.
[3] DUMCR1990.29, *CRI Seventh Annual Report*, 11 November 1846, p. 27.

their involvement. For example, according to the case notes of William Hetherington, a house carpenter, he 'illustrated upon the floor by diagrams' certain 'contrivances for charming and controlling lions' but may not have produced drawings on paper.[4] Browne also wrote of William McClymont, a local farmer, who 'occasionally writes memoranda and draws plans connected with the farm which he executes with considerable accuracy and distinctness'.[5] Peter Hay, an Edinburgh watchmaker, was described as being 'an admirer and cultivator of the fine arts' but there is no actual reference to him drawing or painting at Crichton.[6] Nor did he pursue art at Royal Edinburgh Asylum after his transfer in November 1849. Described there as 'fond of pictures', he enjoyed amusements but rapidly declined and died in January 1850.[7]

David Fergusson was admitted twice to the Southern Counties Asylum: first, in March 1850 and again in June 1855, remaining until his death on 31 January 1875.[8] Browne described Fergusson as 'a teacher capable of instructing in the Classics and French and of good general education', and 'famed for his calligraphy'.[9] By June 1857 Browne described Fergusson as having 'instructed students about to proceed to College'.[10] There is no reference in the case notes to any artwork. However, in December 1919 a number of items were presented by Mrs J. J. Clark to the Dumfries and Galloway Natural History and Antiquarian Society: among them was a 'volume of Sketches in Pen and Ink by "Mr Fergusson, patient in the Southern Counties Asylum," a curious collection containing many translations from Latin and French, Berenger, etc. with crude drawings'.[11] Neither the date of the art production nor how this volume came into the possession of Mrs Clark is known.

Admissions 1839-1849: male artist-patients with no attributed works - Jesse and Morpeth

John Walter Jesse, an unmarried clerk at the Excise, age 23, was admitted on 26 June 1839, labouring under an unnamed illness; his belief that he had 'committed some great

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[4] DUMCR1989.213, CRI MS Case Books, XII, Patient No. 393, William Hetherington.

[5] DUMCR1989.213, CRI MS Case Books, I, Patient No. 34, William McClymont.

[6] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 501, Peter Hay.

[7] Royal Edinburgh Hospital Case Book, LHSA, EUL, LHB7/51/5, pp. 540-2, Peter Hay.

[8] DUMCR1989.214, SCA MS Case Books, III, Patient No. 89, David Fergusson; and DUMCR1989.214, SCA MS Case Books, XII, Patient No. 444. According to his case notes he died of 'apoplexy'.

[9] DUMCR1989.214, SCA MS Case Books, III, Patient No. 89, David Fergusson.

[10] Ibid., 1 June 1857.

[11] Anon., *Transactions of Dumfries and Galloway Natural History and Antiquarian Society*, 3, 1909-1920, p. 214. I am most grateful to Morag Williams for bringing this information to my attention.

crime for which he ought to be hanged' was unfounded.[12] He had been confined previously in a private asylum in Essex for four months. Browne observed:

> Before the present attack he was fond of and excelled in drawing. Has been induced since his admission to commence copying a flower but displayed no interest in the performance and left it abruptly.[13]

While Jesse did join in card games and enjoyed other amusements he does not seem to have resumed his art activity. He died on 10 April 1857.

John Morpeth, a local house painter, admitted to Crichton on 31 December 1839, age 21, was the second male patient recorded as producing art.[14] Described as despondent after the death of his father, he also suffered from convulsive attacks (probably epilepsy). When medication began to stabilise his behaviour, he was 'supplied with materials for painting which he employed in daubing every object in his reach and in covering every smooth surface with scriptural quotations':[15]

> After relinquishing the project of undertaking to paint the outside of the Asylum, he signalised this defect by an attempt to take the Portrait of the Matron which received as the work of a Lunatic would have been astonishing, but which known to be the production of a sane but ambitious artist was beneath criticism. As a workman however in the higher department of house painting he earned great praise and was most useful.[16]

After his discharge from Crichton on 29 August 1840 he was employed as the asylum painter; his final payment from Crichton was on August 1841.[17]

Arthur Tennyson

One of the most interesting artist-patients at Crichton was Arthur Tennyson (1814-1899), younger brother of Alfred, Lord Tennyson. Arthur Tennyson was admitted on 14 December 1842, age 28, suffering from the effects of 'tobacco, spirits and epilepsy'.[18] According to family documents, Arthur had been taken home in September 1842 'in a state of deep intoxication' and had frightened his family 'till near one o'clock by his

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[12] DUMCR1989.213, CRI MS Case Books, I, Patient No. 9, John Walter Jesse.

[13] Ibid., Admission Notes.

[14] DUMCR1989.213, CRI MS Case Books, II, Patient No. 63, John Morpeth.

[15] Ibid., 1 June 1840.

[16] Ibid., 29 August 1840.

[17] DUMCR1990.56 CRI Minute Books, I, p. 43.

[18] DUMCR1989.213, CRI MS Case Books, VII, Patient No. 197, Arthur Tennyson.

epileptic howlings'.[19] The case notes provide a fascinating account of the family upbringing in which the Tennyson sons were subjected to 'a most severe exciting and exhausting discipline' by their father:

> The apparent result of this has been: that one child Alfred T. [sic] is a poet, with a mind of exquisite delicacy, but morbid irritable and debalanced who lives in seclusion: a second is an irreclaimable drunkard: a third is an equally irreclaimable opium-eater; a fourth is in confinement as a lunatic; a fifth has gone to Australia, as yet sane, but not well trained for the world of difficulty and danger and toil upon which he has entered.[20]

Arthur Tennyson remained at Crichton only until 17 October 1844 but became very much a part of social life within the asylum. To 'invigorate the constitution and to give the mind a higher tone and direction', 'trenching in the orchard' was encouraged and indoors, he became part of the amateur theatrical group, amongst whom he was a 'conspicuous member', participating in the first performance of *Raising the Wind* on 13 January 1843.[21] He also took part in *The Irish Tutor* and *Monsieur Tonson* and sang during the intervals of the plays. His case notes indicate not only that he had a 'taste for drawing' but that his quiet times were 'occupied in drawing'.[22] It is unlikely any of his art remains at Crichton: several volumes of sketches by Arthur, all of unknown date, are to be found in the Lincoln Central Library but none shows any particular similarity to work surviving in Browne's collection.[23] He was discharged to the care of his brother Frederick and Browne observed that as 'the winter was to be passed in Florence Mr T. [sic] would have ample means of improving his acquaintance with the Fine Arts and of cultivating his talents for painting'.[24]

Arthur Tennyson never returned to Crichton but he did keep in touch with Browne. A postscript to the case notes, probably written within a few months of discharge, records that the patient 'was doing well' (he had sent a letter from London on his way to Italy) and on 11 June 1853, Tennyson wrote to Browne from Italy where he was still residing with his brother.[25] His letter reveals him as a patient who remembered

[19] Lincolnshire Archives, Tennyson and Tennyson d'Eyncourt Papers, Letter H.127/2, dated 29 September 1842. Quoted in R.B. Martin, *Tennyson, the Unquiet Heart*, Oxford: Clarendon Press, 1980, p. 273.
[20] DUMCR1989.213, CRI MS Case Books, VII, Patient No. 197, Arthur Tennyson, Admission Notes. This information was provided by 'a gentleman who married a member' of the Tennyson family.
[21] Ibid., 1 June 1843.
[22] Ibid., 1 June 1843 and 17 October 1844.
[23] Lincoln Central Library, Tennyson Research Centre, Tennyson Family Papers.
[24] Ibid., 17 October 1844.
[25] DUMCR1989.364, CRI, *The New Moon*, 9, July 1853, 'Our Italian Correspondent'.

with fondness his time in the asylum, Browne's care and the friendship of fellow patients. Tennyson returned to Britain some time before 1859 and married in 1860.[26] Arthur was not the only Tennyson brother to have resided at Crichton. In February 1849, Horatio (1819-1899) was confined suffering from an 'intense uncontrollable and increasing desire for alcoholic drinks' but was discharged prematurely on 1 May 1849.[27] He is not recorded as being involved in painting and drawing.

Edward Vavasour

The case of Edward Vavasour was particularly poignant. He was the son of Sir Edward Vavasour of Leamington; admitted on 16 May 1843, age 28, he was described as of 'amiable disposition, accomplished mind and gay, happy manners'.[28] His mental state was defined as 'fatuous with fury'. He had resided with a 'Catholic clergyman at Nottingham' until his violent behaviour had caused his transfer to the first of two private asylums near London. At Crichton, Vavasour settled down to asylum life, 'in amity with all around', passing his time driving in the grounds in his own carriage, and 'reading, writing, drawing and with music'; he attended 'all amusements except dancing' and behaved with 'decorum, gentleness and modesty'.[29] By 1847 Browne noted that 'he does not now draw and his writing has degenerated into a mere scrawl'.[30] However, he retained other accomplishments: he played the piano, translated with ease, spoke French and conversed coherently on topics such as fine art, music and the theatre.

Following his father's death, because he was due to succeed to family property, Vavasour was taken by Browne to Carlisle in May 1847. An 'Inquiry by a Commissioner in Lunacy' found him to be insane, 'incapable of managing his own affairs', and after a short residence in Carlisle he was returned to Crichton. In his later years he enjoyed fishing, billiards, music and other entertainments; apart from a mention of Vavasour gazing at 'prints upon the walls', no further reference to art is made.[31] He never inherited his family estates and died at Crichton on 23 August 1885.

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[26] C. Tennyson and H. Dyson, *The Tennysons: Background to Genius*, London: Macmillan, 1974, p. 125. Arthur Tennyson married Harriet West in June 1860; his brother Horatio later married Harriet's sister Catherine. For more information on the Tennyson family see A. Tennyson, *Alfred Lord Tennyson, A Memoir*, 2 vols., London: Macmillan & Co., 1897.
[27] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 499, Horatio Tennyson.
[28] DUMCR1989.213, CRI MS Case Books, VIII, Patient No. 222, Edward Vavasour.
[29] Ibid., 1 June 1844 and 1 June 1845.
[30] Ibid., 1 June 1847.
[31] Ibid., 1 June 1856.

Rankin, James and Agnew

John Stewart Rankin, a gentleman from Perth of no 'particular profession', was admitted on 5 March 1845 in a state of 'listlessness'.[32] At first 'shy, sullen and solitary, Rankin soon joined the theatrical company, and took lessons in writing and arithmetic before being discharged on probation on 30 September 1846. He returned to Crichton six months later.[33] In 1848 it was recorded that his time spent with the hospital's theatrical company was 'not productive of benefit' and 'an effort was likewise made to teach him drawing but the experiment was suspended by a relapse and he has not since resumed his pencil'.[34] He died on 12 October 1860.

William Wood James was admitted on 14 June 1845, age 46; a married merchant from Whitehaven, he had spent sixteen years in Uruguay where he had 'pursued a life of intemperance and immorality'.[35] By June 1846 he had substituted 'music reading writing [sic] and drawing for indulgence in dreams' and 'executed several volumes of drawings in pencil, India ink and crayon from copies and from nature'; Browne also recorded that 'a master has been engaged for instruction in oil painting'.[36] Within a few months he was painting in oil 'with great ease'.[37] Discharged in October 1846, he was readmitted five years later, on 12 September 1851.[38] During this eight-month residence he returned to his 'usual elegant pursuits', drawing and painting with 'talent and taste'.[39] It is possible that some of his art is included in Browne's collection but without further information, no accurate attributions can be made.

George Agnew, Sheriff Clerk of Wigtown, was admitted three times to Crichton, the first on 24 July 1846, suffering from the effects of a 'long continued course of intemperance'.[40] Born in 1795, he had been 'a habitual drunkard' for thirty years. After a period of confinement when he was delusional, Agnew settled into asylum life, joining in concerts and other amusements:

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[32] DUMCR1989.213, CRI MS Case Books, X, Patient No. 297, John Stewart Rankin.
[33] DUMCR1989.213, CRI MS Case Books, XII, Patient No. 406, John Stewart Rankin.
[34] Ibid., 1 June 1848.
[35] DUMCR1989.213, CRI MS Case Books, X, Patient No. 312, William Wood James.
[36] Ibid., 1 June 1846.
[37] Ibid., 29 October 1846.
[38] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 583, William Wood James.
[39] Ibid., 3 May 1852.
[40] DUMCR1989.213, CRI MS Case Books, XI, Patient No. 372, George Agnew. The Ruskin Library at Lancaster University has researched Agnew's family history because his daughter married Arthur Severn, a cousin of John Ruskin. I am grateful to the Librarian for information on Agnew.

With a view to provide a refined occupation and a gentle stimulus a Teacher of Drawing has been engaged. The experiment has partially succeeded and the pupil is now anxious to excel [sic] and is proud of his attainments. His mind has an object superadded to whist and animal indulgence.[41]

He was discharged in July 1847 but readmitted two years later in September 1849, again suffering from the effects of intemperance.[42] He resumed 'his former pursuits' and obtained 'as much enjoyment during his seclusion as circumstances would admit'.[43] Discharged in November 1850, he returned two months later.[44] He did make 'preparations for resuming the study of drawing' but his health rapidly declined and he died on 2 April 1851.

Scott, Johnston, Miln and Thomson

William Charles Scott is unlikely to be responsible for any of the existing artwork in Browne's collection. An Edinburgh accountant 'of gentle and reserved disposition', he was transferred from Saughton Hall Asylum on 17 September 1846, age 24.[45] His case was marked by 'chorea':

> He is grotesque in his movements and evidently possesses but a modified control over the muscles ... The handkerchief is generally held on or in the mouth: but for what purpose is not discerned unless to conceal the mode in which he speaks.[46]

He was reported in 1847 as drawing 'so rudely as to afford no indication of former taste or dexterity' and by the following year his attempts had become 'altogether absurd and hideous: resembling those of a mere child'.[47] During the remainder of his long confinement no further mention is made to drawing. He died on 16 December 1871.

George Johnston, from Lathirsk in Fife, was admitted on 22 November 1846, age 25; he had been confined for three months in Saughton Hall Asylum where his head

[41] Ibid., 1 June 1847.
[42] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 526, George Agnew.
[43] Ibid., 6 November 1850.
[44] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 556, George Agnew.
[45] DUMCR1989.213, CRI MS Case Books, XI, Patient No. 379, William Charles Scott.
[46] Ibid., Admission Notes. Chorea is a disorder characterised by irregular, involuntary movements.
[47] Ibid., 1 June 1847 and 1 June 1848.

had been shaved and 'drastic purgatives given'.[48] At first, Johnston was 'haughty and unsocial' but by June 1848 he began to find pleasure in 'the comforts and enjoyments' at Crichton, and was occupied with 'drawing, in which he displays considerable proficiency'.[49] There is no identifiable work by him in the collection. In fact, drawing was the only 'intellectual' or 'rational pursuit' he seems to have enjoyed before his discharge to London on 8 August 1849.

Alexander Hay Miln, a Writer to the Signet from Arbroath, came to Crichton on 7 June 1848 suffering from 'general mania with great incoherence'.[50] Born in 1817, he was the eldest son of James Miln of Woodhill, Angus.[51] His residence was brief: after displaying 'the most indomitable pride and hauteur for weeks' while placed in the refractory ward, he began to mix better with other patients, joined in amusements and resumed his 'favourite pursuits'. Browne noted that 'numerous essays in drawing at first vague and stiff were at length crowned with success and he displayed some of the power and taste which he was described as possessing'.[52] When 'erroneous feelings' had been displaced by a 'modest disposition' he was discharged on 1 February 1849. He did not return to Crichton and married in 1859.[53]

Alexander Thomson, an unmarried preacher in the Free Church, was admitted to the Southern Counties Asylum on 7 July 1849, suffering from 'mania with delusions' in the form of 'suspicion'.[54] He had spent eighteen months in Montrose Asylum and was to become a long-term patient at Crichton. Although in June 1850 he was recorded as 'drawing rude sketches of houses or human faces' it is unlikely his art was included in Browne's collection because it was to be found mainly in books:

> The flyleaves, the edges and every available spot in these books are crowded with pen and ink sketches. These are intended as a panoramic biography. Intercourse enables the painter to explain these delineations, but to the uninitiated they are rude tracings defying perspective and destitute of meaning.[55]

[48] DUMCR1989.213, CRI MS Case Books, XII, Patient No. 387, George Johnston. The patient records for Saughton Hall have not been preserved.

[49] Ibid., 1 June 1848.

[50] DUMCR1989.213, CRI MS Case Books, XIV, Patient No. 471, Alexander Hay Miln.

[51] Anon., *Register of the Society of Writers to Her Majesty's Signet*, Edinburgh: Clark Constable, 1983, p. 227.

[52] DUMCR1989.213, CRI MS Case Books, XIV, Patient No. 471, Alexander Hay Miln, 1 February 1849.

[53] Anon., *Register of the Society of Writers to Her Majesty's Signet*, p. 227.

[54] DUMCR1989.214, SCA MS Case Books, V, Patient No. 164, Alexander Thomson.

[55] Ibid., 1 June 1856.

His case notes end in June 1857 (Browne's last entry) and do not begin again until 1872 by which time he was still producing art, filling 'all walls and surfaces with drawings of persons in and about the Institution'.[56] He was discharged in December 1883.

Admissions 1850-1857: male artist-patients with no attributed works - Lloyd, Mein and Williamson

Two artist-patients were admitted within months of each other. Gruffydd Clayton Lloyd, Lt Denbigh, from Edinburgh, had served in the Royal Navy before being admitted to Crichton on 10 April 1850, suffering from 'general mania'.[57] At first 'abusive and violent', he became calmer but his language was marked by 'gross indecency'. By 1852 Browne recorded:

> That he commits his brutalities and blasphemies to paper: that there is an evident association in his mind between sexual love and the mystery of the Holy Trinity: that he attempts to convey this by words and symbols to demonstrate it by diagrams and designs and to impress it upon all he addresses by repeated illustrations and variations in the signs and descriptions.[58]

It is most unlikely any artwork by Lloyd was retained because of the nature of his illustrations and no further mention of his diagrams appear in the case notes. A long-term patient, he died on 14 July 1892.

Pulteney William Mein, a local gentleman farmer, was admitted on 11 June 1850, age 36, labouring under 'general paralysis'.[59] He was described as having the 'aspect and deportment of partial imbecility'. Browne observed that, in spite of good bodily health, his illness was progressive and his former talents had become impaired: 'his drawings are now daubs' and he could no longer 'continue a tune upon the piano, a game at whist or a conversation even upon his favourite horse'.[60] There is little likelihood his 'daubs' would have been retained by Browne. With no real hope of improvement he was discharged on 22 March 1852.

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[56] DUMCR1989.72, SCA Case Notes, III, Patient No. 164, Alexander Thomson , 27 March 1872. It was not usual for case notes to have been left incomplete over such a long period of time. It is not clear why this happened in the case of Thomson.

[57] DUMCR1989.213, CRJ MS Case Books, XVI, Patient No. 544, Gruffydd Clayton Lloyd. The Crichton Obligants' Book records his date of admission as 11 April 1850.

[58] Ibid., 1 June 1852.

[59] DUMCR1989.213, CRI MS Case Books, XVI, Patient No. 547, Pulteney William Mein.

[60] Ibid., 1 June 1851.

Henry Williamson, age 27, was admitted on 15 September 1853 suffering from 'partial imbecility' and delusions.[61] A former clerk in a lawyer's office in Aberdeen, he was an 'amiable docile' who was encouraged to take part in the asylum activities, including a German class in the winter of 1855-6. In 1855 Browne reported that 'as a member of the Drawing Class he made some progress: but does not prosecute the art.'[62] No other reference to art appears in his case notes; a long-term patient suffering from 'dementia' in his later years, as his mental health declined he took part in fewer activities and died at Crichton on 20 January 1885.

Christie, Thorburn and Crawford

James Christie was an Edinburgh bank clerk. On 8 December 1853, at the age of 34, he was admitted to Crichton suffering from 'monomania of fear and suspicion which threatens to pass into fatuity'.[63] In 1854 Browne gave Christie a most unfavourable report, describing him as a 'sullen, repulsive insubordinate maniac' who had twice attempted to escape from the asylum. But within two years his improvement was marked: he had 'joined the trenching party', was a good bowls player, and indoors he spent his time reading and playing the flute. In 1855 Browne wrote that 'he plays, copies music reads is desirous of drawing distinguishes himself at Billiards and bowls'.[64] It is the only mention of art in his records. Because he continued to convalesce well, he was discharged on 18 May 1857 to work with a local gardener.

James Yorston Thorburn, a surgeon suffering from 'mania', produced art that is most unlikely to be represented in the collection.[65] He was admitted first to the Southern Counties Asylum on 12 December 1853 when his attempts 'to represent allegorically in a series of drawings his opinions and creed' were described by Browne as one of his 'absurd acts'.[66] Discharged in May 1854, he was readmitted three times before being transferred as a paying patient to Crichton in November 1860. He continued to produce drawings, however, for his case notes refer to him as drawing 'pictures generally illustrative of his visions and of his exploits' in 1862.[67] His portrait by William

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[61] DUMCR1989.213, CRJ MS Case Books, XIX, Patient No. 655, Henry Williamson.

[62] Ibid., 1 June 1855.

[63] DUMCR1989.213, CRI MS Case Books, XX, Patient No. 660, James Christie.

[64] Ibid., 1 June 1855.

[65] DUMCR1989.214, SCA MS Case Books, IX, Patient No. 354, James Y. Thorburn.

[66] Ibid., 5 May 1854.

[67] DUMCR1989.65, CRI Case Notes, XII, Patient No. 898, James Y. Thorburn.

Bartholomew survives in the collection (1984.39). He continued to be transferred between the two asylums in later years and died at Crichton on 24 May 1876.[68]

David Crawford, an unmarried clerk based in Greenock, age 36, was admitted for the first time to Crichton on 6 June 1854, suffering from 'mania' and 'dipsomania'.[69] In 1842 he had been confined for ten weeks in Glasgow Royal Lunatic Asylum.[70] Labouring under 'impaired will', Crawford was encouraged to participate in many amusements - the dramatic company, bowling, billiards and reading - but it was not until 1857 that he became interested in art:

> Most fortunately Mr C. [sic] has found a pursuit. He is designated in the playful humor [sic] which diffuses a faint hilarity over the tastes and tendencies of the members of such a community our Cimabue. A member of the Drawing class he discovered his power of executing from copy imitations of lithographs in crayon and has entered upon the cultivation of this talent with great fervor [sic] and rapidity and some of his productions are of wonderful beauty and merit.[71]

His interest in art was thought to have been stimulated by a tour of Ireland he had made the previous autumn with 'Dr Dickson'; his long description of the tour had appeared in eleven issues of *The New Moon*.[72] He was allowed privileges denied to many of his fellow patients, such as walking into town or making excursions to the countryside. He was continuing to draw in 1862 and still enjoyed all the amusements before his discharge on 31 December 1867.

Within a few days, David Crawford had returned to the asylum and remained until 6 August 1877.[73] His case notes for this period are extremely brief: the most information we have is that 'when not muddled with drink' he was 'gentlemanly, social and polite'. There is no further mention of his art either at this time or during his last period of confinement, from 9 August 1878 until his death in December 1893. However, the fact that Browne had regarded his earlier art as of 'marvellous beauty and merit' would suggest that at least a few works in his art collection could be by Crawford. He may be responsible for the watercolour sketches *Seascapes* (1984.8); on the reverse is

[68] DUMCR1989.67, CRI Case Notes, XIV, Patient No. 1407, James Y. Thorburn.

[69] DUMCR1989.213, CRI MS Case Books, XX, Patient No. 678, David Crawford.

[70] NHSGCBA, Gartnavel Royal Hospital, Glasgow, GB 812, HB13/6/2, Glasgow Royal Lunatic Asylum Admissions Register, Patient No. 287. David Crawford was admitted on 2 August 1842 and discharged, 'cured', on 14 October 1842. The Admission Warrant and case notes have not survived for this patient.

[71] DUMCR1989.213, CRI MS Case Books, XX, Patient No. 678, David Crawford, 1 June 1857. Cimabue (c.1240-1302) was a celebrated Florentine painter.

[72] DUMCR1989.364, CRI, *The New Moon*, 12, November 1856, 'A Run through Ireland, Chapter 1'. A further ten chapters appeared in issues for December 1856, January-May and July-November 1857.

[73] DUMCR1989.66, CRI Case Notes, XIII, Patient No. 1093, David Crawford.

the word 'dispsomaniac'.[74] It is even possible that, since his drawings were 'copy imitations of lithographs', he was responsible for some of the fine European town and landscapes views such as *Exterior of the Cathedral of St. Gatien, Tours* (1984.89) and *Clermont and the Puy-de-Dôme* (1984.93). Research for this thesis has shown that the original sources, dated c.1850, were prints by various artists from original drawings by Thomas Allom.[75] In the absence of more detailed information on his art, however, such attributions must remain unsubstantiated.
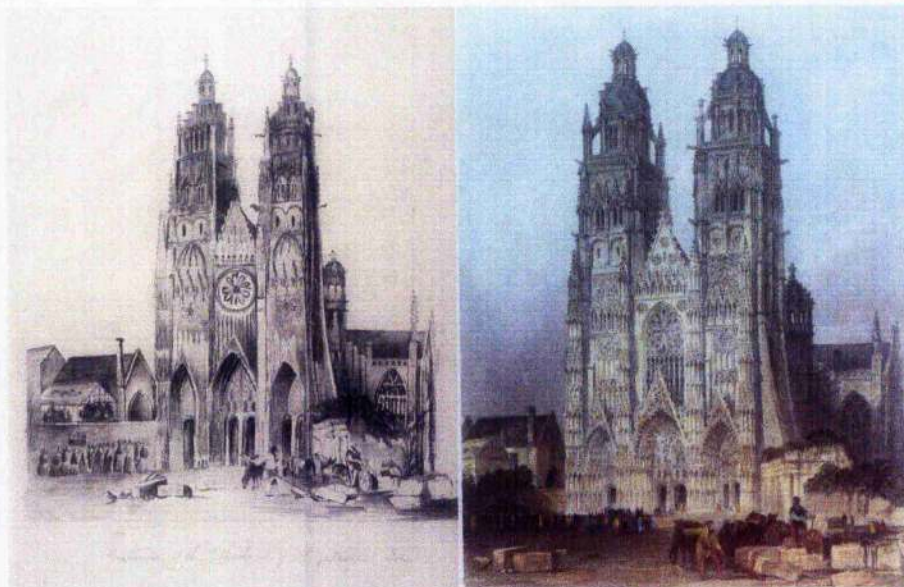
FIG. 47   1984.89, Unknown, *Exterior of the Cathedral of St Gatien, Tours* and print by W. H. Capone after T. Allom   (print owned by M. Park)

FIG. 48   1984.93, Unknown, *Clermont and the Puy-de-Dôme* and print by S. Fisher after T. Allom   (courtesy of Philographikon. www.philographikon.com)

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[74] David Crawford was not the only known artist-patient to be described as a 'dipsomaniac'. William Campbell, Patient No. 578, was also recorded suffering from this illness.

[75] DUMCR1984.89, Crichton Art Collection, *Exterior of the Cathedral of St Gatien, Tours*; DUMCR1984.93, Crichton Art Collection, *Clermont and the Puy-de-Dôme*. Before research began, the drawing of Clermont was listed as 'primitive harvest scene with a town in the background'.

Williams, Cadell, Errington and Nichol

Edwin Williams, the son of a London manufacturer, was admitted to Crichton on 19 December 1855, age 23, having been ill for eight years.[76] At Crichton he was an accomplished musician and singer who acted as organist at the Sunday services and performed at the concerts. In 1857 Browne wrote that 'he has taught himself to draw' but made no reference to his subject matter.[77] He was discharged to work on a farm in England on 1 February 1858.

James George Scott Cadell, from Edinburgh, was admitted to Crichton on 12 January 1856.[78] Born in 1817, he had served as a Lieutenant in the 3rd Madras Light Cavalry from which he retired in 1844.[79] Insane for about ten years, he had been transferred from Moorcroft House, a private asylum in Middlesex to Crichton where he was diagnosed as suffering from 'mania merging into fatuity'.[80] Dignified in bearing, his behaviour alternated between affability and pugnacity. Cadell's notes record that he 'reads and draws for amusement' and joined in bowling matches; by 1860 he was noted as 'fond of military books and read and amused himself for a time' but he became more difficult to handle and was removed in September 1862. It is not known if he was placed in another asylum; family records indicate he died on 6 February 1870.[81]

When John Errington, an unmarried merchant from Alston in Cumberland, was first confined at Crichton, May to November 1853, no reference to art was made in his case notes.[82] Readmitted on 1 May 1856, labouring under 'mania' and 'anorexia', his second period of residence was also brief; although at first he was reluctant to join in any amusements, he was 'tempted from his torpidity by instructions in drawing, he then engaged in dominoes'.[83] Having proved himself to be 'agreeable and sensible' he was discharged home on 14 May 1857.

[76] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 733, Edwin Williams.

[77] Ibid., 1 June 1857.

[78] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 735, James George Scott Cadell.

[79] I am most grateful to a Cadell family member for this information on his relative. Cadell was a distant relation of the Scottish Colourist Francis Campbell Boileau Cadell (1883-1937).

[80] DUMCR1989.602, CRI Sheriff's Warrants, J.G.S. Cadell. Moorcroft House was one of the Metropolitan licensed houses in Middlesex. It was run by the Stilwell family.

[81] See The Cadells of Grange and Cockenzie. at: www.cadell.com/wc01/wc01_112.htm. Accessed 7 May 2004.

[82] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 642, John Errington.

[83] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 744, John Errington, May 1857.

William Nichol, a professional lithographer from West Derby, had only a brief confinement at Crichton.[84] Admitted on 31 May 1856 while suffering from 'suicidal melancholia', he was kept under close supervision on entering Crichton but recovered quickly. He spent his time gardening in the asylum grounds and resuming 'some of his professional pursuits'; before his discharge on 26 September 1856, Browne considered his 'capabilities to engage in various departments of art' to be 'undoubted', although it is not clear what art Nichol produced to prove his proficiency.

Admissions 1839-1849: male artist-patients with attributable works - Grieve, Charteris and Newling

George Grieve, a coal mine proprietor from Fife, was admitted to Crichton on 17 September 1844, age 41.[85] Although his disease is not named in his case notes, the one drawing by him in the art collection, *Plan of an Asylum* (1984.132) is inscribed on the reverse with the word 'theomaniac'.[86] Confined in Royal Edinburgh Asylum since 27 July 1843, he was in a state of excitement brought on by 'religious enthusiasm and difficulties in his affairs'.[87] On transfer to Crichton he continued the practices so marked at Edinburgh, self-flagellation and spitting, and proved a difficult, irritable patient. However, he became a member of a book club, enjoyed 'society, amusements and all means of diversion available'.[88] By 1851 he had studied Hebrew and astronomy and became involved in 'calculations, diagrams and … the construction of a hemisphere of wire which is to serve as a substitute for an orrery'.[89] He was even permitted to lecture on astronomy at Crichton and, as Browne observed, 'there was presented the interesting spectacle of a man of unsound mind attempting to instruct to convey [sic] correct views of science to an audience in the same condition'.[90]

Grieve died in March 1852. There is no mention in his case notes of producing art but he is referred to in the *Seventh Annual Report*:

> Another inmate, inhabiting a different part of the Institution, and who does not owe his talent for design to this imitative epidemic, has prepared plans for the new Asylum, which emulate many of the advantages, while they avoid much of

[84] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 747, William Nichol.
[85] DUMCR1989.213, CRI MS Case Books, IX, Patient No. 272, George Grieve.
[86] DUMCR1984.132, Crichton Art Collection, *Plan of an Asylum*.
[87] Royal Edinburgh Hospital Case Book, LHSA, EUL, LHB7/51/2, p. 22, George Grieve.
[88] DUMCR1989.213, CRI MS Case Books, IX, Patient No. 272, George Grieve, 1 June 1849.
[89] Ibid., 1 June 1851.
[90] Ibid., 1 June 1851.

the superfluous outlay and defects of those furnished by professional and eminent architects.[91]
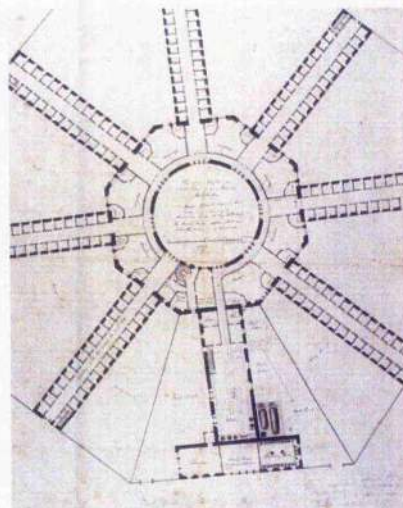
FIG. 49   1984.132, G. Grieve, *Plan of an Asylum*

Plan of an Asylum is a meticulous drawing in pen and ink, with pencil markings and extensive details written on the reverse side. The octagon at Crichton may have served as a basis for the design. The plan, with a central octagon from which extend eight wards or corridors, was similar to that of the Cornwall Lunatic Asylum at Bodmin, built 1817-20, but with modifications perhaps suggested by Browne.[92]

Lt Richard Charteris, an officer in the East India Company, was from Clouden Bank, not far from Dumfries. Having been transferred from Royal Edinburgh Asylum where he had been confined on three occasions, he was admitted to Crichton on 22 November 1842, age 37.[93] His earliest case notes to survive at Edinburgh do not begin until his third period of confinement, from 25 January 1841.[94] His sister and an aunt were also later confined at Crichton. Charteris escaped from the Royal Edinburgh Asylum several times and proved a difficult patient, taking 'no interest in any occupation or amusement'.[95] Within a few months of his arrival at Crichton he had given Browne 'a specimen of the calligraphy of the oriental languages' and by June 1843, 'a total revolution' in his mind had taken place:[96]

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[91] DUMCR1990.29, *CRI Seventh Annual Report*, 11 November 1846, p. 27.

[92] Cornwall Lunatic Asylum was designed by John Foulston (1772-1842).

[93] DUMCR1989.213, CRI MS Case Books, VII, Patient No. 193, Richard Charteris.

[94] Royal Edinburgh Hospital Case Book LHSA, EUL, LHB7/51/1, p. 85, Richard Charteris.

[95] Ibid.

[96] DUMCR1989.213, CRI MS Case Books, VII, Patient No. 193, Richard Charteris, Admission Notes and 1 June 1843.

His studies in the oriental characters were encouraged: he became proud of his imitations and ultimately produced most beautiful specimens of penmanship, ornamented with arabesques and hieroglyphics so lavishly that the subject matter of the piece became of minor importance. Works in Persian were supplied but from some caprice they were neglected. Long and laboriously did he labour to produce a perfect playbill for the private theatre couched in Hindustanee, Persee etc.[97]

Two beautifully executed works in the collection are examples of his remarkable penmanship: *Playbill for Crichton Royal Institution Theatre* (1984.135) and *Decorative Design dedicated to Mrs Browne* (1984.124).[98] The *Playbill* records the performance of *Monsieur Tonson* by the asylum's theatrical group on 6 April 1843.[99] Included in the text, written in ink in three different languages, is the list of performers and their various stage characters. Charteris was also one of the performers for this production. It is signed with his initials 'R L R C'.[100]
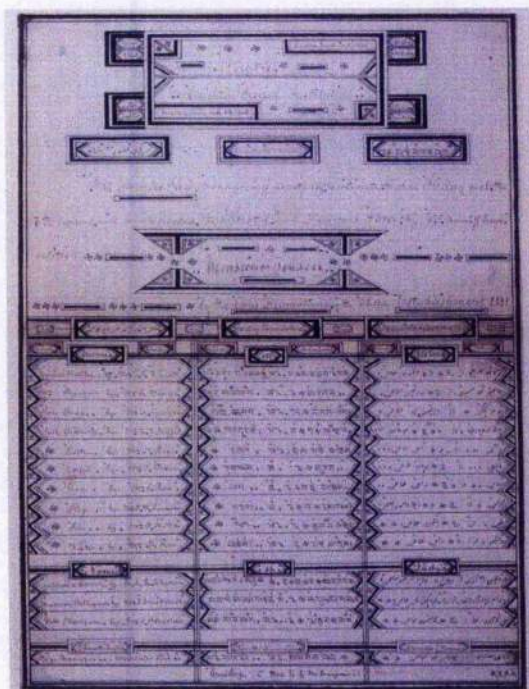
FIG. 50   1984.135, R. Charteris, *Playbill for Crichton Royal Institution Theatre*

The *Decorative Design* is in ink; within its patterning are rectangles with the inscription 'Mrs W. A. F. Browne, Dumfriesshire, October 1846' as well as oriental script. Shortly after its completion, and 'after achieving many triumphs in histrionic and

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[97] Ibid., 1 June 1843.
[98] DUMCR1984.124, Crichton Art Collection, *Decorative Design dedicated to Mrs Browne*; DUMCR1984.135, Crichton Art Collection, *Playbill for Crichton Royal Institution Theatre*.
[99] *Monsieur Tonson* was written by William Thomas Moncrieff (1794-1857).
[100] His full name was Richard Lowthian Ross Charteris.

pictorial art', Richard Charteris was discharged on 18 November 1846 and is known to have died in London on 11 March 1854.[101] His will indicates he was living in the area of St. Pancras and had retained his connections with the East India Company.[102]
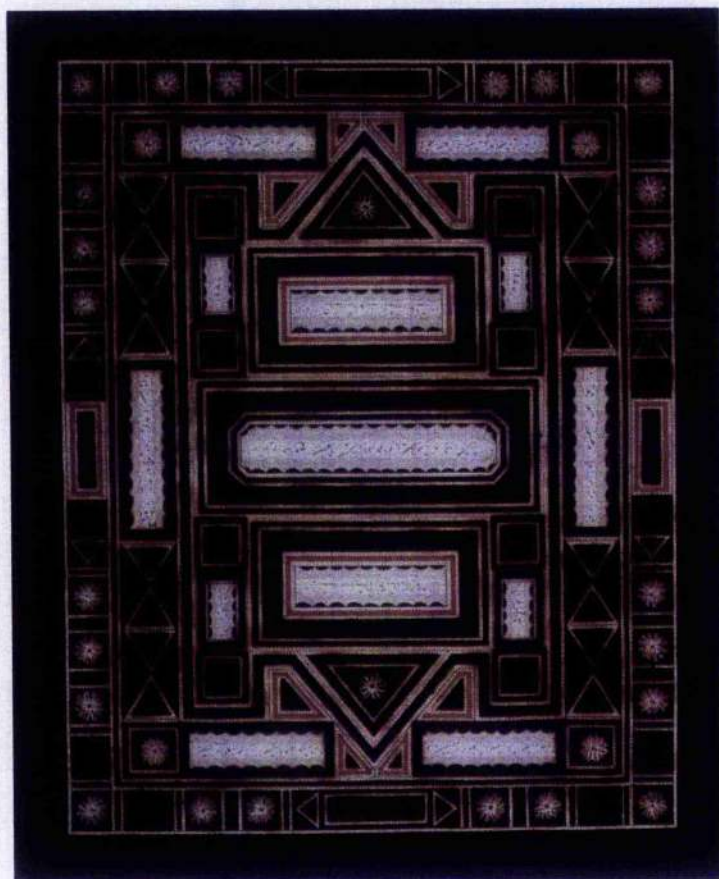
FIG. 51   1984.124, R. Charteris, *Decorative Design dedicated to Mrs Browne*

Henry Newling, a bookseller from Liverpool, was twice a patient at Crichton: he was first admitted, age 36, on 12 July 1843 and was described as 'well educated of gentle quiet manners and correct conduct'.[103] Disappointment in trade was recorded as the cause of his disease, 'monomania of pride'. He believed himself to be Prince Charles Edward Stuart. By June 1844, while still 'foolish in his notions', he was described as 'a person of delicacy and refinement of feeling', had found 'much pleasure and benefit in reading, drawing in pencil and crayons' and had 'attained great proficiency in the latter art'.[104] One delicate crayon portrait of a lady remains in the

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[101] R.C. Reid, *The Family of Charteris of Amisfield, Its Cadets and Cognate Branches*, Dumfries: Courier Press, 1938, p. 83.
[102] The National Archives, Public Record Office, Probate 11/2187, Will of Richard Lowthian Ross Charteris Esquire.
[103] DUMCR1989.213, CRI MS Case Books, VIII, Patient No. 228, Henry Newling.
[104] Ibid., 1 June 1844.

collection. It may be the drawing of 'a Head in Crayons' by 'H. N.' noted by Browne in the *Fifth Annual Report* but attribution to Newling is not certain.[105]
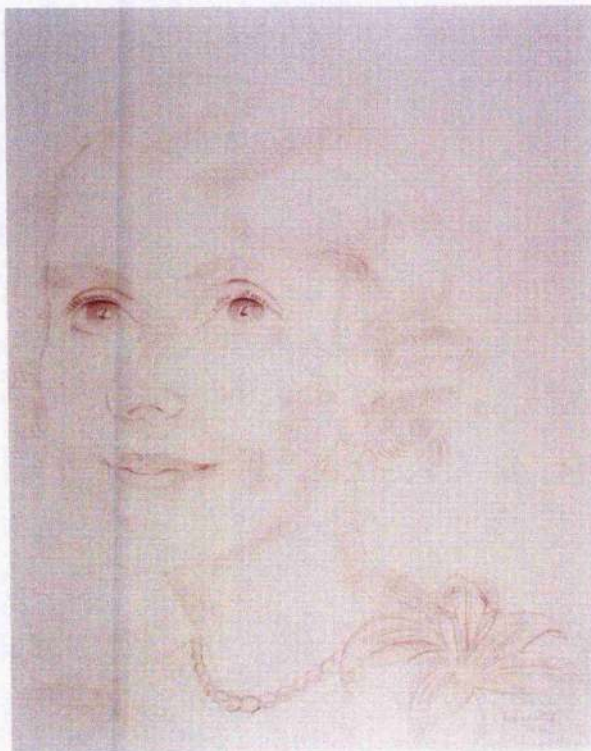
FIG. 52   1984.1, Unknown, *Portrait of a Lady*

Newling was discharged on 11 November 1844 and not readmitted until nine years later, on 13 July 1853. During his second confinement he resumed 'his cultivation of art from which so much pleasure and benefit was or appeared to be derived'.[106] One drawing, *Trento, Tyrol* (1984.31) is certainly by Newling; although not signed, pencil marks on the reverse, probably written by Browne, record '<u>Pride</u> by Prince Charles Edward' and 'Mr Newling'.[107] The Tyrolean street scene is a most accomplished drawing in sepia ink with whitening. The original source has not been identified although it is similar in style to the prints of J. D. Harding (1797-1863).[108] Henry Newling must have received training in drawing and perhaps, as a bookseller, was accustomed to reproduce prints from the publications of his trade. He was discharged from Crichton on 3 February 1855.

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[105] DUMCR1984.1, Crichton Art Collection, *Portrait of a Lady*. DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 28.
[106] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 648, Henry Newling, 1 June 1854.
[107] DUMCR1984.76, Crichton Art Collection, *Trento, Tyrol*.
[108] John Duffield Harding (1797-1863) was the master of John Ruskin.

FIG. 53   1984.31, H. Newling, *Trento, Tyrol*

Cairns and Davidson

William Cairns, an unmarried manufacturer from Chorley in Lancashire, was confined no less than eight times to Crichton over a period of thirty-six years. His sister Lydia was also a patient at Crichton.[109] Cairns' first admission was on 12 November 1844, age 22, and his final discharge took place on 29 October 1880.[110] It is only in his earlier case notes that reference is made to his art activity. On first arriving at Crichton he was suffering from 'mania' brought on by 'great anxiety about work'. His earliest report described him having 'driven out in the carriage, requested a book, drawing materials' and attending a concert. By June 1845 Browne was encouraging his art activity:

> As the most salient point of error was optimism, a conviction that he could do everything ... he was in the first place allowed to display his talent and taste in poetry and painting for example: and his productions then compared with those of real merit: and in the second place his true position and condition were slowly

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[109] DUMCR1989.65, CRI Case Notes, XII, Patient No. 1327, Lydia Cairns. Miss Cairns was admitted on 30 March 1874 and finally discharged, 'relieved', on 31 January 1880. There is no reference to art in her case notes.
[110] DUMCR1989.213, CRI MS Case Books, X, Patient No. 279, William Cairns. He was also Patient Nos. 443, 637, 727, 843, 947, 1159 and 1608.

and delicately brought under his notice ... Having displayed some dexterity in drawing he was supplied with a Teacher.[111]

When he was discharged on 20 June 1845, it was on the understanding 'that several months were to be occupied in travelling, drawing and unexciting employment'. Two years later he was readmitted and when convalescent, 'engaged in drawing';[112] during his third confinement, from March 1853 to February 1854, he also 'engaged in all elegant and studious pursuits'.[113] This is the last reference to art activity although he may have pursued it during later confinements. In October 1864 he was noted as 'employed writing for the Doctor', and upon his discharge on 10 November 1864, he was 'promoted from the post of Honorary to that of Paid Secretary to Dr Gilchrist'.[114] It was a position he maintained until falling ill again in January 1870.

Only one drawing seems to be by William Cairns. It is a charming little study, *Inverlochy Castle* (1984.128), sketched in pencil onto a card with a decorative border.[115] The text 'Monomania of Power Vanity [sic]' is written on the reverse side. This would be in keeping with the description given of Cairns' illness in its earlier stages.
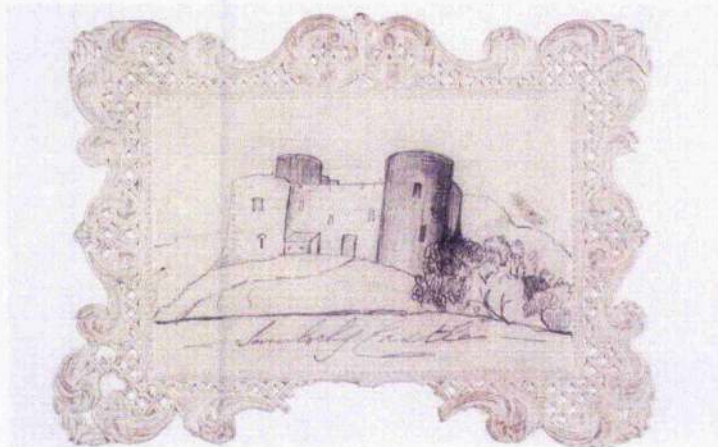
FIG. 54   1984.128, W. Cairns, *Inverlochy Castle*

Another drawing, *Hotel de Cluny* (1984.121) is initialled 'W. C.' but the drawing technique is weak and amateurish.[116] It is a copy of Pugin's engraving *Hotel de Cluny*,

[111] Ibid., 1 June 1845.
[112] DUMCR1989.213, CRI MS Case Books, XIII, Patient No. 443, William Cairns.
[113] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 637, William Cairns.
[114] DUMCR1989.65, CRI Case Notes, XII, Patient No. 947, William Cairns.
[115] DUMCR1984.128, Crichton Art Collection, *Inverlochy Castle*.
[116] DUMCR1984.128, Crichton Art Collection, *Hotel de Cluny*.

Paris which was first published in *Paris and its Environs*.[117] If this is the work of Cairns it may be a later attempt when he had lost his artistic ability; there is nothing stylistically to link it to his other drawing.
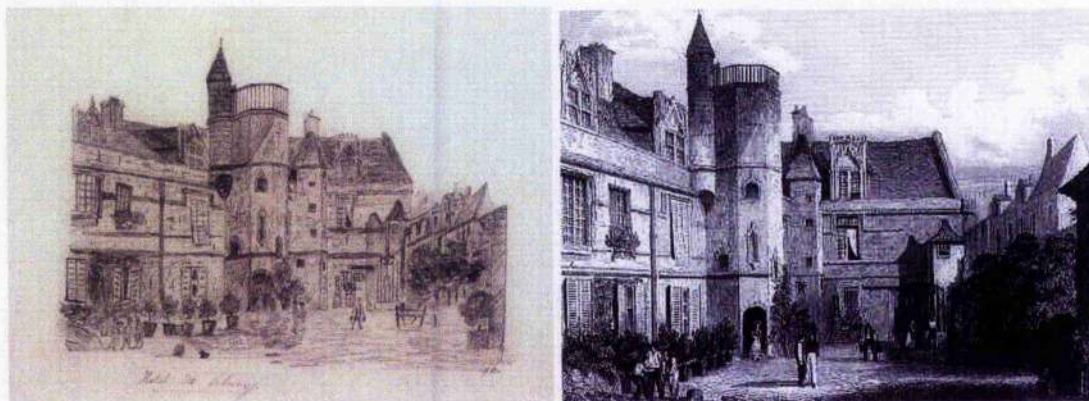
FIG. 55   1984.121, 'W.C.', *Hotel de Cluny* and print by A. C. Pugin
(courtesy of Antique Maps and Prints. www.antiquemapsandprints.com)

John McTaggart Davidson, a captain in the Merchant Navy, was admitted to Crichton on 3 March 1849, age 41; he had resided in Liverpool and was suffering from 'mania', brought on, as the patient believed, by the 'comparative solitude of ship life'.[118] He was to remain at Crichton for twenty years. Once tranquil and convalescent he 'devoted much time to drawing' and took 'lessons for the purpose of applying the art to naval architecture'.[119] It is on the basis of this reference that a tentative attribution has been made to a drawing in Browne's collection. Research for this thesis has shown that *New Palace of Sultan Mahmoud the 2nd on the Bosphorus* (1984.122) is a pencil copy of an engraving by J. Sands after Thomas Allom from *Constantinople and the Scenery of the Seven Churches of Asia Minor*.[120] A copy of this publication had been donated to the Crichton library in May or very early June 1848. This drawing is interesting because, unlike many of the other copies of engravings in Browne's collection, it is not a faithful imitation of the original. The patient has altered the composition: by repositioning the

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[117] A. Pugin and L. Heath, *Paris and its Environs Displayed in a Series of Picturesque Views*, London: Jennings and Chaplin, 1828-30. The initials may also refer to the artist-patient William Campbell but is far inferior in technique and style to the identified work by Campbell.
[118] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 503, John McTaggart Davidson.
[119] Ibid., 1 June 1850.
[120] DUMCR1984.10, Crichton Art Collection, *New Palace of Sultan Mahmoud the 2nd on the Bosphorus*. The original engraving was published in T. Allom, *Constantinople and the Scenery of the Seven Churches of Asia Minor Illustrated in a Series of Drawings from Nature by Thomas Allom. With an Historical Account of Constantinople, and Descriptions of the Plates by the Rev. Robert Walsh*, London: Fisher, Son, & Co., 1838. Thomas Allom (1804-1872) was one of the most prolific landscape illustrators, travelling extensively in Europe, Asia and North America.

smaller boat from the middle distance of the engraving to the more prominent centre foreground, by shifting the seabirds to the left and by eliminating the small boats cluttering the hull of the large ship, greater focus has been given to the 'naval architecture'. Indeed, the rendering of the ship with its complex rigging is so finely handled as to suggest the artist had a familiarity with ships. Whether by John Davidson or another patient, the drawing is a fine example of patient art.
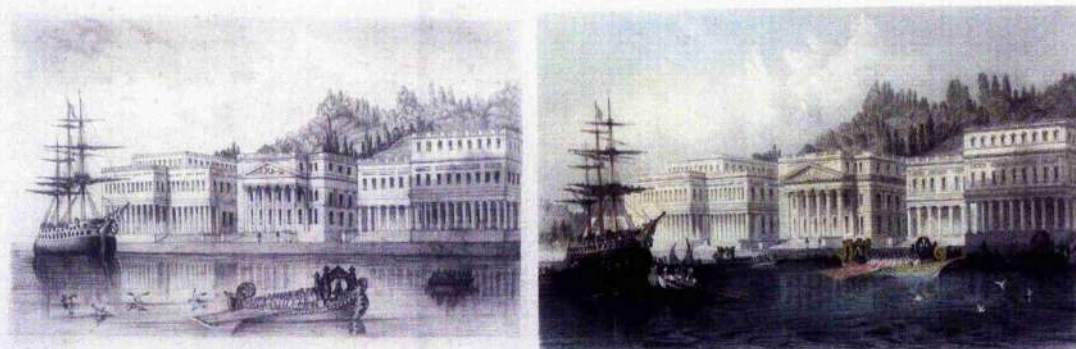
FIG. 56   1984.122, J.M. Davidson?, *New Palace of Sultan Mahmoud the 2ⁿᵈ on the Bosphorus* and print by J. Sands after T. Allom (print owned by M. Park)

Robert W. Mayow

Robert Wynell Mayow was admitted to Crichton on 10 April 1847, age 31, labouring under 'melancholia with incoherence' and was not discharged until 1860.[121] He had been confined for four years in Chester County Asylum and Saughton Hall where mechanical restraints had been used 'for a prolonged period'.[122] The second son of Robert Mayow of Ardwick, Lancashire, he had gained a BA from Magdalen College, Oxford in 1839 and an MA two years later.[123] As soon as he entered Crichton he spent his time reading books on the classics, divinity and writing sermons; but by June 1848 he had widened his interests, playing chess, studying Hebrew, taking singing lessons and producing art:

> A Teacher of drawing was obtained with his cordial approbation, and gave him a series of lessons. But the pupil had views, principles and an art of his own. He aspired to an intuitive knowledge of the matter and expected that he should be rendered familiar with the practice of the art and a proficient at once. The result was naturally a total failure in imparting the necessary elementary instruction or

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[121] DUMCR1989.213, CRI MS Case Books, XII, Patient No. 408, Robert Wynell Mayow.

[122] Chester County Asylum was opened in 1829. In 1844, it housed 166 pauper and 9 paying patients.

[123] J. Foster, *Alumni Oxoniensis: the Members of the University of Oxford 1500-1886*, Oxford: Parker, 1887-92, p. 938.

any manual dexterity: but the attempt seemed to inspire a desire to excel in his own style and department and he has produced a number of extraordinary pieces chiefly copies from scriptural prints which are highly colored [sic] and frequently clothe the walls of his room to his obvious gratification.[124]

In 1852, his drawings were being 'retouched' rather than 'multiplied' but they were 'still prized and occasionally clothe the walls of his room'; this is the last reference to his art. Two works, probably dating from this earlier period of Mayow's residence, remain in the collection: *Lucerne Lake Town* (1984.126) which has the appearance of having been copied from a map;[125] and *A Parable - Dr Browne's House on an Island* (1984.134).[126] Both are brightly coloured and do seem to have been reworked - some of his original writing has been obscured by further layers of watercolour. His text is not always legible or intelligible. For example, it is not clear how the image of *Lucerne Lake Town* relates to the caption 'When Israels [sic] sons had got their full, Each sack's mouth gave more than due'; on the reverse are lines of a poem, *Sir Andrew's Dream*, by Sir Thomas Moore (1779-1852):

> Oh, never was it meant that grim grimaces
> Should sour the cream of a need of love
> Or that fellows with long disastrous faces
> Should sit alone with cherubs above.[127]

FIG. 57   1884.126, R. W. Mayow, *Lucerne Lake Town*

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[124] Ibid., 1 June 1848.

[125] DUMCR1984.126, Crichton Art Collection, *Lucerne Lake Town*.

[126] DUMCR1984.134, Crichton Art Collection, *A Parable - Dr Browne's House on an Island*.

[127] DUMCR1984.126, Crichton Art Collection, *Lucerne Lake Town*, text on front and reverse sides.

FIG. 58   1984.134, R. W. Mayow, *A Parable - Dr Browne's House on an Island*

A Parable is of particular interest because research for this thesis has shown that the building sited on an island is not a figment of Mayow's imagination: it is Browne's residence as viewed from one of the Crichton wards. The details of the building in the drawing, and as it exists today (now known as Campbell House), make identification certain, although the setting is imaginary. The Greek and the Latin captions have grammatical faults indicating they may have been written down from memory.[128] No further reference to his art is made after 1852. Mayow remained incoherent and eccentric up to his discharge on 2 February 1860.

David Cathcart

David Cathcart was admitted to Crichton on 29 June 1849 labouring under 'furious mania'; much is known about him because of his family connections and the preservation of extensive case notes from Crichton and Glasgow.[129] Cathcart was born on 2 December 1798 into a well-connected family.[130] He was the third son of David Cathcart, Lord Alloway (1764-1829), an advocate who had inherited land in Ayrshire and was appointed a Lord-Justiciary.[131] A brother, Robert, and a sister also suffered from mental illness.[132] Cathcart was admitted to the office of Writer to the Signet on 16

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[128] I am most grateful to Mrs Linda Knox, Department of Classics, University of Glasgow, for her assistance with the Greek and Latin translations.

[129] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 516, David Cathcart.

[130] Anon., *Register of the Society of Writers to Her Majesty's Signet*, p. 56.

[131] L. Stephen, ed., *Dictionary of National Biography*, Vol. XI, London: Smith, Elder and Co., 1887.

[132] His brother Robert was confined in an unidentified private asylum in Glasgow before being transferred to the York Retreat on 5 March 1831. He had been ill for twelve years prior to admission, and his symptoms were those of 'furious mania'. He was transferred to Thomas Allis's private asylum at

May 1822.[133] He became a patient at Glasgow Royal Lunatic Asylum on 28 June 1841 where he was recorded as suffering from 'mania'; it is possible he had been admitted earlier, in 1818, although no record of this exists.[134] A noisy and often violent patient, he was employed outside in the garden, digging the shrubbery and playing bowls. Indoors he played whist and billiards and joined in the amusements with other patients. The first reference to art is dated 25 March 1842 when he is recorded as drawing. Three days later, the House Surgeon noted:

> Wants reeds, Bristol board and thick paper for painting and drawing; all of which he is allowed. He has lately begun to illustrate as he calls it Allan Cunninghame's edition of Burns' works - by drawing on the margins and vacant spaces, sleeves and other objects. Complains that he has been robbed of several drawings all of them however being in his drawer.[135]

Anxious to obtain his freedom, he employed various tactics: he showed his drawings of ships to the visiting sheriff and sent him an ink sketch of Glasgow Green along with a letter as 'evidence' of his sanity. In June and July 1842 he continued 'drawing vessels and cliffs on the margins and even the printed portions of his books'.[136] His art activity is recorded again in February 1847 when he was 'drawing faces in ink' and within a month had amassed a large collection of these drawings.[137] On 29 June 1849 Cathcart was transferred to Dumfries to 'try the effect of a change'.[138] Cathcart's disease was 'furious mania' with delusions of having lived 'at various periods of the world's history', but he proved to be popular among his fellow-patients for his 'most gentle conciliating [sic] and inoffensive' manner.[139] His production of art was resumed soon after his admission to Crichton.

> He now records his former achievements: or rather he depicts his share in the arts and acts of war in a series of pen and ink sketches with a running

Osbaldwick, near York, on 3 January 1842. No case books survive for this asylum. There is no reference to Robert being involved in art activity at the Retreat. For more information see The University of York, Borthwick Institute for Archives, York Retreat Admission Papers 1827-1833, RET 6/1/2 and Case Books 1828-1838 and 1837-1839, RET 6/5/1/2 and 6/5/1/3, Patient No. 440, Robert Cathcart.

[133] Anon., *Register of the Society of Writers to Her Majesty's Signet*, p. 56.

[134] NHSGCBA, Gartnavel Royal Hospital, Glasgow, GB 812, HB13/6/2, Glasgow Royal Lunatic Asylum Admissions Register, Patient No. 121, David Cathcart. In a letter dated 2 May 1847 [HB13/5/41], Cathcart mentioned his earlier confinement in 1818 but records for this period are fragmentary and no reference to his admission has been found.

[135] NHSGCBA, Gartnavel Royal Hospital, Glasgow, GB 812, HB13/5/34, Glasgow Royal Lunatic Asylum House Surgeon's Notes for Admission, David Cathcart, 28 March 1842.

[136] Ibid., 10 June 1842.

[137] NHSGCBA, Gartnavel Royal Hospital, Glasgow, GB 812, HB13/5/43, Glasgow Royal Lunatic Asylum House Surgeon's Notes for Admission, David Cathcart, 20 February 1847.

[138] Ibid., 29 June 1849.

[139] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 516, David Cathcart, 1 June 1850.

commentary. These productions are not altogether destitute of merit: but from their enormous number suggest the idea that the world must have been for ages nothing more than a bloody battle field: on which he was the chief destroyer. Occasionally he constructs maps of his vast possessions and of the improvements which he has effected. Plans of fortified towns, diagrams of implements of husbandry, likewise engage his attention.[140]

By June 1854 Browne was complaining that Cathcart's collection of drawings

had become 'cumbrous and unmanageable':

He is now engaged in recording a hundred engagements that took place between Dumfries and Castle Douglass [sic], the French troops being commanded by himself Marshall Narbonne. He has just finished a series exactly representing the great Russian War in Aberlady Bay in 1845 in which a fleet of a thousand ships of the line were stranded a hundred thousand men were destroyed and the capital delivered from the grasp of the invader. He was killed upon this eventful day: but on being carried to a Church and wrapped in flannel he and all the patriotic champions were resuscitated.[141]

In 1855, Browne recorded even more drawings of epic battles:

The multitudinous defeats of the Russians at Cramond, Corstorphine Berwick in which millions perished and "navies were stranded" and the heroism death and resuscitation of the Marshall Narbone [sic] are the prominent features of this chronicle and of the graphic illustrations by which it is accompanied and which are exposed for the inspection of all visitors.[142]
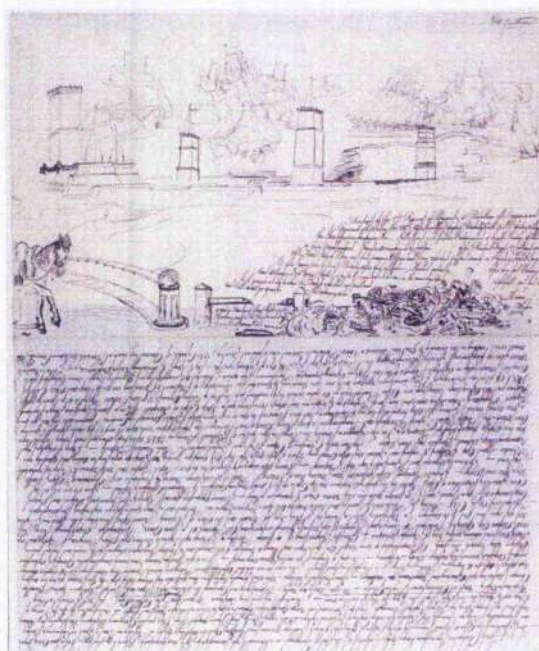
FIG. 59   1984.12, D. Cathcart, *Battle Sketches*

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[140] Ibid., 1 June 1851.
[141] Ibid., 1 June 1854.
[142] Ibid., 1 June 1855.

Cathcart had joined the hospital drawing class in the winter of 1854-5 but no change was observed in his style of sketching. His delusions and enmity towards Russia continued unabated, with endless battle scenes, some involving millions of combatants in Galloway. After Browne's departure in 1857, no further direct reference to his drawings was made in his case notes although his delusions creating 'wonderful victories or fighting once again battles that he had won in former days' were noted and were presumably accompanied by illustrations.[143] He died on 1 January 1867.

Seven pen and ink sketches of battle scenes (1984.12-18) survive in the present collection, a tiny fragment of the thousands produced by this patient during his years of confinement. All are produced on plain paper, of poor quality - possibly pages from a book of paper rather than individual sheets. Four are of approximately the same size, 18cm by 22cm; the largest is 42cm by 34cm. All are produced in black ink, without colour. None is dated but one is signed and 'Mr Cathcart' is written, probably by Browne, on three of the drawings. *Battle Sketches* (1984.12) depicts a fortified harbour in the middle distance with battleships beyond.[144] In the left foreground is a horse on a road; to the right, a mass of cannons. The sheet has been folded in half, with some text within the drawing and the rest written upside down on the lower half. The text begins, 'We are a part of the 1st Regiment of Lifeguards 5th Battalions of Dragoons ...' and continues with a lengthy, rambling account of their battle exploits.
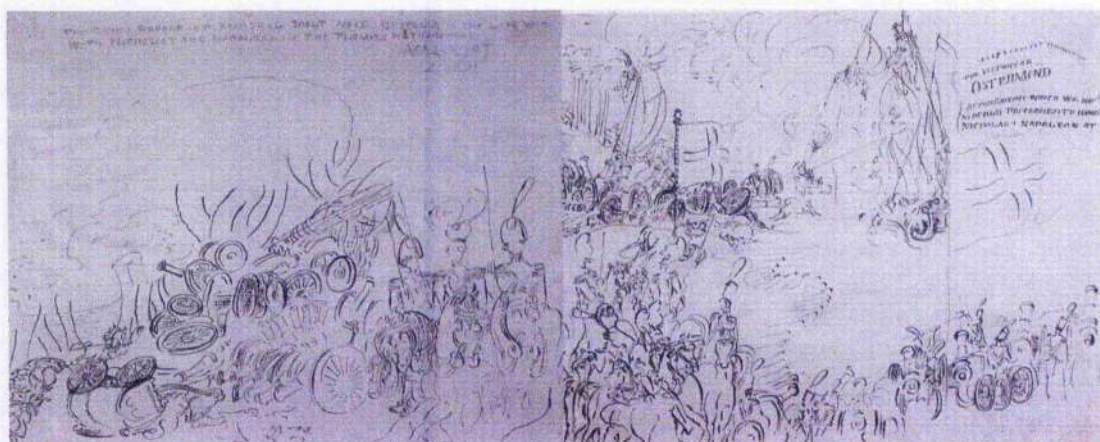
FIG. 60   1984.13, D. Cathcart, *The Grand Defeat of Marshall Soult* and 1984.14, D. Cathcart, *The Victory of Ostermond*

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[143] DUMCR1989.62, CRI Case Notes, IX, Patient No. 516, David Cathcart, November 1861.
[144] DUMCR1984.12, Crichton Art Collection, *Battle Sketches*.

The Grand Defeat of Marshall Soult (1984.13) and *The Victory of Ostermond* (1984.14) are of the same size and mounted on the same board.[145] The title of each is written in block capital letters. In both drawings, cavalrymen, horses, cannon, trees, flags and sails are suggested by the slightest of lines.

FIG. 61   1984.16, D. Cathcart, *The Battle of Horndean* and 1984.15, D. Cathcart, *The Army of the Emperor Napoleon, the Battle of Lisbon and Victory*

The Battle of Horndean (1984.16) is the sketchiest of the drawings.[146] Only a few lines are used to denote the presence of horses and riders in the foreground. *The Army of the Emperor Napoleon, the Battle of Lisbon and Victory* (1984.15) illustrates the artillery and cavalry positions in the Spanish and Portuguese army before the battle.[147]

The *Triumphal Scene* (1984.17) is a more elaborate drawing.[148] Military figures, wearing helmets and classical drapery and carrying spears, are mounted on horses. They converge on a shoreline, the water studded with ships. Two large towers, fortified with cannons, loom up behind trees. *The Queen Anne Brigg of Havon* (1984.18) is a series of sketches of ships, figures and buildings, accompanied by a rambling account of the ship's naval encounters.[149] 'Mr Cathcart' has been written on the front lower right, and on the reverse: 'Mania with Delusions. Author produces thousands. He is Count de Narbonne. Destroyer of the Russians.' It is likely these were produced during the period of Browne's superintendence and collected at that time; they certainly correlate closely with Browne's description of Cathcart's drawings in the case notes and annual reports.

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[145] DUMCR1984.13, Crichton Art Collection, *The Grand Defeat of Marshall Soult*; DUMCR1984.14, Crichton Art Collection, *The Victory of Ostermund*.
[146] DUMCR1984.16, Crichton Art Collection, *The Battle of Horndean*.
[147] DUMCR1984.15, Crichton Art Collection, *Portugal. The Army of the Emperor Napoleon, the Battle of Lisbon and Victory*.
[148] DUMCR1984.17, Crichton Art Collection, *Triumphal Scene*.
[149] DUMCR1984.18, Crichton Art Collection, *The Queen Anne Brigg of Havon*.

The drawings were his personal expression of 'aggressions and antagonism' towards his imagined enemies.[150]
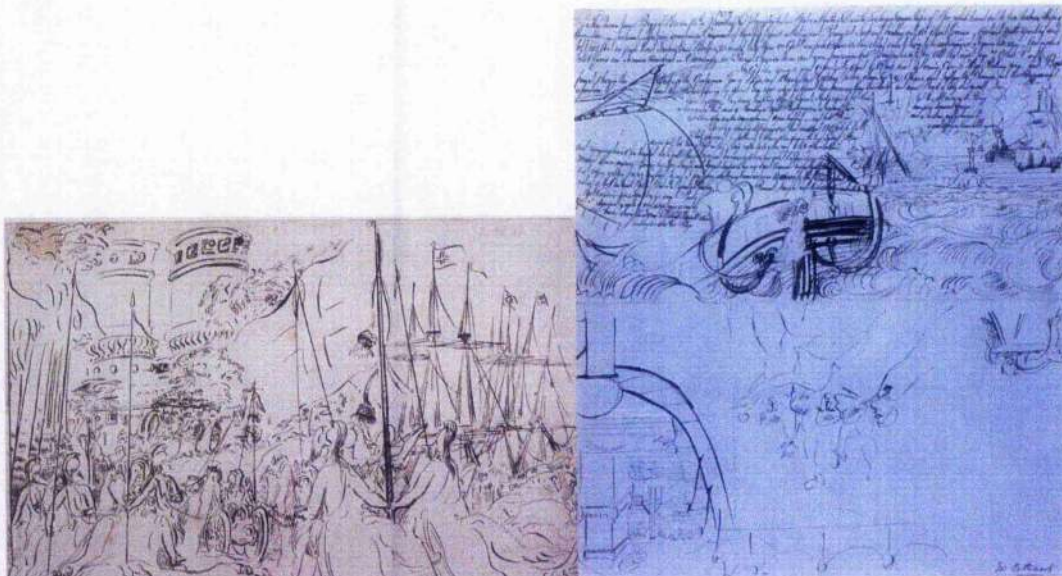
FIG. 62   1984.17, D. Cathcart, *Triumphal Scene* and 1984.18, D. Cathcart, *The Queen Anne Brigg of Havon*

Admissions 1850-1857: male artist-patients with attributable works - Rickard, Campbell and Johnstone

When William Rickard, a land surveyor and auctioneer, was admitted to Crichton on 9 February 1850, he was already known to Browne, having been his patient at Montrose Asylum.[151] He was first confined at Montrose on 24 November 1835, age 44.[152] The records reveal that almost all his relatives, including his mother and sister, were 'deranged'. Browne recommended 'reading and amusement' before his discharge in January 1836. He subsequently spent five more brief confinements at Montrose before arriving at Crichton where he remained less than seven months. Browne described his disease as 'monomania of vanity and pride'. He was 'calm', 'modest' and 'amiable' by June 1850 and participated in the concerts and theatrical productions. As mentioned in

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[150] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 516, David Cathcart, 1 June 1856.
[151] DUMCR1989.213, CRI MS Case Books, XVI, Patient No. 539, William Rickard.
[152] University of Dundee Archive Services, THB 23/5/1/1, Montrose Royal Lunatic Asylum Case Book, I, William Rickard.

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the *Eleventh Annual Report*, Rickard was allowed out of the asylum with another, unidentified, patient to make plans of a local beauty spot.[153]
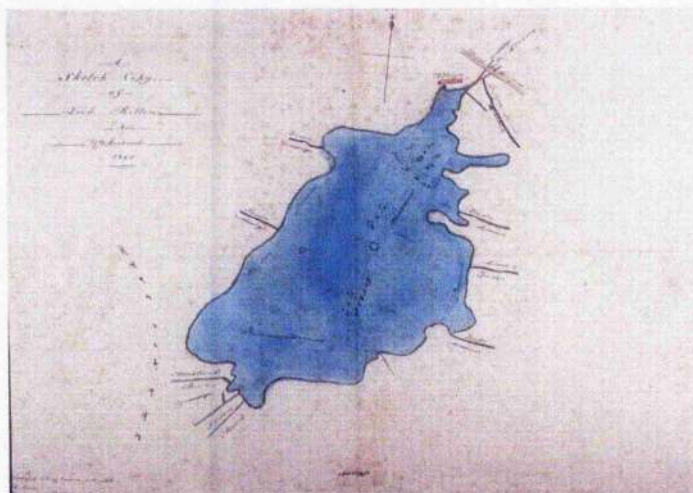
FIG. 63   1984.131, W. Rickard, *A Sketch Copy of Loch Ritton*

Two versions of a drawing, *A Sketch Copy of Loch Ritton* (1984.131 and 133), testify to his experience as a land surveyor.[154] Research for this thesis has identified the location as Lochrutton Loch, not far from Dumfries. Perhaps in an attempt to prepare Rickard for life outside the asylum, Browne encouraged him to renew his skills in land surveying; it is not known if, upon discharge from Crichton, Rickard tried to take up his former profession.[155] When readmitted to Montrose Asylum in April 1856, he was described only as 'an auctioneer' and died there on 2 July 1856.[156]

William Campbell, a physician and proprietor from Ederline in Argyll, was admitted on 11 July 1851, suffering from 'dipsomania'.[157] He had been a patient in Saughton Hall Asylum for several months. At Crichton, too, his period of confinement was brief; he was discharged on 30 January 1852. His delusions included the belief that a boa constrictor was threatening his home. According to his brief notes, William Campbell 'employed his time in reading, painting, constructing tackle for angling and

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[153] DUMCR1990.29, *CRI Eleventh Annual Report*, 11 November 1850, p. 33. No mention of his art is made in his case notes.

[154] DUMCR1984.131 and 133, Crichton Art Collection, *A Sketch Copy of Loch Ritton.*

[155] P. Eden, ed., *Dictionary of Land Surveyors and Local Cartographers of Great Britain and Ireland, 1550-1850*, 4 vols., Folkestone: Dawson, 1975, Vol IV, Supplement, p. 462. William Rickard is recorded as a Land Surveyor working in Angus and Kincardineshire between 1818 and 1846. Since the *Dictionary* does not go beyond 1850, it cannot be established from this source if Rickard returned to his profession after Crichton.

[156] University of Dundee Archive Services, THB 23/5/1/4, Montrose Royal Lunatic Asylum Case Book, IV, William Rickard.

[157] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 578, William Campbell.

amusements'.[158] One delicately handled drawing by him remains in the collection, *Landscape with Ederline House* (1984.7).[159]
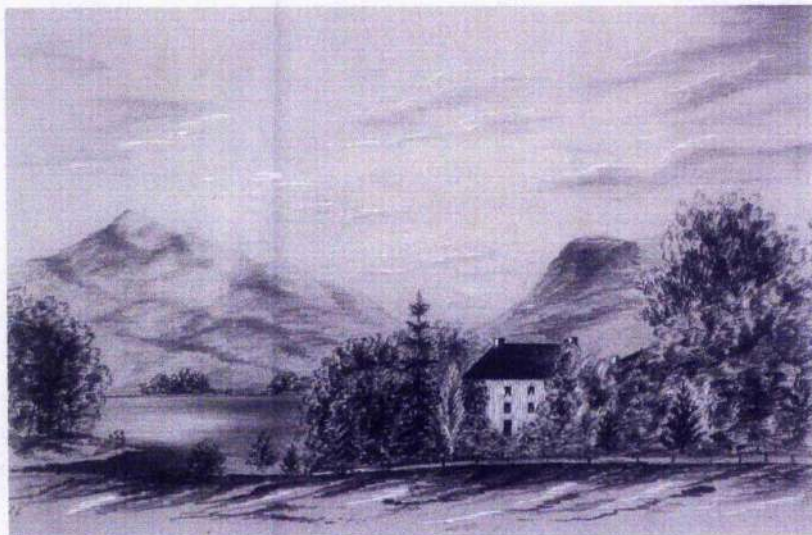
FIG. 64   1984.7, W. Campbell, *Landscape with Ederline House*

Although the pencil and gouache drawing seems to have been signed, lower left, with the initials 'L. C.' there is little doubt it is by Campbell for the following reasons: on the reverse side was written 'Dipsomaniac', the form of his illness; the date on the front, '1852' fits perfectly with the last month of his convalescence; most significantly, the title 'Ederline House' was the Campbell family residence.[160] In the Crichton *Admissions Register* his address is given as 'Ederline'. Research for this thesis has confirmed that the original Ederline House, demolished in the 1960s, was a building of similar architectural style to that in Campbell's drawing and was positioned by Loch Ederline overlooking Dun Dubh.[161] Drawn from memory, it is a charming record of a landscape that obviously held memories for Campbell.

William Johnstone (or Johnston) was a patient twenty-nine times at Crichton over a period of thirty years. He was first admitted on 18 October 1854, age 29, when he was recorded as a clerk residing in Glasgow although originally from Greenock.[162] Suffering from 'melancholia', he had been confined repeatedly at Saughton Hall,

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[158] Ibid., 30 January 1852.

[159] DUMCR1984.89, Crichton Art Collection, *Landscape with Ederline House*.

[160] Gouache is opaque watercolour or body colour.

[161] I am most grateful to the owners of the present Ederline Cottages, built near to the original residence, for information on the house and the surrounding location.

[162] DUMCR1989.213, CRI MS Case Books, XX, Patient No. 689, William Johnstone.

Edinburgh.[163] By June 1855 he had been 'enjoined to pursue reading and drawing systematically and continuously' and to engage in 'agricultural pursuits'.[164] He was discharged in August 1855 but had returned on 21 October; the pastimes of 'drawing, German, reading came to his aid' before his discharge on 17 May 1856.[165] During his third confinement, June 1856 - October 1857, he 'occupied himself in drawing, but chiefly in joiners' work'.[166] At least one pen and ink portrait sketch by William Johnstone remains in Browne's collection. Research for the thesis has identified the subject, *Millard Fillmore* (1984.76), as the thirteenth President of the United States of America.[167] The most likely source was a lithograph by F. D'Avignon issued to mark Fillmore's inauguration on 10 July 1850; beneath the image was a reproduction of Fillmore's signature, a detail that has also been copied in Johnstone's drawing.[168] Johnstone has signed the drawing several times 'W' and 'William', as if practicing writing his signature in an elaborate style.
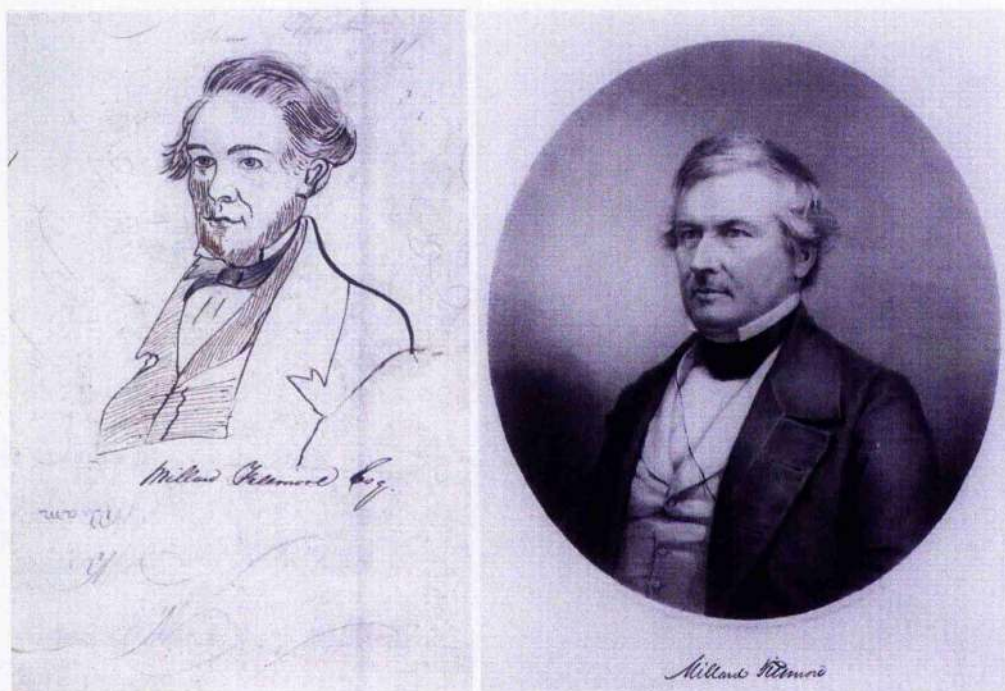
FIG. 65   1984.76, W. Johnstone, *Millard Fillmore* and print by F. D'Avignon (courtesy of *The Library of Congress.* www.loc.gov)

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[163] The patient records for Saughton Hall no longer survive.
[164] DUMCR1989.213, CRI MS Case Books, XX, Patient No. 689, William Johnstone, 1 June 1855.
[165] DUMCR1989.213, CRI MS Case Books, XXI, Patient No. 730, William Johnstone, 17 May 1856.
[166] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 748, William Johnstone.
[167] DUMCR1984.76, Crichton Art Collection, *Millard Fillmore*. Millard Fillmore (1800-1874) was President of the United States of America, 1850-53.
[168] A reproduction of this image can be seen at www.memory.loc.gov/ammem/pihtm;/pi018.html. Accessed 24 April 2003.

Johnstone did not return to Crichton until October 1863, a gap that was put down to the beneficial effects of marriage and having a family; in fact, he had married 'one of the female assistants' at Crichton.[169] But after this date he became a frequent voluntary patient at Crichton, seeking refuge during periods of depression. No other specific reference to art is made. His last confinement was in September and October 1883, still in 'good bodily health' but suffering from 'slight mental depression'.[170]

John Fenn Russell

John Fenn Russell, an unmarried clergyman, age 30, 'of good abilities and varied acquirements', was admitted to Crichton on 28 July 1857, only a few months before Browne's departure; he was suffering from 'mania of suspicion'.[171] The second son of William Russell, minister of Shepperton Church, Middlesex, he gained an MA from Wadham College, Oxford, in 1849.[172] Before coming to Crichton he had been insane for eighteenth months and had been confined in Cheadle Royal Hospital; his illness, a fear of 'a conspiracy to kill him', was thought to have been caused by 'too close and exciting application to Biblical study'.[173] He worked out of doors and read extensively at Cheadle while suffering periods of excitement and violent behaviour.

Although no mention of art is made in his Cheadle case notes, on transfer to Crichton he brought with him an unknown number of drawings, perhaps in the form of a folio or sketch book: some are numbered as if to indicate they formed a series of pages from a volume and were bound together with silk ribbon. Only two are dated: *The Holy Family* (1984.109) is inscribed 'Christmas Eve 1853' and *Fili recordare quia recepisti bona* (1984.116) is signed and dated 'J. F. R. Nov 6 1854'.[174] There are at least another twelve drawings by Russell as well as seventeen religious prints by professional artists, a few of which have been hand-tinted by Russell. Because these are undated, it remains

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[169] DUMCR1989.65, CRI Case Notes, XII, Patient No. 944, William Johnstone. His wife's maiden name is not known. She was referred to in all subsequent documentation as Mrs Janet Johnstone.
[170] DUMCR1989.69, CRI Case Notes, XVI, Patient No. 1825, William Johnstone.
[171] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 772, John Fenn Russell.
[172] J. Foster, *Alumni Oxonienses: the Members of the University of Oxford 1500-1886*, Oxford: Parker, 1887-92, p. 1237.
[173] Cheshire Health Board Archives, Cheadle Royal Hospital Case Book, 1853-6, p. 338, Patient No. 254, John Fenn Russell.
[174] DUMCR1984.109, Crichton Art Collection, *The Holy Family*; DUMCR1984.116, Crichton Art Collection, *Fili recordare quia recepisti bona*. 1984.109 is a copy of *The Holy Family with Three Hares* (1498). The quotation for 1984.116 is from the Vulgate Latin Bible, Luke 16:25. Translation, King James Version: 'Son, remember that thou in thy lifetime receivedst [sic] thy good things, and likewise Lazarus evil things: but now he is comforted, and thou art tormented.'

uncertain how many formed part of his collection before July 1857; it is possible the numbering and ribboning were done at Crichton. Research undertaken for this thesis has revealed that *The Holy Family* (1984.109) is one of seven copies, all in sepia-tinted watercolour, of prints by the German Renaissance artist Albrecht Dürer (1471-1528).

FIG. 66   1984.109, J. F. Russell, *The Holy Family* **and print by A. Dürer**
(courtesy of Seaside Art. www.seasideart.com)

The mid-nineteenth century had witnessed a revival of interest in Dürer's art, in particular his engravings and woodcuts. *The Art Journal* is the most likely source for three of Russell's drawings. In 1851, it had run a series on 'The Great Masters of Art' and featured Dürer.[175] Among the reproductions were *The Marriage of Joseph and Mary* (1984.111), *Christ bidding farewell to His Mother* (1984.106) and *Samson slaying the Lion* (1984.101).[176] Russell may also have had access to a volume of Dürer's woodcut series *The Life of the Virgin* for a copy was made of *Rest on the Flight into Egypt* (1984.110).[177]

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[175] *The Art Journal*, **3**, 1851, 141-4; 193-6.
[176] DUMCR1984.111, Crichton Art Collection, *The Marriage of Joseph and Mary*; DUMCR1984.106, Crichton Art Collection, *Christ bidding farewell to His Mother*; DUMCR1984.101, Crichton Art Collection, *Samson slaying the Lion*. Reproduction in *The Art Journal*, **3**, 1851, p. 196.
[177] DUMCR1984.110, Crichton Art Collection, *Rest on the Flight into Egypt*.
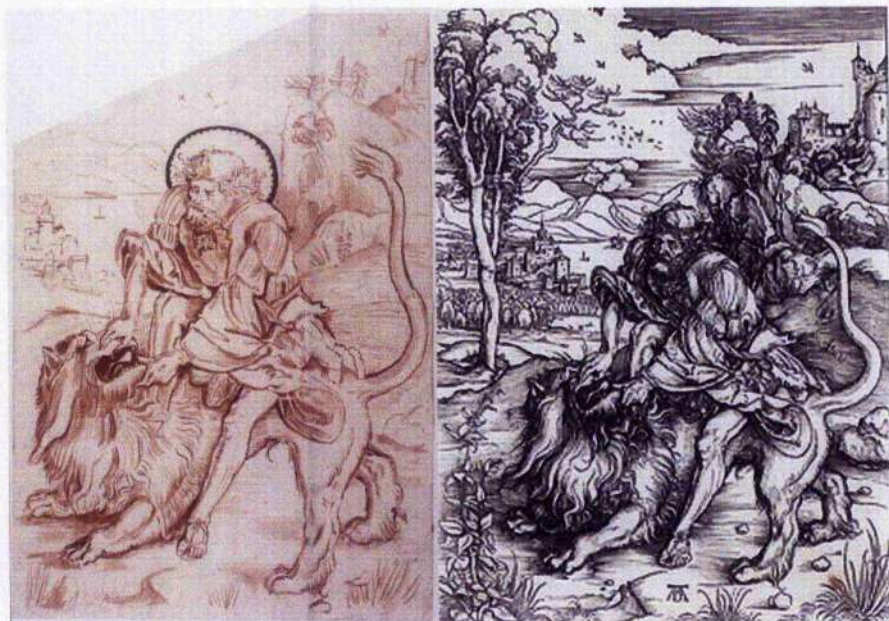
FIG. 67   1984.101, J. F. Russell, *Samson slaying the Lion* and print by A. Dürer (courtesy of Oberlin College. www.oberlin.edu)

Research has also shown that *The Incredulity of St Thomas* (1984.105) and *Christ among the Doctors in the Temple* (1984.102) are taken from Dürer's woodcut series *The Small Passion* (1511) and had been reproduced in Cole's *The Passion of our Lord Jesus Christ* (1844).[178]
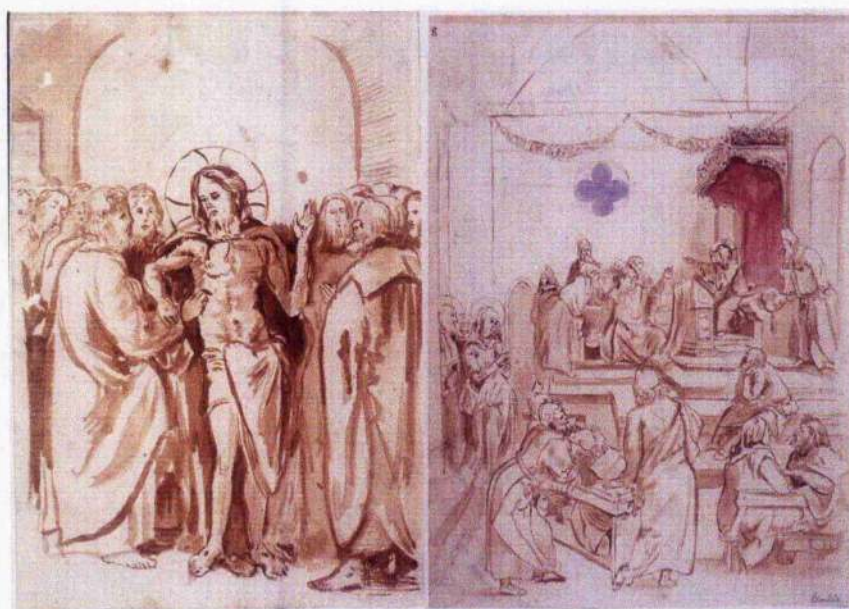
FIG. 68   1984.105, J. F. Russell, *The Incredulity of St Thomas* and 1984.102, J. F. Russell, *Christ among the Doctors in the Temple*

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[178] DUMCR1984.102, Crichton Art Collection, *The Incredulity of St Thomas*; DUMCR1984.102, Crichton Art Collection, *Christ among the Doctors in the Temple*. G. Cole, ed., *The Passion of our Lord Jesus Christ, pourtrayed* [sic] *by Albert* [sic] *Dürer*, London: J. Cundall, W. Pickering, G. Bell and J.H. Parker, 1844.

Dürer was not the only Renaissance master to inspire Russell. Two of his watercolours are reproductions of celebrated paintings by Raphael (1483-1520): research has now identified *The Virgin with the Carnation* (1984.113) as a copy of Raphael's *Madonna of the Pinks* (National Gallery, London). It can have been produced no earlier than 1853, the year the painting was brought to England.[179]

FIG. 69   1984.113, J. F. Russell, *The Virgin with the Carnation* and Raphael's *Madonna of the Pinks* (courtesy of the National Gallery, London. www.nationalgallery.org.uk)
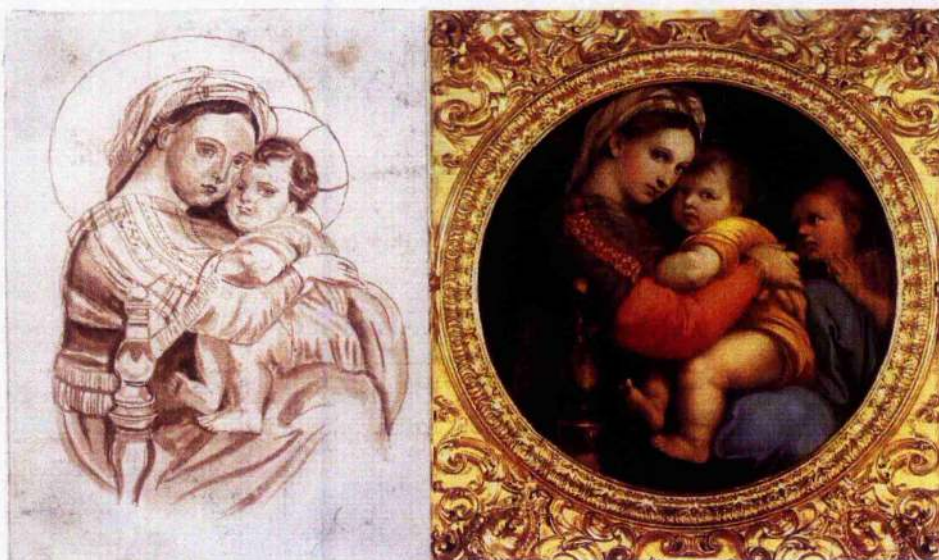
FIG. 70   1984.115, J. F. Russell, *Madonna della Sedia* and Raphael's *Madonna della Sedia* (courtesy of Palazzo Pitti, Florence)

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[179] The painting was not well known and rarely reproduced before its purchase by an ancestor of the present Duke of Northumberland in 1853. It was displayed in Alnwick Castle until its purchase by the National Gallery in 2004.

Madonna della Sedia (1984.115, 'Madonna of the Chair') was a much-reproduced image, appearing, for example, in *The Pictorial Sunday Book* in 1845, *The Pictorial Gallery of the Fine Arts* in 1847, and twice in *The Pictorial Gallery of the Useful Arts* in 1851.[180] *Like as the Hart desireth the Water-Brooks* (1984.103) and *O how beloved are Thy Tabernacles* (1984.104) may also be copies of prints from journals but their sources have not been identified.[181] Of the selection of fifteen small religious prints by professional artists Russell brought with him to Crichton, only a few are hand-tinted. Two in particular are noteworthy: *St Philippus* (1984.107) and *St Thomas* (1984.108) are by Friedrich Overbeck (1789-1869), a member of the German Nazarenes; they are from a cycle of the *Twelve Apostles and Four Evangelists*, begun in 1835 but not completed until 1844.[182]

FIG. 71   1984.103, J. F. Russell, *Like as the Hart desireth the Water-Brooks*; 1984.104, *O How Beloved are Thy Tabernacles*; 1984.108, *St Philippus* and 1984.107, *St Thomas*

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[180] DUMCR1984.115, Crichton Art Collection, *Madonna della Sedia*. J. Kitto, *The Pictorial Sunday Book*, London: Charles Knight and Co., 1845, p. 24. G. Cox, *The Pictorial Gallery of the Fine Arts*, London: Charles Knight and Co., 1847, p. 360. The image also appeared twice in *The Pictorial Gallery of Useful Arts*, London: George Cox, 1850, frontispiece and p. 360.

[181] DUMCR1984.103, Crichton Art Collection, *Like as the Hart desireth the Water-Brooks* (Psalm 42); DUMCR1984.104, Crichton Art Collection, *O how beloved are Thy Tabernacles* (Psalm 84).

[182] DUMCR1984.108, Crichton Art Collection, *St Philippus*; DUMCR1984.107, Crichton Art Collection, *St Thomas*. The Nazarenes were a group of German artists who settled in Rome in 1810 and studied late medieval and early Renaissance art, reviving interest in fresco painting.

Browne had time only to write Russell's admission notes before his departure to Edinburgh. The case notes were only started in 1860 by Dr Gilchrist who recorded the patient's art activity. It was noted, for example, in June 1861 that Russell was occupied with 'drawing, botany and to a slight extent geology' although the following year he was not pursuing any of those 'accomplishments'.[183] The pen and ink sketch *Locust, or Carob Tree* (1984.112), if by Russell, may reflect his combined interest in art and botany and may date from the 1860s.[184] Records show Russell was 'fond of nature' and spent time indoors, reading Greek and Hebrew texts, writing letters and looking at 'olden prints'.

FIG. 72   1984.112, J. F. Russell?, *Locust, or Carob Tree* and 1984.46, J. F. Russell?, *Sketch of a Young Girl*

Four letters written by Russell have been preserved in the Thomas Laycock Collection, Royal College of Physicians of Edinburgh Library.[185] They were filed under the section 'Sexual Instincts and Sentiments: Perversions: Erotic and Domestic', in a folder 'forms of unnatural erotic orexiae'.[186] These letters, dating from 1861-4, reveal disturbing references to 'the sin of self-pollution', 'pig-sodomy' and 'sucking the monkey'.[187] They do contain some facts: for example, one letter, dated 13 April 1864, refers to the Revd William Rees of St Mary's Church, Carlisle; research for this thesis has confirmed Rees as the minister of this church.[188] Another letter, undated, refers to

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[183] DUMCR1989.64, CRI Case Notes, XI, Patient No. 772, John Fenn Russell, June 1861 and June 1862.
[184] DUMCR1984.112, Crichton Art Collection, *Locust, or Carob Tree.*
[185] RCPE Library, MS Collection, Thomas Laycock Collection, Box 12, File 83.
[186] 'Orexiae' are 'appetites'.
[187] 'Sucking the monkey' was a term for illegal drinking on navy ships.
[188] Mannix and W. Whellan, *History, Gazetteer and Directory of Cumberland*, Beverley: W.B. Johnson, 1847. For more information see Cumbrian Churches website, at www.stevebulman.f9.co.uk/cumbria/carlisle_churches_f.html. Accessed 28 August 2005.

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Lord Alwyne Compton who was Honorary Canon of Peterborough in 1860s.[189] These men were accused by Russell of indecent acts and the letters are illustrated with small pen and ink sketches of a 'devil's toe-nail' and an insect.[190]

Russell's case notes make no other mention of art until 1882 when his 'chief employment' was 'making sketches of children in a book' he carried with him; he was still sketching children a month before his death on 28 November 1882.[191] The small *Sketch of a Young Girl* (1984.46) may be by Russell; if so, it would have been one of his last studies and could not have been included in Browne's 1880 description of his art collection.

John H. Oliver

John H. Oliver was responsible for nine drawings in the collection. A single gentleman from Edinburgh, he was admitted on 16 July 1851 labouring under 'melancholia' marked by 'despondency'.[192] He remained at Crichton for only thirteen months but during that time 'every taste and talent of the mind were gently stimulated'; he became very active as an 'artist, actor, athlete: copiest [sic] librarian'.[193] While this is the only reference to art in his case notes, Browne's collection contains four pencil copies by Oliver of engravings by professional artists, one example of penmanship and four portraits of his fellow-patients. Many of the drawings were dedicated to Browne.
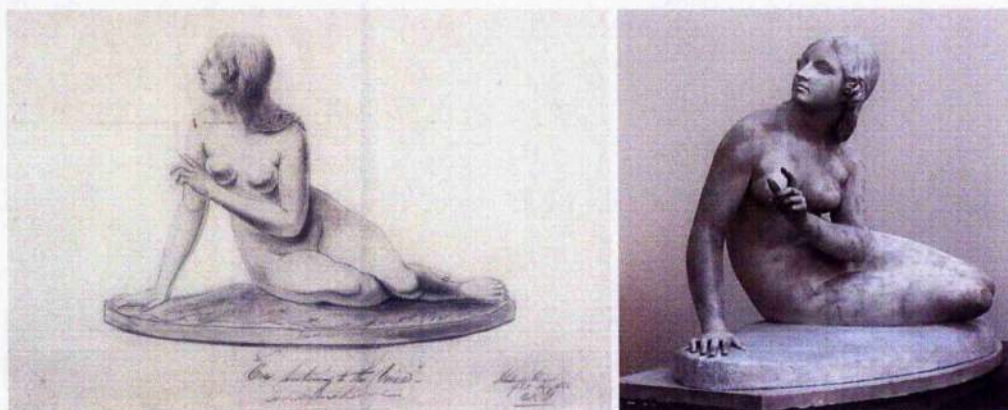
FIG. 73   1984.70, J. H. Oliver, *Eve listening to the Voice* and sculpture by E. Baily (courtesy of The Victorian Web.   www.victorianweb.org)

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[189] Lord Alwyne Compton (1825-1906) was later appointed Bishop of Ely.
[190] Although the drawing is clearly that of a toe nail, the script 'devil's toe-nail', may also refer to the fossil ammonite of that name.
[191] DUMCR1989.64, CRI Case Notes, XI, Patient No. 772, John Fenn Russell, April and October 1882.
[192] DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 579, John H. Oliver.
[193] Ibid., I June 1852.

Eve listening to the Voice (1984.70) is signed and dated 'Jany [sic] 1852';[194] research shows that it was probably copied from *The Art Journal* of 1850 which had included an engraving by W. Roffe of the marble sculpture by Edward H. Baily; the reviewer described the figure of Eve as a 'beautiful piece' and a companion to *Eve at the Fountain*.[195] The pencil drawing is inscribed 'To Dr W. A. F. Browne'.

FIG. 74   1984.67, J. H. Oliver, *The Death of the Stag* and print by J. Cousen after E. Landseer   (courtesy of Steve Bartrick Antique Prints and Maps)

The Death of the Stag (1984.67), dated 6 January 1852, was also dedicated to Browne and is a copy of the Landseer painting, now known to have been reproduced in *The Art Journal* of 1851.[196]

FIG. 75   1984.69, J. H. Oliver, *The Marquis of Landsdowne* and 1984.68, J. H. Oliver, *The Right Honourable Charles, Earl Spencer*

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[194] DUMCR1984.70, Crichton Art Collection, *Eve listening to the Voice*.

[195] *The Art Journal*, 2, 1850, p. 208. Edward Hodges Baily (1788-1867) was one of Britain's most popular sculptors in the mid-nineteenth century. *Eve listening to the Voice* (1842) is now in the Victoria and Albert Museum, London.

[196] DUMCR1984.67, Crichton Art Collection, *The Death of the Stag*. There can be little doubt that *The Art Journal* was the source of the drawing. The image had been reproduced on several occasions before 1852 but had been given slightly different titles each time. This is the only known engraving to offer this exact title.

Two pencil portraits of dignitaries, *The Marquis of Landsdowne* (1984.69) and *The Right Honourable Charles, Earl Spencer* (1984.68) were dedicated to Browne and to his daughter, 'Miss Magdeline Browne'.[197] They were copied from the same source, *The Book of the Illustrious*, which still remains in the Crichton Museum.[198] The *Specimen of Penmanship* (1984.71), also inscribed to Browne, is dated 19 May 1852.
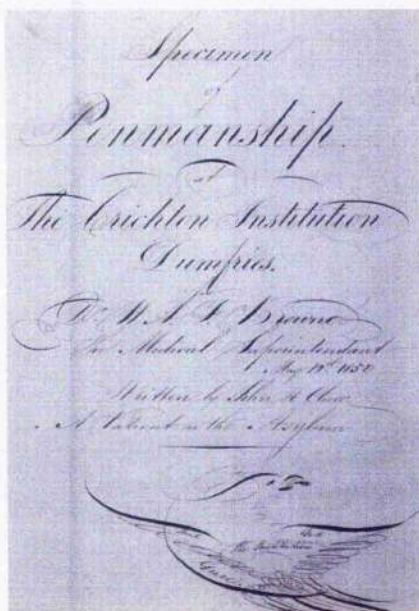
FIG. 76   1984.71, J. H. Oliver, *Specimen of Penmanship*

Of the portraits of fellow patients, one is dated 19 October 1851: it represents *Henry Gibb* (1984.72).[199] An elderly Dunfermline merchant 'of highly respectable character', Gibb suffered from 'dejection' and 'uncontrollable irritability'; although discharged from Crichton on 11 October 1851, Gibb seems to have returned soon after, having lost 'all knowledge of his real position'.[200] Both this drawing and Oliver's portrait of *James Henderson* (1984.73) are also signed by the sitters.[201] Henderson, a 'student of Medicine', had been admitted in October 1849, suffering from symptoms of 'moral insanity'; before his discharge in November 1851, he had shown 'some pretensions for literary taste and pursuits' and proved his 'capacity to acquire knowledge'.[202]

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[197] DUMCR1984.68, Crichton Art Collection, *The Right Honourable Charles, Earl Spencer*; DUMCR1984.69, Crichton Art Collection, *The Marquis of Landsdowne*.
[198] Anon., [The National Gallery], *The Book of the Illustrious*, London: George Henderson, 1845. The original engravings, by J. Brown and W.H. Egleton, appeared between pp. 24-5 and 36-7.
[199] DUMCR1984.72, Crichton Art Collection, *Henry Gibb*.
[200] DUMCR1989.213, CRI MS Case Books, XI, Patient No. 359, Henry Gibb.
[201] DUMCR1984.73, Crichton Art Collection, *James Henderson*.
[202] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 529, James Henderson.
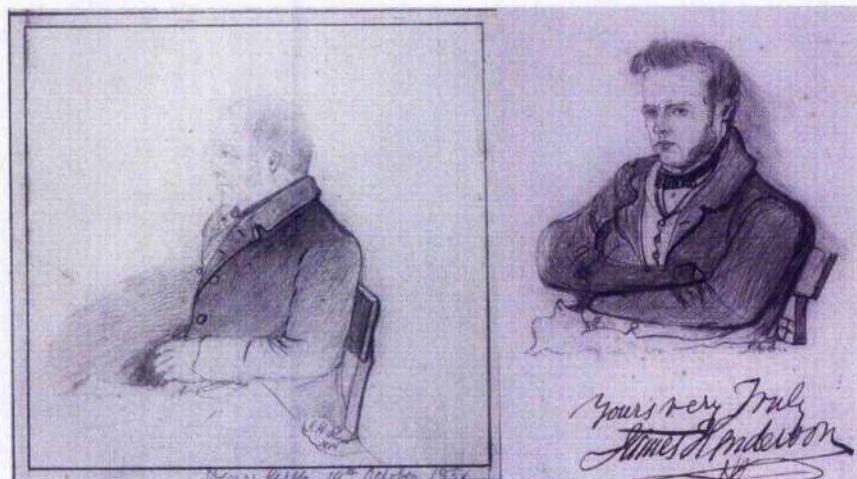
**FIG. 77   1984.72, J. H. Oliver, *Henry Gibb* and 1984.73,
J. H. Oliver, *James Henderson***

The third pencil sketch is now known to portray *Gabriel H. Dundas* (1984.74), an army Major who had been admitted for the first time to Crichton in July 1850, labouring under 'moral insanity'.[203] Discharged in October 1850, he returned in June 1852, delusional and suffering from 'melancholia'. As he was discharged on 11 August 1852, only four days before Oliver's departure from Crichton, the portrait must have been completed during this brief second confinement.[204] Another watercolour drawing, *Portrait of an Unknown Gentleman* (1984.75), may be a self-portrait; it is carefully coloured and Oliver's signature appears with particular flourish; it is dated 30 January 1852.[205]
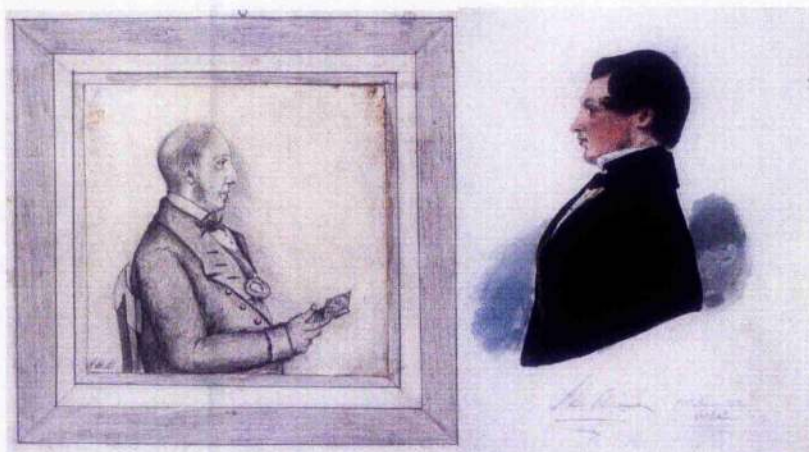
**FIG. 78   1984.74, J. H. Oliver, *Gabriel H. Dundas* and 1984.75,
J. H. Oliver, *Portrait of an Unknown Gentleman***

[203] DUMCR1984.74, Crichton Art Collection, Gabriel H. Dundas; DUMCR1989.213, CRI MS Case Books, XVI, Patient No. 550, Gabriel H. Dundas.
[204] DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 609, Gabriel H. Dundas.
[205] DUMCR1984.75, Crichton Art Collection, *Portrait of an Unknown Gentleman*.

Joseph Askew

Joseph Askew, an unmarried merchant in South America, age 28, was admitted to Crichton on 9 August 1853.[206] His family history has been well preserved in documents held at the Cumbria Record Office and Local Studies Library, Whitehaven.[207] Baptised at the Holy Trinity Church in Whitehaven on 31 August 1826, the son of John Askew, a carver by profession, Askew was brought up in relative prosperity.[208] On admission to Crichton, Browne diagnosed his illness as 'monomania of suspicion'. Askew's delusions included the belief that his illness was 'the result of the manipulations of certain mesmeric [hypnotic] imposters'.[209] Browne described him as a 'most gentle and courteous' patient, who 'may politely demand when he may expect to depart or he may explain that grievous detriment may be inflicted upon his mercantile enterprises by his detention.'[210] By 1855, while Askew was playing bowls and joining in public meetings, he had become a self-imposed mute. He did not utter a word for over a year but did start to create works of art. In June 1855 it was noted that 'he attempts to draw' but no indication of the subject matter was given; by June 1857, Browne's last report, he observed that in 'drawing and painting there is likewise improvement though his landscapes and groups have borrowed the precision of the hand which created them.'[211]

Twelve finished pictures and four sketches are by Askew. Of those, only two are signed and dated: '5 April 1867' and '1868'. Askew's name is written on the reverse of some drawings, probably by Browne rather than by the patient. Two are still-life compositions; five are imaginative decorative designs; and nine are landscape views. Research for this thesis has shown that Askew used prints in books and journals for inspiration; certainly some of his drawings appear sophisticated in design if not in execution. Crichton's extensive library was accessible to Askew and in November 1855

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[206] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 651, Joseph Askew.

[207] The Record Office at Whitehaven has three boxes of Askew Family legal papers in the Brockbank and Helder Collection, Solicitors of Whitehaven. These papers relate to the estates of Joseph Askew's parents, John and Margaret, and their children.

[208] H.B. Stout, *Holy Trinity Whitehaven Baptisms 1715-1837*, Seascale, Cumbria: H.B. Stout, 1987, p. 155. Cumbria Record Office and Local Studies Library, Whitehaven, Brockbank and Helder Collection, D/BH 24/1/2, *Probate of the Will of Mr John Askew*. For a more detailed survey of Joseph Askew's life and art at Crichton, see M. Park, 'Art in Madness: Dr Browne, Joseph Askew and art activity at Crichton Royal Institution in the Nineteenth Century', *Scottish Archives*, 11, 2005, 47-60.

[209] DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 651, Joseph Askew, Admission Notes.

[210] Ibid., 1 June 1854.

[211] Ibid., 1 June 1855 and 1 June 1857.

his brother donated a large selection of books to the asylum library.[212] These reproductions are probably his earlier works.

FIG. 79   1984.23, J. Askew, *The Port of Leghorn* and print by J. C. Bentley after A. W. Calcott (courtesy of Antiques Online. www.antiquesonline.com)

Research for this thesis has shown that three of his subjects had been reproduced in *The Art Journal*: *The Port of Leghorn* (1984.23) is a faithful copy of an engraving by J. C. Bentley after the painting by A. W. Callcott, published in 1850;[213] *Val St Nicola, Switzerland* (1984.24) is a copy of an engraving by Richard Wallis after a painting 'full of beauty' by J. D. Harding, published in 1854.[214]

FIG. 80   1984.24, J. Askew, *Val St Nicola, Switzerland* and print by R. Wallis after J. D. Harding (print owned by M. Park)

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[212] DUMCR1989.364, CRI, *The New Moon*, **11**, November 1855, 'Donations to Crichton Royal Institution Library'.

[213] DUMCR1984.23, Crichton Art Collection, *The Port of Leghorn. The Art Journal*, **2**, 1850, 288. Sir Augustus Wall Callcott (1779-1844) was one of the most successful artists of his day. He was knighted in 1837. The original painting is now in Tate Britain.

[214] DUMCR1984.24, Crichton Art Collection, *Val St Nicola, Switzerland. The Art Journal*, **6**, 1854, 40.

In the same volume was *The Ruined Temple* (1984.28), originally engraved by C. Cousen after a painting by Richard Wilson.[215] All three paintings were from the collection of Sir Robert Vernon (1774-1849) who gifted 166 paintings and sculptures to the National Gallery in 1845; an illustrated compilation of his collection was published in 1854 and may have served an alternative source for Askew.[216]

FIG. 81   1984.28, J. Askew, *The Ruined Temple* and print by C. Cousen after R. Wilson (print owned by M. Park)

FIG. 82   1984.27a, J. Askew, *Statue of Arnold von Winkelreid, Stantz, Switzerland* and print by E. I. Roberts after W. Bartlett (print owned by M. Park)

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[215] DUMCR1984.28, Crichton Art Collection, *The Ruined Temple. The Art Journal*, 6, 1854, 76. The Welsh artist Richard Wilson (1713/4-1782) was one of the pioneers of landscape painting in Britain. The painting, in Tate Britain, is now known as *Strada Nomentana*.
[216] S.C. Hall, ed., *The Vernon Gallery of British Art*, 3 vols., London: George Virtue, 1854.

Askew also reproduced *Statue of Arnold von Winkelreid, at Stantz, Switzerland* (1984.27a); research has revealed that the original, drawn by William Bartlett and engraved by Payne, had appeared in *Switzerland Illustrated*, published c.1838.[217] Other engraved versions by E. I. Roberts also exist. There is a preliminary sketch of the same subject on the reverse side. The original source for the drawing of *Mont St Michel* (1984.26a) has not been identified; *Mont St Michel* is the only finished drawing in pencil by Askew (a sketch of the same subject appears on the reverse side) and the only one with a specific date: 5 April 1867.[218] The sources of a fine watercolour, *View of Lake Como (?)* (1984.22) and *Landscape Sketch* (1984.29a) are also unknown.[219]

FIG. 83   1984.26a, J. Askew, *Mont St Michel* and 1984.22, J. Askew, *View of Lake Como (?)*

After 1857, Dr James Gilchrist, Browne's successor at Crichton, continued to record the peculiarities of Askew's disease but made few references to his drawings:

> He is now persecuted by his unseen foes by day as well as by night . . . To counteract the evil results of the night time Mr A indulges on all occasions in gymnastic exercises, hangs for half an hour by one arm to the convenient branch of a tree. He also indulges in gymnastics of the facial muscles, and manages to contort his features in a wonderful way.[220]

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[217] DUMCR1984.27a, Crichton Art Collection, *Statue of Arnold von Winkelreid, at Stantz, Switzerland*. W. Beattie, *Switzerland Illustrated in a Series of Views taken expressly for this Work by W.H. Bartlett, Esq.*, 2 vols., London: Virtue, c.1838.

[218] DUMCR1984.26a and b, Crichton Art Collection, *Mont St Michel*. The subject was immensely popular in art, featuring in the work of Turner, W.L. Leitch, Richard Wallis and many others. However, this particular view is closest to, but not identical with, Clarkson Stanfield's impression of Mont St Michel which appeared in L. Ritchie, *Travelling Sketches on the Sea Coasts of France; Heath's Picturesque Annual for 1834*, London: Longman and Co., 1834.

[219] DUMCR1984.22, Crichton Art Collection, *View of Lake Como*; DUMCR1984.29a, Crichton Art Collection, *Landscape Sketch*.

[220] DUMCR1989.63, CRI Case Notes, X, Patient No. 651, Joseph Askew, December 1862.

The last reference to his art comes in 1865: 'He does not now draw those extraordinary copies and with those strange repetitions that he formerly did.'[221] He did continue to draw, however: we know this from the dates of two pictures, but no reference is found in his later case notes. The later drawings, probably dating to the 1860s, were works of imagination rather than imitation.

FIG. 84   1984.50a and b, J. Askew, *Decorative Leaf Pattern* and *Landscape and Sky*

They include two delicate *Decorative Patterns* (1984.49a and 1984.49b), drawn on either side of one sheet of cream paper.[222] *Decorative Leaf Pattern* (1984.50a) with linear swirls of colour has a simple *Landscape and Sky* (1984.50b) on the reverse;[223] and a *Stylised Figure* (1984.51) reminiscent of the carved wooden figures his father may have produced for the helms of vessels.[224] Each was begun in pencil and finished in watercolour.
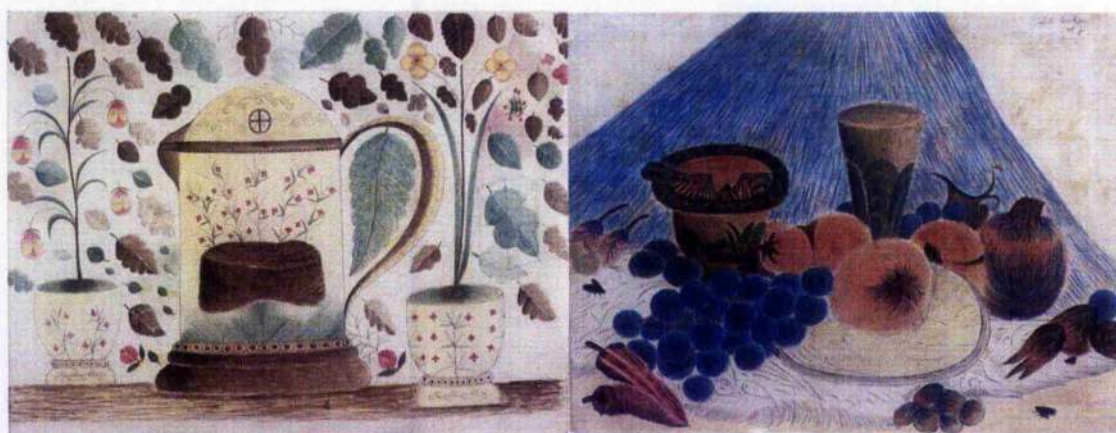
FIG. 85   1984.25a and b, J. Askew, *Still Life with Tankard and Pot Plants* and *Still Life with Fruit and Vegetables*

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[221] Ibid., August 1865.
[222] DUMCR1984.49a and b, Crichton Art Collection, *Decorative Patterns*.
[223] DUMCR1984.50a and b, Crichton Art Collection, *Decorative Leaf Pattern* and *Landscape and Sky*.
[224] DUMCR1984.51, Crichton Art Collection, *Stylised Figure*.

Stylistically, and technically, they are close to *Still Life with Tankard and Pot Plants* (1984.25a) and *Still Life with Fruit and Vegetables* (1984.25b), the front and reverse sides of one sheet, dated '1868'.[225]

In his later years Askew's main preoccupations were cricket, at which he was said to excel, and smoking. He is recorded as attending the amusements but did not participate and it seems unlikely that he produced any further artwork. Joseph Askew was the last surviving patient of Browne: after more than fifty years in confinement, he died on 29 January 1904.

William James Blacklock

William James Blacklock (1816-1858), admitted on 28 November 1855, was the only professional painter to be confined at Crichton during Browne's superintendence.[226] He was born on 13 March 1816 at Cumwhitton, near Carlisle. After a few years' residence in London, the family returned to Cumberland where Blacklock was apprenticed to a printer and learned the technique of lithography. [227] He was painting in oils by 1833, the year he began to contribute to the Carlisle Academy Exhibitions. On moving to London he became a regular exhibitor at the Royal Academy from 1836.

FIG. 86   W. J. Blacklock, *The Rookery* (courtesy of Tullie House Museum, Carlisle)

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[225] DUMCR1984.25a and b, Crichton Art Collection, *Still Life with Tankard and Pot Plants* and *Still Life with Fruit and Vegetables*.
[226] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 732, William James Blacklock.
[227] For more detailed information on Blacklock's career see the exhibition catalogue, Anon., *Two Cumbrian Painters of the 19th Century, A Fresh Appraisal*, Kendal: Abbot Hall Art Gallery, 1981. Blacklock and Sam Bough (1822-1878) were the artists featured in this exhibition.

Twenty-three landscapes by Blacklock were exhibited there before 1850, when ill health forced his return to Cumwhitton, and another thirteen before his confinement at Crichton.[228] *The Rookery* (1853-4, Tullie House Museum and Art Gallery, Carlisle) is a fine example of his landscapes.[229]

Blacklock's admission notes describe him as an unmarried landscape painter, age 39, 'egotistical, self-willed passionate but easily subdued'; invasion of the disease, 'monomania of ambition and general paralysis', had been 'gradual for about five months' and was 'perhaps hereditary'.[230] Syphilis, seizures, headaches and nervousness had affected him for some time before confinement. Browne observed his behaviour:

> When first admitted he was restless, extravagant, inconsequential in arranging his thoughts and laboring [sic] under exaggerated conceptions of his own powers if not positive delusions. He was a Lablache or Paganini in music, imitating the attitudes of the former, although he was ignorant of music: he claimed the place of Salvator Rosa or of the most distinguished landscape painter of his own country: poetry oratory all claimed him as their own and had conferred upon him special powers and privileges.[231]

Shortly after this, Blacklock regained his composure and 'resumed sketching in ink in the completion of a picture commenced before his illness'; however, 'sudden stupidity', followed by 'incoherence and ultimately by abolition of the memory of words' occurred in February 1856.[232] He recovered enough to resume 'his favourite pursuits' but by February 1857 Browne was recording periods of 'partial stupor' and paralysis 'ushered in by epileptic convulsions'.[233] As Blacklock's disease progressed, so the decline in his artistic activity was noted:

> He does not now attempt to draw not even the figures of keys bowls vases [sic] which formerly engrossed his attention and which multiplied as rapidly as they were abstracted from him.[234]

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[228] A. Graves, *The Royal Academy of Arts: A Complete Dictionary of Contributors and their Work, from its Foundation in 1769 to 1904*, 8 vols., London: Graves & Bell, 1905-6, Vol I, p. 206.

[229] Tullie House has the finest collection of Blacklock's art in a public collection. Mr John Lee, Lanercost, a descendant of the Blacklock family, has an extensive private collection of his paintings, drawings and prints.

[230] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 732, William James Blacklock, Admission Notes. His father had been of a nervous temperament and his brother Joseph hanged himself in a barn at Cumwhitton in 1834. I am most grateful to Mr John Lee for supplying unpublished details of the Blacklock family.

[231] Ibid., 1 June 1856. Luigi Lablache (1794-1858) was an Italian operatic singer; Salvator Rosa (1615-1673) was an Italian Baroque landscape painter.

[232] Ibid., 1 June 1856.

[233] Ibid., 1 June 1857.

[234] Ibid., 1 June 1857.

Blacklock died of convulsions on 12 March 1858. It is not clear how much art he was able to produce at Crichton. Browne referred to him in the *Annual Reports* as engaging 'in the completion of a picture for the Academy', and multiplying 'pen and ink sketches of exquisite beauty'.[235] In 'Mad Artists', Browne described two of his drawings:

> His first picture is that of an ancient cathedral in pen and ink, so minutely drawn that the very stones, their sizes, number, and junction can be followed, but so delicately and exquisitely finished that, in place of a mere architectural plan, you have before you a splendid, solemn, mediaeval [sic] pile. The second is the view of a castle, a river, a village, and all the sweet accompaniments of a spot remote from public view.[236]

Within a year, however, Blacklock's achievements were being described in quite different terms. He was multiplying 'his productions in endless profusion, which he affirms to be Pre-Raphaelitic [sic], and which demonstrate at once the genius and grotesqueness of his conceptions.'[237] Letters to a lady, who was possibly imaginary, record his declining health:

> ... the artist illustrates his letters to his betrothed by means of mere morsels of landscape, suggestive, but misplaced and inappropriate. Very speedily these pictorial epistles betray bad spelling, the omission of words, syllables, and letters. The ardent communications to the lady give place to mere scratchy outlines ... Great unsteadiness and indefiniteness of object are perceptible as we descend in the series, and the last scene of all is reached, consisting of a scarcely decipherable scrawl, announcing the writer's impending dissolution, and bequeathing all his property to her who appears to have been the cynosure of his existence, the idol to whom all his efforts for many months had been devoted.[238]

These illustrated letters have been preserved in the Thomas Laycock Collection, Royal College of Physicians of Edinburgh Library. In 1875 Laycock published an article, 'A Chapter on Some Organic Laws of Personal and Ancestral Memory' in *The Journal of Mental Science*: he used Blacklock as an example of his theory of 'reversion from the high culture of manhood to boyish art' in the insane and included illustrations 'of the hand writing, drawing, and art-composition of an artist who died of general

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[235] DUMCR1990.29, *CRI Seventeenth Annual Report*, 11 November 1856, p. 32.

[236] Anon. [W.A.F. Browne], 'Mad Artists', *The Journal of Psychological Medicine and Mental Pathology*, 6, 1880, p. 35.

[237] DUMCR1990.29, *CRI Eighteenth Annual Report*, 11 November 1857, p. 32. Blacklock may have been influenced by the Pre-Raphaelite Brotherhood artists such as Millais, Holman Hunt and Rossetti. He was in correspondence with William Bell Scott, a close friend of Rossetti.

[238] Anon. [W.A.F. Browne], 'Mad Artists', p. 35.

paralysis'.[239] Laycock referred to Browne as the 'valued friend' who 'several years ago favoured me with the originals'.[240] Two small drawings, *View of Carlisle* (December 1855) and *Caricature Figure* (after 1855) and two letters (8 December 1855 and 27 December 1856) are cited as examples of this reversion.[241]

FIG. 87   W. J. Blacklock, *View of Carlisle* and *Caricature Figure*
(courtesy of RCPE Library)
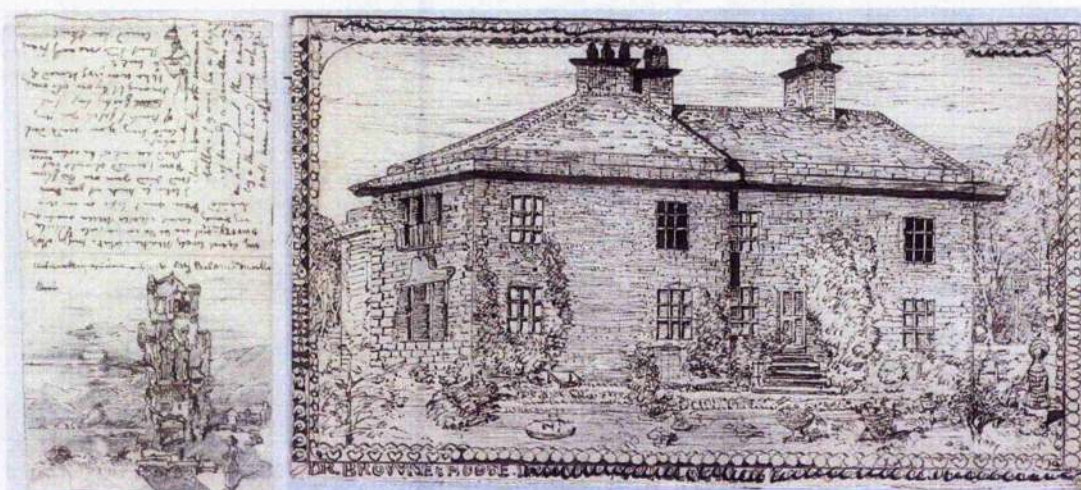
FIG. 88   W. J. Blacklock, *Landscape with Tower and Bridge* and *View of Dr Browne's House* (courtesy of RCPE Library)

Laycock had further works by Blacklock in his collection: *Landscape with Tower and Bridge* and *View of Dr Browne's House at Crichton*.[242] The latter has an inscription, partially erased but still legible: 'William James Blacklock Best Perfect

[239] T. Laycock, 'A Chapter on some Organic Laws of Personal and Ancestral Memory', *The Journal of Mental Science*, **21**, 1875, 155-87.
[240] Ibid., p. 165.
[241] RCPE Library, MS Collection, Thomas Laycock Collection, Box 10, File 73, *View of Carlisle* and *Caricature Figure*.
[242] Ibid., *Landscape with Tower and Bridge* and *View of Dr Browne's House*.

Kind Regards to Dr Browne'. It is not known when Browne gave these to Laycock. Like Robert Mayow's drawing, *A Parable - Dr Browne's House on an Island* (1984.134), Blacklock's pen and ink study is a view of the Physician Superintendent's house from one of the Crichton galleries.

Attempts to identify Blacklock's drawings of a cathedral and a castle with specific works in the surviving Crichton collection are not conclusive. The watercolour drawing *Craigmillar Castle from the South* (1984.125) is extremely accomplished in execution and in composition has similarities with earlier lithographs by Blacklock, such as *Naworth Castle* (Carlisle Library); both have a figure on horseback in the foreground.[243] *Craigmillar Castle* may be the completed sketch 'in ink' (the terms 'watercolour' and 'ink' were interchangeable in the nineteenth century) mentioned by Browne in Blacklock's case notes as having been 'commenced before his illness' or it may be one of his 'sketches of exquisite beauty'.[244] In 'Mad Artists' the 'view of a castle' was described as including a village: this is not present in *Craigmillar Castle*.[245] However, Browne's recollection of the image may have been inaccurate, relying as it did on his memory - he had been blind since 1870 and wrote 'Mad Artists' nine or ten years later.

FIG. 89   1984.125, Unknown, *Craigmillar Castle from the South* **and W. J. Blacklock,** *Naworth Castle* (courtesy of Carlisle Library)

It is possible the drawing of an 'ancient cathedral' may be identified with the watercolour drawing of a church, *Architectural Fantasy* (1984.34).[246] The words 'Glasgow' and 'Bothwell' have been inscribed, probably by the artist, on the reverse

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[243] DUMCR1984.125, Crichton Art Collection, *Craigmillar Castle from the South*.
[244] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 732, William James Blacklock, I June 1856; DUMCR1990.29, *CRI Seventeenth Annual Report*, 11 November 1856, p. 32.
[245] Anon. [W.A.F. Browne], 'Mad Artists', p. 35.
[246] DUMCR1984.34, Crichton Art Collection, *Architectural Fantasy*.

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side.[247] The cathedral is 'minutely drawn', as noted in 'Mad Artists', but the drawing is not 'exquisitely finished'; indeed, the foreground, by contrast, is sketchy and crude in execution.[248]

FIG. 90   1984.34, W. J. Blacklock?, *Architectural Fantasy*

Stylistically unlike those works produced before his mental decline, it is in the details of this drawing that Blacklock's authorship may be discerned. First, the architectural ornamentation, however fantastical in appearance, is drawn with a precision and apparent ease of execution that marks it as the work of a professional or highly skilled amateur, and finds parallels in Blacklock's studies of picturesque buildings such as *Abbotsford* (Tullie House Museum and Art Gallery, Carlisle) and *Wetheral Abbey* (Carlisle Library). Secondly, a bridge with arches is shown lower centre: this is a recurring motif in Blacklock's works, included in two drawings done at

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[247] Blacklock had made a sketching tour of Scotland in July and August 1840 although no mention of drawings of either Glasgow or Bothwell have been found. He travelled through the Borders, to Edinburgh, Stirling and the Trossachs. The list of sketches is in the private collection of Mr John Lee.
[248] Anon. [W.A.F. Browne], 'Mad Artists', p. 35.

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Crichton about the same date.[249] Thirdly, and most significant, is the presence of a female figure in the right foreground, turned away from the spectator. Browne described her as Blacklock's 'idol', appearing as 'a Lilliputian figure in the great proportion of his drawings.'[250] She can be found in *Derwent Water* and *Catbells and Causey Pike* (Tullie House Museum and Art Gallery, Carlisle) and in three of the drawings in the College's Laycock Collection. Without more conclusive evidence, however, no definite attribution can be made for these drawings at present.
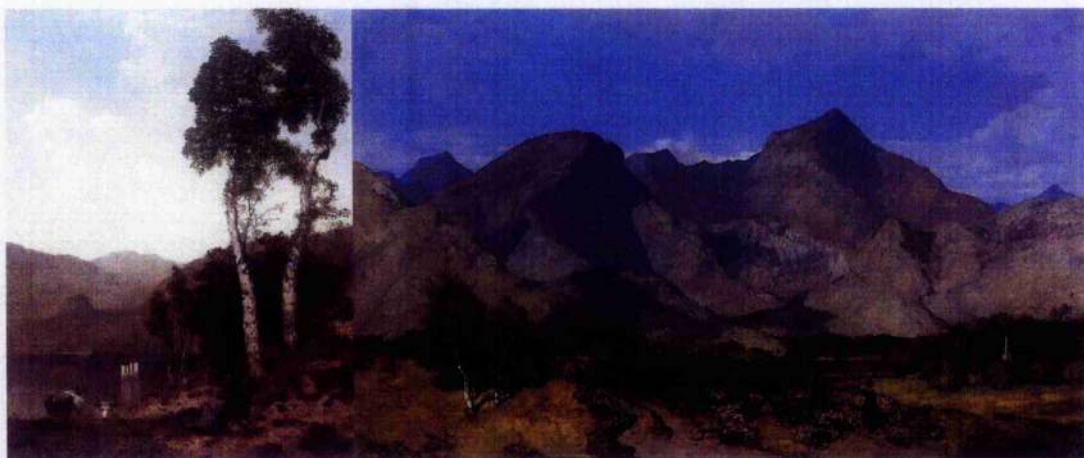
FIG. 91   W. J. Blacklock, *Derwent Water* and *Catbells and Causey Pike*
(courtesy of Tullie House Museum, Carlisle)

William Bartholomew - art of the imagination

Because of the amount of surviving drawings in Crichton and other collections, William Bartholomew (1819-1881) is one of the most important of Browne's artist-patients. Born in Edinburgh, he had been a hatter and an engraver.[251] He is first recorded as a patient at Royal Edinburgh Asylum, admitted on 21 July 1849, age 30, suffering from 'acute mania marked with hallucinations of seeing and hearing'.[252] He was described as 'well-educated' but formerly 'addicted to habits of intemperance'; on admission he was 'quite furious' but quickly became calmer. Over the next few years he was removed on two occasions by his father against the advice of the asylum physician, only to be returned when his illness became unmanageable. By the time of his admission to the

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[249] RCPE Library, MS Collection, Thomas Laycock Collection, Box 10, File 73, *View of Carlisle* and *Landscape with Tower and Bridge*.
[250] Anon. [W.A.F. Browne], 'Mad Artists', p. 35.
[251] Unpublished research by Michael Barfoot, Lothian Health Services Archivist, has shown that William Bartholomew was a member of the Bartholomew family, famous as map makers and publishers.
[252] Royal Edinburgh Hospital Case Book, LHSA, EUL, LHB7/51/7, p. 484, William Bartholomew.

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Southern Counties Asylum on 27 September 1853, Bartholomew had suffered several attacks of 'delirium tremens'.[253] Browne noted his eccentricity, extravagant habits and violent behaviour. From early October, however, improvement was observed. Gradually he 'regained equanimity' and 'directed his attention to reading and drawing'.[254]

Bartholomew remained at the Southern Counties Asylum until his discharge in August 1855. When he returned on 5 December 1856, it was to the Crichton Royal Institution as a paying patient; he was described as 'maniacal'.[255] The following year, Browne referred to Bartholomew's drawings as 'clever but incongruous, absurd and mythical: generally blurred or colored [sic] by whatever pigment the floor, or flowers around, supplied'.[256] In 1862 he was producing 'pen and pencil caricatures'. On 11 November 1864 he was transferred to the Southern Counties Asylum but once again returned to Crichton in April 1871 where he remained until November 1877. By the end of his residence his drawings had 'a tendency towards the indecent'.[257]

FIG. 92   1984.35, W. Bartholomew, *Cake Month*

Up to sixteen drawings by Bartholomew have remained in Browne's collection, including several portraits of fellow-inmates. Discussion of his art production has been divided into two sections: one, on works of imagination, is described here; the other, on the portraits of fellow patients, is discussed in the following section. Bartholomew used

[253] DUMCR1989.214, SCA MS Case Books, VIII, Patient No. 338, William Bartholomew.
[254] Ibid., 1 June 1854.
[255] DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 758, William Bartholomew.
[256] Ibid., 1 June 1857.
[257] DUMCR1989.67, CRI Case Notes, XIV, Patient No. 1204, William Bartholomew, 1 February 1877.

a variety of drawing styles: some are sketchy but lucid; some are immaculately detailed; and others are complex 'blurred' compositions. In *Cake Month* (1984.35), dated December 1861, images and text in English and Latin spill out onto the paper with no sense of order: a figure beside an ancient chariot; a woman with 'gorgon' written through her hair holds a scythe; words such as 'Aegyptum', 'Crew [sic] Station', 'Sheba', 'Araby's car' and 'Lochiel'.[258] Similar incoherence of ideas is found on the reverse of the sketch of *Caerlaverock Castle* (1984.43); the castle is a straightforward linear representation but the reverse side is a jumble of half-drawn images and text.
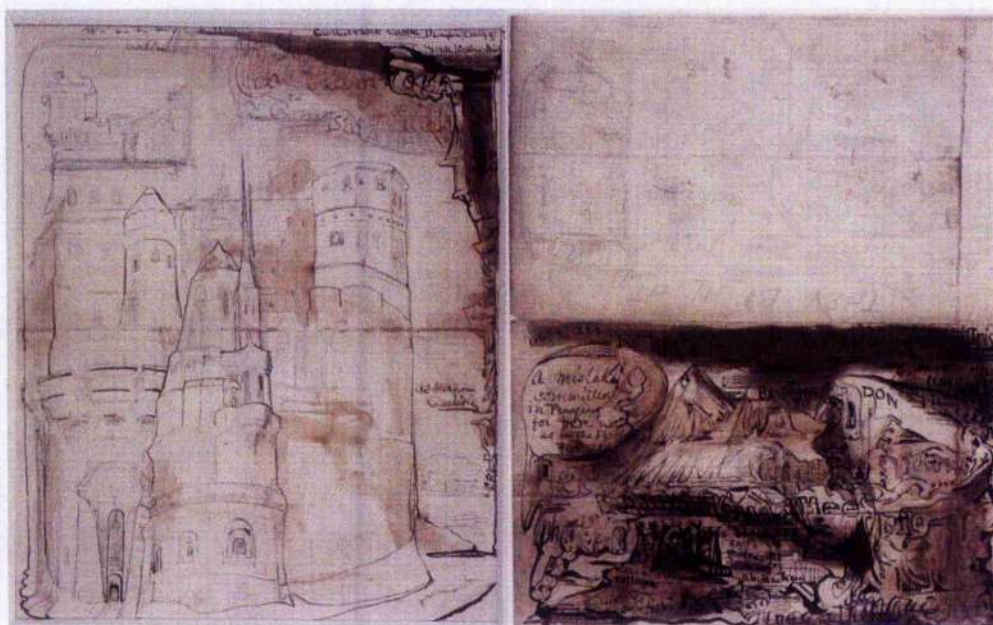
FIG. 93   1984.43a and b. W. Bartholomew. *Caerlaverock Castle*

In contrast to these are two beautiful music sheets: *Forgive Blest Shade* (1984.33) and *A Christmas Hymn* (1984.32), both initialled but not dated.[259] The intricate penmanship is remarkable by any standards but to come from the same hand that produced *Cake Month* is most surprising. The text for *Forgive Blest Shade* was a well-known epitaph, set to music by John Callcott.[260] *A Christmas Hymn* was by J. Nares and E. Clare.[261] Above the music is a beautiful detail from Raphael's *Sistine Madonna* (Gemäldegalerie, Dresden); the image was widely reproduced in the nineteenth century. The dates for these musical scores is unknown but it is possible they

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[258] DUMCR1984.35, Crichton Art Collection, *Cake Month*.

[259] DUMCR1984.32, Crichton Art Collection, *A Christmas Hymn*; DUMCR1984.33, Crichton Art Collection, *Forgive Blest Shade*.

[260] Dr John Wall Callcott (1766-1821).

[261] Dr James Nares (1715-1783); E. Clare has not been identified. Bartholomew's inscription is incorrect. The music (not the words) was by Dr Nares.

were produced around 1871 when Bartholomew was noted as 'copying prints music etc.'[262]

FIG. 94   1984.33, W. Bartholomew, *Forgive Blest Shade* and 1984.32, W. Bartholomew, *A Christmas Hymn*

Raphael was certainly a favourite with Bartholomew for it is known he made two large copies of Raphael's Sistine Tapestry cartoons:

> One gentleman has produced two pen and ink sketches, which we speak soberly in declaring it, we believe to have no competitors in existence. They are copies of two of Raffael's [sic] cartoons The Lame Man at the Beautiful Gate of the Temple and The Death of Ananias and Sapphira, each measures 7 feet 3 in by 4 feet 8 in. They were copied from a common print 2 feet by 1½ feet. What adds to their additional interest is the circumstance that in one of them the figures are all exactly reversed in attitude and position, the artist believing that the change would be an improvement. No one has seen these remarkable productions without expressing astonishment at their artistic merit, especially on hearing that they are the products of a common pen and ink.[263]

The cartoon of *The Lame Man at the Beautiful Gate of the Temple* must have been completed by October 1869 when Bartholomew gifted it to the hospital.[264] No trace of these copies has been found at Crichton; it seems probable that because of their size,

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[262] DUMCR1989.67, CRI Case Notes, XIV, Patient No. 1204, William Bartholomew.

[263] Ibid, 29 April 1871.

[264] DUMCR1990.60, CRI Minute Books, V, 15 October 1869. It was described as *Peter healing the Impotent Man.*

which made them difficult to display, they were damaged, destroyed or disposed of at a later date.

When Bartholomew was transferred to Royal Edinburgh Asylum on 16 November 1877, age 58, it was noted that he was suffering from 'acute mania' and was 'the subject of advancing dementia' but his art activity continued.[265] Drawings by Bartholomew have survived in Edinburgh University Library; the largest and most complex is *An Insane Chart* (55.7 x 77.1 cm).[266] Produced in red and black ink on cream card, it is divided into nine sections, each numbered and containing different text such as 'Arthur's Seat, The Delectable Mountain' (no. II) and 'Edinburgh Life, Philosophical and Physical, Literary Scholastic' (no. VI). On it is written: 'the ideas of a man labouring under Delusional Insanity of Pride and Grandeur. This chart he thought would reorganise Edinburgh Society and was worth £50.'

FIG. 95   W. Bartholomew, *Notebook Sketch - Nelson Park, Edinburgh*
(courtesy of LHSA, EUL)

Notebooks dating from 1880 and 1881 reveal his writings and drawings to be confused and incoherent.[267] Produced in pencil, pen and ink, are maps of countries made up of human or animal faces; sketches of historical characters and events; and drafts for

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[265] Royal Edinburgh Hospital Case Book, LHSA, EUL, LHB7/51/30, p. 685, William Bartholomew.
[266] William Bartholomew Drawings in EUL, Special Collections, Medical Diagrams, Illustrations and Photographs used by Thomas Laycock, Professor of the Practice of Medicine at the University of Edinburgh, 1855-1876. The chart also has another title: *The Edinburgh Christmas Review*.
[267] William Bartholomew Notebooks in LHSA, EUL, GD16, Papers of the Medical Superintendents of the Royal Edinburgh Hospital.

his version of a prologue for *Ali Baba*. There is a double page sketch of Browne's house at Crichton with rooms identified by their use: bedroom, library, drawing room. In another, *Nelson Park, Edinburgh*, Bartholomew has combined drawings of a lion and a kangaroo on plinths with a confusion of images and references to 'Dobies Loan', 'Waterloo', 'Lochaber axe', 'stock exch-ange' [sic] and biblical quotes. This is dated 1 June 1881, only three days before his death.

William Bartholomew - portraits of fellow patients
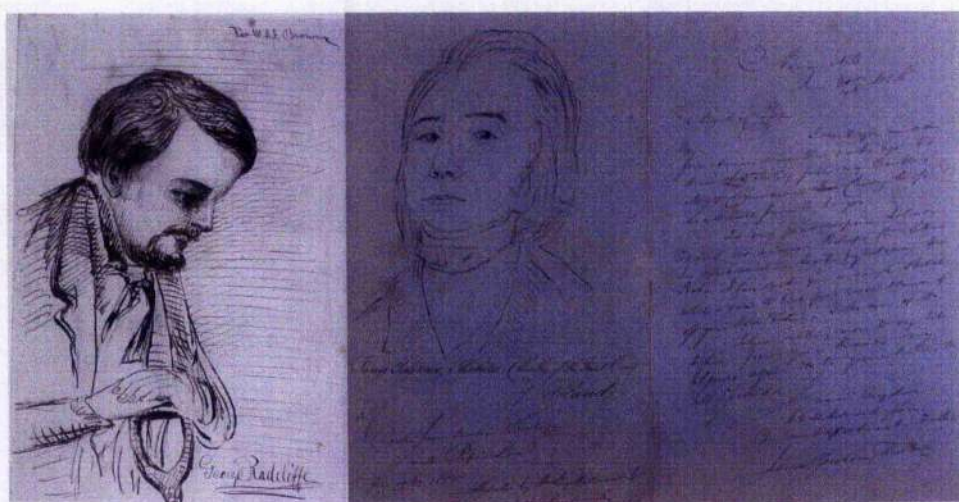
FIG. 96   1984.37, W. Bartholomew, *George Radcliffe* and 1984.39, W. Bartholomew, *James Yorstoun Thorburn*

Among the surviving drawings by Bartholomew are several portraits of fellow inmates. Those that remain at Crichton were probably produced for pleasure while the drawings in the Laycock Collection were the result of a commission by Browne. Of the Crichton drawings, one pen and ink sketch represents *George Radcliffe* (1984.37) from Liverpool who entered Crichton in February 1853, suffering from 'monomania of fear' and remained until his death in April 1897.[268] Because Radcliffe was resident in Crichton Royal Institution rather than the Southern Counties Asylum, it is likely to have been produced after Bartholomew had been admitted to Crichton in 1856. It is inscribed, 'For W. A. F. Browne', perhaps indicating that Bartholomew continued his patient studies at Browne's request after the completion of the lecture series in early 1855. There are also other patient portraits produced for pleasure rather than for physiognomical interest. For

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[268] DUMCR1984.37, Crichton Art Collection, *George Radcliffe*. DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 635, George Radcliffe.

example, the drawing of fellow artist-patient *James Yorstoun Thorburn* (1984.39) is signed and dated '19 June 1855'; as noted earlier in the chapter, it forms part of a letter from the sitter to his son.[269] Two unidentified patients appear in a vignette, dated 1857, with the nicknames, *Galloway and Dumfries* (1984.41).[270] Others are depicted in *Sketch of Three Patients* (1984.42), two of whom can be identified as Thomas Blair, a clerk from Ayr, admitted in March 1851 and James Johnstone, a merchant from Kirkcudbright, admitted on 27 March 1840.[271]

FIG. 97   1984.41, W. Bartholomew, *Galloway and Dumfries* and 1984.42, W. Bartholomew, *Sketch of Three Patients*

Quite different in style and size are the commissioned portraits. Within a year of William Bartholomew's admission, Browne became aware of his 'very considerable artistic talents and dexterity' and put them to good use.[272] In 1854 Bartholomew began a 'gallery of portraits of fellow patients':

> Proverbially obliging to the officers he during the winter drew in chalk a great number of portraits illustrations of the physiognomy of different forms of insanity treated in the Lectures delivered by the Medical Superintendent to the officers: and executed them with great fidelity and beauty.[273]

According to 'Mad Artists', Bartholomew completed at least fifty-five such portraits for Browne, 'surpassing the illustrations of mental diseases published many years ago by

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[269] DUMCR1984.39, Crichton Art Collection, *James Yorstoun Thorburn*.
[270] DUMCR1984.41, Crichton Art Collection, *Galloway and Dumfries*.
[271] DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 589, Thomas Blair; DUMCR1989.213, CRI MS Case Books, II, Patient No. 76, James Johnstone.
[272] DUMCR1989.214, SCA MS Case Books, VIII, Patient No. 338, William Bartholomew, 1 June 1854.
[273] Ibid., 1 June 1855.

Sir A. Morison, as the result of his observations on physiognomy in Bethlehem'.[274] The reference to Morison is of particular interest because he was one of the first British physicians to employ professional artists to provide portraits of patients for his publications on insanity. In France, Pinel had included only two plates, each with six figures of skulls and heads, in his *Traité médico-philosophique sur l'aliénation mentale* (1801).[275] Esquirol had made far greater use of illustrations of patients at La Salpêtrière, by the artist Georges-Francois-Marie Gabriel (1775-c.1836), for his essays on mental illnesses in the *Dictionnaire des sciences médicales* (1812-22).[276] Further illustrations by Gabriel appeared in Esquirol's famous publication *Des maladies mentales cosidérées sous les rapports médical, hygiénique et médico-légal* (1838).[277] Esquirol's private collection of drawings of the insane, expanded throughout the 1820s and 1830s, was probably influenced by his knowledge of the series of oil paintings commissioned by his colleague Dr Etienne Georget (1795-1828) from the artist Théodore Géricault (1791-1824). Of the ten life-size portraits of patients at Bicêtre and La Salpêtrière, only five survive: two women and three men represent different forms of 'monomania'.[278] Remarkable as psychological portraits, these works demonstrate the importance of illustrations for medical research and education.

In Britain, Charles Bell had used his own illustrations of mental illness, *Madness* and *Demoniacs*, in *Essays on the Anatomy of Expression in Painting* (1806).[279] For *The Physiognomy of Mental Diseases* (1840), Alexander Morison included 108 portraits of his Bethlem patients drawn by three artists - Alexander Johnstone (1815-1891), Charles Gow (working c.1836-1872) and François Théodore Rochard (1798-1858).[280] In 1862 Morison gifted his collection of the original drawings from which the book engravings were made to the Library of the Royal College of Physicians of Edinburgh.[281] Most of these conté and coloured crayon drawings are marked with the signature or initials of

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[274] Anon. [W.A.F. Browne], 'Mad Artists', p. 34. Browne mentioned fifty-five drawings in his collection but it is known that some drawings were already in the hands of lecturers such as Laycock by the time Browne wrote 'Mad Artists'; those drawings may not have been included in this total.

[275] P. Pinel, *Traité médico-philosophique sur l'aliénation mentale, ou la manie*, [A Treatise on Insanity], Paris: Richard, Caille & Ravier, 1801.

[276] C-L-F. Panckoucke, ed., *Dictionnaire des sciences médicales*, Paris: Panckoucke, 1812-22.

[277] J.E.D. Esquirol, *Des maladies mentales cosidérées sous les rapports médical, hygiénique et médico-légal*, Paris: J.B. Baillière, 1838.

[278] Gericault's paintings are located in collections in Paris, Lyon, Ghent, Winterthur and Springfield, Massachusetts.

[279] C. Bell, *Essays on the Anatomy of Expression in Painting*, London: Longman, Hurst, Rees and Orme, 1806.

[280] A. Morison, *The Physiognomy of Mental Diseases*, London: Longman and Co., 1840.

[281] RCPE Library, MS Collection, Morison Drawings.

the artist, date, name of patient and form of disease. Within the album are also copies of illustrations from Hogarth and Esquirol. Of interest is the date of these drawings. According to an unpublished biography of Morison, they were begun in August 1836 but many also postdate Morison's publication.[282] It would seem that these artists continued to draw Bethlem patients at least until May 1849.[283]

That Browne was aware of such precedents is beyond doubt. After all, he had admitted in 'Mad Artists' to having encouraged his patients to produce 'bold, graphic, magnified delineations in chalk of small plates in Esquirol, Morison'.[284] Indeed, illustrations were being used as teaching aids for all aspects of medical studies from the late-eighteenth century. John Thomson (1765-1846), Professor of Surgery at Edinburgh University, had formed an extensive collection of more than 2000 pathological illustrations, many of which were acquired for teaching purposes by the university in the mid-nineteenth century.[285] Browne may have seen some of these illustrations when, as a student, he attended the pathology lectures delivered by Thomson's son, Allen Thomson. Such collections appear to have been shared among medical colleagues for teaching purposes.

What is unique about Browne's collection of patient portraits was the fact that the artist, Bartholomew, was an inmate of the asylum. Eleven of the fifty-five original drawings have survived and form part of Laycock's 'Medical Illustrations' collection in Edinburgh University Library.[286] The patients, all from the Southern Counties Asylum, would have been carefully selected by Browne because of the nature of their mental disease. 'Imbecility' was represented by James Lee, admitted on 1 November 1850, age 30, a field worker whose his mind was 'perfectly stationery'.[287] William Weir, a local surgeon, was depicted as 'Fatuity'.[288] A former patient of Royal Edinburgh Asylum, he had suffered possible cerebral apoplexy on his wedding night; 'quiet and inoffensive',

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[282] RCPE Library, MS Collection, W2100, A.B. Morison, *Biography of Sir Alexander Morison*, unpublished, p. 108. Dr Alexander Blackhall Morison was Morison's grandson.

[283] For example, RCPE Library, MS Collection, Morison Drawings, drawing No. 13, *Louisa Phillips, Puerperal Mania* (14 May 1849) by Charles Gow.

[284] Anon. [W.A.F. Browne], 'Mad Artists', pp. 34-5.

[285] I am most grateful to Michael Barfoot, Lothian Health Services Archivist, for sharing this information on Thomson's collection. Because of the ephemeral nature of drawings and their extensive use before photography made them outdated, less than a dozen have survived in the university collections.

[286] William Bartholomew Drawings in EUL, Special Collections, Medical Diagrams, Illustrations and Photographs used by Thomas Laycock, Professor of the Practice of Medicine at the University of Edinburgh, 1855-1876. The drawings were identified by Morag Williams and Michael Barfoot.

[287] DUMCR1989.214, SCA MS Case Books, III, Patient No. 123, James Lee. He died on 20 December 1862.

[288] DUMCR1989.214, SCA MS Case Books, V, Patient No. 206, William Weir.

he was, in Browne's opinion, 'a perfect example of incoherence'.[289] John Taylor, a 'gentle, inoffensive idiot' who represented 'Idiocy', entered the asylum on 14 October 1851.[290] Browne described him as 'of harmless disposition'; his palate deficiency prevented him from articulating words properly.[291]
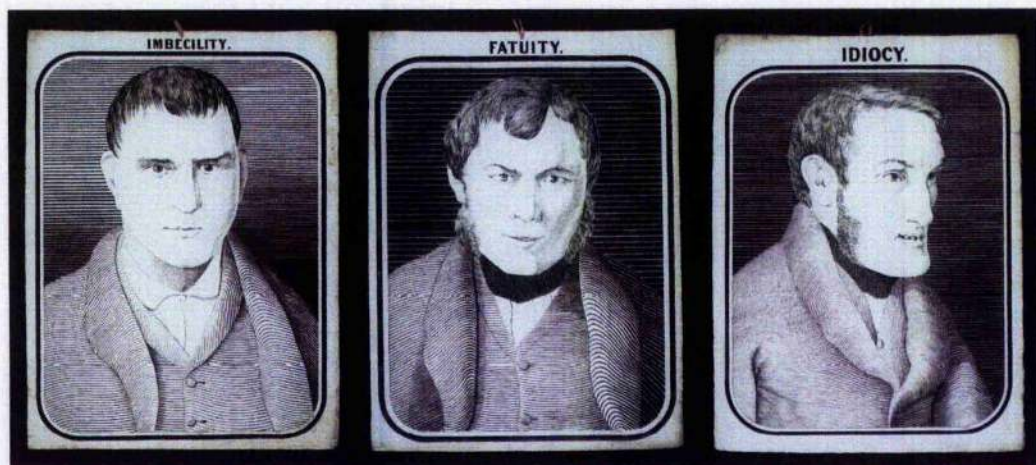
FIG. 98   W. Bartholomew, *Imbecility*; *Fatuity*; *Idiocy*
(courtesy of EUL, Special Collections)

Peter Broadfoot represented 'Mania, Homicidal'; a seaman from Whithorn, he came to Crichton on 24 September 1844, and was recorded as a violent imbecile.[292] Mary Lawrie (or Laurie), the wife of a local shepherd, admitted on 19 February 1840, represented 'Mania of Vanity'; the cause of her 'mania' was given as the birth of a child.[293] Often violent, but by nature good-humoured and 'correct', she must have earned affection from those around her for a poem was written about her after her death in February 1873, and published in *The New Moon*.[294] Thomas Forbes represented 'Mania - Sanguinary Impulse, Mutism'.[295] A former miner, he had worked in the grounds of Royal Edinburgh Asylum before becoming a patient there. Admitted to the Southern Counties Asylum on 30 March 1852, he became known as 'the Sneezer' because of emitting 'explosive sneezes'. 'Mania, Jargonneur' was represented by Charles Angus; he was admitted to Crichton on 17 December 1847, an elderly brewer

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[289] Ibid., Admission Notes. He was discharged on 2 August 1858.
[290] DUMCR1989.214, SCA MS Case Books, IV, Patient No. 161, John Taylor.
[291] Ibid., Admission Notes. He died on 26 March 1857.
[292] DUMCR1989.214, SCA MS Case Books, II, Patient No. 31 (273 in CRI), Peter Broadfoot. A long-term patient, he died on 11 April 1878.
[293] DUMCR1989.214, SCA MS Case Books, I, Patient No. 11 (71 in CRI), Mary Lawrie. She was also known as Mary Macneal or Macneil.
[294] DUMCR, CRI, *The New Moon*, **29**, March 1873, 'Mary Laurie'.
[295] DUMCR1989.214, SCA MS Case Books, V, Patient No. 203, Thomas Forbes. He was discharged on 22 November 1868.

from Stranraer; his disease was caused by 'excessive addiction to ardent spirits' and 'grief for the death of a sister'.[296]

FIG. 99   W. Bartholomew, *Mania, Homicidal*; *Mania of Vanity*; *Mania, Jargonneur*
(courtesy of EUL, Special Collections)

Agnes Chapman, representing 'Mania, Delusion', had been insane for nineteen years before her admission on 2 July 1852.[297] 'Outrageous to everyone', she was a 'restless mischievous maniac' who spent much of her confinement 'in battle' with those around.[298] 'Theomania Extactica' was represented by Margaret Proudfoot. Admitted on 17 September 1839, 3 August 1846, 14 April 1849 and again on 1 October 1851, she was the 'good tempered and respectable' wife of a local labourer.[299] Although 'demonstrations of zeal and activity' were observed, she could show great kindness to fellow patients in distress.[300] Elizabeth Kirk, a single woman of no occupation, represented 'Melancholia'.[301] Admitted to Crichton on 15 December 1845, suffering from 'congenital idiocy', she was transferred to the Southern Counties Asylum when it opened.[302] 'Religious Melancholia' was represented by Jane Campbell, an 'innkeeper of limited education and eccentric disposition' who had come to the asylum on 14

[296] DUMCR1989.214, SCA MS Case Books, II, Patient No. 49 (449 in CRI), Charles Angus. He died on 6 May 1857.
[297] DUMCR1989.214, SCA MS Case Books, VI, Patient No. 230, Agnes Chapman.
[298] Ibid., Admission Notes. She died on 26 November 1857.
[299] DUMCR1989.213, CRI MS Case Books, I, Patient No. 35; XI, Patient No. 373; XV, Patient No. 510; DUMCR1989.214, SCA MS Case Books, IV, Patient No. 159, Margaret Proudfoot.
[300] DUMCR1989.213, CRI MS Case Books, XV, Patient No. 510, Margaret Proudfoot. She remained in the asylum until her death on 19 February 1870.
[301] DUMCR1989.214, SCA MS Case Books, II, Patient No. 38, (337 in CRI), Elizabeth Kirk.
[302] Ibid. She died on 14 June 1867.

February 1853; she believed she was a 'God'.[303] She was known for swallowing objects - stones, leaves, threads and cloths.

FIG. 100   W. Bartholomew, *Mania, Delusion*; *Melancholia*; *Melancholia, Religious*
(courtesy of EUL, Special Collections)

It is possible that Browne used these illustrations in 1866 when he took over the lectures of his friend Thomas Laycock whose leg was amputated that year; Browne may have been happy to leave them with Laycock for his use once his recovery was secure. Each pen and black ink drawing on thick cream paper (with traces of the pencil underdrawing) measures approx. 76 cm x 56 cm.[304] Numbers 1-11 are marked on the reverse, an indication that they were seen as a series, perhaps complete; it is not known if the numbering was done by Browne or Laycock. Bartholomew's bold graphic style, a reflection of his training as a line engraver, used strong lines to ensure the portraits were visually arresting and would be clearly visible from a distance. Each had a silk ribbon attached to the top of the paper, for hanging it up.[305] They are likely to have been displayed behind or beside Browne while delivering his lectures rather than passed hand to hand between students. This would have been necessary for Browne's original lectures at Crichton in the winter of 1854/55 when his audience was composed of the Crichton medical and nursing staff as well as medically-trained patients.

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[303] DUMCR1989.214, SCA MS Case Books, VII, Patient No. 281, Jane Campbell. She was discharged on 11 May 1859.

[304] Browne does mention in 'Mad Artists' that the original drawings were done in pencil. This may be a reference to the original underdrawing, still evident in most of the surviving works, rather than to the finished composition.

[305] It is not certain if the ribboning was original or was added at a later date.

Perceptions of patient art

How did Browne view Bartholomew's commissioned patient portraits - simply as medical illustrations or as works of art in their own right? Probably he considered their usefulness as teaching aids superior to their intrinsic value as products of individual creativity. Certainly they had been commissioned for a particular purpose and Browne appears to have chosen to pass some of them on to colleagues rather than retain them in his private collection. Art produced in the asylum should be understood from the perspective of Browne and his patients. Drawing, however pleasant and rewarding, made demands on the practitioner: it required concentration, manual dexterity, coordination of mental and physical powers and close observation of nature or, for copies of existing works, of compositional styles. Browne and his artist-patients must have appreciated drawing and painting as activities enjoyed in civilized society; by participating in them, patients were displaying the self-control they would need in the outside world. More than that, they were revealing a willingness to conform to behaviour expected in 'sane' society. In Bartholomew's case, the drawings of fellow patients allowed him an opportunity to return to his chosen profession and to take pride in works of art that were displayed in front of the asylum's staff.

Research for this thesis has shown that the male artist-patients appear to have formed a closer community than their female counterparts. As noted in Chapter 9, during the period 1851 to 1855, twenty-seven male artist-patients were resident at some point in Crichton. More actively involved than the female patients in the theatrical and musical activities of the asylum, it is perhaps not unexpected that friendships were formed. This is reflected in the number of informal portraits of fellow inmates drawn by patients such as John H. Oliver and William Bartholomew. The records reveal that the enthusiasm of some individuals led others to try their hand at drawing. The subject matter of the male patients' drawings was also far more diverse than that of the female inmates - maps, local land surveys, plans of an asylum, portraits, decorative works of imagination, religious imagery and topographical views. This may have been influenced by the professions of individual patients, such as the land surveyor William Rickard, or by their lifestyles since some had travelled widely; but it also reflects the greater freedom men had in their choice of subject.

As noted with the female artist-patients, the works Browne collected for *Art in Madness* displayed, with the exception of a few by Cathcart, Mayow and Bartholomew,

little evidence of mental alienation. Indeed many must have been selected exactly for that reason. The drawings, inspired by books and journals, by the world beyond the asylum or by companions within, would have struck no discordant note if viewed by an observer unaware of their origin of production. Drawings which revealed the 'quips and cranks and wanton wiles or impotent touches of the painter' were simply excluded by Browne from his collection.[306]

For some patients at least, drawing may have served simply as a distraction or amusement: it passed the time; it allowed them to renew their acquaintance with art (or discover a new interest) and display their talents to fellow inmates; when patients who were grouped together practised art, it helped cement friendships. But for others, art activity may have had a particular purpose. While in confinement at Glasgow Royal Lunatic Asylum, David Cathcart sent to the local sheriff an ink sketch and on another occasion showed to him other drawings, an event recorded in his case notes:

> When visited by the Sheriff today, [Cathcart] demanded in his usual manner for what reason he was kept here and if he supposed him to be insane, and in proof of his sanity he displayed his drawings asking if they could be the work of an insane man. He told that he had been in all the ships he had delineated and pointed particularly to one in which were drawn two rather large human figures and said "this is me and that is Tom".[307]

While Browne wished to provide clear evidence that the insane could 'continue to exercise their acquired powers contemporaneously with the most advanced and appalling forms of disease', some of his patients may have perceived their art production as of even greater importance: it was, for them, proof of their sanity.[308] As such, it was a step towards freedom and their return home. In reality, if their hope of permanent liberty was rarely realised, their art production served to stimulate them during confinement and records for posterity their moments of lucidity.

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[306] Anon. [W.A.F. Browne], 'Mad Artists', p. 33.
[307] NHSGCBA, Gartnavel Royal Hospital, Glasgow, GB 812, HB13/5/34, Glasgow Royal Lunatic Asylum House Surgeon's Notes for Admission, David Cathcart, 2 April 1842.
[308] Anon. [W.A.F. Browne], 'Mad Artists', p. 33.

Chapter 10

Browne after Crichton and Crichton after Browne

> He was a man, take him for all in all,
> I shall not look upon his like again.[1]

Browne's departure from Crichton

Browne had worked at Crichton for seventeen years when in 1855 he entertained a visitor who was to change the course of his career. Miss Dorothea Lynde Dix (1802-1887), the American social reformer and philanthropist, had come to Britain, 'exhausted, but not ill', to rest from her 'long uninterrupted labors [sic]' in social reform in the States.[2] Her journey took her to all parts of the British Isles, visiting Scottish public and private institutions between January and April 1855. A visit to Crichton, when she spent 'several days intercourse with our population', occurred in January 1855 and was recorded in *The New Moon*.[3] Browne's son, Sir James Crichton-Browne, remembered Miss Dix's 'warmly approbatory remarks on much that she saw in the Crichton Royal Institution', a claim supported by Miss Dix's own private correspondence.[4] Her opinion of the Scottish royal asylums was most favourable: they were 'good - *very good*', but she had a less favourable impression of the private madhouses, admitting to a friend that 'it is pretty plain that I am in for a serious work in both England and Scotland'.[5] Her campaign resulted in the Scottish Lunacy Commission, 1855-7. The remit of the four Commissioners (only two of whom were Scottish) was to inquire into the condition of lunatic asylums and legal status of the insane in Scotland.[6] As Andrew Scull has observed, Browne, a staunch supporter of the Scottish fiscal system of asylum supervision, was at first opposed to Miss Dix's 'meddlesome interference in his country's affairs' and wrote to her of his concerns:

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[1] W. Shakespeare, *Hamlet*, I, 2, 187-8.

[2] 'Letter from Dorothea Dix to Millard Fillmore, 26 August 1854', in C.M. Snyder, *The Lady and the President: The Letters of Dorothea Dix and Millard Fillmore*, Lexington KY: University Press of Kentucky, 1975, p. 214.

[3] DUMCR1989.364, CRI, *The New Moon*, 11, February 1855, 'Miss Dix'.

[4] J. Crichton-Browne, 'Some early Crichton memories', in C.C. Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, Dumfries: Courier Press, 1937, pp. 25-6.

[5] 'Letter from Dorothea Dix to Mrs Torrey, 8 March 1855', quoted in D. Gollaher, *Voice for the Mad: the Life of Dorothea Dix*, New York: The Free Press, 1995, p. 349. The 1845 English Lunacy Act had already established central government control of asylums in England.

[6] The Commission comprised of two English Commissioners, Samuel Gaskell and William G. Campbell, and two Scots, James Coxe and Sheriff Alexander E. Monteith.

In this country such a proceeding indicates the existence or suspicion of abuse or maladministration; and if the public Asylums be included - as from a trustworthy source I believe they are - these Institutions must be involved in the suspicion or accusation ... Personally and selfishly it is natural that I should regret to be placed among my fellow labourers at the bar of public opinion as a culprit after Twenty [sic] five years of humble toil!![7]

Jonathan Andrews' comment that Browne's opposition was also based upon his 'somewhat jingoistic and sexist resentment at an American woman's meddling' seems without foundation.[8] There is no evidence that Browne resented the fact that a woman was leading the movement for reform; indeed, his letters express a genuine admiration for her philanthropic endeavours. Rather it would seem that he believed she, as an American, could not fully comprehend the importance of the tradition of Scottish charitable institutions. When the Commissioners visited Dumfries on 16 May 1855, they expressed satisfaction with the Crichton Royal Institution but pointed to overcrowding in the Southern Counties Asylum, a concern with which Browne concurred; Browne in turn impressed upon them his belief that the Scottish system of boarding pauper lunatics in private asylums was preferable to any other solution.[9]

Browne's initial opposition to the new legislation proposed by the Commission gave way when it became clear the Scottish Lunacy and Asylums Act (1857) would be passed.[10] Instead, he manoeuvred himself into the position of one of Scotland's first Commissioners in Lunacy, a 'remarkable and opportunistic *volte-face*' according to Jonathan Andrews.[11] He later acknowledged in private the 'aid and support' of George Combe in securing his appointment.[12] Browne justified his change of attitude by citing his desire for a new challenge in his career - he was now 52 years old and had been at Crichton for nineteen years - and for the 'vast opportunities of being useful and of exercising benevolence' that such an appointment could offer.[13] There was certainly

[7] 'Letter from W.A.F. Browne to Dorothea Dix, 10 April 1855'. Dix Papers, Houghton Library, Harvard University, quoted in A. Scull, C. Mackenzie and N. Hervey, *Masters of Bedlam*, Princeton, New Jersey: Princeton University Press, 1996, p. 119.
[8] J. Andrews, *"They're in the Trade ... of Lunacy, They 'cannot interfere' - they say"- The Scottish Lunacy Commissioners and Lunacy Reform in Nineteenth-Century Scotland*, Wellcome Institute for the History of Medicine Occasional Publications, No. 8, London: Wellcome Trust, 1998, p. 8.
[9] Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, p. 64.
[10] *An Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland* (20 & 21 Victoria, c. 71). The Act was passed on 25 August 1857.
[11] Andrews, *"They're in the Trade ... of Lunacy, They 'cannot interfere' - they say"*, p. 8.
[12] NLS, MS Collections, MS 7359.ff.117-131, George Combe Correspondence.
[13] 'Letter from W.A.F. Browne to Dorothea Dix, 3 September 1857', Dix Papers, Houghton Library, Harvard University, quoted in Scull et al., *Masters of Bedlam*, p. 120.

room for improvement in the care of the insane: Browne could 'recall the time when there were no amusements, not even decent (social) worship' and, as he observed in 1868, his duties were still bringing him 'into Asylums (quasi) where this stern, gloomy, monotony prevails'.[14] When change became inevitable, Browne saw it as expedient to be central to these new developments. And there is no doubt his expertise and knowledge of the care of the mentally ill was unrivalled in Scotland.

Having received confirmation of his appointment as Commissioner in Lunacy for Scotland, Browne resigned from Crichton on 6 October 1857. His successor, James Gilchrist (1813-1885), Medical Superintendent of Montrose Royal Lunatic Asylum and a former medical assistant at Crichton, was appointed one week later. Browne expressed real regret at leaving the asylum. After all, as he observed, he had 'lived for a quarter of a century with the Insane' and had 'devoted his whole life and mind to develope [sic] new or apply improved means of amelioration'.[15] His time there as the 'friend, companion, and instructor' of the sick had allowed him to develop his theories and practice of moral treatment; his innovations in educational programmes, music, theatre, literary and artistic activities had affected Browne as well as his patients.[16] He and his family had formed strong friendships with Mrs Crichton, the asylum Directors and staff. Twice he had been offered more lucrative positions - at Royal Edinburgh Asylum in September 1846 and at Bethlem Royal Asylum in 1852 - but both had been turned down in favour of remaining at Dumfries. The Crichton Trustees and Directors, aware that the hospital's success was 'mainly attributable to Browne's celebrity and to his unwearied exertions and attentions to its concerns', had immediately secured Browne's continuing service in 1846 by the offer of a substantial salary increase and the possibility of private work.[17]

For Browne personally, his time at the asylum had not been without difficulties. Two of his children had died at Crichton - William in 1846 and Jessie in 1852.[18] Earlier, in November 1839, he had written to a professional colleague of the 'dull monotony' of

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[14] American Antiquarian Society, MSS Department, Pliny Earle Papers, Letter from Dr W.A.F. Browne to Dr Pliny Earle, 2 April 1868. The underlining and brackets appear in the original letter.
[15] DUMCR1990.29, *CRI Eighteenth Annual Report*, 11 November 1857, p. 5.
[16] Ibid., p. 40.
[17] DUMCR1990.56, CRI Minute Books, I, 1846. As a result of the Edinburgh offer, Browne was persuaded to remain with a salary increase from £400 to £600 plus the opportunity to take on private patients. In 1855 his salary increased again to £700.
[18] His first-born son, Andrew, had died in 1838, before Browne took up his appointment to Crichton.

his life in the asylum.[19] This comment, however, was written when he had only forty-seven patients in his care and was living apart from the rest of his family - they were residing in Edinburgh because the Physician Superintendent's house at Crichton had not yet been completed. Browne had become seriously ill with depression brought on by the stress of work in 1842. A poignant letter composed to his wife and children during the most severe period of illness, September 1844, points to his depression having begun twenty-six months earlier, in July 1842; he believed he would soon die and was concerned for the well being of his family.[20] In a letter, dated 13 December 1842, he explained to George Combe:

> My own health is still precarious. It is suspected that the Brain has been over-toiled and overtaxed and that the pain and excitability and depression are the penalties. Italy, exile and relaxation were recommended and not only had I agreed to the arrangement but a most generous friend had supplied the pecuniary means. But I can find no-one able to fulfil my duties.[21]

This was not the first instance of Browne suffering from illness, nor the last. In a letter to George Combe, dated 25 February 1832, in which he expressed his concerns for Combe's brother Andrew, Browne made reference to his own 'complaints' being 'very much mitigated' and hoped 'soon to resume my ordinary occupation'.[22] In December 1847, he also wrote to Combe that he was 'still subject to acute pain and most uneasy sensations.[23] Again, in February 1854, Browne described his 'indisposition to mental exertion which is so signally the result of Influenza' and his confinement to bed.[24] Professor John Balfour (1808-1884), Browne's brother-in-law, stood in for him during Browne's leave of absence from Crichton in 1844, purportedly to visit asylums abroad but probably to aid his recovery.[25] Browne did recover and in an unprecedented move an extract from the Minutes of the General Meeting of Directors recording 'their sincere thanks for his continued successful exertions in the management of the Institution' was appended to the *Annual Report* for 1845.[26]

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[19] DUMCR1989.214, SCA MS Case Books, XII, Transcript of Letter to Dr Wood, 3 November 1839.
[20] DUMCR2001.10, CRI, Dr Browne Depression Letter. The Crichton archives retain a copy of this letter by Browne. The letter was not intended to be read until after Browne's death.
[21] George Combe Correspondence, NLS, MS Collections, MS 7263.ff.39-44.
[22] Ibid., MS 7228.ff.14-15.
[23] Ibid., MS 7283.ff.93-96.
[24] Ibid., MS 7338.ff.68-71.
[25] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 29.
[26] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, p. 33.

His years at Crichton had also demonstrated to Browne the limitations of moral treatment. Scull has highlighted the difference in tone between Browne's first and last annual reports at Crichton as indicative of Browne's disappointment in the failure of moral treatment.[27] The optimism in his early days for cure of mental diseases had been replaced by resignation to alleviation of symptoms rather than cure in most cases. In 1840 Browne had written of the 'most decided, and perhaps unexampled' success of Crichton, where 'every individual admitted as a Patient has been in some degree or respect improved'; and this in spite of the 'unpromising class' of patients, the majority of whom were 'the most desperate cases' affected with 'chronic derangement in some of its most hopeless, helpless, and intractable forms'.[28] Scull correctly points to the more negative tone of the *Fifth Annual Report* but it should be noted this was written while Browne was recovering from his own depressive illness and may reflect his personal negative thoughts at that time.[29] Certainly the statement in 1844 that 'more than one-third of patients admitted have been restored to the possession of reason' sounds a note of caution.[30] The rates of recovery were better than earlier forms of treatment but not as good as moral treatment supporters had anticipated. However, only a year later Browne expanded on this statistic, offering a more positive explanation:

> Even now, when months are allowed to lapse before assistance is obtained, a very large proportion of the more transient and trivial cases of mania are found to recover under judicious management, while one-third, at least, of the more desperate and chronic and hopeless cases which are sent to public Institutions, because they have set all conciliatory and temporising expedients at defiance, and resisted the treatment pursued, are ultimately restored.[31]

As the range of activities in Crichton expanded, so Browne's optimism regained strength but after nineteen years he was under no delusion that the vast majority of his patients could be cured permanently by moral treatment. Many had left the asylum 'cured' only to return repeatedly when they were overtaken by illness again. The number of patients receiving treatment at Crichton had expanded over the years from 82 recorded in the *First Annual Report* to 384 in Browne's last report. The asylum had become a victim of its own success. While Browne acknowledged the 'unhealthy moral atmosphere' of large, overcrowded asylums where 'personal intimacy is impossible', he

[27] A. Scull, ed., *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, London and New York: Routledge, 1991, pp. 116-8.

[28] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 7.

[29] Scull, ed., *The Asylum as Utopia*, p. xliii.

[30] DUMCR1990.29, *CRI Fifth Annual Report*, 11 November 1844, p. 5.

[31] DUMCR1990.29, *CRI Sixth Annual Report*, 11 November 1845, p. 6.

still considered them preferable to leaving the insane to fend for themselves in the community or to the cottage asylum system where constant medical care and supervision was lacking.[32] Browne's promotion of occupations and amusements remained undiminished, recording for the year 1857: 'Lectures, 26; Dramatic Representations, 20; Concerts, 34; Festivities, Balls, 24; and Excursions, 63'.[33] Further, on six days of each week elementary tuition was given in subjects ranging from drawing to Latin and mathematics in order to 'stimulate intellectual activity, to afford materials for thought'.[34] Through his promotion of moral treatment Browne left behind at Crichton a community stimulated by activities, entertainments and amusements; in every gallery, as he noted, 'there are artists, authors, actors, musicians'.[35] The physician's room had become a 'confessional' and he had 'occupied the position of a parent and a guide' to his patients:

> Where such ties have long existed, where there have been boundless trust upon the one side, and sincere pity upon the other, it would be unnatural were the connexion broken without deep and lasting regret, without an earnest desire that the separation should be neither final nor total, and that there may be granted by the God of light and reason greater capacity for amelioration, more gifted instruments to carry out the designs of Providence.[36]

Browne as Commissioner in Lunacy, 1857-1870

Even before taking up his appointment as Commissioner in Lunacy for Scotland, Browne was already acquainted with his fellow-medical Commissioner, James Coxe (1809-1881) - he was the nephew of George and Andrew Combe, and had been a member of the 1855/7 Royal Commission.[37] The Scottish Lunacy Board comprised a Chairman, two unpaid legal Commissioners, two salaried medical Commissioners, two Deputy-Commissioners, a Secretary, two Clerks and a Messenger. They proved to be a most successful team and worked well together. Andrews credits Browne with setting 'the tone of the Scottish Board's work over the first thirteen years of its existence', promoting the spread of moral treatment and notes that Browne's service was 'applauded by the public asylum sector'.[38] His duties were demanding and involved

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[32] DUMCR1990.29, *CRI Eighteenth Annual Report*, 11 November 1857, p. 8.
[33] Ibid., p. 30.
[34] Ibid., pp. 31-2.
[35] Ibid., p. 32.
[36] Ibid., pp. 40-1.
[37] Coxe was an Edinburgh physician; he had never served as an asylum Physician Superintendent.
[38] Andrews, *"They're in the Trade ... of Lunacy, They 'cannot interfere' - they say"*, p. 17.

extensive travelling throughout the country. As Angus MacNiven records, Browne and Coxe's reports 'testify to the searching character of their inspection' and notes that in 1858 and 1859 they visited 3527 patients in 600 parishes and 30 counties.[39] In 1866 Browne also visited single patients in nine counties, a task normally handed to the Deputy-Commissioners.[40]

Both Browne and Coxe commented on all aspects of the institutions they visited, looking at their general location, building, hygiene, heating, decoration, food and patient activities as well as specifics - the hardness of the pillows or the lack of knives at mealtimes were a common observation. They made two visits each year to the insane in asylums, poorhouses and prisons in their lunacy districts and produced highly detailed reports in which praise for good practice and criticism for inadequate provision were set alongside recommendations for improvements. In 1862, while Murray Royal Lunatic Asylum in Perth was praised for the 'beauty and cheerfulness' of the interior, decorated with 'pictures, statuettes and flowers', in the same report 'house accommodation for the insane poor' of Argyll was found to be 'unsatisfactory, and inferior to what is afforded in other and even adjoining Counties'.[41] Nor was Crichton free from criticism. In 1864 the Commissioners could not 'report favourably on the steps taken in the Dumfries Asylum to remove the defects on which the reports of the Commissioners have from time to time commented'; the sanitary conditions had improved but 'too little is done by ordinary care and attention to promote the general comfort of the patients'.[42]

In spite of the fact that many of those in charge of the insane cannot have relished the inspections, there is only occasional evidence of the Commissioners being made unwelcome. Indeed, for those superintendents keen to see improvements in their establishments these reports provided them with the clear evidence they needed to lay before their governors and directors. Certainly, the Commissioners' recommendations were taken seriously and often had the desired effect. On many occasions subsequent reports mention when improvements had been made. For example, when an inspection was made to Garngad House in Glasgow on 16 April 1861, the Commissioners 'could

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[39] A. MacNiven, 'The First Commissioners: Reform in Scotland in the mid-nineteenth century', *The Journal of Mental Science*, 106, 1960, pp. 467, 470.

[40] Andrews, *"They're in the Trade ... of Lunacy, They 'cannot interfere' - they say"*, p. 15.

[41] *Fourth Annual Report of the General Board of Commissioners in Lunacy for Scotland*, Edinburgh: Thomas Constable, 1862, pp. lxxi and 230-1. Royal Edinburgh Asylum, Millholm House and Elgin Asylum also were noted for having pictures on their walls.

[42] *Sixth Annual Report of the General Board of Commissioners in Lunacy for Scotland*, Edinburgh: Thomas Constable, 1864, p. xxxvii.

not speak in favourable terms of the condition of this establishment', the rooms being 'extremely dirty' and the furniture 'shabby'; a year later Garndgad, now under new management, displayed 'considerable improvement in the neatness and comfort' of the rooms.[43] Scull has commented that the duties of the Commissioner did not suit Browne as well as those of a Physician Superintendent and it is true that travelling must have been tiresome and the separation from his family difficult at times, although he did not always travel alone. In a letter to his son John, dated 14 November 1861, written in the extreme north of Skye, Browne wrote:

> 'I am getting on rapidly with my work and expect now to see you in a week or thereabouts. Maddie [Browne's daughter] bears fatigue and gloom favourably: and seems to think herself repaid by the impressions received by the wild and stupendous scenery through which she passes.[44]

On occasion, Browne combined his inspections of asylums with lecturing duties, in particular for the students of his friend Thomas Laycock: on 9 July 1864, he read a paper on 'The Moral Treatment of the Insane' during their visit to Crichton; and again on 'Epileptics: Their Mental Condition' in July 1865 while inspecting Inverness District Asylum.[45] In the summer of 1866, 'due to the very severe and serious illness' of Laycock, his class of Medical Psychology and Mental Diseases was taken by Browne; one of the prizes for Laycock's students, for 'excellence in written examinations' was 'Browne's prize'.[46] In the same year Browne was elected President of the Medico-Psychological Association, a measure of his standing among his peers.[47] The Association published *The Journal of Medical Science* to which Browne contributed several articles during the 1860s. He also published in the *Medical Critic and Psychological Journal*.

Browne's articles criticising 'cottage asylums' and in particular, the remarkable colony of Gheel, raised contentious issues surrounding the best environment for treating

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[43] *Fourth Annual Report of the General Board of Commissioners in Lunacy for Scotland*, Edinburgh: Thomas Constable, 1862, p. c; *Fifth Annual Report of the General Board of Commissioners in Lunacy for Scotland*, Edinburgh: Thomas Constable, 1863, p. 166.

[44] DUMCR1983.588, CRI, Dr W.A.F. Browne File, 'Letter to John Browne, 14 November 1861'.

[45] Both papers were later published. W.A.F. Browne, *The Moral Treatment of the Insane; A Lecture*, London: J.E. Adlard, 1864; W.A.F. Browne, *Epileptics; Their Mental Condition; A Lecture*, London: J.E. Adlard, 1865. Laycock took his medical psychology students to a number of asylums, including weekly visits to Millholm House, Musselburgh.

[46] Anon., 'Notes and News', *The Journal of Mental Science*, 12, 1866, 435. Browne's prize was awarded as early as 1860.

[47] His son, James Crichton-Browne, was also elected one of the Association's auditors in 1866.

the insane and stimulated much debate among his peers and the wider community.[48] In Browne's opinion such colonies failed for various reasons: their lack of adequate supervision of the 'care and management of the insane', the absence of a 'presiding and supreme medical authority', the excessive (as he saw it) freedom of some set against the 'amount of restraint' placed on others, and the limited employment offered to them.[49] Browne's views were controversial and were widely criticised. However, it should be noted that he had just as many supporters as detractors; when Dr John Webster's paper on 'The Insane Colony of Gheel Revisited' was read at the annual meeting of the Medico-Psycological Association in 1866, over which Browne presided, the ensuing discussion lasted so long that there was no time for any other papers to be read.[50]

During this period, also, Browne began to acquire clinical photographs of the insane. His interest in photography can be traced back as early as 1846: he had accompanied a group of patients to the studios of 'photographic artists' where 'memorials were obtained ... to be transmitted as gifts to distant friends.'[51] In 1856, a 'series of expositions' on photography was delivered at Crichton by Dr Smith:

> The audience was limited to such inmates as were fully capable to follow the history of the art, the physical and chemical laws and processes which are involved in its application, and who could accompany the lecturer in excursions to the neighbourhood; but no facts appear better calculated to dispute the dominion of mystery, to enlighten credulity, than those which prove that the most profound secrets of nature may be revealed, and the most wonderful triumphs over natural difficulties may be accomplished, by scientific penetration.[52]

In 1856 Dr Hugh Welch Diamond (1809-1886), Medical Superintendent of Female Patients at Surrey County Asylum and founding member of the Royal Photographic Society, published an article, 'On the Application of Photography to the

[48] For example, W.A.F. Browne, 'Cottage Asylums', *The Medical Critic and Psychological Journal*, 1861, reprint, London: Savill and Edwards, 1861; W.A.F. Browne, 'Cottage Asylums, A Sequel', *The Medical Critic and Psychological Journal*, 1861, reprint, London: John W. Davies, 1861. For a survey of the nineteenth-century debate on Gheel, see W.L. Parry-Jones, 'The Model of the Geel Lunatic Colony and Its Influence on the Nineteenth-Century Asylum System in Britain' in A. Scull, ed., *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era*, London: Athlone Press, 1981, pp. 201-17. Both spellings, 'Geel' and 'Gheel', were used in the nineteenth century.
[49] W.A.F. Browne, 'Cottage Asylums', *The Medical Critic and Psychological Journal*, 1861, reprint, London: Savill and Edwards, 1861, pp. 12-21.
[50] Anon., 'The Medico-Psychological Association. Proceedings of the Annual Meeting of the Association, held at the Rooms of the Royal Society, Edinburgh, on Tuesday, July 31st, 1866. Notes and News', *The Journal of Mental Science*, 58, 1866, 415-535.
[51] DUMCRI990.34, *CRI Seventh Annual Report*, 11 November 1846, p. 29.
[52] DUMCRI990.34, *CRI Seventeenth Annual Report*, 11 November 1856, p. 31.

Physiognomy and Mental Phenomena of Insanity'.[53] For several years he had been making clinical photographs of his pauper patients, the first to be produced in Britain, and their impact had spread to Scottish medical circles. In autumn 1861, William Carmichael M'Intosh (1838-1931), Assistant Physician and Superintendent at Murray's Royal Hospital near Perth, and a former student of Laycock, gave copies of 'negatives in photography' of his asylum's patients to Laycock, Browne and Dr Lauder Lindsay.[54] Browne, who in the mid 1850s had commissioned drawings of the insane from his own patient, William Bartholomew, must have viewed the 'visual truth' of such photographs as an invaluable aid in the diagnosis and care of the insane, and as illustrations for his lectures and research. Although Browne is not known to have made any photographs himself, his son, James Crichton-Browne, an exact contemporary of M'Intosh at Edinburgh University, did produce photographs of asylum patients at West Riding Asylum in the years from 1870 to 1871. Some of these were sent to Charles Darwin as physiognomical illustrations of different types of mental disease.[55]

While Browne's interests expanded to include the collection of medical photographs, his enthusiasm for patient art did not cease after he left Crichton. As already noted, he continued to acquire works by patients. Examples were certainly obtained from Royal Edinburgh Asylum (patient Flora Manson) in 1859 and from Elgin Asylum (patient William Bannerman) in 1861, possibly during his tours of inspection.[56] His return visits to Crichton also resulted in acquisitions. Of his original artist-patients at Crichton, fourteen remained there after Browne's departure in 1857, and some are known to have continued with their art production. Few of the existing works are dated but it is certain that Joseph Askew created art in 1867 (*Mont St Michel*, 1984.26a and b) and 1868 (*Still Life with Tankard and Pot Plants*, 1984.25a and b). William Bartholomew's drawing *Cake Month* (1984.35) is dated 1861. Research for this thesis has revealed that the wording in Bartholomew's small pencil sketch, *Pandemonium*,

[53] H.W. Diamond, 'On the Application of Photography to the Physiognomy and Mental Phenomena of Insanity', *The Photographic Journal*, July 1856, reproduced in A. Burrows and I. Schumacher, *Portraits of the Insane: The Case of Dr Diamond*, London: Quartet Books, 1990, pp. 153-6.

[54] M. Barfoot and A.D. Morrison-Low, 'W.C. M'Intosh and A.J. Macfarlan: Early Clinical Photography in Scotland', *History of Photography*, 23, 1999, 199-210. M'Intosh later became Professor of Natural History at St Andrew's University. Dr Lauder Lindsay, formerly Browne's Medical Assistant at Crichton, was Medical Superintendent at Murray's Royal Hospital.

[55] For a record of Crichton-Browne's medical photographs, see P. Prodger, *An Annotated Catalogue of the Illustrations of Human and Animal Expression from the Collection of Charles Darwin*, New York: Edwin Mellen Press, 1998. Only one photograph sent by Crichton-Browne was used as an illustration in Darwin's *The Expression of the Emotions in Man and Animals* (1872).

[56] DUMCR1984.3-6, Crichton Art Collection, drawings by William Bannerman; DUMCR1984.119, Crichton Art Collection, *Portrait of two Patients at Morningside Asylum, Edinburgh*.

Theme on Punch (1984.40) indicates a date of 1875 or later: beside the portrait of a Jewish man are the words 'Clown', 'That even he must live', 'Theme on Punch', 'Pandemonium' and 'Christian Public'.[57] These refer to the publication of Anthony Trollope's *The Way We Live Now* (1875) and subsequent anti-Semitic articles in *Punch* (5 and 19 June 1875).[58] If the drawings of French views by an unidentified patient were copied from Wright's *The History of France* they must date from 1860 or later.[59]

FIG. 101   1984.40, W. Bartholomew, *Pandemonium, Theme on Punch*

Crichton after Browne: moral treatment and patient art

James Gilchrist (1813-1885) proved to be a most conscientious successor to Browne as Physician Superintendent at Crichton. Born in the Dumfriesshire village of Collin, he studied medicine at Edinburgh University from 1846, gaining his MD in 1850.[60] Appointed Medical Assistant at Crichton in 1850 for the Southern Counties Asylum and then for the Crichton Royal Institution, he became involved in patients' activities, lecturing on natural history and teaching music and singing before moving to Montrose Royal Lunatic Asylum in 1853. Browne considered him to be his natural successor at Crichton, viewing Gilchrist's appointment as 'a change in the man rather than in the

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[57] DUMCR1984.40, Crichton Art Collection, *Pandemonium, Theme on Punch*.

[58] For more information see J. Mandac, 'Anti-Semitism in Trollope and Punch', The Victorian Web, at www.victorianweb.org/authors/trollope/61wwln2.html.

[59] DUMCR1984.92, Crichton Art Collection, *Palace of the Luxembourg, Paris*; *Hotel de Ville, Paris* (1984.77), *Chateau de Blois* (1984.85) and *Hotel de Ville, Bourges* (1984.80). T. Wright, *History of France: from the Earliest Period to the Present Time*, 3 vols., London: London Printing and Publishing Co., 1860.

[60] A biography of Dr Gilchrist is to be found in Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, pp. 620-3.

system'.[61] Gilchrist was a fine administrator, supervising the extension of the Southern Counties Asylum (1858-68) and the completion of Crichton (1868-72) as designed originally by William Burn. A keen botanist (he had studied botany under Professor John Hutton Balfour, Browne's brother-in-law), Gilchrist was a founder of the Dumfries and Galloway Natural History Society in 1862 and twice served as its President.[62] He established a botanical and geological group at Crichton and often accompanied patients on forays into the countryside in search of specimens for the asylum museum. He also founded an *Omnium-Gatherum* Society which provided 'opportunities for interchange of thought and sentiment to the more highly cultivated and intellectual members of our community'.[63] Gilchrist retired, due to ill health, in 1879. His successor, Dr James Adam (1834-1908) served for only four years before the appointment of Dr James Rutherford (1840-1910) in 1883.

An 'enlightened and devoted psychologist', Gilchrist was said to have gained 'in an extraordinary degree the affection and respect' of patients and staff.[64] There were differences, however, in Browne and Gilchrist's approaches to staff and to medical care. As Morag Williams points out, Gilchrist's upbringing had 'inured him to hardship' and he did not tolerate undisciplined employees; he issued a notice to his attendants in February 1858 warning them to 'keep to their respective galleries, and not lounge about nor carry on conversation on the central or other stairs of the house'.[65] Gilchrist was also more willing than Browne had been to use physical restraints on those patients whom he believed required them. It was noted in the Commissioners' *Report* of 1864, for example, that the 'application for seclusion' was 'slowly diminishing' and that the 'camisole, the sheet, the stuffed gloves, and the locked bed' had only been used 'upon a few occasions since the last entry'.[66] However, in later reports, the Commissioners made unfavourable reference to the continuation of these practices. Indeed, in 1868, Sir James Coxe's criticisms of Crichton, including the 'extensive use of seclusion, stretchers, and canvas dresses', resulted in Gilchrist's written reply to Coxe's report and correspondence from the asylum directors to the Board of Lunacy refuting many of the

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[61] DUMCR1990.29, *CRI Eighteenth Annual Report*, 11 November 1857, p. 39

[62] Gilchrist was President 1874-8 and 1882-5.

[63] DUMCR1990.32, *CRI Thirty-First Annual Report*, 1870, p. 6.

[64] J. Carmont, *The Crichton Royal Institution, Dumfries*, Leicester: Raithby, Lawrence and Co., 1896, p. 17.

[65] Quoted in M. Williams, *History of Crichton Royal Hospital 1839-1989*, Dumfries: Dumfries and Galloway Health Board, 1989, p. 31.

[66] *Sixth Annual Report of the General Board of Commissioners in Lunacy for Scotland*, Edinburgh: Thomas Constable, 1864, p. 142.

criticisms. In their opinion, many of Coxe's statements had been 'inconsistent with the facts'.[67]

Although Gilchrist's personal interest in scientific rather than artistic pursuits is evidenced by the fewer references to drawing and painting that appeared in the individual patient case notes after 1857, the *Annual Reports* did continue to record artistic activities at Crichton. Eight pupils were listed in the drawing class in 1858: two patients were instructed in watercolour painting in 1862; and these classes continued, perhaps sporadically, at least until 1880.[68] As late as 1872 Gilchrist was able to record:

> One gentleman devotes himself to drawing portraits in crayons ... Three ladies are adepts at water-colour drawing. The works of two of them are not unknown to fame. We pass over a host who draw from copies or sketch from nature, not a few of whom have acquired or improved the art by the aid of our usual summer drawing-class. One gentleman devotes himself to map-making: a second provides diagrams for the illustration of our lectures: a third spends much of his time in drawing ornamental designs.[69]

Only four new artist-patients at Crichton (none at the Southern Counties Asylum) are known with certainty to have been admitted in the period from 1858 to 1885, although the number unrecorded may be higher. It should be noted that, after 1860, the Southern Counties Asylum case book entries became extremely brief for the majority of pauper patients; only the basic details of each case history were recorded along with the date of discharge or death. Helen Elizabeth Home came to Crichton on 18 August 1864, age 39; the 'excellent' wife of a major, she was described as 'gentle' and 'highly educated' but her delusions included the belief she was 'God and the Possessor of Earth and Heavens'.[70] Mrs Home amused herself by playing the piano, singing, dancing, needlework, driving in the asylum carriage and in 1866 was recorded as joining the drawing classes.[71] She recovered and was discharged in August 1868. No other reference to her art activity is known and no works by her have been identified.

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[67] *Eleventh Annual Report of the General Board of Commissioners in Lunacy for Scotland*, Edinburgh: Thomas Constable, 1869, pp. 158-160.

[68] DUMCR1990.34, *CRI Nineteenth Annual Report*, 11 November 1858, p. 11. There is no further mention of art classes after the *Annual Report* for 1880.

[69] DUMCR1990.34, *CRI Thirty-third Annual Report*, 11 November 1872, pp. 6-7.

[70] DUMCR1989.66, CRI Case Notes, XIII, Patient No. 977, Helen Elizabeth Home, Admission Notes.

[71] Ibid., Helen Elizabeth Home, August 1866.

John Willis Mason's history has been well documented by Michael Barfoot and Allan Beveridge.[72] Mason was first confined in Millholm House, Musselburgh, on 21 March 1864 and moved to Royal Edinburgh Asylum on 13 October.[73] On his transfer to Crichton on 26 January 1866, he was recorded as age 37, an unmarried 'manager of a Life Insurance Company' who was, according to his brother, 'labouring under the most unfounded delusions' and had attempted to cut his throat with a razor.[74] A 'good draughtsman' who amused 'himself sketching', he was also emaciated and often troublesome; his delusions worsened and he threatened to commit suicide.[75] In August 1866 he was 'frightfully diseased' and while the Crichton records show he was discharged 'relieved' on 12 November 1869, he was actually sent back to Royal Edinburgh Asylum as a pauper patient.[76] While at times 'most gentlemanly in manner' and 'cleanly in dress and person', he was also delusional and was regarded as a dangerous lunatic.[77]

Over the ensuing years, Mason settled into asylum life in Edinburgh and became involved in literary and artistic pursuits. When he died in 1901, he was described as 'a poet, an inventor and a wit'; he had contributed many poems and articles to *The Morningside Mirror*, had been a member of the asylum's Literary Club, an amateur photographer, artist, and even had 'laid claim to several minor inventions, some of which were exhibited, copyrighted and sold beyond the asylum walls'.[78] A collection of his drawings has been preserved in Edinburgh University Library, the product of his time at Royal Edinburgh Asylum.[79] These include two fine watercolours, *Panorama of Edinburgh* (1878) and *View of the Firth of Forth from Dalmeny Estate* (1884), as well as two 'historical' compositions of the same subject, *James V attacked at Cramond Brig AD 1532*, both dated 16 September 1893.[80]

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[72] M. Barfoot and A.W. Beveridge, ' "Our most notable inmate": John Willis Mason at the Royal Edinburgh Asylum, 1864-1901', *History of Psychiatry*, 4, 1993, 159-208.
[73] Ibid., pp. 163-5.
[74] DUMCR1989.66, CRI Case Notes, XIII, Patient No. 1031, John Willis Mason, Admission Notes.
[75] Ibid., March and August 1866.
[76] Ibid., 12 November 1869. See Barfoot and Beveridge, op. cit., see note 72 above, p. 166.
[77] Montrose Asylum records, Case Book, S/R4 57, pp. 231-2. Quoted in Barfoot and Beveridge, op. cit., see note 72 above, p. 169.
[78] Barfoot and Beveridge, op. cit., see note 72 above, p. 159.
[79] John Willis Mason Drawings in LHSA, EUL, GD16, Papers of the Medical Superintendents of the Royal Edinburgh Hospital. These drawings were discovered after the publication of Barfoot and Beveridge's paper on John Willis Mason.
[80] Ibid.
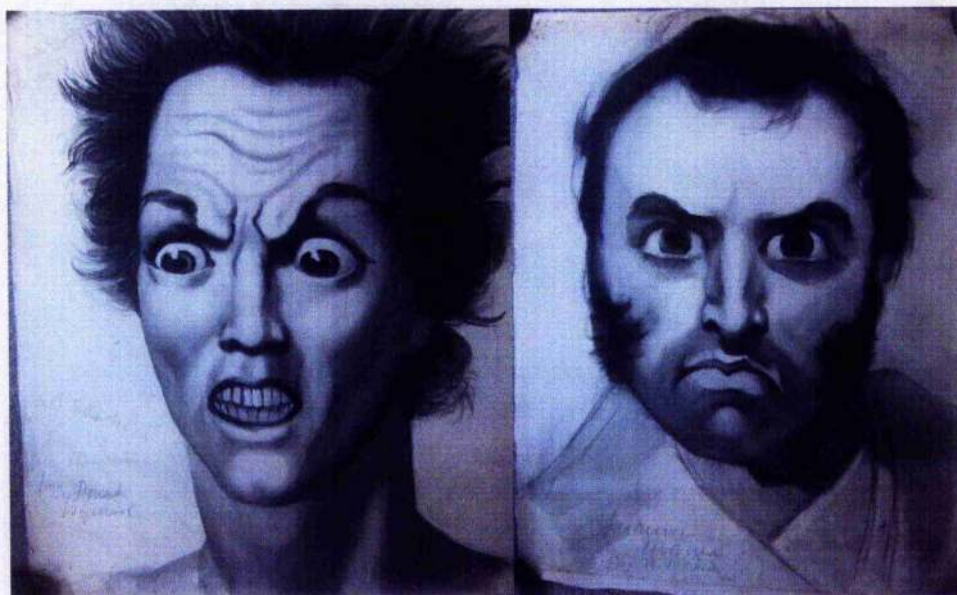
Fig. 102   J. W. Mason, *Furious Mania,* **from Esquirol and** *Furious Mania,* **from Morison**   (courtesy of LHSA, EUL)

The Edinburgh collection also contains five large (four are approx. 67 x 50 cm, one is approx. 61 x 65 cm) black and white ink sketches on paper, mounted on canvas, all undated, by Mason.[81] In style they are quite different from his delicate landscape panoramas. They are copies of illustrations from Esquirol and Morison. They include *Furious Mania*, after Ambroise Tardieu, from Esquirol's *Les Maladies Mentales* (1838) and *Furious Mania*, after Alexander Johnston, from Morison's *The Physiognomy of Mental Diseases* (1840). Both drawings are details of the patient's head.

In 'Mad Artists', Browne mentioned 'a number of bold, graphic, magnified delineations in chalk of small plates in Esquirol, Morison & c., thrown off from night to night in order to become the illustrations of lectures on alienation the following day.'[82] Because Browne appears to have been such a methodical and organised man, it seems strange to have had drawings turned out with such rapidity. In 1866, when Thomas Laycock fell ill and required surgery, Browne took over his class on medical psychology and mental diseases. Browne would already have had the Bartholomew drawings as teaching aids but what if he had wanted to make reference to examples from Esquirol and Morison? He would have needed illustrations in a hurry. John Willis Mason was at Crichton in 1866 and, according to his case notes, was already drawing. On his annual tour of inspection of Crichton, Browne could have been made aware of

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[81] Ibid. The drawings are signed either with monogram alone or monogram and 'm son'.
[82] Anon. [W.A.F. Browne], 'Mad Artists', *The Journal of Psychological Medicine and Mental Pathology*, **6**, 1880, pp. 34-5.

Mason's interest in art and could have requested large copies of Morison and Esquirol illustrations from Mason. The Edinburgh drawings are in ink rather than 'chalk' but it does seem as if Browne was not always precise in his description of materials. Certainly they are of a size and boldness of image that would make them suitable for passing round in a classroom. If they were produced at Browne's request, there may have been more drawings created but these seem to have been the only ones to survive.

How they made their way into the collection formed by Dr Thomas Smith Clouston (1840-1915) and his successors at Royal Edinburgh Asylum is not clear. They are unlikely to have been passed directly from Browne to his friend Laycock since they would have formed part of Laycock's collection of medical diagrams and illustrations that he gifted to Edinburgh University. It is possible that Browne could have given them to Dr David Skae (1814-1873), who had been Physician Superintendent of Royal Edinburgh Asylum from 1846.[83] As physicians of two of the leading asylums in Scotland, Skae and Browne would certainly have known each other; Skae taught Browne's son, James Crichton Browne, when he began his medical training at Edinburgh University in 1857. Perhaps Browne retained the drawings until after his retirement as Commissioner in 1870; blind and unable to use them, he may have decided to pass them on as teaching aids to Skae or to Clouston, Skae's successor at Royal Edinburgh Asylum. By that time Mason was resident in the asylum. It is equally possible, however, that the drawings never formed part of Browne's collection of *Art in Madness*. Without further information, the reasons for, and location of, Mason's production of these drawings remain unknown.

Andrew Kennedy, whose art production has been recorded by Allan Beveridge, was admitted to Crichton on 15 November 1879, having spent seven months in Glasgow Royal Lunatic Asylum.[84] Originally a joiner from Ayr, he had suffered from religious delusions and remained at Crichton for twenty-seven years before being transferred back to Glasgow Royal Lunatic Asylum in January 1896, where he died

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[83] The origins of the collection GD16 are not yet fully known. Couston seems to have begun the collection but may have assembled material from an earlier period. Included are volumes, papers, drawings, photographs and objects. The earliest material dates from the 1840s. I am most grateful to Michael Barfoot for sharing his knowledge of this collection. For more information on Skae, see F. Fish, 'David Skae, M.D., F.R.C.S., Founder of the Edinburgh School of Psychiatry', *Medical History*, 9, 1965, 36-53.

[84] A. Beveridge, 'Discovering the Art of the Insane, the Work of Andrew Kennedy', *Raw Vision*, 23, 1998, 48-57. DUMCR1989.68, CRI Case Notes, XV, Patient No. 1654, Andrew Kennedy, Admission Notes.

three years later.[85] In both hospitals it was recorded that he wrote incomprehensively and drew endlessly but nothing remains at Crichton. Thirty-four drawings by Kennedy have been located by Beveridge in the collections of Dr Thomas Smith Clouston (1840-1915), Medical Superintendent of Royal Edinburgh Asylum.[86] Although many were produced at Crichton they must have been taken by Kennedy to Glasgow; there the Medical Superintendent, Dr Yellowlees, may have passed them on to his friend Clouston, who took a keen interest in the literary and artistic production of asylum patients.[87] Beveridge notes that Kennedy is not represented in Browne's collection because he was admitted after Browne left Crichton and Kennedy's drawings, sometimes with direct sexual references, were not examples of 'sane' productivity by the insane'.[88] It should also be noted that Browne had been blind since 1870 and would not have been able to see the drawings.

The final artist-patient to be admitted before Browne's death in 1885 was William Peel, an unmarried Welsh 'sea faring man'; he came to Crichton on 9 April 1880, age 37 and had previously been confined in asylums in Bristol and Musselburgh.[89] He had suffered 'an attack of Fever at Demerara' and was delusional, irritable and violent. In April 1882 his case notes record that 'he draws and paints a good deal but when completed the result is consigned to the flames'; and the following year mention is made of him painting, although no further reference to the destruction of his art is made.[90] He remained at Crichton until his discharge in October 1887. No known work by him survives in the collection.

The Crichton collection of patient art did not stop after Browne's death. A number of drawings were collected over the years and are now deposited in the asylum museum. There are pencil sketches, some of Jewish men (1984.146-149) by an unidentified inmate and charming watercolours of farm animals and a landscape (1984.150-155) by 'J. G. L.' dating to the 1920s; the patient, admitted in August 1918, was described as 'fond of painting and sketching'.

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[85] Beveridge, op. cit., see note 84 above, p. 50.
[86] William Kennedy Drawings, in LHSA, EUL, GD16, Papers of the Medical Superintendents of the Royal Edinburgh Hospital.
[87] Dr Clouston's papers, patient documents and artwork were transferred with other asylum material to the University of Edinburgh Psychiatry Library before being moved to Lothian Health Services Archive.
[88] Beveridge, op. cit., see note 84 above, p. 54.
[89] DUMCR1989.68, CRJ Case Notes, XV, Patient No. 1670, William Peel, Admission Notes.
[90] Ibid., April 1882 and 9 April 1883.
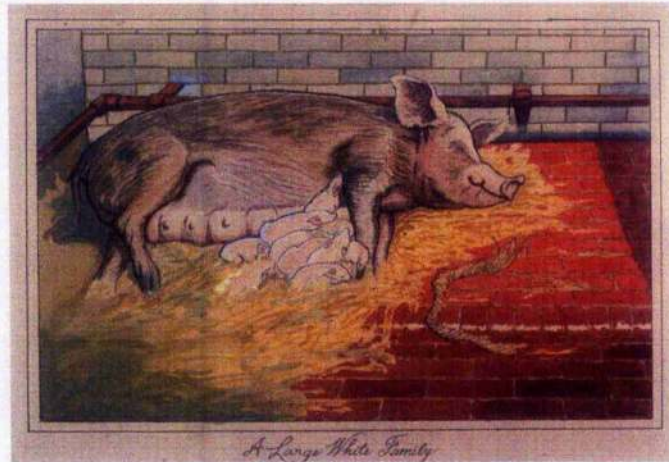
Fig. 103   1984.152, 'J. G. L.', *A Large White Family*

Perhaps the most interesting are ten watercolour drawings exhibiting 'considerable ingenuity and artistic feeling' by the patient John Gilmour.[91] He was transferred from Gartnavel Royal Asylum in July 1905 suffering from 'delusions of persecutions' and discharged eight years later. During his residence he produced ten cartoon-like drawings (1984.136-145) reflecting his experience of treatment in asylums, such as *The Tale Tersely Told* and *The Lunatic Manufacturing Company's Patent*. All these drawings may owe their survival to Dr James Rutherford or Dr Charles C. Easterbrook, Crichton's Physician Superintendents during the late-nineteenth and early-twentieth centuries.[92] They were found in Easterbrook's scrapbook of Crichton 'ephemera'.[93]
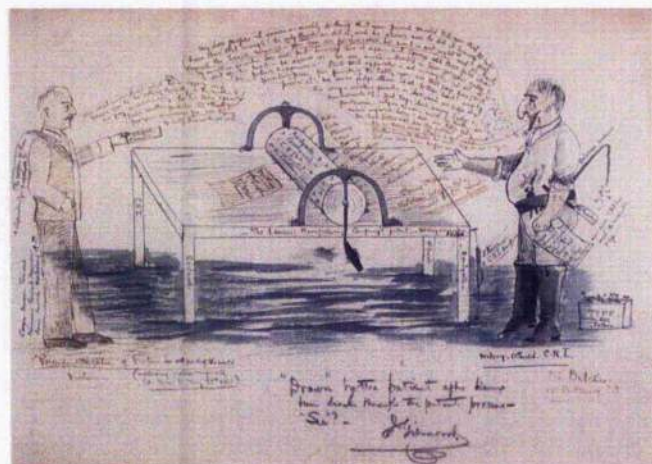
FIG. 104   1984.142, J. Gilmour, *The Lunatic Manufacturing Company's Patent*

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[91] For detailed information on Gilmour's various confinements and artistic production, see A. Beveridge and M. Williams, 'Inside "The Lunatic Manufacturing Company": the persecuted world of John Gilmour', *History of Psychiatry*, **13**, 2002, 19-49.

[92] Ibid., p. 33. Dr Rutherford was Physician Superintendent of Crichton, 1883-1907 and Dr Easterbrook, 1908-1937.

[93] DUMCR1989.320, CRI, Dr Easterbrook's Scrap Book 1838-1937.

Browne's last years

Browne's enjoyment of his art collection must surely have been diminished by the loss of his sight. In 1870, during a tour of inspection in East Lothian, Browne's carriage overturned and he suffered injuries.[94] Several of his obituaries record that he lost his sight through glaucoma as a result of the accident but letters from Browne to Dr Pliny Earle (1809-1892), Medical Superintendent of the State Lunatic Hospital in Northampton, Massachusetts, 1864-1885, reveal that his sight was already fading by the late 1860s. He wrote in April 1868 of seeing 'familiar objects darkly' and by March 1869 his letters were written by his daughter because 'my friends warn me to economise my visual power'.[95] It may also explain why Browne's 1869 *Report* for the Lunacy Commission, although signed by him, was not in his own handwriting.[96] When Earle came to visit him in Dumfries in the summer of 1871 Browne was completely blind. It was a deprivation 'sometimes as overmastering as actual pain' but Browne sought to 'dissipate the tedium' by 'various professional and literary pursuits'.[97]

Upon his resignation as Commissioner in Lunacy, Browne was appointed Psychological Consultant' at Crichton on 16 September 1870 and served in that capacity until his death. Unable to make 'excursions into the regions' of 'invention or discovery', he relied instead upon his 'memory and experience' of mental diseases.[98] Browne found pleasure in continued correspondence with others in his profession such as Pliny Earle and Dr Isaac Ray (1807-1881), Medical Superintendent of the State Hospital for the Insane at Augusta, Maine, and of the Butler Hospital at Providence, Rhode Island.[99] After reading Ray's *A Treatise on the Medical Jurisprudence of Insanity*, published in 1838, Browne had begun a correspondence and exchange of their writings that lasted more than forty years; he wrote Ray's obituary for *The Journal of Psychological*

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[94] Another personal tragedy for Browne also occurred at this time: his son St Vincent de Paul Browne died on 1 February 1870.

[95] American Antiquarian Society, MSS Department, Pliny Earle Papers, Letters from Dr W.A.F. Browne to Dr Pliny Earle, 2 April 1868 and 22 March 1869.

[96] Reference to this is made in Easterbrook, *The Chronicle of Crichton Royal, 1833-1936*, p. 118.

[97] Ibid., Letter from Dr W.A.F. Browne to Dr Pliny Earle, 4 June 1872.

[98] Ibid., Letter from Dr W.A.F. Browne to Dr Pliny Earle, 9 October 1873.

[99] Dr Isaac Ray is regarded as the father of forensic psychiatry in the United States; he was also a supporter of phrenology. In 1879 Ray described phrenology as 'a revelation of new truths'. For more information on Ray, see J.S. Hughes, *In the Law's Darkness: Isaac Ray and the Medical Jurisprudence of Insanity in Nineteenth-Century America*, New York: Oceana Publications, 1986.

Medicine and Mental Pathology in 1881.[100] In America, recognition for his contribution to psychiatry came in 1876 when he was awarded the degree of LL.D by the University of Wisconsin. Browne lectured to Laycock's students on 'Anaesthesia, Hyperaesthesia, Pseudo-Aesthesia, chiefly as met among the Insane' in July 1873; and he took on the duties of Physician Superintendent at Crichton once more in 1873 during Gilchrist's summer vacation.[101] He also contributed more than twenty articles to the *Journal of Psychological Medicine and Mental Pathology* and to the *Journal of Mental Science* in the 1860s and 1870s.

Even in his last years, when invalided by 'neuralgias', Browne empathised with those who were 'engaged in combating the most formidable of the physical enemies of mankind, Insanity'.[102] In his last surviving letter to Earle, dated 19 December 1879, he reported on Gilchrist's retirement, noting that such an event 'must disturb many long established and sacred ties and associations'.[103] He remained a strong supporter of moral treatment activities and in 1875 wrote of his wish that 'a special officer should be appointed to carry out the necessary exercises in the ordinary population of an asylum'.[104] In fact, Crichton's first 'Supervisor of Occupations and Recreations', William Richardson, was not appointed until 1920.[105] Eight years later Miss Jessie Crawford, an art teacher, became Crichton's first 'Arts and Crafts Instructress', with a remit to 'concentrate on the individual patient, to arouse his or her interest and energy, and so to stimulate and activate the mind and behaviour into a more normal and healthier mode of working'.[106] It may be no coincidence that six fine examples of patient art from the first year of Miss Crawford's employment still survive in Crichton Museum.[107]

While Browne's sons achieved distinction in their professions - James Crichton-Browne in medicine and John Hutton Balfour-Browne in law - his unmarried daughters,

[100] W.A.F. Browne, 'In Memoriam: Dr Isaac Ray', *The Journal of Psychological Medicine and Mental Pathology*, 7, 1881, 279-81. Both Ray and Browne had articles published in the *American Journal of Insanity*, 3, 1846, 4.

[101] American Antiquarian Society, MSS Department, Pliny Earle Papers, Letter from Dr W.A.F. Browne to Dr Pliny Earle, 9 October 1873. A reprint of this lecture exists in the Crichton archives.

[102] Ibid., Letter from Dr W.A.F. Browne to Dr Pliny Earle, 30 May 1877.

[103] Ibid., Letter from Dr W.A.F. Browne to Dr Pliny Earle, 19 December 1879.

[104] Ibid., Letter from Dr W.A.F. Browne to Dr Pliny Earle, 1 June 1875.

[105] DUMCR1990.47, *CRI Eighty-First Annual Report*, 1920, p. 19. William Richardson had formerly been a Head Attendant at Crichton.

[106] DUMCR1990.47, *CRI Eighty-Ninth Annual Report*, 1928, p. 19. Crichton was the first asylum in Scotland to make such an appointment.

[107] DUMCR1984.150-155, Watercolours by patient 'J.G.L'. The drawings are all dated 1828.

Madeline and Margaret, remained at home with him in Dumfries.[108] His devoted wife, Magdalene, died on 14 January 1882. Browne was cared for by his daughters until his death, of heart failure, on 2 March 1885. Obituaries appeared in the various medical journals and local press, fulsome in their praise for a man whose 'talents and able administration' had established Crichton's reputation, and whose commitment to lunacy reform had been 'of great value to the country'.[109] Browne was described as 'a man of great natural ability, of broad culture, and real benevolence'.[110] As a contributor to *The New Moon* reflected, 'a great and a good man has passed from our midst'.[111]

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[108] Miss Madeline Goldie Browne (1839-1929) and Miss Margaret Wilhelmina Alexa Frances Browne (1852-1940).

[109] DUMCR1990.36, *CRI Forty-Sixth Annual Report*, 11 November 1885, p. 11; Anon., 'Obituary of W.A.F. Browne', *The Lancet*, 1, 1885, p. 499.

[110] Anon, 'Death of Dr W. A. F. Browne', *Dumfries and Galloway Standard*, 4 March 1885.

[111] DUMCR1989.365, CRI, *The New Moon*, 40, April 1885, 'W.A.F. Browne, LL.D'.

Chapter 11

Conclusion

> In the treatment of nervous cases, he is the best physician, who is the most ingenious inspirer of hope.[1]

This thesis has presented a detailed analysis of the art collection created by Dr W. A. F. Browne during the period from 1839 to 1857 when he was Physician Superintendent of Crichton Royal Institution. Using the extensive archival sources at Crichton, it has traced the formation of the collection, analysed the individual works of art selected for inclusion and examined the cases of the patients identified as participants in drawing and painting. A comparison has been made between Browne's description of his collection in the article, 'Mad Artists', and the volume of drawings, *Art in Madness*, now housed in Crichton Museum. The thesis has established that the existing collection is incomplete. Specific works that once formed part of the collection have been identified in other locations. It has demonstrated that Browne's collection, while created during his years at Crichton, continued to expand after his appointment as Commissioner in Lunacy in 1857. Further, the thesis has identified drawings produced by patients in asylums other than Crichton and has explained possible reasons for their inclusion in Browne's collection. The findings have been placed within the context of Browne's employment of therapeutic activities at Crichton. In an attempt to account for Browne's lifelong commitment to moral therapy, biographical information on his early training and on his later career has been included.

A problem highlighted by this project was the lack of comparative material. Articles on later patients at Crichton have been published by Allan Beveridge, Michael Barfoot and Morag Williams but artist-patients from the period of Dr Browne's superintendence, and the links between art, mental illness and moral treatment, have not been the subject of focused research.[2] Patricia Allderidge's exhibition catalogue on Richard Dadd provides a detailed analysis of the individual paintings he produced at

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[1] S.T. Coleridge, *Specimens of the Table Talk of S. T. Coleridge*, London: John Murray, 1836, p. 189, '2 January 1833'.

[2] See, for example, M. Barfoot, A.W. Beveridge, ' "Our most notable inmate": John Willis Mason at the Royal Edinburgh Asylum, 1864-1901', *History of Psychiatry*, 4, 1993, 159-208; A. Beveridge, M. Williams, 'Inside "The Lunatic Manufacturing Company": the persecuted world of John Gilmour', *History of Psychiatry*, 13, 2002, 19-49.

Bethlem and Broadmoor but makes no attempt to place his artistic activity within the broader context of the medical and moral environment of these hospitals during the nineteenth century.[3] Although there have been significant publications on the theme of art and the insane, notably by John MacGregor and Sander L. Gilman, the aim of these two authors has been to provide an overview of the subject. In *The Discovery of the Art of the Insane*, MacGregor can offer only a few isolated examples of art production in nineteenth-century asylums.[4] Gilman's approach has been to discuss the visual representation of the insane in the nineteenth century rather than the art that the patients produced.[5] He identifies portraits of the insane by professional artists and photographers. This thesis adds to both these areas of research. In presenting a study of a group of patients who produced art in a nineteenth-century asylum, this investigation has been able to show that art was not always an activity pursued in isolation. Instead of MacGregor's handful of examples, the Crichton archives have provided a rich source of 135 drawings, many of which can be linked directly to individual patients through written descriptions in the *Annual Reports* or case notes. The archives have permitted a clearer picture of how and why art was introduced both as decoration within the asylum and as an activity for Browne's patients. They have also aided in the identification of portraits of patients by fellow-inmates rather than by artists brought into the asylum, as described by Gilman, thereby adding another dimension to the visualisation of the insane in the nineteenth century.

Art and Artist-Patients at Crichton

During the course of this project four key issues have emerged in relation to the art: the identity of those patients who became involved in art activity, the nature of the drawings and paintings they produced, Browne's motivation for encouraging them to participate and the reasons why he decided to collect their work.

The thesis has identified thirty-six men and ten women who became involved in drawing and painting at Crichton during the period from 1839 to 1857. Although they did not form a cohesive group, they did, on occasion, form friendships with each other. The most productive period was the early 1850s when thirty-three of the artist-patients

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[3] P. Allderidge, *The Late Richard Dadd*, London: The Tate Gallery, 1974.
[4] J. M. MacGregor, *The Discovery of the Art of the Insane*, Princeton, New Jersey: Princeton University Press, 1989.
[5] S.L. Gilman, *Seeing the Insane*, Lincoln and London: University of Nebraska Press, 1982, reprint 1996; S. L. Giman, *Health and Illness: Images of Difference*, London: Reaktion Books, 1995.

were confined at Crichton. Evidence from the case notes and the existing art collection has been shown to support the claim made by Browne in 'Mad Artists' that his artist-patients were 'almost exclusively belonging to the educated classes'.[6] The Crichton records have revealed that all but five of the artist-patients had received at least a reasonable level of education. Only two, the Cumbrian painter William Blacklock and the Edinburgh engraver William Bartholomew, followed art as a profession. The others ranged from gifted amateurs to complete beginners. A few were talented enough to teach other inmates while for some, art teachers were brought in to the asylum to develop their skills. Art was not simply tolerated at Crichton; it was actively encouraged by Browne.

In *The Discovery of the Art of the Insane*, MacGregor observes that 'artistic activity among the mentally ill was dependent upon long years of hospitalization and of unsuccessful methods of treatment'.[7] But as this thesis has demonstrated, patients did not have to be long-term residents at Crichton for them to become involved in art. While one patient did remain for fifty-one years, others were confined for much shorter periods: William Campbell was resident for only six months and John Oliver, who was responsible for at least nine drawings in Browne's collection, remained for thirteen months. Nor was it relevant to their participation in art whether or not their form of treatment was 'unsuccessful'. Some artist-patients were discharged, 'cured'. Several, such as Arthur Tennyson, are known to have lived for many years after their discharge from Crichton without a recurrence of their illness serious enough to necessitate confinement.

The fact that patients produced art is not exceptional. As we have seen, earlier examples of patient art activity had been recorded by Pinel and Esquirol. MacGregor has located a number of drawings produced by patients during the early-nineteenth century. What is noteworthy, however, is that these artist-patients were working alone in an environment where art was viewed as an unusual or unexpected product of patient activity. This was not the case at Crichton. Although drawing and painting were not activities suited to everyone, appealing mainly to those who were already proficient in art, there is evidence that some inmates were encouraged to try sketching for the first

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[6] Anon. [W.A.F. Browne], 'Mad Artists', *The Journal of Psychological Medicine and Mental Pathology*, 6, 1880, p. 33.

[7] MacGregor, *The Discovery of the Art of the Insane*, p. 9.

time. The records show that Browne was willing to encourage a patient's enthusiasm for, or interest in, art activity when he believed benefit could be derived from it.

The second aspect of this study is the analysis of the artwork produced by patients at Crichton. In 'Mad Artists', Browne described three large volumes of drawings but only one volume, titled *Art in Madness*, has been located. The surviving collection is incomplete and may be an amalgamation of at least two of the original volumes. *Art in Madness* contains 135 pictures, some with images on both sides of the paper. At least fifteen patients can be identified as having been responsible for specific drawings in the existing collection. More than thirty drawings are signed by the patients or have their names inscribed. At least three artist-patients from other asylums in Elgin, Edinburgh and Cheadle, near Manchester, are represented in the collection.

The content of Browne's art collection reflects, for the most part, subjects typically chosen by amateur artists working in Victorian Britain: landscapes, seascapes, narrative scenes, natural history studies, religious themes and imaginative compositions. More than fifty drawings, many of them views of towns and the countryside, are direct copies of engravings in books and journals that formed part of Crichton's library or patients' personal collections. Not all the drawings were produced within the asylum walls; picnics in the surrounding countryside and visits to local beauty spots afforded sketching opportunities. The pictures range from sketches by inexperienced amateurs to productions of high artistic merit. Watercolour was the most common medium but pencil, pen and ink and crayons were also used. The existing works were relatively modest in scale although the records show that one patient, William Bartholomew, produced two large copies after Raphael's Vatican tapestry cartoons.

One of the most interesting features of the collection is how 'normal' many of the drawings appear to be. With the exception of the imaginative compositions by a few patients, there is little evidence of 'insane' productivity. The drawings of asylums, although unusual in subject matter for any amateur artist, would not necessarily indicate their place of production. Browne was careful in his selection of pictures for his collection: not every type of artwork produced by patients was represented. Images produced directly on floors or walls were, by their very nature, omitted. Probably for practical reasons, only a fraction of the output of certain patients, such at David Cathcart who is known to have produced thousands of drawings during confinement, was

retained. There is also clear evidence from the patient case notes that when drawings were considered to be 'grotesque or degrading or unintelligible' they were rarely collected.[8] In this respect, the art at Crichton differs markedly from the comparative material discussed by MacGregor. It would seem that the unusual imagery in the drawings and maps by Richard Nisbett at Pennsylvania Hospital for the Insane was the reason why so many of his works were retained.[9] The drawings by Jonathan Martin at Bethlem were probably collected as much for his notoriety in attempting to burn down York Minster, and the fame of his artist brother John Martin, as for their bizarre imagery and text.[10] But at Crichton many of the pictures cannot claim our attention for the same reasons. *Art in Madness*, this thesis has argued, is a remarkably 'sane' collection.

There are, however, drawings that are normal in appearance but are quite extraordinary in their subject matter: portraits of the insane by the insane. Most of the informal portraits of fellow-patients by John Oliver and William Bartholomew are conventional in format and presentation, without any obvious reference to the mental state of either the sitter or the artist. Browne's art collection contains the earliest records of such portraiture known to exist. Even more unusual is the collection of formal portraits of patients commissioned by Browne. Gilman has published widely on the history of illustrations of the insane, noting the use of such images in medical textbook of the early and mid-nineteenth century.[11] He records how professional artists were employed by Esquirol and Alexander Morison to make portraits of patients for their publications on insanity.[12] But in 1854, when Browne needed illustrations of patients for use in his lectures on mental diseases, he adopted a different approach. Instead of bringing into the asylum a professional artist, he commissioned one of his own patients, William Bartholomew, to compile a 'gallery of portraits of fellow patients'.[13] It is a rare example of such collaboration between patient and physician.

[8] Anon. [W.A.F. Browne], 'Mad Artists', p. 34.
[9] MacGregor, *The Discovery of the Art of the Insane*, pp. 29-31.
[10] Ibid., pp. 45-66.
[11] S.L. Gilman, *Seeing the Insane*, Lincoln and London: University of Nebraska Press, 1982, reprint 1996.
[12] J.E.D. Esquirol, *Des maladies mentales cosidérées sous les rapports médical, hygiénique et médico-légal*, Paris: J.B. Baillière, 1838. A. Morison, *The Physiognomy of Mental Diseases*, London: Longman and Co., 1840.
[13] DUMCR1989.214, SCA MS Case Books, VIII, Patient No. 338, William Bartholomew, 1 June 1854.

Art and Moral Treatment

The third question addressed by this study is why Browne encouraged his patients to become involved in art activity at Crichton. MacGregor has claimed that 'the spontaneous emergence of an interest in painting or drawing accompanying, or as a result of, mental disturbance was to be the central concern of all the nineteenth-century investigations into the pictorial activity of the mentally ill'.[14] This implies that the patient was responsible for initiating the creation of pictures and that physicians only became interested when art 'spontaneously' or unexpectedly appeared. But, as this thesis has demonstrated, the situation at Crichton was more complex than that. Browne did not always wait until a patient requested drawing materials or expressed an interest in art. He actively set about creating a therapeutic environment where art, for certain of his patients, was made available, encouraged, appreciated and even displayed for others to admire. The thesis argues that Browne did so because of his commitment to moral treatment, fostered initially by his early interest in phrenology and by his study of mental diseases in Paris. It was his belief that 'much is gained, if captivity be rendered bearable ... if it can be divested of its bitterness'.[15] Even by 1840, his direction of Crichton was fixed:

> The order and peacefulness of modern Asylums are mainly attributable to the efficacy of occupation, and amusement, and humanity, in rendering the Patients, for the greater part of their time, actually sane.[16]

Under Browne's supervision, convalescent patients became involved in a wide range of occupations appropriate to their social status, skills and interests. Theatrical productions, the publication of an asylum magazine, the creation of an extensive hospital library and museum, musical soirées, ventures beyond the asylum walls to mingle with the 'sane' and even events designed to welcome the 'sane' into the hospital, were begun as experiments and became standard activities at Crichton.

Research on Browne's adoption of moral treatment activities at Crichton raises questions over the validity of Foucault's interpretation of the rise of asylumdom as forging new chains for the insane rather than liberating them and over his claim that inmates were viewed as brutes by society. This thesis also questions Scull's view of British asylums as 'Victorian bins' for those who could not contribute to the new social

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[14] MacGregor, *The Discovery of the Art of the Insane*, p. 31.
[15] DUMCR1990.29, *CRI Third Annual Report*, 11 November 1842, p. 15.
[16] DUMCR1990.29, *CRI First Annual Report*, 1 June 1840, p. 16.

and economic developments in Britain. While institutional care did provide a form of social control, as both Foucault and Scull argue, asylums such as Crichton could, and often did, offer opportunities for cure and release. The records at Crichton reveal an environment where patients were treated neither as 'brutes' nor as society's 'waste'. Individual talents and interests were fostered, new medical and moral treatments were practised (in the hope of a cure) and the insane were given opportunities to mix with the outside world in preparation for their potential return to society. Many of Crichton's patients were discharged 'cured' and did return to some form of useful employment.

In his thesis, Madness and Industrial Society, Frank Rice claims that while the Scottish royal asylums adopted moral management, all of them were slow to embrace innovations in medical treatment.[17] However, an examination of the Crichton *Annual Reports* and patient *Case Books* does provide evidence of Browne's interest in medicinal advances, his own experiments with new combinations of drugs for the treatment of individual mental disorders and his adoption of medication recommended by colleagues. In *The Asylum as Utopia*, Scull has pointed to Browne's 'aggressive tendencies' to administer drugs in large doses but a detailed reading of the archives reveals Browne's approach to have been far more cautious and sensitive than Scull has suggested. Browne withdrew drugs whenever side-effects were observed. The problem that Browne and his colleagues encountered was how to find the most effective medication that could relieve both the mental and physical sufferings of their patients. However, from the evidence available, Browne's commitment seems to have been more firmly rooted to the efficacy of moral treatment rather than drug therapy. While moral management and treatment was undoubtedly adopted in the other royal asylums by the mid-nineteenth century, few superintendents could match Browne's innovations in the range of therapeutic activities offered to patients.

As the archives have revealed, drawing was introduced at Crichton from 1839, as soon as the asylum opened and continued well beyond Browne's time. Art helped to pass the long hours of confinement. It had both a recreational and educational value. The production of pictures may have raised the patients' self esteem, giving them pride in their accomplishments as they turned 'the scratches of a pencil into exquisite paintings' and bolstered their confidence at a time when they may have felt isolated

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[17] F. Rice, Madness and Industrial Society: A Study of the Origins and Early Growth of the Organisation of Insanity in Nineteenth Century Scotland c.1830-70, unpublished PhD thesis, 1981. Copy in Strathclyde University Library.

from the outside world.[18] Art was valued by Browne as part of his commitment to moral treatment. He appreciated the therapeutic value of art, in the form of decoration or as patient activity, long before many of his peers.

This does not fully explain, however, why art appears to have played such an insignificant role in other asylums. Physician Superintendents such as Dr Alexander Mackintosh at Glasgow Royal Lunatic Asylum seem to have shared Browne's enthusiasm for promoting moral treatment through activities and diversions. As Jonathan Andrews and Iain Smith have documented, the Glasgow patients could enjoy musical events, social outings, bowling and badminton and had access to a reading room; they also produced their own asylum magazine.[19] But no reference to art as an activity is made in their account of the hospital. It is, perhaps, an indication that Mackintosh did not share Browne's enthusiasm for the subject.

In their comprehensive survey of *The History of Bethlem*, Jonathan Andrews and his co-authors describe in detail the improvements in the hospital environment and variety of activities for patients that resulted from the appointment of William Charles Hood as Resident Physician-Superintendent in 1852.[20] However, apart from the pictures produced by Richard Dadd, no other artwork is mentioned. Hood certainly encouraged Dadd in his art production but that may have been because Dadd had gained recognition as an artist before his admission to Bethlem. Hood may have considered art produced by patients who were only amateurs as not worthy of attention.

The York Retreat was viewed as a model of moral treatment. Nevertheless, it is not surprising that Anne Digby makes no reference to drawing and painting as activities at the hospital because the Quakers disapproved of art images.[21] Other historians of hospitals where moral treatment was promoted also make only passing reference to art. In *A Generous Confidence*, Nancy Tomes has noted how historians of nineteenth-century psychiatry, in debating the strengths and weaknesses of moral treatment, often have failed to give a voice to the patients whom she describes as 'shadowy figures,

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[18] DUMCR1990.29, *CRJ Fifth Annual Report*, 11 November 1844, p. 8.
[19] J. Andrews and I. Smith, eds., *'Let there be light again': A History of Gartnavel Royal Hospital from its Beginnings to the Present Day*, Glasgow: Gartnavel Royal Hospital, 1993.
[20] J. Andrews, A. Briggs, R. Porter, P. Tucker, K. Waddington, *The History of Bethlem*, London and New York: Routledge, 1997.
[21] A. Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914*, Cambridge: Cambridge University Press, 1985.

appearing only as passive recipients ... of medical treatment.'[22] In her research on Thomas Story Kirkbride's direction of Pennsylvania Hospital for the Insane she focuses on the patients and their response to the treatment they received. Her use of patient case records to provide examples of participation in particular forms of activity is not dissimilar to the approach adopted by this thesis. Tomes is able to highlight the availability of a wide range of therapeutic activities, all of which were also offered at Crichton; drawing, it seems, was permitted at Pennsylvania Hospital but no further details are provided nor are any examples of patient art described.

It appears that art was tolerated in other hospitals but not necessarily promoted if the medical superintendent had no particular enthusiasm for it. This may be the key to understanding why art became such a part of asylum life at Crichton: Browne's personal interest in the subject. More than many of his peers, he valued his patients' drawings regardless of their artistic merit, whether tiny pencil sketches or sensitive watercolour studies, as works of creativity. It was his respect for their productions that led him to form his collection of *Art in Madness*. In linking the production of patient art to the general promotion of moral treatment at Crichton, this thesis expands our understanding of how all activities and pursuits could be employed to cure or alleviate the symptoms of mental diseases.

The thesis has also demonstrated the value of archival research in providing evidence of patient participation in art. Even without the information provided by the existing art collection, a study of the Crichton *Annual Reports* and individual patient case notes has revealed the identity, and number, of individuals who were involved in drawing and painting during confinement as well as details of the type of art they produced. It is possible that a search through the archives of other asylums from the corresponding period would reveal evidence of far more art activity than is known at present.

Browne and his Art Collection

The fourth aspect of this research has been to explain the reasons why Browne formed a collection of patient art. This thesis has revealed that Browne's genuine and personal interest in fine art continued until the last years of his life. He put pictures on display at

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[22] N. Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*, 1984, Cambride: Cambride University Press, p. ix.

Crichton and the Southern Counties Asylum, made personal donations of prints to the hospital and arranged notices in *The New Moon* encouraging others to make donations of pictures. He organised drawing classes and arranged visits for his patients to art studios and to Dumfries's major art exhibition in 1841. When he took the decision to form the collection is not clear. The earliest dated work is from 1843 but other pictures may have been retained even before this date.[23] Eight of the existing drawings in the collection bear inscriptions to Browne or to members of his family. It is possible that in receiving pictures as gifts from his patients, the notion of an art collection began to take shape.

There may be several reasons why the collection became important to Browne. He believed that the insane experienced moments of sanity. Both for Browne and his patients, the artwork could act as proof of such moments. After all, as he observed:

> It is difficult to recognise in men who are engaged in playing the guitar or piano, or in colouring sketches of the surrounding country, or in translating from Hindostanee, German or Spanish; who are writing for the press, who display no greater anxiety than for the first perusal of the morning paper or a game at summer ice; or in females seated at music, or absorbed in reading, writing, or chess-playing, or the mysteries of worsted work - the representatives of either the maniac or the melancholic.[24]

Browne held the opinion that patients 'viewed through any other medium than their productions, would appear weak, or wayward, or deluded.'[25] As he made clear in 'Mad Artists', patients suffering from the most severe forms of mental illness could yet retain enough control to 'exercise their acquired powers' in drawing and painting.[26] Sometimes, as in the case of the imaginative drawings by David Cathcart and William Bartholomew, they do show signs of mental disturbance but not of an offensive nature. These men must have been too interesting for Browne to ignore their drawings. If at one time he considered linking the patient's form of mental disease with the production of a particular type of art, this study has shown that he did not pursue this for every work. Only fifteen drawings record these details. It is possible such information was only included to highlight the range of diseases under which artist-patients laboured and to

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[23] Richard Charteris's *Playbill for the Crichton Royal Institution Theatre* (1984.135) is dated '6 April 1843'.

[24] Ibid., p. 23.

[25] DUMCR1990.29, *CRI Tenth Annual Report*, 11 November 1849, p. 33.

[26] Anon. [W.A.F. Browne], 'Mad Artists', p. 33.

add further proof that few types of insanity excluded inmates from exercising their natural talents.

The art collection was also important to Browne because it served as a permanent and tangible record of patient involvement in moral treatment. Programmes for particular concerts and plays at Crichton do exist on paper but the actual performances, so much enjoyed by patients and staff, are lost to us now. Events such as the Christmas and New Year festivities involved the participation of most patients and brought the community closer together but our impression of them can only be gained from written accounts. Art activity, on the other hand, produced a physical end product. Like the contributions to *The New Moon*, these drawings have survived as primary source material for historians; they support Browne's claims that art was one of those 'active amusements' that became 'an essential and recognised part' of asylum activity.[27]

This thesis has placed Browne's commitment to moral treatment within the context of his early training in mental diseases and has shown that he remained a strong advocate of it in his later years, even after his retirement. Andrew Scull's republication of *What Asylums Were, Are, and Ought to Be*, in *The Asylum as Utopia*, and his chapter on Browne in *Masters of Bedlam*, have stimulated interest in Browne as a pioneer of moral treatment.[28] While acknowledging Browne as one of the leading alienists in Britain, Scull has pointed to his personal ambitions within the emerging specialty of psychiatry and in particular his manouverings to secure his appointment as Commissioner in Lunacy. Scull views Browne's ambition as driven by the desire for financial gain and professional enhancement. However, this thesis has contradicted Scull's view of Browne's character. It has noted two occasions during Browne's superintendence of Crichton when he turned down more lucrative (and prestigious) positions at Royal Edinburgh Asylum in 1846 and at Bethlem in 1852. Both Scull and Jonathan Andrews have also drawn attention to Browne's 'remarkable and opportunistic *volte-face*' in opposing and then supporting the Scottish Lunacy and Asylums Act (1857).[29] The thesis in contrast argues that when change became inevitable, Browne saw

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[27] DUMCR 1990.29, *CRJ Sixth Annual Report*, 11 November 1845, p. 27.

[28] A. Scull, ed., *The Asylum as Utopia: W.A.F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, London and New York: Routledge, 1991. A. Scull, 'The Alienist as Propagandist: W.A.F. Browne (1805-1885)', in *Masters of Bedlam*, A. Scull, C. MacKenzie and N. Hervey, Princeton, New Jersey: Princeton University Press, 1996, 84-122.

[29] See, in particular, J. Andrews, *"They're in the Trade ... of Lunacy, They 'cannot interfere' - they say": The Scottish Lunacy Commissioners and Lunacy Reform in Nineteenth-Century Scotland*, Wellcome Institute for the History of Medicine Occasional Publications, No. 8, London: Wellcome Trust, 1998, p. 8.

it as expedient to be central to these new developments; he was, without doubt, the most experienced asylum superintendent in Scotland at that time and the new position of Commissioner offered him opportunities to improve the quality of asylum care in his own country.

Scull has also highlighted Browne's adoption of a 'prodigiously effective set of techniques for imposing and inducing conformity', and has claimed that the regime deteriorated into 'a repressive form of moral management.'[30] Research on the archives at Crichton has demonstrated that Browne did indeed impose a strictly managed routine but there is little evidence of repression in the wide range of social and cultural activities offered to its patients. The art collection provides clear evidence that patients were free to draw subjects of their own choice and could enjoy pursuits both within the asylum and beyond its walls. This thesis offers a different interpretation of Browne's management at Crichton, one in which Browne displayed a genuine interest in his patients' welfare and a strong commitment to leave no form of moral treatment untried in the search for a cure.

Recent reappraisals of the historiography of psychiatry, by authors such as Joseph Melling and Bill Forsythe, continue to modify Scull's interpretation of provision for the insane in nineteenth-century Britain.[31] They highlight the value of focused research on the individual patient experience and on the regional variations in the management of care. This thesis adds to that body of research by presenting a study of a small group of patients and their artistic production and by locating their activity within the broader programme of moral treatment as adopted by Browne at Crichton. While acknowledging the need for such research, Scull has also stressed the importance of understanding the wider social issues that have affected asylum provision in Britain. Responding to that challenge, the thesis has situated Browne's career within the context of the development of asylum provision, legal reform and the emergence of a psychiatric profession in Britain.

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[30] Scull, ed., *The Asylum as Utopia*, p. 113.
[31] See, for example, J. Melling, W. Forsythe, eds., *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective*, London and New York: Routledge, 1999.

Art at Crichton and Recent Developments

The thesis has investigated the art collection at Crichton, the patients who became involved in drawing and painting and the role of art as decoration and as therapeutic activity in the asylum. In all these respects, Browne's direction at Crichton can be shown to foreshadow more recent developments.

Browne's example in forming an art collection of patient work does not seem to have been followed by his peers in Britain. No other asylum superintendent in the mid-nineteenth century valued their patients' productions enough to form a collection for posterity. The superintendents of asylums in Elgin, Edinburgh and Cheadle passed on examples to him rather than retaining them. As a result, Browne's collection of patient drawings, *Art in Madness*, is the earliest of its kind known to survive. Since the late-nineteenth century, however, there has been a growing interest in the art of the insane and others - psychiatrists, art historians, artists and art therapists - have collected works by the mentally ill. At the very moment when Browne was seeking to convince his readers that the insane could create 'sane' images, interest in the 'insane' productions of the mentally ill was gathering momentum in Europe. One of the highlights of Turin's National Exposition in 1884 was a small exhibition of items from a most unusual private collection formed by Cesare Lombroso (1835/6-1909), Professor of Forensic Medicine at Turin University. Amidst the usual display of arts and crafts was a case containing writings and drawings owned or produced by the criminally insane. Lombroso was to expand his art collection over the years and he published on the links between art and insanity.[32] Others, such as the art historian and psychiatrist Hans Prinzhorn (1886-1933), became interested in the connections in 'psychotic art' between creativity and specific types of mental diseases. During the 1920s, Prinzhorn amassed a collection of more than 5000 paintings, drawings and objects created by the insane.[33] This art is now housed in the Psychiatric University Hospital in Heidelberg.

In 1945 the artist Jean Dubuffet (1901-1985), stimulated by Prinzhorn's publications on art and mental illness, began to appreciate the aesthetic qualities of

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[32] Lombroso's *L'Uomo di Genio* [*The Man of Genius*], when published in 1889, included a discussion of insane art. An English translation was published in 1891. For more information, see MacGregor, *The Discovery of the Art of the Insane*, pp. 91-102. MacGregor incorrectly credits Lombroso with amassing 'the earliest surviving example of a nineteenth-century collection of the art of the insane'.

[33] For more information on Prinzhorn's collection, see MacGregor, *The Discovery of the Art of the Insane*, pp. 185-205. L. Busine, B. Brand-Claussen, C. Douglas, I. Jadi, *Beyond Reason: Art and Psychosis Works from the Prinzhorn Collection*, Berkeley: University of California Press, 1998.

patient art. 'Art Brut' was the term he coined for the productions of the mentally ill and those who work outside the mainstream of conventional art. Dubuffet's Collection de l'Art Brut, in Lausanne, was opened to the public in 1976.[34] Art Brut, or 'Outsider Art' has been the subject of many major exhibitions in the last few decades.[35] In Pittenweem, Fife, since the 1970s, the art therapist Joyce Laing has been forming a collection of works by 'outsiders', many of whom have suffered from psychological illnesses; she uses the term 'Art Extraordinary' for their works. It is interesting to note that in the introductory text panels in her exhibition gallery, Laing acknowledges Browne as the pioneer of our appreciation of such art.

This fascination with creativity and reason is echoed in recent literature. As MacGregor has so ably demonstrated, the collections of Lombroso and Prinzhorn, to which he devotes entire chapters, were formed specifically for the purpose of understanding the connections between mental illness and its expression through art. MacGregor fills his publication, *The Discovery of the Art of the Insane*, with hundreds of illustrations, almost all of which promote the idea that art by the insane, so worthy of study, by its very nature must contain evidence of mental disease. MacGregor has dismissed 'Mad Artists' (which he wrongly attributes to Forbes Winslow) as of 'little interest', citing it as a typical example of the 'uninhibited, usually wildly distorted, accounts of the supposed psychological anomalies of genius.'[36] In doing so, he has missed the point of Browne's article: that just as the artist of genius, suffering from mental instability, can produce art free from the taint of insanity, so can the ordinary patient confined within the walls of the asylum. If the insane productivity of the mentally ill is to be appreciated then all of their productions, including 'sane' images, must be viewed in context. What makes the patient William Bartholomew at Crichton such an interesting subject is not simply his imaginative drawings. Rather, it is seeing these images together with his more relaxed, informal portraits of fellow-patients in the asylum and the precise delineations of the facial features of his commissioned portraits. Only when we see all these aspects of his artistic creativity can we appreciate the complexity of the connections between art and insanity. This thesis argues that 'sane'

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[34] For more information on Dubuffet's contribution to our appreciation of 'Art Brut', see MacGregor, *The Discovery of the Art of the Insane*, pp. 292-308. T.M. Messer and F. Licht, *Jean Dubuffet and Art Brut*, Venice: Trustees of The Solomon R. Guggenheim Foundation, 1986.
[35] One of the most recent major exhibitions on the subject, *Outsider Art*, was held at Tate Britain, 13 September 2005-2 January 2006.
[36] MacGregor, *The Discovery of the Art of the Insane*, p. 91.

art by the mentally ill is as worthy of study as the insane productions and should not be dismissed.

Interest in art as decoration in the hospital and as a therapeutic activity has also developed in recent years. At Crichton, Browne had formed a gallery of pictures by 1845 and had introduced art onto its walls by 1847. Within a decade, often following the appointment of Resident Physician Superintendents keen to brighten the appearance of their asylums, prints and pictures began to grace the walls of many British asylums. By the late-nineteenth century, as contemporary photographs can testify, framed pictures often added a touch of 'homeliness' to the wards and corridors of many hospital interiors. But it was not until after the Second World War that a new appreciation of art's value in the healing environment began to emerge in Britain. Since 1959, Paintings in Hospitals has loaned works of art to hospitals and health care centres for the purpose of enhancing the healing environment.[37] In 1973, Peter Senior was appointed the first artist-in-residence in a British hospital - St Mary's Hospital in Manchester. Senior and others have recommended wider participation of the arts in health care. As a result of such involvement, they suggest that 'the social, spiritual and medical benefits to patients and health care staff would be considerable and unmistakable.'[38] In 1985 Grampian Hospitals Art Trust established an art gallery within Aberdeen Royal Infirmary and its collection of more than 3000 works is now displayed throughout the health board's hospitals and health centres. Since opening in May 1993 London's Chelsea and Westminster Hospital has commissioned sculptures, mobiles and paintings by leading contemporary artists such as Allen Jones and Patrick Heron for display around the building.

Browne's promotion of moral treatment through the arts can also be viewed today as a forerunner of more recent developments in health care provision. Occupational therapy became established in Britain during the First World War; occupation, appropriate to the patient's condition and circumstances, often involved craft activities and was promoted as curative.[39] As mentioned in the previous chapter, Crichton was the first Scottish asylum to employ an art teacher as an instructress and therapist in 1928. The British Association of Art Therapists was formed in 1964 and its

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[37] For more information, see: www.paintingsinhospitals.org.uk/index.htm.
[38] P. Senior, 'The Arts in Health Movement', in C. Kaye and T. Blee, eds., *The Arts in Health Care: A Palette of Possibilities*, London: Jessica Kingsley, 1997, p. 21.
[39] For a brief history of the development of occupational therapy in Britain, see E.M. Macdonald, ed., *Occupational Therapy in Rehabilitation*, London: Baillière Tindall, 1976, pp. 1-15.

members promote the 'use of art materials for self-expression and reflection in the presence of a trained art therapist' in many British hospitals.[40] There is no evidence to suggest Browne acted as a modern day art therapist: it is most unlikely that he was present during the creation of drawings in view of his many duties within the asylum. It is clear, however, that Browne appreciated art as a therapeutic agent and employed it at Crichton because of its curative possibilities. In Susan Hogan's account of the history of art therapy, *Healing Arts*, she traces its origins to art education in the 1930s but also refers to Browne's employment of art at Crichton.[41] This thesis adds to current knowledge of the links between mental illness and art as therapy by providing a detailed examination of the role that art played in the lives of patients at Crichton.

In all these developments there are echoes of Browne's pioneering work at Crichton - his promotion of art as decoration to provide a pleasant ambiance in the asylum, his encouragement of drawing and painting activity as a therapeutic tool and his respect for, and preservation of, patient art. In his Presidential Address to the Medico-Psychological Association in 1866, Browne highlighted the necessity of combining many different approaches to the care of the mentally ill and added a cautionary note:

> Even he who addresses the aesthetical and imaginative part of our nature - who seeks to reach the highest and purest qualities, and to evoke their influence in spreading calm and order in the agitated and confused spirit through our sense of the beautiful and symmetrical - though wise, is only partially wise, if he trusts exclusively to decoration, and music, and distraction; miles of walls may be covered with pictures and statues, his charges may be enabled to see scenes of natural beauty or the wonders of art, and every succeeding day and hour may have its appointed recreation and enjoyment; and asylum life may be rendered more cheerful and gay, and more devoid of care and duty, than home life; and still this humane system must be characterised as incomplete, and when weighed against the claims and necessities of the mind diseased, must be regarded as frivolous.[42]

In Browne's view, the pleasure derived from works of art, whether in the form of appreciating their beauty when displayed on the walls or in books, or in the active participation of their creation, was not enough alone to cure his patients. Art was only one small aspect of a much wider approach to treatment of mental diseases. And yet, as this thesis has revealed, during Browne's years at Crichton, he encouraged the use of art as a therapeutic tool and collected samples of patient productions for his own private

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[40] The British Association of Art Therapists' website at www.baat.org/art_therapy.html.

[41] S. Hogan, *Healing Arts: the History of Art Therapy*, London: Jessica Kingsley, 2001.

[42] W.A.F. Browne, 'Address; on Medico-Psychology', *The Journal of Mental Science*, 12, 1866, p. 313.

collection of *Art in Madness*. The Crichton art collection is a testament to Browne's commitment to moral treatment, his dedication to patient care and his belief in the therapeutic powers of art.

> All men should know ... that the lot of the insane, unfortunate though it be, is not devoid of happiness, that it is susceptible of alleviation, that the means resorted to in order to effect this object are rapidly increasing, and that however inadequate these may prove to do all that is desired or expected, they are dictated by benevolence, and applied with zeal and energy.[43]

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[43] DUMCR1990.29, *Crichton Royal Institution Sixth Annual Report*, 11 November 1845, p. 33.

Appendix

Catalogue of Dr W. A. F. Browne's Art Collection at Crichton Royal Museum, Dumfries

This catalogue builds upon the catalogue originally compiled by Morag Williams, Dumfries and Galloway Health Board Archivist, in 1984. It presents the findings of recent research on the collection conducted by Maureen Park, 2002-2006. Reference is made in the text where attributions have changed from Mrs Williams's catalogue. On compiling the original catalogue Mrs Williams took careful note of all markings on the drawings and their mounts before sending the works for conservation. The new mounts have obscured some of these markings and I rely on Mrs Williams's records for those markings which are no longer visible. The measurements of the drawings, all on paper of varying thickness, are recorded in centimetres.

1984.1
Unknown - E. Fandell, E. Fanshel or Henry Newling?
Portrait of a Lady
Chalk, 36 x 34.3
Inscribed: 'E. Fandell' or 'E. Fanshel' '1844'[?]

This drawing presents a problem. The name inscribed appears to be a signature but does not correspond to any known patient at Crichton. It is possible the name is that of the sitter. It may be the drawing of 'a Head in Crayons' by 'H. N.' [Henry Newling] noted by Browne in the *Fifth Annual Report* but attribution to Newling is not certain. For information on the artist-patient Henry Newling, see 1984.31.

1984.2
Unknown
Conway Castle, Wales
Watercolour, 30.2 x 43.5

Copy of an unidentified print. View of the castle in the foreground with the suspension bridge visible in the distance.

1984.3
Attrib to John Bannerman
Decorative Circlet
Watercolour, 6.6 x 5.7

This drawing employs similar washes of colour and thin, loose brushstrokes to the works by the Elgin Asylum patient John Bannerman although attribution remains uncertain. For information on the patient John Bannerman, see 1984.4.

1984.4
John Bannerman
Girl in a Landscape
Watercolour, 25.3 x 35.8
Inscribed on reverse:
'11 Feby 1861. The production of I. [or J.] Bannerman, now in Elgin Asylum, formerly in Millholme [sic], Musselburgh. He had commenced an apprenticeship as an Engineer in Oban when Mania occurred. It was attributed to evil practices; and was followed by stupidity and dullness. He is now regarded as convalescent. This and 2 and 3 of the series and a vast number of similar [smaller?] attempts were executed during insanity.'

The limited surviving Elgin Asylum archives record William Bannerman as patient No. 107, an unmarried clerk, age 17, admitted on 4 July 1860. He entered the asylum in 'good' bodily health and was discharged 'recovered', on 25 February 1861. He was readmitted on 29 August 1863, (Patient No. 183), by which time he was a 'farm servant' suffering from 'delusions'. Bannerman died at Elgin Asylum on 8 January 1874. See Northern Health Services Archives, GRHB 46/3/2, Elgin Asylum Register of Lunatics.

1984.5
John Bannerman
Romantic Highland Scene with Kilted Youth and Two Young Women
Watercolour, 38 x 52.6
Inscribed: 'II'

Browne described Bannerman's drawings in 'Mad Artists' as 'representing spots and transactions in the Highlands, and imbued with the most brilliant and blazing colours, the story told is merely stupid and Quixotic.' See Anon. [W.A.F. Browne], 'Mad Artists', *The Journal of Psychological Medicine and Mental Pathology*, 6, 1880, p. 34. Previous tentative attribution to Bannerman. Stylistically identical to 1984.4.

1984.6
John Bannerman
Scottish Battle Scene
Watercolour with varnish, 37.8 x 49.6
Inscribed: 'III'

The battle scene may have been inspired by a set of engravings in H. Tyrrell, *The History of the Present War with Russia, Giving Full Details of the Operations of the Allied Armies*, London: Printing and Publishing Company, n. d. [c.1855]. The engravings, such as *Capture of the Malakhoff* and *Highlanders at the Battle of Alma*, show marked similarities of composition to Bannerman's drawing. The engravings were by Joseph Austin Benwell, George W. Terry and the amateur artist Rear-Admiral William Allen (1793-1864) who served as a lieutenant during the Crimean War.

1984.7
William Campbell
Ederline House, Argyll
Pencil and gouache, 18 x 26.5
Inscribed: 'L. [?] C. 1852'. On reverse: 'Dipsomaniac'

This is a view of William Campbell's family residence. The original Ederline House, demolished in the 1960s, was a building of similar architectural style to that in Campbell's drawing and was positioned by Loch Ederline overlooking Dun Dubh.

William Campbell, a physician and proprietor from Ederline in Argyll, was admitted to Crichton on 11 July 1851, suffering from 'dipsomania'. He had been a patient in Saughton Hall Asylum for several months. At Crichton his period of confinement was brief; he was discharged on 30 January 1852. According to his notes, William Campbell 'employed his time in reading, painting, constructing tackle for angling and amusements'. See DUMCR1989.213, CRI MS Case Books, XVII, Patient No. 578, William Campbell.

1984.8
Unknown
Seascape with upside down view
Watercolour, 17.2 x 25.4
Inscribed on reverse: 'Dipsomaniac'

A work of imagination rather than a copy of a print.

1984.9
Unknown
Landscape with Castle, Loch and Hills
Pencil and watercolour, 19.1 x 28.9
Inscribed on reverse: 'Erotomania'

A fine watercolour of a castle on the edge of a loch. The castle has not been identified; the image may be a work of imagination rather than a copy of a print. A previous tentative attribution to William James Blacklock cannot be confirmed on stylistic grounds. For information on Blacklock, see 1984.34.

1984.10
Margaret Towers
View of Criffel with Cottages
Watercolour, oil and varnish, 15.3 x 22.3
Inscribed on mount: 'Erotomania'
Inscribed on reverse: 'To Dr W. A. F. Browne, with best regards, and kindest wishes from an obliged friend and admirer. Margt. [her surname and exact location partially erased, possibly by Browne], Edinb. 25th November, 1853'.

Margaret Towers (or Tower), age 47, an unmarried gentlewoman from Edinburgh, was admitted to Crichton on 18 May 1844. There is only one mention in her case notes of art: in June 1844 Browne commented that 'she is reported to draw well, but disclaims the accomplishment'. She was discharged in August 1853 to an unidentified asylum near Edinburgh from where she sent to Browne this watercolour. See DUMCR1989.213, CRI MS Case Books, IX, Patient No. 260, Margaret Towers.

1984.11
Unknown
Coastal Scene with Ships in Stormy Sea
Oil and watercolour, 8.4 x 17.6

Possibly inspired by a seascape print rather than drawn from imagination.

1984.12
David Cathcart
Battle Sketches
Pen and ink, 41.9 x 34.2
Inscribed on reverse: 'Mr Cathcart'

Stylistically identical with Cathcart's signed work. The text begins: 'We are a part of the 1st Regiment of Lifeguards 5th Battalions of Dragoons ...' and continues with a lengthy, rambling account of their battle exploits. *Battle sketches* depicts a fortified harbour in the middle distance with battleships beyond. The sheet has been folded in half, with some text within the drawing and the rest written upside down on the lower half.

David Cathcart was admitted to Crichton on 29 June 1849 labouring under 'furious mania'. He had been a patient at Glasgow Royal Lunatic Asylum from1841 where he was recorded as drawing. At Crichton Browne noted Cathcart's enthusiasm for drawing: 'He now records his former achievements: or rather he depicts his share in the arts and acts of war in a series of pen and ink sketches with a running commentary. These productions are not altogether destitute of merit: but from their enormous number suggest the idea that the world must have been for ages nothing more than a bloody battle field: on which he was the chief destroyer.' See DUMCR1989.213, CRI MS Case Books, XV, Patient No. 516, David Cathcart.

1984.13
David Cathcart
The Grand Defeat of Marshall Soult
Pen and ink, 18.8 x 23
Inscribed in capital letters: 'The Grand Defeat of Marshal [sic] Soult near Broxells in the late war with Nicholas and Napoleon in the Flemish Netherlands', 'Valtort', 'D Cathcart'

Signed work by David Cathcart. Sketchy treatment of subject with cavalry, cannons and wheels in foreground.

1984.14
David Cathcart
The Victory of Ostermond
Pen and ink, 18.9 x 22.9
Inscribed: 'The Victory of Ostermond. After gaining which we instly [sic] Osopold proceeded to hand Nicholas and Napoleon at [sic]'

Stylistically identical with Cathcart's signed work. In this drawing, cavalry, horses, cannon, trees, flags and sails are suggested by the slightest of lines.

1984.15
David Cathcart
The Army of the Emperor Napoleon, the Battle of Lisbon and Victory
Pen and ink, 18.4 x 21.9
Inscribed: 'Portugal', 'The Army of Napoleon', 'The Battle of Lisbon and Victory', 'The Artillery', 'The Cavalry of Italy', 'Portuguese and Spanish Army', 'Sebastiani'

Stylistically identical with Cathcart's signed work. This drawing illustrates the artillery and cavalry positions in the Spanish and Portuguese army before the battle.

1984.16
David Cathcart
The Battle of Horndean
Pen and ink, 17.3 x 22.8
Inscribed: 'Battle of Horndean'

Stylistically identical with Cathcart's signed work. The *Battle of Horndean* is the sketchiest of the drawings. Only a few lines are used to denote the presence of horses and riders in the foreground.

1984.17
David Cathcart
Triumphal Scene
Pen and ink, 19 x 30.3
Inscribed: 'Mr Cathcart'

Stylistically identical with Cathcart's signed works. Sketch with cavalry, towers and ships.

1984.18
David Cathcart
The Queen Anne Brigg of Havon
Pen and ink, 37.5 x 31.9
Inscribed: 'Mr Cathcart'
Inscribed on reverse: 'Mania with Delusions. Author produces thousands. He is Count de Narbonne. Destroyer of the Russians.'

Stylistically identical with Cathcart's signed work. A series of sketches of ships, figures and buildings, accompanied by a rambling account of the ship's naval encounters. By June 1854 Browne noted of Cathcart: 'He is now engaged in recording a hundred engagements that took place between Dumfries and Castle Douglass [sic], the French troops being commanded by himself Marshall Narbonne. He has just finished a series exactly representing the great Russian War in Aberlady Bay in 1845 in which a fleet of a thousand ships of the line were stranded a hundred thousand men were destroyed and the capital delivered from the grasp of the invader. He was killed upon this eventful day: but on being carried to a Church and wrapped in flannel he and all the patriotic champions were resuscitated.'

1984.19
Unknown
Coastal Scene with Rocks
Pen and ink, 18.2 x 23.8

Fine pen and black ink drawing, probably a copy of an unidentified print.

1984.20
Unknown
Continental River Scene
Pen and ink, 17.9 x 24.2

Fine pen and black ink drawing, certainly a copy of an unidentified print. Perhaps by the same artist-patient as 1984.19. The drawing was listed originally as 'North African?'

1984.21
Unknown
Interior of Large Hall with Wooden Ceiling
Pen and ink, 22.6 x 18.3
Inscribed: 'Mania of Vanity'

Fine pen and black ink drawing, probably a copy of an unidentified print.

1984.22
Joseph Askew
View of Lake Como (?)
Pen and ink and watercolour, 23.7 x 30.4
Inscribed: with artist's name [no longer visible]

The original source for this drawing has not been identified. Although prints of Lake Como were produced by several nineteenth-century artists such as Turner, Calcott and Allom, the exact print remains unknown. The print may also possibly represent an island on Lake Maggiore. The drawing was listed originally as 'positively identified'.

Joseph Askew, an unmarried merchant in South America, age 28, was admitted to Crichton on 9 August 1853. In June 1855 it was noted that 'he attempts to draw' but no indication of the subject matter was given; by June 1857, Browne's last report, he observed that in 'drawing and painting there is likewise improvement though his landscapes and groups have borrowed the precision of the hand which created them.' Joseph Askew was the last surviving patient of Browne: after more than fifty years in confinement, he died on 29 January 1904. See DUMCR1989.213, CRI MS Case Books, XIX, Patient No. 651, Joseph Askew and DUMCR1989.63, CRI Case Notes, X, Patient No. 651, Joseph Askew.

1984.23
Joseph Askew
The Port of Leghorn
Pen and ink and watercolour, 23.4 x 30.3

Copy of a print after the painting by A. W. Callcott, published in 1850. A print version by J. C. Bentley appeared in *The Art Journal*, 2, 1850, p. 288. Sir Augustus Wall Callcott (1779-1844) was one of the most successful artists of his day. He was knighted in 1837. The original painting is now in Tate Britain. The painting formed part of the collection of Sir Robert Vernon (1774-1849) who gifted 166 paintings and sculptures to the National Gallery in 1845; an illustrated compilation of his collection was published in 1854 and may have served an alternative source for Askew. The drawing was listed originally as 'Mediterranean scene?'.

1984.24
Joseph Askew
Val St Nicola, Switzerland
Pen and ink and watercolour, 27.9 x 22.1
Inscribed: 'Askew'

Copy of a print after a painting 'full of beauty' by J. D. Harding, published in 1854. An engraved version by Richard Wallis appeared in *The Art Journal*, 6, 1854, p. 40. The painting formed part of the collection of Sir Robert Vernon (1774-1849). An illustrated compilation of his collection, published in 1854, may have served an alternative source for Askew. The drawing was listed originally as 'Rural scene'.

1984.25a
Joseph Askew
Still life with Tankard and Pot Plants
Watercolour, 22.3 x 28.5
Inscribed on reverse: 'J Askew 1868'

Drawing from imagination rather than a copy of a print. Decorative stylised still life. A previous tentative attribution to Joseph Askew can be confirmed on stylistic grounds.

1984.25b
Joseph Askew
Still life with Fruit and Vegetables
Watercolour, 22.3 x 28.5
Inscribed: 'J Askew 1868'
Reverse side of 1984.25a.

Drawing from imagination rather than a copy of a print. Decorative stylised still life. A previous tentative attribution to Joseph Askew can be confirmed on stylistic grounds.

1984.26a
Joseph Askew
Mont St Michel
Pencil, 15.3 x 12.1
Inscribed on reverse: 'Mr Askew 5 Ap 67 Mania of Suspicion under influence of Mesmerism'

The original source for this drawing has not been identified. Mont St Michel was a very popular subject with nineteenth-century artists including Turner and Clarkson Stanfield.

1984.26b
Joseph Askew
Sketch of Mont St Michel
Pencil, 13.7 x 10.5
Inscribed: 'Mr Askew 5 Ap 67 Mania of Suspicion under influence of Mesmerism'
Reverse side of 1984.26a.

Preparatory pencil sketch of unidentified print.

1984.27a
Joseph Askew
Statue of Arnold von Winkelreid, Stantz, Switzerland
Watercolour, 15.1 x 12
Inscribed on reverse: 'J Askew', 'Mania of Suspicion'

Copy of a print, *Statue of Arnold von Winkelreid at Stantz*, after a picture by William
Bartlett. An engraved version by Payne had appeared in W. Beattie, *Switzerland
Illustrated in a Series of Views taken expressly for this Work by W.H. Bartlett, Esq.*, 2
vols., London: Virtue, c.1838. Another engraved version by E. I. Roberts also exists and
may have been a source. The drawing was listed originally as 'Column with soldier;
town square by a church; water trough'.

1984.27b
Joseph Askew
Sketch of Statue of Arnold von Winkelreid, Stantz, Switzerland
Pencil, 13.6 x 10.3
Inscribed: 'J Askew', 'Mania of Suspicion'
Reverse side of 1984.27a.

Preparatory pencil sketch of print after a picture by William Bartlett.

1984.28
Joseph Askew
The Ruined Temple
Watercolour, 21.9 x 27.9
Inscribed: with artist's name [no longer visible]

Copy of a print after a painting by Richard Wilson. An engraved version by C. Cousen
appeared in *The Art Journal*, 6, 1854, p. 76. The Welsh artist Richard Wilson (1713/4-
1782) was one of the pioneers of landscape painting in Britain. The painting, in Tate
Britain, is now known as *Strada Nomentana*. It formed part of the collection of Sir
Robert Vernon (1774-1849) who gifted 166 paintings and sculptures to the National
Gallery in 1845; an illustrated compilation of his collection was published in 1854 and
may have served an alternative source for Askew. The drawing was listed originally as
'Ruined mill by waterside'.

1984.29a
Joseph Askew
Sketch of Coastal Scene with Donkeys
Watercolour, 9.7 x 15.4

Appears to be a copy of a print. The original source for this drawing has not been identified. A previous tentative attribution to Joseph Askew can be confirmed on stylistic grounds.

1984.29b
Joseph Askew
Sketch of Harbour Scene
Watercolour, 9.7 x 15.4
Reverse side of 1984.29a.

The drawing is only a sketchy outline. The original source for this drawing has not been identified. A previous tentative attribution to Joseph Askew can be confirmed on stylistic grounds.

1984.30
Attrib to Marianne Rigby
Flower Composition
Watercolour, 20.8 x 13.8

Designed to be viewed from any angle, it imitates the flower vignettes that became fashionable in the magazines and publications of the mid-nineteenth century. Such vignettes, for example, appeared as illustrations in J. Louden, *The Ladies' Flower-Garden of Ornamental Perennials*, London: William Smith, 1843. The drawing was listed originally with the note: 'Case notes might suggest Miss M. R.'

Marianne (or Mary Ann) Rigby, a governess aged 37, was admitted to Crichton on 10 October 1846. Miss Rigby proved to be a difficult patient. She was described variously as 'unapproachable' and 'morbidly shy and inaccessible'. In 1852 Browne recorded her decline towards 'fatuity' and by 1855, her quarrelsome behaviour had been replaced by 'industry, privacy and passiveness'. In 1848 Browne noted how art was therapeutic for her mental disease: 'When engaged in drawing an amelioration takes place ... Her productions with the pencil and in colors [sic] are very beautiful and valuable as specimens of art. Their excellence is the more wonderful that she labors [sic] without the usual appliances, the paper placed upon her knee held in her hand or occupying such constrained position as her bashfulness or irritability may render necessary.' The *Obligants' Book* noted her death on 24 May 1858, six months after Browne's departure from Crichton. See DUMCR1989.213 CRI MS Case Books, XI, Patient No. 382, Marianne Rigby. For another work attributed to Miss Rigby, see 1984.129.

1984.31
Henry Newling
Trento, Tyrol
Pen and ink, 18.3 x 13.2
Inscribed on reverse: 'Pride by Prince Charles Edward', 'Mr Newling', 'Trento, Tyrol'

A drawing of high quality. The original source has not been identified although it is similar in style to the prints of J. D. Harding (1797-1863). Henry Newling, a bookseller from Liverpool, was twice a patient at Crichton: he was first admitted, age 36, on 12 July 1843. Disappointment in trade was recorded as the cause of his disease, 'monomania of pride'. He believed himself to be Prince Charles Edward Stuart. By June 1844, he was described as having found 'much pleasure and benefit in reading, drawing in pencil and crayons' and had 'attained great proficiency in the latter art'. Newling was discharged on 11 November 1844 and not readmitted until nine years later, on 13 July 1853. During his second confinement he resumed 'his cultivation of art from which so much pleasure and benefit was or appeared to be derived'. He was discharged from Crichton on 3 February 1855. See DUMCR1989.213, CRI MS Case Books, VIII, Patient No. 228, Henry Newling.

1984.32
William Bartholomew
A Christmas Hymn music sheet
Pen and ink and watercolour, 35.5 x 27.4
Inscribed within design: 'W. B.'

Intricate penmanship. *A Christmas Hymn* was by J. Nares and E. Clare. Dr James Nares (1715-1783); E. Clare has not been identified. Bartholomew's inscription is incorrect. The music (not the words) was by Dr Nares. Above the music is a beautiful detail from Raphael's *Sistine Madonna* (Gemäldegalerie, Dresden); the image was widely reproduced in the nineteenth century. The music sheet may have been produced around 1871 when it was recorded that Bartholomew was 'copying prints music etc.'

William Bartholomew is first recorded as a patient at Royal Edinburgh Asylum, admitted on 21 July 1849, age 30, suffering from 'acute mania marked with hallucinations of seeing and hearing'. By the time of his admission to the Southern Counties Asylum on 27 September 1853 he had suffered several attacks of 'delirium tremens'. From early October, however, improvement was observed. Gradually he 'regained equanimity' and 'directed his attention to reading and drawing'. Bartholomew remained at the Southern Counties Asylum until his discharge in August 1855. When he returned on 5 December 1856, it was to the Crichton Royal Institution as a paying patient; he was described as 'maniacal'. The following year, Browne referred to Bartholomew's drawings as 'clever but incongruous, absurd and mythical: generally blurred or colored [sic] by whatever pigment the floor, or flowers around, supplied'. In 1862 he was producing 'pen and pencil caricatures'. On 11 November 1864 he was transferred to the Southern Counties Asylum but once again returned to Crichton in April 1871 where he remained until November 1877. He died at Royal Edinburgh Asylum in June 1881. See, for example, DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 758, William Bartholomew; DUMCR1989.214, SCA MS Case Books, VIII, Patient No. 338, William Bartholomew.

1984.33
William Bartholomew
Forgive Blest Shade music sheet
Pen and ink, 27.6 x 22.6
Inscribed within design: 'W. B.'
Text: 'Forgive blest shade, the tributary tear, That mourns thy exit from a world like this; Forgive the wish that would have kept thee here, And stay'd thy progress to the seats of bliss. No more confin'd to grov'ling scenes of night; No more a tenant pent in mortal clay. Now should we rather hail thy glorious flight, And trace thy journey to the re'lms of day.'

Intricate penmanship. The text for *Forgive Blest Shade* was a well-known epitaph, set to music by Dr John Wall Callcott (1766-1821). The dates for this musical score is unknown but it is possible it was produced around 1871 when Bartholomew was noted as 'copying prints music etc.'

1984.34
Unknown, attrib to William James Blacklock
Architectural Fantasy
Pencil, watercolour and oil, 34.5 x 28.8
Inscribed on reverse: 'Glasgow Bothwell'

It is possible the drawing of an 'ancient cathedral', as noted in 'Mad Artists', may be identified with this watercolour drawing of a church. The architectural ornamentation, however fantastical in appearance, is drawn with a precision and apparent ease of execution that marks it as the work of a professional or highly skilled amateur, and finds parallels in Blacklock's studies of picturesque buildings such as *Abbotsford* (Tullie House Museum and Art Gallery, Carlisle) and *Wetheral Abbey* (Carlisle Library). A bridge with arches is shown lower centre: this is a recurring motif in Blacklock's works, included in two drawings done at Crichton about the same date. Of special interest is the presence of a female figure in the right foreground, turned away from the spectator. Browne described her as Blacklock's 'idol', appearing as 'a Lilliputian figure in the great proportion of his drawings.' She can be found in *Derwent Water* and *Catbells and Causey Pike* (both in Tullie House Museum and Art Gallery, Carlisle) and in three of the drawings in the Laycock Collection, Royal College of Physicians of Edinburgh Library. For another work attributed to Blacklock, see 1984.125.

William James Blacklock (1816-1858), admitted on 28 November 1855, was the only professional painter to be confined at Crichton during Browne's superintendence. On moving to London he became a regular exhibitor at the Royal Academy from 1836. Blacklock's admission notes describe him as an unmarried landscape painter, age 39, 'egotistical, self-willed passionate but easily subdued'; invasion of the disease, 'monomania of ambition and general paralysis', had been 'gradual for about five months' and was 'perhaps hereditary'. By February 1857 Browne was recording periods of 'partial stupor' and paralysis 'ushered in by epileptic convulsions'. As Blacklock's disease progressed, so the decline in his artistic activity was noted. Blacklock died of convulsions at Crichton on 12 March 1858. See DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 732, William James Blacklock.

1984.35
William Bartholomew
Cake Month – ain't it ridik'lus?
Pencil, pen and ink, 24.9 x 41.8
Inscribed: 'W. Bartholomew Dec. 1861'

In this drawing, images and text in English and Latin spill out onto the paper with no sense of order: a figure beside an ancient chariot; a woman with 'gorgon' written through her hair holds a scythe; words such as 'Aegyptum', 'Crew [sic] Station', 'Sheba', 'Araby's car' and 'Lochiel'.

1984.36
William Bartholomew
Portrait of John Smith
Pencil, pen and ink, 27.9 x 31.7
Inscribed: 'John Smith, Joiner'
Inscribed on reverse: '4', 'the case of Dr. Browne, Crighton [sic] Royal Asylum'

Included in the drawing are the words 'music stool', easy chair, 'plantagenets', 'Bartolomeo', 'mace de Douglas'. Basic sketch on reverse. The patient John Smith, a joiner, was admitted to Crichton on 16 December 1867.

1984.37
William Bartholomew
Portrait of George Radcliffe
Pen and ink, 18 x 11.2
Inscribed: 'For W.A.F. Browne'

George Radcliffe, from Liverpool, entered Crichton on 21 February 1853 and remained until his death in April 1897. Because Radcliffe was resident in Crichton Royal Institution rather than the Southern Counties Asylum, it is likely to have been produced after Bartholomew had been admitted to Crichton in 1856.

1984.38
William Bartholomew
Portrait of William Smith
Pencil, 18.3 x 10.6
Inscribed: 'William Smith'

Perhaps signed by Smith rather than Bartholomew. This drawing may represent one of three different patients: William Smith admitted to the Southern Counties Asylum on 4 December 1865 and discharged 31 January 1866; William Smith admitted to the Southern Counties Asylum on 5 May 1866, discharged 2 August 1866, readmitted 18 September 1866 and died 21 April 1868; William Smith admitted to the Southern Counties Asylum on 3 January 1874 and transferred to Crichton on 4 May 1874.

1984.39
William Bartholomew
Portrait of James Yorstoun Thorburn
Pen and ink, 31.3 x 18.4
Inscribed: '19 June 1855', 'James Yorstoun Thorburn. Chevalier of the Grand Cross of Poland. To Cowper James Yorstoun Thorburn with Papa's love. June 19th 1855. Sketched by Wm Bartholomew Esq of Edinburgh'

Sketch accompanied a letter to Thorburn's son which begins: 'My Dear Cowper; I sent you an order from Annan some thrice weeks ago to draw £5 sterling from my banker Mssrs Drummond Charing Cross as a small present to you.'

The drawing of fellow artist-patient *James Yorstoun Thorburn* forms part of a letter from the sitter to his son. Thorburn was admitted first to the Southern Counties Asylum on 12 December 1853 when his attempts 'to represent allegorically in a series of drawings his opinions and creed' were described by Browne as one of his 'absurd acts'. Discharged in May 1854, he was readmitted three times before being transferred as a paying patient to Crichton in November 1860. He continued to produce drawings for his case notes refer to him as drawing 'pictures generally illustrative of his visions and of his exploits' in 1862. He continued to be transferred between the two asylums in later years and died at Crichton on 24 May 1876. See DUMCR1989.214, SCA MS Case Books, IX, Patient No. 354, James Y. Thorburn.

1984.40
William Bartholomew
Theme on Punch - Pandemonium
Pencil, 6.4 x 10.7
Inscribed: 'Clown', 'That even he must live', 'Theme on Punch', 'Pandemonium' and 'Christian Public'.

Drawing style similar to 1984.35. A previous tentative attribution to Bartholomew can be confirmed on stylistic grounds. This drawing must date to 1875 or later. The text refers to the publication of Anthony Trollope's novel *The Way We Live Now* (1875) and subsequent anti-Semitic articles in *Punch* (5 and 19 June 1875).

1984.41
William Bartholomew
Portraits of 'Galloway and Dumfries'
Pencil, pen and ink, 19.9 x 12
Inscribed: 'Galloway and Dumfries', 'W.B. delt. 1857'

Two unidentified patients appear in a vignette with the nicknames, *Galloway and Dumfries*.

1984.42
William Bartholomew
Sketch of Three Gentlemen
Pen and ink, 22.9 x 33.8
Inscribed: 'Mr Blair', 'like Sir W. Scott in feature'
Inscribed on reverse: 'By a maniac with degraded propensities'

A previous tentative attribution to Bartholomew can be confirmed on stylistic grounds.
Two of the gentlemen can be identified as Thomas Blair, a clerk from Ayr, admitted in
March 1851 and James Johnstone, a merchant from Kirkcudbright, admitted on 27
March 1840. See DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 589,
Thomas Blair; DUMCR1989.213, CRI MS Case Books, II, Patient No. 76, James
Johnstone.

1984.43a
Attrib to William Bartholomew
Caerlaverock Castle
Pencil, pen and ink, 21.9 x 17.3
Inscribed: 'How are the mighty fallen', 'Caerlaverock Castle Dumfries (county of)
South Western District Scotland', 'as seen from Carlisle'

A straightforward linear representation of the castle. Drawing style similar to 1984.35.

1984.43b
Attrib to William Bartholomew
Sketch and Text
Pen and ink, 21.9 x 17.3
Reverse side of 1984.43a.

A jumble of half-drawn images and text. Drawing style similar to 1984.35.

1984.44
Attrib to William Bartholomew
Figure of Eglinton
Pen and ink, 20 x 12.8
Inscribed: 'Eglinton', 'no 3'

Study of a swordsman. Drawing style similar to 1984.35 but too sketchy to allow
definite attribution.

1984.45
Attrib to William Bartholomew
Fatuity, Francesco Secondo Draco Cordova
Pencil, 18.1 x 13
Inscribed: 'Fatuity, Francesco Seco(ndo) Draco Cordova, a severe man'

Drawing style similar to 1984.35. The identity of Francesco Secondo Draco Cordova is not known.

1984.46
Attrib to John Fenn Russell
Sketch of a Young Girl
Pen and ink, 15.2 x 11.7

It was noted in Russell's *Case Notes*, 1882, that his 'chief employment' was 'making sketches of children in a book' he carried with him. He was still sketching children a month before his death in November 1882. Present attribution to Russell is only tentative. Previous tentative attribution to William Bartholomew.

John Fenn Russell, an unmarried clergyman, age 30, 'of good abilities and varied acquirements', was admitted to Crichton on 28 July 1857, only a few months before Browne's departure; he was suffering from 'mania of suspicion'. Before coming to Crichton he had been insane for eighteenth months and had been confined in Cheadle Royal Hospital. He died at Crichton on 28 November 1882. See DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 772, John Fenn Russell; DUMCR1989.64, CRI Case Notes, XI, Patient No. 772, John Fenn Russell. For other works by Russell and more information on the artist-patient, see 1984.101-116.

1984.47
Attrib to William Bartholomew
The British Balloon
Pencil, 18.2 x 11.5
Inscribed: 'The British Balloon'

Possibly a copy of a print. Illustrates a balloon with a map of the South Seas. The words 'Ireland', 'England', 'The young middy who is aloft going to S.S.E.' are included within the drawing. Drawing style similar to 1984.35.

1984.48
William Bartholomew
Sketch of Portrait Bust in profile
Pencil, 19 x 14.1
Inscribed: 'J. Bartholomew Esq. Advocate', 'Bas relievo for the tombeau de Ed [rest of name torn out]'

On reverse is part of a page from *The New Moon*, showing a chess game and a letter signed by William Bartholomew with the text: 'Dear father, send this sketch to Mr Gourlay Steel [sic] (the Michael Angelo of Royal Institution). Ask him to favour me with a sketch of the drawing in clay and then you can employ Wm Calder Marshall to cut it in marble and I will see that he is paid for his trouble.'

David Gourlay Steell (1819-1894) was a noted British artist. He was Queen Victoria's animal painter, taking over from Sir Edwin Landseer. Many of Gourlay Steell's paintings remain in the private collection of Queen Elizabeth II. The sculptor William Calder Marshall (1813-1894) was born in Edinburgh. He was elected ARA in 1845, and full Academician in 1852. His best-known work is his group for the Albert Memorial, depicting *Agriculture*.

1984.49a
Joseph Askew
Decorative Patterns
Pencil and watercolour, 36.8 x 26.6

Drawing from imagination rather than a copy of a print.

1984.49b
Joseph Askew
Decorative Patterns
Pencil and watercolour, 36.8 x 26.6
Reverse side of 1984.49a.

Drawing from imagination rather than a copy of a print.

1984.50a
Joseph Askew
Decorative Leaf Pattern
Pencil and watercolour, 22.6 x 28.6
Inscribed: 'J J January'

Drawing from imagination rather than a copy of a print.

1984.50b
Joseph Askew
Landscape and Sky
Pencil and watercolour, 22.6 x 28.6
Inscribed on reverse: 'J J January'
Reverse side of 1984.50a.

Drawing from imagination rather than a copy of a print.

1984.51
Joseph Askew
Stylised Figure
Pencil and watercolour, 36.2 x 25.7

Drawing from imagination rather than a copy of a print. Figure reminiscent of the carved wooden figures that Askew's father, a carver by profession, may have produced for the helms of vessels at Whitehaven.

1984.52
Joanna Hutton
Flower Study
Watercolour, 12.9 x 13.8

Dark pink rose. Although none of the flower and bird studies is signed, attribution to Joanna Hutton seems almost certain. Mrs Hutton was admitted on 6 March 1847, age 62, a 'well even highly educated' gentlewoman. Ill for the previous thirty years, she had been deeply affected by the death of her daughter and suffered hallucinations. Mrs Hutton's art activity began as soon as she entered Crichton: she busied herself in 'constructing wax flowers' in which she was 'an adept', having acquired the skill in previous asylums. According to her *Case Notes* for 1849, Miss Rigby copied 'the figures of birds and flowers in brilliant colors [sic] with considerable ingenuity and is vain of her success distributing the least valuable of her productions as marks of her munificence to great favorites [sic] and in moments and moods of extreme affability.' See DUMCR1989.213, CRI MS Case Books, XII, Patient No. 405, Joanna Hutton.

1984.53
Joanna Hutton
Flower Study
Watercolour, 12.3 x 13.5

Dark pink rose. There are seven surviving watercolour *Flower Studies* (1984.52-58) by Miss Hutton, all modest in size, small enough to distribute as gifts to her favoured companions. The flowers include rose, peony and anemone coronaria - all commonly grown plants - possibly drawn from life rather than copied from a botanical book. A search of contemporary botanical publications has not yielded any definite source.

1984.54
Joanna Hutton
Flower Study
Watercolour, 13.8 x 10.9

Small study of pink rose.

1984.55
Joanna Hutton
Flower Study
Watercolour, 13.6 x 10.9

Small study of unidentified flower with many heads.

1984.56
Joanna Hutton
Flower Study
Watercolour, 12.3 x 14.2

Small study of pink rose.

1984.57
Joanna Hutton
Flower Study
Watercolour, 13 x 10.9

Small study of dark purple flower – peony?

1984.58
Joanna Hutton
Flower Study
Watercolour, 13.5 x 10.6

Small study of pink rose.

1984.59
Joanna Hutton
The Black Breasted Humming Bird
Pencil and watercolour, 12.7 x 17

According to her *Case Notes* for 1849, Miss Rigby copied 'the figures of birds and flowers in brilliant colors [sic] with considerable ingenuity'. Copy of Plate 32 from W. Jardine, *The Naturalist's Library*, Vol VI, 'Ornithology', Edinburgh: W.H. Lizars, 1841. Volume VI of William Jardine's *The Naturalist's Library* formed part of the Crichton patient library collection and remains in Crichton Museum.

1984.60
Joanna Hutton
The Black Breasted Humming Bird
Pencil and watercolour, 11.8 x 16.5

Copy of Plate 32 from W. Jardine, *The Naturalist's Library*, Vol VI, 'Ornithology', Edinburgh: W.H. Lizars, 1841. See 1984.59.

1984.61
Joanna Hutton
Humming Bird
Pencil and watercolour, 17.6 x 13.7

This drawing does not resemble any illustration in W. Jardine, *The Naturalist's Library*, Vol VI, 'Ornithology', Edinburgh: W.H. Lizars, 1841. A search of other volumes in the series has not allowed for identification.

1984.62
Joanna Hutton
Humming Bird
Pencil and watercolour, 17.7 x 13.2

This drawing does not resemble any illustration in W. Jardine, *The Naturalist's Library*, Vol VI, 'Ornithology', Edinburgh: W.H. Lizars, 1841.

1984.63
Joanna Hutton
The Black Breasted Humming Bird
Watercolour, 12.8 x 14.5

Copy of Plate 32 from W. Jardine, *The Naturalist's Library*, Vol VI, 'Ornithology', Edinburgh: W.H. Lizars, 1841. See 1984.59.

984.64
Joanna Hutton
The Tufted Necked Humming Bird
Watercolour, 11.7 x 15.7

Copy of Plate 15 from W. Jardine, *The Naturalist's Library*, Vol VI, 'Ornithology',
Edinburgh: W.H. Lizars, 1841. See 1984.59.

1984.65
Joanna Hutton
The Double Crested Humming Bird
Watercolour, 12.3 x 14.1

Copy of Plate 22 from W. Jardine, *The Naturalist's Library*, Vol VI, 'Ornithology',
Edinburgh: W.H. Lizars, 1841. See 1984.59.

1984.66
Joanna Hutton
The Double Crested Humming Bird
Watercolour, 11.4 x 16.4

Copy of Plate 22 from W. Jardine, *The Naturalist's Library*, Vol VI, 'Ornithology',
Edinburgh: W.H. Lizars, 1841. See 1984.59.

1984.67
John H. Oliver
The Death of the Stag
Pencil and gouache, 28.1 x 35.5
Inscribed: 'J. H. Oliver, 6th Fry [February] or Jy [January or July] 1852, C.R.I.' 'To dr
[sic] Browne'

Copy of a print by J. Carter after a painting by Sir Edwin Landseer (1802-1873). It
appeared in *The Art-Union*, 3, 1851. There can be little doubt that *The Art Journal* was
the source of this drawing. The image had been reproduced on several occasions before
1852 but had been given slightly different titles each time. This is the only known
engraving to offer this exact title.

A single gentleman from Edinburgh, John Oliver was admitted to Crichton on 16 July
1851 labouring under 'melancholia' marked by 'despondency'. He remained for only
thirteen months but during that time 'every taste and talent of the mind were gently
stimulated'; he became very active as an 'artist, actor, athlete: copiest [sic] librarian'.
While this is the only reference to art in his case notes, Browne's collection contains
four pencil copies by Oliver of engravings by professional artists, one example of
penmanship and four portraits of his fellow-patients. See DUMCR1989.213, CRI MS
Case Books, XVII, Patient No. 579, John H. Oliver.

1984.68
John H. Oliver
The Right Honourable Charles, Earl Spencer
Pencil and gouache, 35 x 28
Inscribed: 'To Miss Magdeline Browne. J. H. Oliver fecit 1st Jany [January] 1852
C.R.I.'

One of two copies from engravings in Anon., [The National Gallery], *The Book of the Illustrious*, London: George Henderson, 1845. The original engraving, by W.H. Egleton, appeared between pp. 36-7. The volume formed part of the Crichton patient library collection and remains in Crichton Museum.

1984.69
John H. Oliver
The Marquis of Landsdowne
Pencil, 35.3 x 27.8
Inscribed: 'To Dr W.A.F. Browne. J. H. Oliver fecit 1st Jany [January] 1852 CRI'

One of two copies from engravings in Anon., [The National Gallery], *The Book of the Illustrious*, London: George Henderson, 1845. The original engraving, by J. Brown, appeared between pp. 24-5. See 1984.68.

1984.70
John H. Oliver
Eve listening to the Voice
Pencil, 20.8 x 28.2
Inscribed: 'To Dr W. A. F. Browne. John Harvie Oliver fecit Jany [January] 1852 C R I'

Probably copied from *The Art Journal* of 1850 which had included an engraving by W. Roffe of the marble sculpture by Edward H. Baily; the reviewer described the figure of Eve as a 'beautiful piece' and a companion to *Eve at the Fountain*. See *The Art Journal*, 2, 1850, p. 208. Edward Hodges Baily (1788-1867) was one of Britain's most popular sculptors in the mid-nineteenth century. *Eve listening to the Voice* (1842) is now in the Victoria and Albert Museum, London.

1984.71
John H. Oliver
Specimen of Penmanship
Pen and ink, 30.9 x 18.8
Inscribed: 'John H. Oliver May 12th [or19th] 1852'

Full text: 'Specimen of Penmanship at The Crichton Institution Dumfries. for Dr W. A. F. Browne The Medical Superintendent May 12th [or19th] 1852 Written by John H. Oliver A Patient in the Asylum. God send Grace. The Institution.' Fine penmanship.

1984.72
John H. Oliver
Portrait of Henry Gibb
Pencil, 13.1 x 13.3
Inscribed: 'J. H. Oliver 1851. Henry Gibb 19th [or 11th] October 1851'

Perhaps signed by the sitter. Henry Gibb, an elderly Dunfermline merchant 'of highly respectable character', was admitted to Crichton on 8 May 1849, suffering from 'dejection' and 'uncontrollable irritability'. Although discharged on 11 October 1851, Gibb seems to have returned soon after, having lost 'all knowledge of his real position'. See DUMCR1989.213, CRI MS Case Books, XI, Patient No. 359, Henry Gibb.

1984.73
John H. Oliver
Portrait of James Henderson
Pencil, pen and ink, 14.1 x 11.3
Inscribed: 'JHO.' 'Yours very truly. James Henderson'

Probably signed by the sitter. James Henderson, a 'student of Medicine', had been admitted to Crichton on 16 October 1849, suffering from symptoms of 'moral insanity'; before his discharge in November 1851, he had shown 'some pretensions for literary taste and pursuits' and proved his 'capacity to acquire knowledge'. See DUMCR1989.213, CRI MS Case Books, XV, Patient No. 529, James Henderson.

1984.74
John H. Oliver
Portrait of Major Gabriel H. Dundas
Pencil, 16.3 x 16.7
Inscribed: 'J. H. O.'
Inscribed on reverse: 'Major H. D. M.'

Gabriel Dundas was an army Major who was admitted for the first time to Crichton in July 1850, labouring under 'moral insanity'. Discharged in October 1850, he returned in June 1852, delusional and suffering from 'melancholia'. He was discharged on 11 August 1852, only four days before Oliver's departure from Crichton; the portrait must have been completed during this brief second confinement. See DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 609, Gabriel H. Dundas. The drawing was listed originally as ''pencil sketch of Major H. D. M. (unidentified).'

1984.75
John H. Oliver
Portrait of Unidentified Gentleman
Watercolour, 14.9 x 12
Inscribed: 'J. H. Oliver. 30th Jany [January] 1852 CRI'

This may be a self-portrait by Oliver. It is carefully coloured and Oliver's signature appears with particular flourish. Oliver was discharged on 15 August 1852.

1984.76
William Johnstone (or Johnston)
Millard Fillmore Esq
Pen and ink, 15.2 x 12.2
Inscribed: 'William Johnston', 'W' and 'William' several times, as if Johnston was practicing writing his signature in an elaborate style.
On reverse is a pencil sketch of an unidentified man. Initialled.

Copy of a print of Millard Fillmore, thirteenth President of the United States of America. The most likely source was a lithograph by F. D'Avignon issued to mark Fillmore's inauguration on 10 July 1850; beneath the image was a reproduction of Fillmore's signature, a detail that has also been copied in Johnston's drawing. Previous tentative attribution to John H. Oliver.

William Johnstone (or Johnston) was a patient twenty-nine times at Crichton over a period of thirty years. First admitted on 18 October 1854, age 29, he was recorded as a clerk residing in Glasgow although originally from Greenock. By June 1855 he had been 'enjoined to pursue reading and drawing systematically and continuously'. He was discharged in August 1855 but had returned on 21 October; the pastimes of 'drawing, German, reading came to his aid' before his discharge on 17 May 1856. During his third confinement, June 1856 - October 1857, he 'occupied himself in drawing, but chiefly in joiners' work'. See DUMCR1989.213, CRI MS Case Books, XX, Patient No. 689, William Johnstone; CRI MS Case Books, XXI, Patient No. 730, William Johnstone; CRI MS Case Books, XXII, Patient No. 748, William Johnstone.

1984.77
Unknown
Hotel de Ville, Paris
Pencil, 24.8 x 36.9

Copy of a print, *Hotel de Ville, Paris*, after a picture by Thomas Allom. An engraved version by J. Carter appeared, for example, in T. Wright, *History of France: from the Earliest Period to the Present Time*, 3 vols., London: London Printing and Publishing Co., 1860, Vol I, facing p. 534. An earlier version, engraved by J. Saddler, appeared in *Fisher's Drawing Room Scrapbook*, 1850. The drawing was listed originally as 'Miss M. R. [Marianne Rigby], most likely. Pencil sketch of street scene. Maybe Liverpool as she came from there.'

1984.78
Marianne Rigby
Somerset County Asylum for Insane Paupers
Pencil, 26.6 x 23
Inscribed: original inscription with name of Miss Rigby no longer visible

Two copies, one upside down, of an engraving by T. G. Flowers of Edinburgh, that had been included in the Somerset County Asylum's *First Annual Report*. The asylum was later renamed Mendip Hospital. The drawing was listed originally as 'sketch of an imposing building maybe an institution.' For biographical information on Miss Rigby, see 1984.30.

1984.79
Unknown
The Church of St Etienne du Mont, Paris
Pencil, 20.6 x 31

Copy of an engraving, *The Church of St Etienne du Mont, Paris*, by T. Turnbull. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds. See also version 1984.91.

1984.80
Marianne Rigby
Hotel de Ville, Bourges
Pencil, 18.1 x 29.4
Inscribed: original inscription with name of Miss Rigby no longer visible

Copy of a print, *Hotel de Ville, Bourges*, after a picture by Thomas Allom. An engraved version by S. Bradshaw appeared in *Fisher's Drawing Room Scrapbook*, 1849. The drawing was listed originally as 'Pencil sketch of a busy street scene. Positively identified'.

1984.81
Unknown
The Cathedral, Angoulème
Pencil, 17.8 x 28.1
Inscribed on reverse: 'The Cathedral, Angoulème'

Copy of a print, *The Cathedral, Angoulème*, by J. Saddler. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds.

1984.82
Unknown
Cheadle Royal Hospital, Cheshire
Pencil, 11.4 x 15.1

Copy of a print of Cheadle Royal Hospital, Cheshire, artist unknown, which had been advertised in 22 'principal reviews and magazines' by 1850. The same print was also included in the hospital's *Annual Report*, 1851. The original print may date to c.1848. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds. The drawing was listed originally as 'Pencil sketch of gentleman walking up to an imposing building (institution?).' See 1984.97 and 1984.98.

1984.83
Unknown
Sketch of Crichton Royal Institution
Pencil, 17.5 x 26.6

This is a copy of the woodcut from *The Saturday Magazine*, **15**, 20 July 1839. See also 1984.95. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds.

1984.84
Marianne Rigby
Coton Hill Asylum, Stafford
Pencil, 18.4 x 30.3
Inscribed: original inscription with name of Miss Rigby no longer visible
Inscribed on reverse of drawing: 'Cotonhill Stafford'.

Copy of unidentified engraving of Coton Hill Asylum. Similar, but not identical, and in reverse image to an engraving by Day and Son, Lithographers to Her Majesty, The Queen. The exact date of publication is unknown.

1984.85
Unknown
Chateau de Blois
Pencil, 21.9 x 31.3
Inscribed: 'Chateau de Blois'

Copy of a print, *Chateau de Blois*, after a picture by Thomas Allom. A print version by J. Carter appeared, for example, in T. Wright, *History of France: from the Earliest Period to the Present Time*, 3 vols., London: London Printing and Publishing Co., 1860, Vol I, facing p. 785. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds.

1984.86
Unknown
New Jersey State Asylum, Trenton
Pencil, pen and ink, 14.4 x 23.3

Copy of a print, *New Jersey State Asylum, Trenton*, by Joseph Ives Pease from a daguerrotype by John X. Mason. It was published in the *First* and *Second Annual Reports of New Jersey State Asylum*, 1848 and 1849. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds. The drawing was listed originally as 'Pencil sketch of an impressive building.'

1984.87
Unknown
Bedouin Arabs
Pencil, 17.9 x 26.6

Copy of a print by an unidentified artist. It appeared in J. Kitto, *The Pictorial Sunday Book*, London: Charles Knight and Co., 1845, p. 289, without attribution. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds. The drawing was listed originally as 'Pencil sketch of desert scene with camels and riders.'

1984.88
Unknown
New Jersey Lunatic Asylum, Trenton
Pencil, pen and ink, 14.6 x 23.7

Copy of a print by Joseph Ives Pease from a daguerrotype by John X. Mason. It was published in the *First* and *Second Annual Reports of New Jersey State Asylum*, 1848 and 1849. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds. The drawing was listed originally as 'Pencil sketch of same building as 86 [1984.86].'

1984.89
Unknown
Exterior of the Cathedral of St Gatien, Tours
Pencil, 29.9 x 24
Inscribed: 'Exterior of the Cathedral of St Gatien Tours'

Copy of print after a picture by Thomas Allom. One engraved version was by W. H. Capone. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds.

1984.90
Unknown
Scene with Continental Courtyard
Pencil, 22.1 x 30.7

Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic
grounds. The drawing was listed originally as 'Pencil sketch of olde worlde building,
donkeys, hay trailer, etc.'.

1984.91
Unknown
Interior stairway, Church of St Etienne du Mont, Paris
Pencil, 14.3 x 18.4
Inscribed on reverse: 'The Church of St Etienne du Mont'

Smaller version of pencil sketch 1984.79 but not necessarily by same artist-patient.
Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic
grounds.

1984.92
Unknown
Palace of the Luxembourg, Paris
Pencil, 17.6 x 27.9

Copy of a print, *Palace of the Luxembourg, Paris*, after a picture by Thomas Allom. An
engraved version by M. J. Starling appeared, for example, in H. Fisher, R. Fisher and P.
Jackson, *Fisher's Drawing Room Scrapbook*, London: Fisher, Son and Jackson, 1849,
facing p. 31 and in T. Wright, *History of France: from the Earliest Period to the
Present Time*, 3 vols., London: London Printing and Publishing Co., 1860, Vol II,
facing p. 254. Previous tentative attribution to Marianne Rigby cannot be confirmed on
stylistic grounds. The drawing was listed originally as 'Pencil sketch of the interior of
an impressive and ornate room; one lady is sitting watching another flower arranging.'
It has a very preliminary sketch of a lady on the reverse side.

1984.93
Unknown
Clermont and the Puy-de-Dôme
Pencil, 13.9 x 18.4

Copy of a print, *Clermont and the Puy-de-Dôme*, after a picture by Thomas Allom. One
engraved version, dated c.1845, was by S. Fisher. Previous tentative attribution to
Marianne Rigby cannot be confirmed on stylistic grounds. The drawing was listed
originally as 'Pencil sketch of primitive harvest scene with a town in the background.'

1984.94a
Attrib to Williamina Bowden
View towards Kingholm Quay from Crichton
Pencil, 16.9 x 26.4

In the centre of the drawing is part of the services building, demolished in 1857.

On 1 April 1852, age 25, Miss Bowden was admitted to Crichton suffering from 'acute mania'. She was discharged on 17 February 1853, under the care of Dr Whiteside in Ayr, only to be readmitted five months later. She was again discharged on 6 November 1854 to reside with 'the family of a clergyman in Dumfries to restore her to society'. In her case notes for 17 February 1853, Miss Bowden was recorded as 'completing a sketch of scene from Balcony', (probably a view from the balcony of her ward). See DUMCR1989.213, CRI MS Case Books, XVIII, Patient No. 598, Williamina Bowden; CRI MS Case Books, XIX, Patient No. 649, Williamina Bowden. Previous tentative attribution to Marianne Rigby.

1984.94b
Attrib to Williamina Bowden
Sketch of Two Ladies
Pencil, 16.9 x 26.4
Reverse side of 1984.94a

Possibly a sketch of two female patients at Crichton. Previous tentative attribution to Marianne Rigby.

1984.95
Unknown
Sketch of Crichton Royal Institution
Pencil, 17.6 x 26.3

This is a copy of the woodcut from *The Saturday Magazine*, 15, 20 July 1839. See also 1984.83. Previous tentative attribution to Marianne Rigby.

1984.96
Unknown
Woman seated at a Dresser
Pencil, 23.1 x 26.3
Inscribed, on reverse: 'Here is a lady and cupboard and workbox and chair,
Here is a window which does not admit the fresh air.
She looks down and knits and is modest and shy.
She has sowed [sic] but improvement she's zealous to try.
I hope 'twill and that Comforters many
Will reward her industry and bring her a penny.'

Likely to be the work of a female patient at Crichton.

1984.97
Unknown
Cheadle Royal Hospital, Cheshire
Pen and ink and watercolour, 12.4 x 17.4

Copy of a print of the hospital, artist unknown, which had been advertised in 22 'principal reviews and magazines' by 1850. The same print was also included in the hospital's *Annual Report*, 1851. The original print may date to c.1848. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds. See 1984.82 and 1984.98. The drawing was listed originally as 'Watercolour of same building as 82 [1984.82]'.

1984.98
Unknown
Cheadle Royal Hospital, Cheshire
Pen and ink and watercolour, 13 x 17.9

Copy of same print as 1984.82 and 1984.97. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds.

1984.99
Unknown
Pennsylvania Hospital for the Insane
Pen and ink and watercolour, 14.6 x 23.9

Copy of a print by W. E. Tucker after W. Mason. The print was published in the *Annual Report of the Pennsylvania Hospital for the Insane*, 1845. Also reproduced in Anon., 'A Sketch of the History, Buildings, and Organisation of the Pennsylvania Hospital for the Insane, Extracted Principally from the Reports of Thomas S. Kirkbride, M.D., Physician to the Institution', *American Journal of Insanity*, 2, 1845, 96-114. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds.

1984.100
Unknown
Pennsylvania Hospital for the Insane
Pen and ink and watercolour, 14.9 x 23.9

Copy of same print as 1984.99. Not necessarily by same artist-patient as 1984.99. Previous tentative attribution to Marianne Rigby cannot be confirmed on stylistic grounds.

1984.101
John Fenn Russell
Samson slaying the Lion
Watercolour, 35.5 x 23.7

Style of drawing identical to confirmed work by Russell. The drawing was listed originally as 'style of J. F. R.' with the note: 'Have been other items glued alongside' and 'Looks as if at some time this has been page 7 (of the artist's sketchbook?)'. One of seven copies, all in sepia-tinted watercolour, of prints by the German Renaissance artist Albrecht Dürer (1471-1528). Subject taken from Judges 14: 5-6. *The Art Journal* is the most likely source for this drawing. In 1851, it had run a series on 'The Great Masters of Art' and featured Dürer. See *The Art Journal*, 3, 1851, p. 196.

John Fenn Russell, an unmarried clergyman, age 30, 'of good abilities and varied acquirements', was admitted to Crichton on 28 July 1857, only a few months before Browne's departure; he was suffering from 'mania of suspicion'. Before coming to Crichton he had been confined in Cheadle Royal Hospital. On transfer to Crichton he brought with him an unknown number of drawings, perhaps in the form of a folio or sketch book: some are numbered as if to indicate they formed a series of pages from a volume and were bound together with silk ribbon. In Dr Browne's collection there are at least twelve drawings by Russell as well as seventeen religious prints by professional artists, a few of which have been hand-tinted by Russell. See DUMCR1989.213, CRI MS Case Books, XXII, Patient No. 772, John Fenn Russell.

1984.102
John Fenn Russell
Christ among the Doctors in the Temple
Watercolour, 29.8 x 20.8
Inscribed: 'temple'

Style of drawing identical to confirmed work by Russell. A copy, in sepia-tinted watercolour, of a print by Albrecht Dürer. *Christ among the Doctors in the Temple* was taken from Dürer's woodcut series *The Small Passion* (1511) and had been reproduced in G. Cole, *The Passion of our Lord Jesus Christ, pourtrayed* [sic] *by Albert* [sic] *Dürer*, London: J. Cundall, W. Pickering, G. Bell and J.H. Parker, 1844. The drawing was listed originally as 'style of J. F. R.' and as 'picture of Christ in the Temple. Items 102-108 have been page 8.'

1984.103
John Fenn Russell
Like as the hart desireth the water brooks
Watercolour, 15.8 x 10.8
Inscribed: Like as the hart desireth the water-brooks: so longeth my soul after Thee, O God. Psalm xlii.'

Style of drawing identical to confirmed work by Russell. The drawing was listed originally as 'style of J. F. R.' Quotation from Psalm 42: 1. Possible copy of a print from a journal but the source has not been identified.

1984.104
John Fenn Russell
O how beloved are Thy Tabernacles
Watercolour, 18.1 x 10.1
Inscribed: 'O how beloved are Thy Tabernacles, O Lord of Virtues: My soul longeth
and fainteth for the halls of the Lord. Ps LXXXIV.'

Style of drawing identical to confirmed work by Russell. The drawing was listed
originally as 'style of J. F. R.' Quotation inspired by Psalm 84: 1-2. Possible copy of a
print from a journal but the source has not been identified.

1984.105
John Fenn Russell
The Incredulity of St Thomas
Watercolour, 16.9 x 11.1

Style of drawing identical to confirmed work by Russell. A copy, in sepia-tinted
watercolour, of a print by Albrecht Dürer. *The Incredulity of St Thomas* was taken from
Dürer's woodcut series *The Small Passion* (1511) and had been reproduced in G. Cole,
The Passion of our Lord Jesus Christ, pourtrayed [sic] *by Albert* [sic] *Dürer*, London: J.
Cundall, W. Pickering, G. Bell and J.H. Parker, 1844. The drawing was listed originally
as 'style of J. F. R.' and as 'Brown watercolour outline of Christ with the marks of the
cross and surrounded by a crowd.'

1984.106
John Fenn Russell
Christ and the Three Marys
Watercolour, 15.4 x 11.2

Style of drawing identical to confirmed work by Russell. A copy, in sepia-tinted
watercolour, of a print by Albrecht Dürer. *The Art Journal* is the most likely source for
this drawing. In 1851, it had run a series on 'The Great Masters of Art' and featured
Dürer. See *The Art Journal*, 3, 1851, p. 196. The drawing was listed originally as 'style
of J. F. R.' and as 'Brown watercolour outline of Christ visiting a home.'

1984.107
John Fenn Russell
St Thomas
Watercolour applied to pre-printed engraving, 14.4 x 5.8

One of the selection of fifteen small religious prints by professional artists that Russell
brought with him to Crichton; only a few are hand-tinted. *St Thomas* is an engraving by
Friedrich Overbeck (1789-1869), a member of the German Nazarenes; it is from a cycle
of the *Twelve Apostles and Four Evangelists*, begun 1835 but not completed until 1844.
The drawing was listed originally as 'J. F. R. most likely' and as 'printed engraving of
S. Thomas: has been water-coloured.'

1984.108
John Fenn Russell
St Philippus
Watercolour applied to pre-printed engraving, 14.4 x 5.9

One of the small religious prints by professional artists Russell brought with him to
Crichton, *St Philippus* is an engraving by Friedrich Overbeck. See 1984.107. It is from
a cycle of the *Twelve Apostles and Four Evangelists*, 1835-1844. The drawing was
listed originally as 'J. F. R. most likely' and as 'Ses. Philippus.'

1984.109
John Fenn Russell
The Holy Family
Watercolour, 38.3 x 26
Inscribed: 'Christmas Eve 1853. Cherubim'

Style of drawing identical to confirmed work by Russell. The drawing was listed
originally as 'style of J. F. R.' A copy, in sepia-tinted watercolour, of a print, *Holy
Family with Three Hares* (1498), by Albrecht Dürer. The drawing was listed originally
as 'style of J. F. R.' 'Brown watercolour outline of Mary, Joseph and Jesus ... Names
of 12 of Jacob's sons is listed below. Has been page 5. Also XIV at top of page.'

1984.110
John Fenn Russell
Rest on the Flight into Egypt
Pencil and watercolour, 20.5 x 33.3
Inscribed: original inscription with name of Russell no longer visible

Style of drawing identical to confirmed work by Russell. A copy, in sepia-tinted
watercolour, of a print by Albrecht Dürer (1471-1528). Russell may have had access to
a volume of Dürer's woodcut series *The Life of the Virgin* for this copy of *Rest on the
Flight into Egypt*. The drawing was listed originally as 'Brown watercolour outline of
Mary, Joseph and Jesus ... Positively identified. There is a newspaper cutting entitled
"Relics of the past" alongside. Has been page 6. (These former pages 5-8 are bound
with silk ribbon and are slightly smaller.)'

1984.111
John Fenn Russell
The Marriage of Joseph and Mary
Watercolour, 22.6 x 16

Style of drawing identical to confirmed work by Russell. The drawing was listed originally as 'style of J. F. R.' A copy, in sepia-tinted watercolour, of a print, *The Marriage of the Virgin*, from the woodcut series *The Life of the Virgin* by Albrecht Dürer. *The Art Journal* is the most likely source for this drawing. In 1851, it had run a series on 'The Great Masters of Art' and featured Dürer. See *The Art Journal*, 3, 1851, p. 196.

1984.112
Attrib to John Fenn Russell
Locust, or Carob Tree
Pen and ink, 8.7 x 7

Style of penmanship similar to confirmed work by Russell. It was noted in Russell's *Case Notes*, June 1861, that he was occupied with 'drawing, botany and to a slight extent geology'. Attribution to Russell is only tentative. The drawing was listed originally as 'J. F. R.?'

1984.113
John Fenn Russell
The Virgin with the Carnation
Watercolour, 17.4 x 10.3
Inscribed: 'The Virgin with the Carnation [twice]. They laid to my charge things which I knew not.'

Style of drawing similar to confirmed work by Russell. Copy of Raphael's *Madonna of the Pinks* (National Gallery, London). It can have been produced no earlier than 1853, the year the painting was brought to England. The painting was not well known and rarely reproduced before its purchase by an ancestor of the present Duke of Northumberland in 1853. It was displayed in Alnwick Castle until its purchase by the National Gallery in 2004. The drawing was listed originally as 'style of J. F. R.' and as 'Black wash of Madonna and Child ... Items 111-113 are accompanied by 8 religious engravings with pencil writing occasionally.'

1984.114
John Fenn Russell
Sketch of Angels in a Church
Watercolour and gold paint, 15 x 14.7

Style of drawing similar to confirmed work by Russell. The drawing was listed originally as 'J. F. R.?' and as 'Coloured sketch (may not have been drawn by the artist) gold in parts of angels, ark, etc., in a church ... Items 114-116 have been page 27 and are accompanied by 7 religious engravings with pencil writing occasionally.'

1984.115
John Fenn Russell
Madonna della Sedia
Watercolour, 10.3 x 6.9

Style of drawing similar to confirmed work by Russell. Copy of print of Raphael's *Madonna della Sedia* (Pitti Palace, Florence). The painting was reproduced many times during the mid-nineteenth century. Possible sources for Russell's drawing include J. Kitto, *The Pictorial Sunday Book*, London: Charles Knight and Co., 1845, p. 24 and G. Cox, *The Pictorial Gallery of the Fine Arts*, London: Charles Knight and Co., 1847, p. 360. The image also appeared twice in *The Pictorial Gallery of Useful Arts*, London: George Cox, 1850, frontispiece and p. 360. The drawing was listed originally as 'style of J. F. R. and as 'Brown watercolour wash of Madonna and Child.'

1984.116
John Fenn Russell
Fili recordare quia recepisti bona ...
Pen and ink and watercolour, 19.2 x 18.2
Inscribed: 'J. F. R. Nov 6 1854', 'Beati qui ad coenam nuptiar agni vocati sunt', 'Fili recordare quia recepisti bona in vita tua et Lazarus similiter mala: nunc autem hic consolatur, tu vero cruciaris.'

Confirmed work by John Fenn Russell. Quotation from Luke 16: 25. In translation: 'Son, remember that thou didst receive good things in thy lifetime, and likewise Lazarus evil things: but now he is comforted and thou art tormented.' The drawing was listed originally with the description: 'Items 111-116 have been bound by ribbon and the pages are slightly smaller. This suggests that items 101-116 have been part of one collection, most likely that of J.F.R.'

1984.117a
Unidentified patient from Cheadle Royal Hospital, Manchester
View of Crichton Royal Institution
Watercolour, 20.7 x 28.4
Inscribed: 'I know that you are always interested in the production of any patient and I beg to enclose for the use of some of your wards a sketch made by one of my gentlemen of your Institution taken from a woodcut in a Number of the Saturday Magazine. Extract letter Dr Dickson: Cheadle, Cheshire, 1 June 1854.'

Copy of a woodcut of Crichton that appeared in *The Saturday Magazine*, 15, 20 July 1839. The artist-patient is not identified. In July 1857 John Fenn Russell was transferred from Cheadle Royal Hospital to Crichton, bringing with him a number of drawings. However, this watercolour bears little similarity to his other art and the fragmentary records of Cheadle Royal Hospital would seem to indicate that Russell was first admitted twenty-one months after this watercolour was sent to Browne.

1984.117b
Unknown patient from Cheadle Royal Hospital, Manchester
Sketch of a Ruined Castle
Watercolour, 20.7 x 28.4
Reverse side of 1984.117a.

The ruined castle has not been identified.

1984.118
Agnes Johnston
Sketch of Crichton Royal Institution
Pencil, 10 x 14.9
Inscribed: 'Agnes Johnston – Inspiration of Holy Spirit.'

The patient, in her mid-fifties, was an unmarried housekeeper of 'retired habits, and moderate education' who was admitted to the Southern Counties Asylum on 3 November 1852 suffering from 'religious melancholia modified by various delusions'. Browne described her disease as 'theomania' in February 1853. Discharged only three months later, she returned in May 1853 for a six-month residence; again in April 1854 until November 1855; and finally in July 1856, when she exhibited symptoms of 'mania of suspicion', made a speedy recovery and was discharged on 12 November 1857. The drawing of Crichton may date from the earlier period of residence when her religious delusions were more marked. See DUMCR1989.214, SCA MS Case Books, VI, Patient No. 260, Agnes Johnston; SCA MS Case Books, VII, Patient No. 298, Agnes Johnston; SCA MS Case Books, IX, Patient No. 379, Agnes Johnston; SCA MS Case Books, XIV, Patient No. 526, Agnes Johnston.

1984.119
Flora Manson, patient at Royal Edinburgh Asylum
Portrait of Two Patients at Morningside Asylum
Pen and ink and watercolour, 11 x 18.2
Dated: May 1859
Inscribed: 'Morningside Asylum Edinburgh May the 4(?) 1859; Flora Manson; Isabella
McDonald's Likeness'. 'Ah Were I the Monarch of the British Bright Isls [sic] I Would
Pave it with Marbell [sic] And Dymonds [sic] so Bright Where Ye condescended to
Visit in the shades of the Night; the King he is Comming [sic] Hurra Hurra.'

The wife of a lighthouse keeper, Flora Manson had been admitted to Royal Edinburgh
Asylum on 4 December 1846 with slight 'mental aberration'; by 1854 she was
described as occupying 'much of her time in writing in what she terms novels [sic]
which seem to consist of events in her own life illustrated after a fashion with pen and
ink sketches'. She died on 15 March 1871. Her fellow-patient was Isabella McDonald
who was admitted on 17 October 1853 suffering from 'acute mania'; she died on 10
March 1859. This drawing may be Mrs Manson's recollection of their time together in
the ward. See Royal Edinburgh Hospital Case Book, Lothian Health Services Archives
[hereafter LHSA], Edinburgh University Library, LHB7/51/11, p. 4, Flora Manson;
LHSA, EUL, LHB7/51/17, p. 610, Flora Manson; LHSA, EUL, LHB7/51/17, p. 610,
Flora Manson; LHSA, EUL, LHB7/51/9, p. 585, Isabella McDonald; LHSA, EUL,
LHB7/51/11, p. 714, Isabella McDonald.

1984.120
Unknown
Southern Counties Asylum
Pencil, 14.9 x 22.6

There is no marking on this drawing to aid attribution.

1984.121
Unknown, possibly William or William Cairns
Hotel de Cluny, Paris
Pencil, 20.7 x 26.7
Inscribed: 'W.C.'

Copy of a print, *Hotel de Cluny, Paris*, by A. Pugin. The print was first published in A.
Pugin and L. Heath, *Paris and its Environs Displayed in a Series of Picturesque Views*,
London: Jennings and Chaplin, 1828-30. The initials may refer to the artist-patients
William Campbell (see 1984.7) or William Cairns (see 1984.128) but is inferior in
technique and style to their identified works.

1984.122
Attrib to John McTaggart Davidson
New Palace of Sultan Mahmoud the 2nd on the Bosphorus
Pencil, 22.7 x 27.5

Copy of an engraving, *New Palace of Sultan Mahmoud the 2nd on the Bosphorus*, by J. Sands after a picture by Thomas Allom. The original engraving was published in T. Allom, *Constantinople and the Scenery of the Seven Churches of Asia Minor Illustrated in a Series of Drawings from Nature by Thomas Allom. With an Historical Account of Constantinople, and Descriptions of the Plates by the Rev. Robert Walsh*, London: Fisher, Son, & Co., 1838.

John McTaggart Davidson, a captain in the Merchant Navy, was admitted to Crichton on 3 March 1849, age 41; he had resided in Liverpool and was suffering from 'mania', brought on, as the patient believed, by the 'comparative solitude of ship life'. He was to remain at Crichton for twenty years. Once tranquil and convalescent he 'devoted much time to drawing' and took 'lessons for the purpose of applying the art to naval architecture'. A copy of Allom's publication had been donated to the Crichton library in May or very early June 1848. This drawing is interesting because, unlike many of the other copies of engravings in Browne's collection, it is not a faithful imitation of the original. The patient has altered the composition. By repositioning the smaller boat from the middle distance of the engraving to the more prominent centre foreground, by shifting the seabirds to the left and by eliminating the small boats cluttering the hull of the large ship, greater focus has been given to the 'naval architecture'. The rendering of the ship with its complex rigging is so finely handled as to suggest the artist had a familiarity with ships. See DUMCR1989.213, CRI MS Case Books, XV, Patient No. 503, John McTaggart Davidson.

1984.123
Unknown
View of the River Jumna
Pencil, 24 x 16.8
Inscribed: 'depression/masturbation' no longer visible

Copy of an engraving, *View of the River Jumna*, by R. Montgomery Martin. Print engraved and published in R. M. Martin, *The Indian Empire*, London: The London Printing and Publishing Company Limited, 1860. In one edition, published c1858-1861, the print is inscribed below: 'T. Allom' [artist] and 'J. H. Kernot' [engraver]. Jumna (or Jamuna or Yamuna) is a major river in northern India. The cities of Delhi and Agra lie on its banks. The identity of the artist-patient is unknown. Previous tentative attribution to John H. Oliver (see 1984.67) cannot be confirmed on stylistic grounds. If this is the earliest date of publication for the print, it cannot be the work of Oliver. The drawing was listed originally as 'Pencil sketch of waterfall and rocks; climbers and ladders in evidence.'

1984.124
Richard Charteris
Decorative Design dedicated to Mrs Browne
Pen and ink, 25.2 x 19.7
Inscribed within design: 'RC' 'Mrs W.A.F. Browne, Dumfriesshire, October 1846'.

Beautiful example of penmanship. The drawing was listed originally with observation: 'there may well be another message in oriental script (masquerading as pattern) of the finest penmanship.'

Lt Richard Charteris, an officer in the East India Company, was from Clouden Bank, not far from Dumfries. Having been transferred from Royal Edinburgh Asylum where he had been confined on three occasions, he was admitted to Crichton on 22 November 1842, age 37. Within a few months of his arrival at Crichton he had given Browne 'a specimen of the calligraphy of the oriental languages' and by June 1843, 'a total revolution' in his mind had taken place: 'His studies in the oriental characters were encouraged: he became proud of his imitations and ultimately produced most beautiful specimens of penmanship, ornamented with arabesques and hieroglyphics so lavishly that the subject matter of the piece became of minor importance. Works in Persian were supplied but from some caprice they were neglected. Long and laboriously did he labour to produce a perfect playbill for the private theatre couched in Hindustanee, Persee etc.' Charteris was discharged on 18 November 1846 and is known to have died in London on 11 March 1854. See DUMCR1989.213, CRI MS Case Books, VII, Patient No. 193, Richard Charteris. For another drawing by Charteris, see 1984.135.

1984.125
Unknown, attrib to William James Blacklock
Craigmillar Castle from the South
Watercolour, 18 x 25.8

Craigmillar Castle was a popular subject for nineteenth-century artists such as J. M. W. Turner but the source of this exact view has not been identified. It is possible that it is drawn from nature, or from memory, rather than a copy of an engraving.

This watercolour is extremely accomplished in execution and in composition has similarities with earlier lithographs by Blacklock, such as *Naworth Castle* (Carlisle Library); both have a figure on horseback in the foreground. *Craigmillar Castle* may be the completed sketch 'in ink' (the terms 'watercolour' and 'ink' were interchangeable in the nineteenth century) mentioned by Browne in Blacklock's case notes as having been 'commenced before his illness' or it may be one of his 'sketches of exquisite beauty'. In 'Mad Artists' the 'view of a castle' was described as including a village: this is not present in *Craigmillar Castle*. For another work attributed to Blacklock and information on the artist-patient, see 1984.34. Although in the previous catalogue it is noted that 'There appears to be a signature in the bottom right hand corner' no evidence of this now remains.

1984.126
Robert Wynell Mayow
Lucerne Lake Town
Pen and ink and watercolour, 22 x 28.2
Inscribed: 'Lucerne Lake Town Zug Rhegie Loentzs' 'When Israels [sic] sons had got
their full, Each sack's mouth gave more than due Joseph sent after them to see ...' Also
inscribed, but no longer visible: 'R.W. Mayow. Mania? Incoherence'
Inscribed on reverse: lines of a poem, *Sir Andrew's Dream*, by Sir Thomas Moore
(1779-1852):

> 'Oh, never was it meant that grim grimaces
> Should sour the cream of a need of love
> Or that fellows with long disastrous faces
> Should sit alone with cherubs above.'

Robert Wynell Mayow was admitted to Crichton on 10 April 1847, age 31, labouring
under 'melancholia with incoherence' and was not discharged until 1860. By June 1848
he was producing art. In 1848, his drawings were being 'retouched' rather than
'multiplied' but they were 'still prized and occasionally clothe the walls of his room'.
In his *Case Notes* for 1854 it is recorded: 'A Teacher of drawing was obtained with his
cordial approbation, and gave him a series of lessons. But the pupil had views,
principles and an art of his own. He aspired to an intuitive knowledge of the matter and
expected that he should be rendered familiar with the practice of the art and a proficient
at once. The result was naturally a total failure in imparting the necessary elementary
instruction or any manual dexterity: but the attempt seemed to inspire a desire to excel
in his own style and department and he has produced a number of extraordinary pieces
chiefly copies from scriptural prints which are highly colored [sic] and frequently clothe
the walls of his room to his obvious gratification.' See DUMCR1989.213, CRI MS
Case Books, XII, Patient No. 408, Robert Wynell Mayow. For another drawing by
Mayow, see 1984.134.

1984.127
Unknown
Troqueer Holm, Dumfries
Pencil, 17.9 x 27.6

On stylistic grounds the drawing cannot be attributed to any individual artist-patient.
Troqueer Holm was a residence close to Crichton. The owner, David Melville, was a
Director of Crichton Royal Institution from 1840 to 1842. The drawing was listed
originally as 'Pencil landscape with river, house, windmill and church spire: could be
Dumfries.'

1984.128
William Cairns
Inverlochy Castle
Pencil, 11.3 x 14.9
Inscribed: ' William Cairns. Monomania of Power Vanity'.

The sketch of Inverlochy Castle is drawn onto a small card with decorative border.

William Cairns, an unmarried manufacturer from Chorley in Lancashire, was confined no less than eight times to Crichton over a period of thirty-six years. Cairns' first admission was on 12 November 1844, age 22, and his final discharge took place on 29 October 1880. It is only in his earlier case notes that reference is made to his art activity. By June 1845 Browne was encouraging his art activity, recording in his *Case Notes*: 'he was in the first place allowed to display his talent and taste in poetry and painting for example: and his productions then compared with those of real merit ... Having displayed some dexterity in drawing he was supplied with a Teacher.' During his third confinement, from March 1853 to February 1854, he also 'engaged in all elegant and studious pursuits'. See DUMCR1989.213, CRI MS Case Books, X, Patient No. 279, William Cairns. He was also Patient Nos. 443, 637, 727, 843, 947, 1159 and 1608.

1984.129
Attrib to Marianne Rigby
Decorative Vignette – 'The Coral Caves'
Watercolour, 9 x 11.8
Inscribed on reverse: 'Monomania of pride and suspicion'.
Printed on front of card:

> 'The Coral Caves are where he rests –
> Ah! weep, Ah! weep with me,
> And the billow waves above his breast –
> Ah! cruel, cruel sea.
>
> And none can tell of HOW and WHERE –
> Ah! weep, Ah! weep with me:
> No eye beheld, nor ear did hear –
> Ah! cruel, cruel sea.
>
> And time passes on like the pitiless waves,
> And the loved and the lost with thee,
> Till the Saviour comes, and the mourner saves,
> From the CRUEL, CRUEL sea.'

Stylistically close to 1984.30. The watercolour design seems to have been added to a pre-printed card. The author of this poem has not been identified. For another work attributed to Miss Rigby and information on the artist-patient, see 1984.30.

1984.130
Unknown
Crest with Motto, 'Does your mother know your [sic] out'
Pencil, 17.2 x 23.1
Inscribed: 'Aether', 'Chloroform', 'Does your mother know your out'

The drawing was listed originally with the note concerning the motto: 'this turns out to have been suggested to Sir J. Y. Simpson by his students when he was knighted (1866), according to a former anaesthetist Dr Keir, at the local Infirmary.' There is no doubt that the motto does refer to Simpson and must date to 1866 or later. In previous catalogue described as: 'Crest (A quartered shield with a hand on each top quarter, a leg on each bottom quarter and a baby's head in the middle; a hand at the top controls the dosage of Ether and Chloroform) and Motto 'Does your mother know your out'.

1984.131
William Rickard
A Sketch Copy of Loch Ritton
Pen and ink and watercolour, 41.1 x 53.4
Inscribed: 'Wm Rickard 1850'

Loch Ritton is now known as Lochrutton Loch. It lies a few miles west of the centre of Dumfries. Probably one of the plans mentioned in the Crichton *Eleventh Annual Report*, 11 November 1850. The drawing was listed originally as 'A watercoloured, labelled map, "A Sketch Copy of Loch Ritton" but the identity of the loch was not known.

When William Rickard, a land surveyor and auctioneer, was admitted to Crichton on 9 February 1850 he was already known to Browne, having been his patient at Montrose Asylum. He remained less than seven months at Crichton. Browne described his disease as 'monomania of vanity and pride'. As mentioned in the *Eleventh Annual Report*, Rickard was allowed out of the asylum with another, unidentified, patient to make plans of a local beauty spot. Two versions of this drawing, *A Sketch Copy of Loch Ritton* (1984.131 and 133), testify to his experience as a land surveyor. Perhaps in an attempt to prepare Rickard for life outside the asylum, Browne encouraged him to renew his skills in land surveying; it is not known if, upon discharge from Crichton, Rickard tried to take up his former profession. When readmitted to Montrose Asylum in April 1856, he was described only as 'an auctioneer' and died there on 2 July 1856. See DUMCR1989.213, CRI MS Case Books, XVI, Patient No. 539, William Rickard. For another drawing of Loch Ritton by Rickard, see 1984.133.

984.132
William Grieve
Plan of an Asylum by a Theomaniac
Pencil, pen and ink, 52.8 x 41.5
Inscribed: 'W. Grieve', 'G G Theomaniac'

On the front of the drawing is detailed text including 'Plan of an Asylum or a workhouse or of a Moravian Institution. Inner court 30 years diar. [sic] within which may be a circular house of say 35 ft diar. for Doctor's house – upper flat one assembly room. or Governess [?]'. On the reverse is a detailed description of the plan, probably written by Grieve.

George Grieve, a coal mine proprietor from Fife, was admitted to Crichton on 17 September 1844, age 41, suffering from 'theomania'. He had been confined in Royal Edinburgh Asylum since 27 July 1843. On transfer to Crichton he became a member of a book club, enjoyed 'society, amusements and all means of diversion available'. Grieve died in March 1852. There is no mention in his case notes of producing art but he is referred to in the *Seventh Annual Report*: 'Another inmate ... has prepared plans for the new Asylum, which emulate many of the advantages, while they avoid much of the superfluous outlay and defects of those furnished by professional and eminent architects.' See DUMCR1989.213, CRI MS Case Books, IX, Patient No. 272, George Grieve.

1984.133
William Rickard
A Sketch Copy of Loch Ritton
Pen and ink, 39.1 x 50.4

For another copy of this sketch and information on the artist-patient, see 1984.131. This drawing is simpler than 1984.131. It is not signed and does not have any colour. Perhaps a first attempt at the subject. Probably one of the plans mentioned in the Crichton *Eleventh Annual Report*, 11 November 1850.

1984.134
Robert Wynell Mayow
A Parable -- Dr Browne's House on an Island
Watercolour, 16.5 x 28.6
Inscribed: 'A parable is a connecting link between things sacred and profane. A similitude is ... [illegible] A resemblance is ... [illegible].' Greek and Latin text is also included within the design.

The building sited on an island is not a figment of Mayow's imagination: it is Browne's residence as viewed from one of the Crichton wards. The details of the building in the drawing, and as it exists today (now known as Campbell House), make identification certain, although the setting is imaginary. The drawing was listed originally as 'R. W. M.' and described as 'Watercolour of house and grounds in waterway joined to land by a footbridge.' The house had not been previously identified. For another work attributed to Mayow and information on the artist-patient, see 1984.126.

1984.135
Richard Charteris
Playbill for Crichton Royal Institution Theatre
Pen and ink, 37.7 x 23.4
Inscribed: 'R L R C 6 April 1843' 'Monsieur Tonson by the Corps Dramatique of the above Establishment!!!!'

The playbill is for a production of *Monsieur Tonson*, written by William Thomas Moncreiff (1794-1857). It was performed by the asylum's theatrical group on 6 April 1843. The playbill lists the names of the performers and their roles in three languages, as recorded by Browne in Charteris's *Case Notes* for 1843: 'Long and laboriously did he labour to produce a perfect playbill for the private theatre couched in Hindustanee, Persee etc.' The third language was English. Charteris was one of the performers in this production: he played the character 'Adolphine de Courcy'. For another work attributed to Charteris and information on the artist-patient, see 1984.124.

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