Introduction

In 1881 a middle-aged man named Thomas was admitted to the West Riding Pauper Lunatic Asylum in West Yorkshire. Diagnosed with chronic mania, he would stay in the Asylum until his death from rupture of the heart in 1907, aged 65. During his time there, he received various tonics and laxatives, had his temperature charted, his reflexes tested, and his eyes examined. After death, his heart was preserved for the Asylum's on-site 'museum' and his case recounted in a short piece for *The Lancet* by the Asylum's pathologist.[1] This story of a lengthy stay in an asylum, characterised by various treatments and physical examinations, and ending with postmortem analysis, was not unusual. The late nineteenth century saw an increasing amount of discussion among the psychiatric (or 'alienist') community about the relationship between mental disease and the body. There was a sense among many of these researchers that mental disease could be located, somewhere, deep within the bodily fabric. As asylums filled up with chronic cases, many of them bedridden and destined to live out their final days on the wards, more and more asylum doctors immersed themselves in research that aimed to uncover the bodily root of mental disease. From superintendents to clinical assistants to pathologists, asylum doctors examined and discussed the lesions of the brain uncovered at postmortem, the unusual stains they had produced in pieces of tissue, or the samples of abnormally thick skull bone that testified to their own manual dexterity as well as to the bodily state of the patient.

This search for the somatic seat of mental disease was something that stretched beyond the examination of the skull and brain. In the second half

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of the nineteenth century, muscles, skin, bones, urine, sweat, faeces, and hearts were all observed, analysed, and experimented upon by researchers aiming to solve the mysteries of mental disease. Leafing through one of the key publications of the Victorian alienist profession, the *Journal of Mental Science* (founded in 1853 as the *Asylum Journal*, today the *British Journal of Psychiatry*), the importance accorded to the physical body of the patient is clear. There are papers relating cases of tumours, of fatal accidents, of seizures, and—as the nineteenth century progresses—accounts of the microscopic investigation of brain tissue and nerve cells, or attempts to link physical and mental anomalies with discrete lesions of the brain substance. The body was a consistent point of interest for nineteenth-century asylum doctors.

Histories of the Body

Despite this contemporary interest in the body and mental disease, as historians we seem to have a degree of reluctance in addressing the place of the body within the history of psychiatry. A rich and continually expanding field, the history of psychiatry encompasses an array of approaches. These range from the biological outlook of scholars like Edward Hare that suggests psychiatric disorders evolve over time like other diseases, to Andrew Scull's account that sees madness as a phenomenon bound up with modern capitalist society, to Michel Foucault's conception of the asylum as a form of social control.[2]For a number of historians of psychiatry in the 1980s, a central concern was to reinstate the patient at the heart of the story, with Roy Porter's call for a 'history from below' having significant impact.[3] Over the last 20–40 years many researchers, both in and outside academia, have mapped the demographic characteristics of asylums in ambitious analyses that bring large numbers of these patients into the spotlight, from private asylums like Ticehurst to county asylums such as Norfolk.[4] Others have examined the architecture of the asylum, or representations of madness in contemporary fiction.[5] All of these features were of interest to nineteenth-century alienists, who were by no means averse to statistical analysis or to pondering the representation of mental disease in fiction at the same time as they considered their patients' tumours, fits, or internal organs.

Within the history of medicine more broadly, bodies have proven to be powerful rallying points. From the 1960s, as the history of medicine became something that was not simply written by doctors themselves, new

perspectives emerged that paid closer attention to the power dynamics of medicine and psychiatry. In hospital medicine as described by Foucault, the patient and the doctor came to experience the 'medical gaze' that was interested in the evidence of disease offered up by the physical body, and which can be interpreted as a separation of the patient's body and identity.[6] Crucial to this view was the autopsy, which offered new ways of seeing the body and its diseases: the bodily lesion came to take precedence over the story of illness that was articulated by the patient. In many historical accounts that emphasise the increasing dominance of medical discourse throughout the nineteenth century,[7] the body is often under-explored despite apparently being at the centre of the narrative. Here, bodies can seem homogeneous and somehow detached from the patient: doctors forget or purposefully ignore the 'person,' who is easily separated from their physical body. It was issues like these that led scholars such as Barbara Duden to call for historians to recognise patients as individuals who participated in their treatment, as well as being 'objects' of medicine.[8] In recent years a number of scholars have gone on to problematise the idea of a group of largely undifferentiated patients engaged in a power struggle with equally homogeneous medical professionals. The work of Deborah Lupton in science and technology studies, for example, considers self-tracking in conditions like diabetes. In doing so, she complicates readings of medical technologies as things simply imposed upon patients by a more powerful medical profession, while nevertheless recognising them as having implications for individual surveillance.[9] And to take an example from the history of psychiatry, many of the contributors to Stephen Casper and L. Stephen Jacyna's 2012 volume, *The Neurological Patient in History*, position the patient's body as both expressive and performative, offering a number of examples in which the patient is much more than their clinical persona and emphasising the variability of personal experience.[10]

Why, then, are bodies less present within the history of psychiatry than they are in other histories of medicine and science? Roger Cooter has suggested that the broader social history of medicine has struggled with histories of the body, having a tendency to assume that all bodies are "imposed upon."[11] Indeed, when the body appears in histories of the asylum, it is often being restrained or experimented upon: positioned under powerful shower baths, laced into straightjackets, or having metal rods inserted into the soft substance of the brain. The asylum has proven a popular backdrop for modern-day fiction, film, and television; many popular representations of nineteenth-century psychiatry like *American Horror*

Story: Asylum are somewhat preoccupied with physical treatments, particularly lobotomy as a symbol of invariably 'horrific' asylum treatment. In such representations, patients suffer in silence at the hands of doctors whose motives are presented as at best woefully misguided and at worst positively sinister. As well as the physical treatment of patients, contemporary practices of preservation—such as maintaining teaching collections of brains or excised body parts—can pose challenges when we seek to understand past medical practice. Such collections highlight how easily the body may be transformed into a scientific object, and can foster personal as well as professional anxieties. The ethics of asylum treatment or tissue preservation are not, of course, unreasonable areas for discussion. But in positing the body primarily as a site upon which 'barbaric' and 'unenlightened' treatments were brought to bear in the asylum, its fragments collected like trophies in a cabinet, we risk overlooking crucial aspects of the history of psychiatry. Further, we risk contributing little to the epistemology of psychiatric treatment by viewing it through an ahistorical "use/abuse model."[12]

For nineteenth-century commentators—both medical and non-medical—bodies were "things to think with."[13] They were appealed to as analogies to explain the sewer systems of large cities: the metropolis was imagined by many sanitary reformers as a body whose veins were clogged with an accumulation of waste material that had a grave impact on its overall health. In psychiatry the body and mind were linked in various ways. Neuro-physiological researchers explored the connections between the brain and the rest of the body, manifested in movements from the simple—such as moving the arm—to the more intricate, such as writing. Asylum doctors attempted to map the lesions found on the brain at postmortem and to correlate them with the symptoms they had observed during a patient's lifetime. By the end of the nineteenth century, psychiatry was increasingly aligning itself with a somaticist viewpoint: the idea that the roots of mental disease lay within the fabric of the body. For this reason it is vital to integrate the body and its study into histories of nineteenth-century psychiatry. In considering how asylum doctors viewed and investigated the body, contemporary medical and scientific practice is an essential part of the story. Historians of psychiatry such as Eric Engstrom—in his wonderful study of psychiatric practice in imperial Germany—have shown that the day-to-day care of asylum patients was often closely linked to work that we tend to view as the preserve of remote specialists, working apart from patients in laboratories or similar settings. As Engstrom, and several

examples in this book, demonstrate, the care of many nineteenth-century asylum patients was indebted to—and sometimes directly informed by—physiological, pathological, and bacteriological work.

The Body and Practice

It is difficult to neatly delineate 'science' and 'medicine' when it is the nineteenth-century asylum that is under discussion. These were institutions that provided basic medical care—both short- and long-term—to a huge number of patients. At the same time, a number of these institutions carried out scientific research that could blur the boundaries between 'scientific' lab and 'medical' ward. This scientific work was multifaceted, made up of various actors, instruments, and practices. Michael Worboys has urged historians of medicine to look to the 'practice turn' of the history of science: to consider the performative aspects of scientific work, and the people and processes involved in it.[14] *Investigating the Body in the Victorian Asylum* is indebted to practice theory, which grants agency not only to doctors or institutions, but also to smaller-scale, everyday, elements of scientific work. Practice theory highlights that:

> … what scientists laboriously piece together, pick up in their hands, measure, show to one another, argue about, and circulate to others in their communities are not "natural objects" independent of cultural processes and literary forms. They are extracts, "tissue cultures," and residues impressed within graphic matrices; ordered, shaped, and filtered samples; carefully aligned photographic traces and chart recordings; and verbal accounts. These are the proximal "things" taken into the laboratory and circulated in print, and they are a rich repository of "social" actions.[15]

This approach recognises that scientific work is not simply an activity confined to a utilitarian laboratory, where glass jars line the shelves and technical equipment litters the benches, but is an activity shaped by various people, processes, and places that overlap and intersect, both inside and outside traditional scientific sites.

Practices are also a way of understanding and constituting the body in medico-scientific thought, and reveal the multilayered, multi-agency endeavour of asylum investigation and administration: from the writing of case notes on the ward, to the physiological tests carried out with patients, to the pathological practices of the postmortem room. The body

was central to asylum practice as researchers moved towards a more obviously somaticist approach to mental disease at the end of the nineteenth century. In thinking about the practices surrounding the body in the asylum, one of the first things to grapple with is precisely how the body is perceived. I am reluctant, for example, to think of the body in terms of 'construction.' As well as implying a degree of manipulation, construction suggests something static—bricks being built and re-built into structures—that sits uneasily with the organic body. An approach that is more applicable to the aims of this book, and that I have found immensely useful, comes from an anthropological perspective: Janelle S. Taylor's notion of 'surfacing' the body.[16] The multiple uses of the word 'surface' mean that it can denote several things: *giving* a surface to something, a thing *coming* to the surface, or an agent intervening to *bring* something to the surface. In Taylor's words, elements of the body are 'surfaced' so that "bodies take shape and take place through practices of all sorts."[17] Here the body is recognisably physical (it "takes shape") and it has active, performative, elements (it "takes place"). It is a changeable body on account of the ability of surfaces to be altered or breached, a feature that is particularly relevant to processes of clinical and pathological investigation. As this book details, asylum doctors captured the surface signs of disease in photographs, brought the interior depths of the body to the surface during postmortem examination, and gave new surfaces to tissues and cells as they preserved them for teaching collections or reproduced them in journals. In doing so, they drew upon a variety of instruments and techniques that held out the promise of a form of scientific objectivity untainted by their own shortcomings, but which was at the same time crucial to the development of their subjective "scientific self."[18] Thus, in investigating the body of the asylum patient, we are also concerned with the person on the other side of that investigative enterprise: the asylum doctor and their day-to-day practices.

'Surfacing' may put practices centre-stage, but scientific practice in the asylum has often been a casualty of patient- and family-oriented histories despite the strong scientific research agendas of several nineteenth-century asylums. In focusing too narrowly upon the 'social' history of psychiatry, we are at risk of omitting the 'scientific.'[19] This concern for the scientific losing ground to the social was also remarked upon by contemporary alienists. West Riding Superintendent James Crichton-Browne, in his Presidential Address to the Medico-Psychological Association in 1878, suggested that "more engrossing occupations have hustled science into a

subordinate place," suggesting that this shift was due to an increased focus on matters of moral management such as ward decoration, clothing, and food.[20] He did not advocate the simple replacement of one with the other, however, noting that scientific approaches to the study of mental disease ought to be set alongside psychological work. As he wrote: "It is when [the two] converge and rush together that a spark of genuine illumination is certain."[21] Crichton-Browne's advice has continuing relevance to the history of psychiatry: we need the patients *and* the doctors, the social *and* the scientific, in order to have a fuller insight into asylums and their work. It is difficult to resist extending the metaphor of 'surfacing' to the historiography of the asylum more broadly, bringing to the surface of the narrative scientific practices that have been previously relatively submerged.

The West Riding Asylum

Like many other book-length studies that take the nineteenth-century asylum as their subject, *Investigating the Body in the Victorian Asylum* focuses on one institution in particular: the West Riding Pauper Lunatic Asylum in Wakefield, Yorkshire (later known as Stanley Royd). Opened in 1818, it was one of the first public asylums to be set up following the passing of the 1808 Wynn's Act that encouraged the establishment of county asylums. It would form the centre of a gradually expanding West Riding Asylum system with the opening of Wadsley (Sheffield) in 1872, High Royds (Menston) in 1888, and Storthes Hall (Huddersfield) in 1904.

With an increasingly standardised process of asylum committal throughout the nineteenth century, and expanding access to asylum records in the present day, we are well-placed to glean the most minute details of these institutions, their staff, and their patients. I began to do just that when, in 2010, I started a doctorate on nineteenth-century British psychiatry and focused my attentions on the West Riding facilities. Using the Asylum's reception orders (the document that allowed a patient to be committed) and admission registers, I found myself, around a year later, with a not-unrespectable sample of just over 2000 patients admitted to the West Riding between 1880 and 1900. Initially I had envisaged a thesis that charted the experiences of male patients in the nineteenth-century county asylum, a task I grandly saw at the time as something of a counter to those histories that placed women patients at the centre of a gender-specific analysis. With yearly admissions to the West Riding averaging between 350

and 450 people, this late-century institution offered strong grounds to expand upon existing accounts of gendered asylum experience. Like several other historians, I found no evidence to support the suggestion that women were committed to the asylum in disproportionate numbers compared to men.[22] The balance of admissions between men and women was roughly equal. The patient age upon admission was also consistent, averaging 39 years for both men and women. Married people tended to make up around half of each year's admissions, single people around a third. The relatively small number of patients admitted above the age of 51 also called into question the notion of the asylum as a 'dumping ground' for elderly and unproductive relatives.[23]

In looking at the spreadsheets and charts that provided me with this information, and that I had imagined would form the basis of my research, I was disheartened. My demographic analysis seemed to tell me little except that patients were men and women, middle-aged, and mostly married. Above all, the whole exercise had started to make me uncomfortable. In charting the demographic features and diagnostic information I had gleaned from reception orders, casebooks, and admission registers, I feared I was perpetuating the nineteenth-century "avalanche of printed numbers," re-diagnosing patients in an endless re-classification exercise.[24] It was difficult to meaningfully glimpse patients here, in the same way that it was difficult to see them in the annual reports of the Asylum or the records of the Commissioners in Lunacy. Having spent so much time immersed in the West Riding records, it was clear to me that the staff there were just as concerned with the micro as the macro details. These were the things that I couldn't chart in a spreadsheet: annual reports recounting the minutiae of accidents that had befallen individual patients; casebooks including stories clipped from the local newspaper; and a photograph album that made my neat charts and tables pale into insignificance as I was confronted with startling images of patients posed, dressed and smiling, or dead, naked and cut open.

It was leafing through the pages of this photograph album that the focus of my research started to shift. The West Riding Asylum had clearly made the bodily study of mental disease a key part of its day-to-day operations. As much as it matched its contemporaries in terms of patient demographics, the West Riding was peculiar in its commitment to scientific research. It housed significant resources for researchers, boasted of having one of the first pathological laboratories situated at an asylum, was the first British asylum to appoint a pathologist as a paid member of staff in 1872,

and for a time produced its own journal, the *West Riding Lunatic Asylum Medical Reports*. Many of these developments occurred under the Superintendency of James Crichton-Browne (1866–1876), who worked tirelessly to transform the West Riding into a research institution as well as a place of care. As he noted in his 1878 Presidential Address, Crichton-Browne saw the future success of alienism lying in the extension of scientific work. He urged his audience to support the diffusion of the scientific spirit throughout Britain's asylums by converting them into "clinical schools," emphasising that they were significant resources for advancing scientific work.[25] The West Riding's scientific spirit did not fade with the departure of Crichton-Browne, but was continued by successive superintendents. The period under study in this book also sees the influence of Herbert Major (1876–1884), a keen histologist who had worked closely alongside Crichton-Browne, and William Bevan Lewis (1884–1910), whose organicist approach to mental disease was set out in two significant works in the 1880s, *The Human Brain* (1882) and *A Text-book of Mental Diseases* (1889).

With its laboratory facilities and its renowned staff, the West Riding Asylum was viewed as something of a mecca for the student of mental science. A.H. Newth of Sussex Asylum wrote in 1877 that "instruction … especially in such institutions as Bethlem and Wakefield Asylums, initiate the student into all that is necessary for a knowledge of how to [for example] prepare brain sections."[26] When the British Medical Association decided to institute a regular section for mental diseases at its annual meeting in 1889, it was to the West Riding that the honour of hosting was first awarded. In Crichton-Browne's day the in-house journal had brought together specialists working in the fields of alienism, physiology, and the burgeoning field of neurology. Perhaps most notably, the Asylum played host to neurologist Sir David Ferrier, who would undertake some of his seminal experiments into cerebral localisation there. As Stephen Casper has recently discussed in *The Neurologists* (2014), when looking at the early nineteenth century it is difficult to pin down neurology as a defined speciality, and this was still very much the case in the latter half of the century, with neurologists able to lay claim to expertise in a variety of conditions. Neurology was something that could straddle different areas—not simply the neuro-physiological laboratory, but also the asylum.[27] Certainly it was an area of research that was prominent at the West Riding—particularly in the work of Bevan Lewis—and this strong neuro-physiological focus is a pertinent reminder that the Asylum was not a typical late-Victorian

institution. It enjoyed a prestigious reputation for its scientific work, visited by people such as Charles Darwin during his research for *The Expression of the Emotions in Man and Animals* (1872). It was also something of a pioneer in psychiatric outpatient provision, opening an outpatient's department in 1889 and an acute hospital in 1900. Thus, as a well-respected and prominent centre of scientific research, the West Riding is in many ways an anomaly in the landscape of British county asylums. But, as a place to study asylum practice and the body in late nineteenth-century psychiatry, it is ideal. Its facilities, its staff, and its careful record-keeping reveal a host of clear, well-documented examples of how somaticist approaches to mental disease informed, manifested in, and were shaped by contemporary practice.

General Paralysis of the Insane

For staff at the West Riding who wished to solve the mysteries of mental disease, nothing preoccupied them more than general paralysis of the insane (GPI, or general paralysis). It was the best chance that asylum doctors had to understand the relationship between the body and mental disorder. Accordingly, it is upon this condition that much of this book focuses. A progressive and chronic condition, general paralysis was characterised by a wide range of physical and mental symptoms: a staggering gait, delusions, disturbed reflexes, speech difficulties, and muscular weakness. The prognosis for patients with the condition was bleak: most would not leave the asylum once admitted, often dying within a few months, weeks, or sometimes days of admission. The steady accumulation of these chronic patients in asylums during the later years of the nineteenth century led to renewed efforts to determine the cause of the condition. R.S. Stewart, Deputy Superintendent of the Glamorgan County Asylum, wrote in 1896 that 18,438 general paralytics had been admitted to English and Welsh institutions between 1878 and 1892.[28] As most of these patients required careful and constant supervision, they taxed nursing staff, put a strain on limited physical space, and drove down the cure rates of institutions. At the West Riding, for example, in the samples I gathered, the condition accounted for between 23 and 36% of annual male patient deaths between 1880 and 1900.

Today general paralysis is generally understood to refer to neurosyphilis: the neurological manifestations of untreated syphilis that can appear several years after initial infection. But we should be cautious in making any

straightforward link between nineteenth-century 'general paralysis' and twentieth-century 'neurosyphilis.' Caution is needed, in part, because of the difficulty of mapping modern understandings of disease aetiology onto past signs and symptoms. Bruno Latour articulates this best in his 'On the Partial Existence of Existing and Nonexisting Objects': he describes how in 1976 an examination of the mummy of Ramses II took place, which led to Ramses being 'diagnosed' with tuberculosis.[29] But how, Latour asks, "could he have died of a bacillus discovered in 1882 and of a disease whose etiology, in its modern form, dates only from 1819 in Laënnec's ward?" Latour is not suggesting that tuberculosis is a mere construct, but highlighting that any disease is much more than its bacillus, coccus, or—in the case of syphilis—spirochete. The understanding of a disease, the treatment offered for it, and the attitude taken towards the sufferer, depend on much more—on the social, economic, cultural, and intellectual context in which it appears. My hesitancy in simply classifying general paralysis as neurosyphilis also stems from cautions expressed in contemporary writings. Although many late-Victorian doctors posited a link between general paralysis and syphilis, not all were comfortable with the way in which 'general paralysis' was applied as a diagnosis. Northampton County Medical Officer F. Graham Crookshank, alluding to the wide range of symptoms seen in general paralysis and the tendency to confuse it with other conditions, asked: "Is not every case of insanity in a sense a case of general paralysis—a stage in a progressive dissolution of the brain[?]."[30] As this book demonstrates, the diagnosis of general paralysis came to depend upon and evolve with particular practices such as microscopy or the post-mortem. It was a condition that became altered as emphasis was placed on new parts of the body as the disease's 'seat' and was, above all, a changeable entity.

Just as there is a degree of suspicion about the asylum doctor and his rightful place in the history of psychiatry, there also seems to be some reticence about the study of scientific practice when it is unconnected to celebrated 'discoveries' such as the spirochete of neurosyphilis. Indeed, the 'science' of psychiatry tends to be overlooked unless it is a story about failed research, now obsolete, and thus an object of some disapproval or censure.[31] *Investigating the Body in the Victorian Asylum* charts a *process* of investigation, recognising the changeability of contemporary thinking about mental disease and the body. Such a process necessarily involved failures and wrong theories. These are as valuable to the history of medicine and psychiatry as its success stories. The identification of a "wrong

microbe" behind a disease, for example, is a valuable part of the history of science for what the episode tells us about contemporary processes of research.[32] I am not concerned here with what general paralysis really was or with finding evidence to support or refute the link between neurosyphilis and general paralysis, however attractive that kind of historical detective work may be. But, in using general paralysis as a window onto contemporary scientific practices surrounding the body in the asylum, I necessarily consider how general paralysis was understood via clinical, technical, physiological, and pathological investigation of the body at a certain point in time: how general paralysis was surfaced, represented, or rendered. In many respects, my approach has similarities with that of Gayle Davis, who offers the most complete existing 'biography' of general paralysis in her 2008 book, *'The Cruel Madness of Love'*. [33] Davis is particularly concerned with the stability of general paralysis as a diagnostic category, largely in early twentieth-century Scottish asylum laboratories. I also, inevitably, come to address this issue of stability (or indeed, *in*stability) through my exploration of scientific practices. Whilst Davis focuses on the evolution of general paralysis as a disease, however, I am primarily concerned with using the condition as a way in to a broader study of the body and practice in the late nineteenth-century asylum. The wide range of experiments and tests that were used in the study of general paralysis allow me to trace how practices shaped and were shaped by the asylum, its doctors, and its patients. *Investigating the Body in the Victorian Asylum* also provides a prequel of sorts to Davis's work: although it was in the early twentieth century that the causation of general paralysis would be more clearly understood, research like that carried out at the West Riding in the late nineteenth century was crucial in providing the foundations for later work. The process of the production of scientific knowledge is a continuous one, and nineteenth-century practices—including those that did not lead to a discovery like the spirochete—are crucial both to the story of general paralysis and to histories of the body in the asylum.

The Asylum Patient

Studying scientific practice and the body need not mean that we entirely forget the patient suffering the ravages of disease. Certainly doctors themselves did not. Bethlem's George Savage lamented that, "as years pass on [general paralysis] seems to appeal to us more personally as one and another of our friends or patients fall out of rank, victims to this malady."[34]

In treating and caring for these patients, doctors would have been well acquainted with personal stories of physical debility, financial ruin, and strained relationships. General paralytics tended to share some key demographic features: they were predominantly male (Frederick W. Mott of London's Claybury Asylum estimated a ratio of four to six men for every one woman) and usually hailed from urban areas.[35] As a disease affecting men in their thirties and early forties, it hit families hard as breadwinners were removed from the labour market and admitted to asylums. This, and the disease's prevalence in towns and cities, meant that it was frequently characterised as a 'disease of civilisation': the body and mind's rebellion against industrial modernity and a regression to man's baser nature. The sense of regression, or de-evolution, to a more primitive state was given further credence in the stress placed upon the patient's behaviour: men and women with general paralysis were frequently identified as having had a rather too active sexual life, and often suspected to be guilty of alcoholic excesses. It is impossible, then, to consider the body in general paralysis from a purely 'scientific' point of view, without reference to its social aspects.

Likewise, it is not possible to study medical or scientific practice without recognising its social aspects, as noted above. In my historiographical 'surfacing' I am primarily concerned with bringing (back) to the surface contemporary practices that surrounded, interacted with, and acted upon the body in the asylum. In examining these practices it is necessary to consider the role of the asylum doctor. Whilst we should not place contemporary medical professionals on a pedestal, reverting to older and sometimes rather hagiographical approaches to the history of medicine, we also need to recognise the significance of these individuals within the history of psychiatry. Many readers—whatever their professional background—will be familiar with the trope of the psychiatric doctor as a sinister figure. Although I am not suggesting that we *ignore* such stereotypes or the concerns underlying them, it is important to avoid the tendency to imagine the asylum as a place neatly divided into two parts in which doctors stood on one side and patients on the other, the two usually at odds with one another. The idea that these two groups did not interact, or that patients were wholly alienated from the practices of the asylum, overlooks the reality of many nineteenth-century institutions. From the records of the West Riding Asylum it was clear that patients, attendants, and doctors not only interacted with one another regularly, but also built up personal relationships. Patients and their families wrote to the Asylum after their stay

to express thanks, doctors described some of the children in their care with genuine affection, and activities such as fancy dress balls or sports teams saw patients and staff come together in a social context. Of course, these are isolated elements of a wider story—there were also doctors who expressed outright disgust for their patients—but it is important to recognise the existence of diverse experience in that story.

In placing the body and asylum practices at the forefront of my analysis, my aim is not to replace or to lessen the significance of the social history of the asylum and its patients. As many chapters in this book demonstrate, the patient's personal experience of their body—its illnesses, its accidents, its unexpected and often distressing defects—is an integral part of the narrative. Patients complained about their bodies, tried to rationalise their unusual bodily sensations, and contributed to their own records and wider asylum practice in various ways. There is a tendency, when describing historical instances of patients exercising agency, to suggest that such individuals were exceptional—but it is a stance that becomes less tenable as these instances multiply.[36] Although patient experiences varied according to a range of dynamics including gender and social class, there is no reason to assume that nineteenth-century patients *as a whole* were more passive than their present-day counterparts.[37] Indeed, the study of asylum practice can complicate this idea. The body was a point of interaction between patient and doctor—in physical examination upon admission to the asylum, in physiological tests that relied on a dialogue between doctor and patient —where the dynamics and relationships of care were structured and played out.

Outline of this Book

In line with my aim of surfacing the body in the late nineteenth-century asylum, *Investigating the Body in the Victorian Asylum* takes an anatomical approach that aims to mirror contemporary processes of investigation, from admission to the asylum to examination of the body after death. It is a chapter by chapter 'dissection' of the parts of the body that most attracted asylum doctors' attention, discussed in the order in which they would have encountered them during their search for the physical proofs of mental disease.

The book begins with the skin: the outer surface of the body that was captured in asylum photography and 'read' for hints about patients' mental conditions—the rashes or scars of syphilis, for example. The stories of the

skin that are revealed in the West Riding records—and especially in the album of photographs kept by the pathological laboratory—highlight issues including the treatment of skin conditions, the carrying out of surgical interventions, and the difficulties of caring for destructive or frail patients. Chapter "Muscle", extending this focus on the exterior of the body, considers how asylum doctors investigated muscles and movement. Here, the general paralytic patient's seizures, twitches, and disordered sensations suggested correlations between motor anomalies and brain lesions, with a range of physiological methods employed to investigate these. The literal wasting away of patient's muscles also had broader personal significance (the decline of strength, masculinity, willpower) as well as serious socio-economic consequences for patients and their families. In Chapter "Bone", we encounter patients both in life and in death, via a discussion of bone fractures in the late nineteenth-century asylum. To account for 'fracture deaths' in their institutions, doctors attempted to quantify the bodily fabric by testing the strength of bones at postmortem—the assumption being that the bones of general paralytic patients would be weaker than those of nonparalytics. This chapter shows how asylum doctors incorporated technological innovations into postmortem practice, but also how the evidence of the body could contribute to administrative changes that affected patients' treatment during their lifetimes. Fractures might be detected before or after death, but the evidence of the brain could only be analysed at postmortem, and it is this organ that forms the centre of Chapter "Brain". The brain of the general paralytic patient was sectioned, mapped, photographed, and preserved, all in an attempt to understand the aetiology of general paralysis; nevertheless it was an organ that also presented the doctor with a number of challenges. In this chapter, I consider how practitioners made the brain 'readable,' adapting or evolving new techniques to do this, and subjecting the substance of the brain to microscopic investigation that led to new theories about the cause of general paralysis. Finally, in Chapter "Fluid" I explore how such pathological investigation fed *back into* clinical practice, by considering the place of fluids in the body—primarily cerebro-spinal fluid (CSF). The apparent excess of this fluid in cases of general paralysis led to attempts to drain it from the skull during life via trepanation. In addition, by studying the urine and other waste products, this chapter describes how asylum researchers were moving closer towards the toxic aetiology of general paralysis that would become central to twentieth-century conceptions of the disease.

Taken together, these chapters aim to shed light on a relatively neglected aspect of asylum history: the clinical and pathological investigation of the body. By investigating the body in the Victorian asylum, I hope to show that asylums were not simply isolated and scientifically backward sites. Rather, they could be places where—in an era increasingly concerned with the links between body and mind—various and complex 'ways of knowing' mental disease were developed, refined, and sometimes discarded.[38] In charting these ways of knowing mental disease, we are able to glimpse not only the scientific practices of the asylum, but also some of its social aspects, perhaps coming closer to that melding of the scientific and the social that James Crichton-Browne advocated in his address to the Medico-Psychological Association nearly 140 years ago.

Notes

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3. Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14, no. 2 (1985).
4. Charlotte MacKenzie, *Psychiatry for the Rich: A History of Ticehurst Private Asylum, 1792–1917* (London: Routledge, 1992); Steven Cherry, *Mental Health Care in Modern England: The Norfolk Lunatic Asylum, 1810–1998* (Woodbridge: Boydell Press, 2003).
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6. Michel Foucault,*The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan (London: Tavistock, 1976).
7. Notable examples are Erwin H. Ackerknecht, *Medicine at the Paris Hospital, 1794–1848* (Baltimore: Johns Hopkins University Press, 1967); Mary E. Fissell, "The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine," in *British Medicine in an Age of Reform*, ed. Roger French and Andrew Wear (London: Routledge, 1991); Mary E. Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge: CUP, 1991); Nicholas D. Jewson, "The Disappearance of the Sick-Man from Medical Cosmology, 1770–1870," *Sociology* 10, no. 2 (1976).
8. Barbara Duden, *The Woman beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany*, trans. Thomas Dunlap (Cambridge: Harvard University Press, 1991).
9. For example Deborah Lupton, "M-Health and Health Promotion: The Digital Cyborg and Surveillance Society," *Social Theory & Health* 10, no. 3 (2012).
10. Stephen T. Casper and L. Stephen Jacyna (eds), *The Neurological Patient in History* (Rochester: University of Rochester Press, 2012).
11. Roger Cooter, "After Death/After-'Life': The Social History of Medicine in Post-Postmodernity," *Social History of Medicine* 20, no. 3 (2007): (447–448).
12. Ludmilla Jordanova, "The Social Construction of Medical Knowledge," in *Locating Medical History: The Stories and their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore: Johns Hopkins University Press, 2004): 345.
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14. Michael Worboys, "Practice and the Science of Medicine in the Nineteenth Century," *Isis* 102, no. 1 (2011).
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17. Ibid.: 745.
18. Lorraine Daston and Peter Galison, *Objectivity* (New York: Zone Books, 2007), 34.

19. Andrew Scull, "Somatic Treatments and the Historiography of Psychiatry," *History of Psychiatry* 17, no. 1 (1994).
20. James Crichton-Browne, "Presidential Address, delivered at the Royal College of Physicians, London, on Friday, July 26th, 1878," *JMS* 24, no. 107 (1878): 353.
21. Ibid.: 355.
22. See for example David Wright, "Delusions of Gender? Lay Identification and Clinical Diagnosis of Insanity in Victorian England," in *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, ed. Jonathan Andrews and Anne Digby (Amsterdam: Rodopi, 2004).
23. For an overview of my samples from the West Riding, see Appendix.
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25. Crichton-Browne, "Presidential Address": 368.
26. A.H. Newth, "The Importance of Uniformity in Microscopical Observations of Brain Structure," *JMS* 22, no. 100 (1877): 558.
27. Stephen T. Casper, *The Neurologists: A History of a Medical Specialty in Modern Britain, c.1789–2000* (Manchester: Manchester University Press, 2014), 2.
28. R.S. Stewart, "The Increase of General Paralysis in England and Wales: Its Causes and Significance," *JMS* 42, no. 179 (1896): 761.
29. Bruno Latour, "On the Partial Existence of Existing and Nonexisting Objects," in *Biographies of Scientific Objects*, ed. Lorraine Daston (Chicago: University of Chicago Press, 2000): 248.
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31. Richard Noll, "The Blood of the Insane," *History of Psychiatry* 17, no. 4 (2006): 396.
32. Michael Bresalier, "'A most Protean Disease': Aligning Medical Knowledge of Modern Influenza, 1890–1914," *Medical History* 56, no. 4 (2012).
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35. Frederick W. Mott, "Observations upon the Etiology and Pathology of General Paralysis," *Archives of Neurology from the Pathological Laboratory of the London Co. Asylums* 1 (1899): 168.
36. Alexandra Bacopoulos-Viau and Aude Fauvel, "The Patient's Turn. Roy Porter and Psychiatry's Tales, Thirty Years On," *Medical History* 60, no. 1 (2016).

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