

**Isolating Madness:**

Photographs from Seacliff Lunatic Asylum, 1887-1907

For my mum,  
thank you for taking me to the museum.

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## Abstract

Frederic Truby King (1858-1938) is an eminent figure in New Zealand history. His name continues to flourish in contemporary society, due in part to its affiliation with the Royal New Zealand Plunket Society. However, the general populace is still relatively unaware of the time that King spent employed as the medical superintendent of Seacliff Lunatic Asylum, on the remote outskirts of Dunedin. The prevailing image of King during this period is of a single-minded physician, whose career was in a state of acceleration towards the establishment of Plunket. But historians like Barbara Brookes and Catherine Coleborne have rightly started to establish this epoch as significant in its own right. This thesis extends their work by engaging with previously unpublished casebook photographs of patients in King's care, taken between 1887 and 1907, from the restricted Seacliff Lunatic Asylum archives. Through six case studies, this thesis draws connections between these photographs and the paradigms established by such internationally renowned photographers as Hugh W. Diamond and James Crichton-Browne. It then discusses some distinctive photographs that appear unique to this institutional environment, images that challenge our preconceived notions of psychiatric institutions and their functions. This visual history complicates, and sometimes even challenges, the argument about psychiatric institutions and disciplinary power proposed by Michel Foucault and John Tagg, by demonstrating the diverse forms of photography that can occur within a single institution. This study is part of a growing body of research on the Seacliff Lunatic Asylum archives. In using a largely untapped source of photographic history, this project will contribute to future research on similar topics.

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## Introduction

Madness has crept into my life like a sly, prowling brute, dragging with it hospital gowns, therapists, and medication, reeking of disinfected corridors, oozing guilt, and threatening impending doom like an eccentric aunt wetting her lips at the family Christmas party. I cannot remember the first time it snuck into my consciousness. Perhaps it was a hushed reference to my increasingly forgetful Nana being admitted into a home, or was it my Grandpa recalling his weekend trips to hospital for electric shock treatment after the war? Maybe it was the day that my best friend was admitted into hospital after his failed suicide attempt.

While these memories compete for attention in my mind, I remember vividly the first time I saw the stimulated fear and silent screams surging forth from the photographs by Guillaume Duchenne. I was sitting on an aisle seat in a muffled lecture theatre, writing and listening, when one of his 1862 photographs from the *Mécanisme de la Physionomie Humaine* (*The Mechanism of Human Physiognomy*) appeared on the screen. An elderly, toothless man in distress stared back at me. His physicians were pressing electrified probes onto his face and neck, triggering his expression of sheer terror. The room fell into a dull, lifeless void, and all of my own experiences swelled behind my eyes, brimming in the troughs of my eyelids. In that moment, I heard his screams. I felt his pain.<sup>1</sup> And I hoped with intense desperation that my family and friends had not shared his experiences.

A few years later, I turned the pages of the first unwieldy Seacliff Lunatic Asylum album. I expected to find a vast and repetitive archive of head and shoulder photographs, of the kind John Tagg described in his 1984 essay 'Evidence, Truth and Order: Photographic Records and the Growth of the State', but I still wanted to see the photographs for myself.<sup>2</sup> I hoped that by understanding the history of psychiatric photography in New Zealand, I would also develop a richer understanding of my own

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<sup>1</sup> Guillaume Duchenne claimed that the man suffered from an anaesthetic condition of the face. See: G.-B. Duchenne de Boulogne, *The Mechanism of Human Facial Expression*, translated and edited by R. Andrew Cuthbertson, Cambridge: Cambridge University Press, 2006.

<sup>2</sup> John Tagg, 'Evidence, Truth and Order: Photographic Records and the Growth of the State', *The Burden of Representation: Essays on Photographies and Histories*, Minneapolis: University of Minnesota Press, 1993, p.60-66.



history with madness. But I was surprised to discover a diverse archive of psychiatric photographs in the albums. These casebook photographs darted between skilful adaptations of British and European paradigms and distinctive, commanding photographs that challenged my preconceived notions of psychiatric institutions and their functions.

In this thesis, I will present a representative selection of the casebook photographs from Seacliff Lunatic Asylum, an institution operating in Dunedin, New Zealand, between 1884 and 1973. I will argue that these photographs complicate the argument proposed by Tagg, demonstrating the diverse forms of psychiatric photography that can occur within a single institution. With the recent publication of *Early New Zealand Photographs: Images and Essays*, the casebook photographs from Seacliff Lunatic Asylum have been brought to our attention, even if only in summary. It is a timely moment for a more thorough examination of this collection.

This thesis will be limited by the restrictions of space and time. So while I have examined every photograph within the Seacliff Lunatic Asylum albums, I have necessarily selected only a few for deeper analysis. I initially selected a little over one hundred pictures for this analysis based on either their adherence to the paradigms of psychiatric photography as outlined by Tagg and Sander L. Gilman, or their idiosyncratic qualities, which I believe may be unique to Seacliff Lunatic Asylum. I then identified themes within this selection, before choosing exemplary photographs to discuss here. It would, of course, be worthwhile to also examine the history of psychiatric photography in New Zealand through an examination of the records from other institutions operating at this time. However, I believe that the casebook photographs I will present at least offer an exciting entry point into this immense topic.

As these casebook photographs have been credited to Frederic Truby King, I have selected a time period based upon significant events within his career. I have chosen to start with his appointment to Seacliff Lunatic Asylum in 1887, and end with the establishment of the Royal New Zealand Plunket Society in 1907. While King remained involved with Seacliff Lunatic Asylum after this date, I feel that this is a sensible end point due to the current archive restrictions, which only allow access to

patient casebooks that are more than one hundred years old, after permission has been granted from the Southern District Health Board. I will discuss King's life, by addressing the existing literature on him and his psychiatric practices. I will then examine the publicity photographs of Seacliff Lunatic Asylum, using the photographs held in the Museum of New Zealand Te Papa Tongarewa and Archives New Zealand collections.

At this point, I will progress from photographs that conform to the existing paradigms of psychiatric photography to photographs that demonstrate the idiosyncratic quality of the casebook photographs from Seacliff Lunatic Asylum. Through a series of case studies, I will argue that the photographs of patients from Seacliff Lunatic Asylum establish a distinctive approach to psychiatric photography within New Zealand. The primary discourse that I will incorporate into this discussion is that derived from the publications of Tagg, which were themselves informed by the work of Michel Foucault. These would have me believe that the casebook photographs from Seacliff Lunatic Asylum should consist of a selection of standard portrait photographs, captured as part of a single, potent regime of power.

John Tagg's view of the meaning, status and effects of institutional photography is summarized in his 1988 anthology titled *The Burden of Representation: Essays on Photographies and Histories*. He argues in these essays that photography does not have a static identity, independent of the institutions or discourses that choose to make use of it. In his essay 'Evidence, Truth and Order', for example, Tagg examines the connection between the photographic archives of state institutions and the rise of the modern state in the nineteenth century. Initially, he correlates the invention of photography with the reconstruction of social order in Britain and France, before introducing the more penetrative forms of state intervention enacted during the transformation into advanced capitalist societies. Tagg describes the power of the state as a diffuse and pervasive 'microphysics of power', operating unremarked in the smallest duties and gestures of everyday life.<sup>3</sup> In making this argument, Tagg directly references an argument originally presented by Foucault in *Surveiller et punir: Naissance de la Prison*, translated as *Discipline and Punish: The Birth of the Prison*

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<sup>3</sup> *ibid*, p.62.

in 1977 by Alan Sheridan.<sup>4</sup> Tagg refers to the disciplinary power of state institutions, whose unremitting surveillance of their subjects produced a new kind of knowledge, which was preserved in a proliferating system of documentation.<sup>5</sup> Tagg only departs from Foucault's original argument when he states that photographic records are part of this system of documentation. Although Foucault himself never mentions photography, Tagg argues that this medium was privileged within the state's regime of power due to the favour afforded to mechanical means of representation in industrialised societies, and its ready mobilisation within the emerging apparatuses of government.<sup>6</sup> As Tagg argues:

Photography as such has no identity. Its status as a technology varies with the power relations which invest it. Its nature as a practice depends on the institutions and agents which define it and set it to work. Its function as a mode of cultural production is tied to definite conditions of existence, and its products are meaningful and legible only within the particular currencies they have. Its history has no unity. It is a flickering across a field of institutional spaces. It is this field we must study, not photography as such.<sup>7</sup>

In this critical statement, Tagg emphasizes the importance of the contextual relationship when interpreting an institutional photograph. He believes that there can never be a neutral space where a photograph can emanate an authentic, independent meaning. Therefore, Tagg would argue that the photographs from Seacliff Lunatic Asylum must be interpreted within the context of the casebooks to which they are affixed, and the discourses which surround Seacliff Lunatic Asylum as a state institution. And, of course, on this point he is absolutely correct.

Tagg goes on to argue that power is conveyed by, and perhaps even inscribed within, institutional photographs.<sup>8</sup> In his 1980 essay 'A Means of Surveillance: The Photograph as Evidence in Law', Tagg describes how photography was incorporated into a new system of documentation by state institutions. He refers to Dr. Hugh

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<sup>4</sup> Michel Foucault, *Surveiller et Punir: Naissance de la Prison (Discipline and Punish: The Birth of the Prison)*, translated by Alan Sheridan, New York: Pantheon Books, 1977.

<sup>5</sup> John Tagg, 'Evidence, Truth and Order: Photographic Records and the Growth of the State', *The Burden of Representation*, p.63.

<sup>6</sup> *ibid*, p.61.

<sup>7</sup> *ibid*, p.63.

<sup>8</sup> John Tagg, 'A Means of Surveillance: The Photograph as Evidence in Law', *The Burden of Representation*, p.66-103, p.67.

Welch Diamond's 1856 essay 'On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity' when he outlines the potential of photography to perpetually observe, record and scrutinize patients.<sup>9</sup> Tagg states that psychiatric photographs, such as those produced by Diamond to illustrate his essay, conformed to the conventions established by contemporary portraiture, and medical and psychiatric illustration. The patient was arranged as if within a simple studio setting, in front of a plain background in a frontal or near frontal pose, focussing upon the face and hands of the patient. Tagg argues that this coincidence of scientific and aesthetic discourses soon became a regulated, political space within the new, institutional order. 'Here, the knowledge and truth of which photography became the guardian were inseparable from the power and control which they engendered.'<sup>10</sup>

In his transcribed lecture series, *Psychiatric Power: Lectures at the Collège de France 1973-1974*, first published in English in 2006, Foucault reconsiders the power relations peculiar to psychiatric practice.<sup>11</sup> He discusses the main themes from his earlier, 1961, book *Madness and Civilization: A History of Insanity in the Age of Reason (Histoire de la folie à l'âge classique)*, and develops his view of the subtleties of disciplinary power, in some instances supplanting his original insights.<sup>12</sup> Foucault presents the concept of disciplinary power by distinguishing it from its predecessor, sovereign power. In his earlier work, he describes sovereign power as concentrated within a visible and named individual, for instance, a monarch. Sovereign power enabled the monarch to seize control of objects, time, bodies, and life, in the form of property, taxes, soldiers, and lives. If a suitably criminal act, such as treason, has been committed, a life can be taken, sometimes in spectacular fashion, as a warning to others.<sup>13</sup> In his lecture series, Foucault elaborates that individuality is stable at the pinnacle of a hierarchical society, as the monarch is the sole arbiter of sovereign power. However, individuality is unstable for his subjects, who are more frequently

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<sup>9</sup> Hugh W. Diamond, 'On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity' (1856), in Sander L. Gilman (ed.), *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*, New York: Brunner/Mazel Inc., 1976, p.19.

<sup>10</sup> John Tagg, 'A Means of Surveillance: The Photograph as Evidence in Law', *The Burden of Representation*, p.80.

<sup>11</sup> Michel Foucault, *Psychiatric Power: Lectures at the College de France 1973-1974*, New York: Palgrave MacMillan, 2006.

<sup>12</sup> Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, translated by R. Howard, New York: Random House, 1965. This is an abridged translation of the *Histoire de la folie*.

<sup>13</sup> Michel Foucault, *The history of sexuality: Volume 1: An Introduction* (1976), New York: Random House, 1990, p.136.

treated as a collective group, rather than as individuals. Foucault states that the individualising of a particular subject under sovereign power can only occur in a discontinuous, incidental manner, for instance through punishing a subject's crime of treason by public execution to set an example to the collective group.<sup>14</sup>

Foucault states that disciplinary power deposed sovereign power during the reconstruction of social order in Britain and Europe, that occurred in the early nineteenth century. The crucial distinction is that disciplinary power is not concentrated within a visible, named individual; rather it is designed to produce an effect on its target, the social body as a whole.<sup>15</sup> Individuality transfers from the pinnacle to the base of society through this transformation.

Disciplinary power is not discontinuous but involves a procedure of continuous control instead. In the disciplinary system, one is not available for someone's possible use, one is perpetually under someone's gaze, or, at any rate, in the situation of being observed.<sup>16</sup>

In *Psychiatric Power*, Foucault relates disciplinary power to psychiatric practices and institutions in the nineteenth century. He argues that the body of a patient must be placed in a continuous state of observation for disciplinary power to function effectively. Foucault metaphorically presents the asylum as the medical practitioner's body, stretched and distended to the dimensions of an institution. The practitioner's power is exerted as if every part of the asylum is a part of his own body, controlled by his own nerves.<sup>17</sup> Foucault states that one of the main features of the microphysics of asylum power is the negotiation between the patient and the medical practitioner's body, which is above him, dominating him, standing over him and, at the same time, absorbing him.<sup>18</sup> The patient must submit to the supremacy of the medical practitioner, and by extension his psychiatric practices. At this point, the patient is under the continuous pressure of disciplinary power, which will recognize potentially offensive behaviour and intervene before it can be performed. Foucault describes this

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<sup>14</sup> Michel Foucault, '21 November 1973', *Psychiatric Power*, p.44.

<sup>15</sup> *ibid*, '14 November 1973', p.22.

<sup>16</sup> *ibid*, '21 November 1973', p.47.

<sup>17</sup> *ibid*, '9 January 1974', p.182.

<sup>18</sup> *ibid*, p.190.

as an intrusion at the level of potential, disposition, or will, operating at the level of the patient's very being.<sup>19</sup>

Foucault states that institutional records are an extension of disciplinary power, as these records ensure that all observed behaviours are documented and distributed throughout the hierarchical continuum.<sup>20</sup> These records ensure that patients are continuously visible, which is a requirement of disciplinary power. Foucault never refers to psychiatric photography in his lectures or publications so it remains unclear whether he would view photography as another form of surveillance. This is where Tagg and others have stepped into the discussion.

In his essay 'Evidence, Truth and Order', Tagg argues that photography functioned as part of the new types of knowledge produced by psychiatric institutions, knowledge preserved in institutional records.<sup>21</sup> He describes the photographs in the archives of state institutions as formulaic and probing.

A vast and repetitive archive of images is accumulated in which the smallest deviations may be noted, classified and filed. The format varies hardly at all. There are bodies and spaces. The bodies - workers, vagrants, criminals, patients, the insane, the poor, the colonised races - are taken one by one: isolated in a shallow, contained space; turned full face and subjected to an unreturnable gaze; illuminated, focused, measured, numbered and named; forced to yield to the minutest scrutiny of gestures and features. Each device is the trace of a wordless power, replicated in countless images, whenever the photographer prepares an exposure, in police cell, prison, mission house, hospital, asylum, or school.<sup>22</sup>

Tagg illustrates his argument with a photograph by Diamond titled *Inmate of the Surrey County Asylum*, from the album *Portraits of Insanity* (1852-1856). In this photograph, the patient peers tentatively towards the viewer, with her hands held together close to her chest. She is seated at a slight angle, facing towards the camera, with a plain curtain draped behind her.<sup>23</sup> This photograph meets Tagg's criteria, as the

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<sup>19</sup> *ibid*, '21 November 1973', p.52.

<sup>20</sup> *ibid*, p.48.

<sup>21</sup> Tagg, 'Evidence, Truth and Order: Photographic Records and the Growth of the State', p.63.

<sup>22</sup> *ibid*, p.64.

<sup>23</sup> Tagg, 'A Means of Surveillance: The Photograph as Evidence in Law', p.79.

patient has been isolated in a shallow space, and turned to face the viewer. According to Tagg, 'the format varies hardly at all'.<sup>24</sup> However, the Seacliff Lunatic Asylum casebooks appear to contradict this very generalised statement. This particular photographic archive contains an irregular, multifarious collection of images which are only united by an institutional parenthesis. My thesis aims to define these irregularities. To do so, I will draw upon the work of American scholar Sander L. Gilman.

Gilman has described various forms of psychiatric photography in his publications. His work has provided the framework I have adopted for selecting the photographs that have been included in the initial case studies of this thesis. Gilman has made a significant contribution to the study of stereotyped cultures through his publications about minority ethnic groups and the development of modern medicine, including the treatment of mental illness. Of his four publications on mental illness, *Seeing the Insane* operates as an elementary overview of visual representations of the mentally ill from the Middle Ages through to the late nineteenth century. In this richly illustrated publication, Gilman describes how the mentally ill have been branded as outsiders through their physical appearance and gestures.<sup>25</sup> Using the illustrated examples, I looked for a range of image types in the Seacliff Lunatic Asylum casebooks. For example, a lithograph based upon Diamond's photographs of the four stages of a case of puerperal mania (c.1856) illustrates the progress of a patient from affliction to cure. In the course of my investigation, I found a number of patients who were photographed multiple times, for assorted reasons. I selected two photographs of Harriet Cooper to illustrate this practice. Gilman also discusses the relationship between Charles Darwin and James Crichton Browne through the photographs that this association inspired. These photographs reflect the contemporaneous debate over the correlation between perceiving the insane and the validity of interpreting what has been seen. As Gilman states,

It was generally assumed at the time that definable categories of expression, if not of physiognomy, existed for the various types of mental illness. Using models such as cretinism and paresis, nineteenth-century psychiatrists

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<sup>24</sup> Tagg, 'Evidence, Truth and Order: Photographic Records and the Growth of the State', p.63.

<sup>25</sup> Sander L. Gilman, *Seeing the Insane*, New York: John Wiley and Sons, 1982, p.2.

considered themselves able to recognize these categories and use them for diagnostic purposes.<sup>26</sup>

In the course of my investigation, I found a number of photographs in the Seacliff Lunatic Asylum casebooks that indicate the possible influence of Browne and other prominent psychiatric photographers. In particular, the photograph of Alison Morgan bears a striking resemblance to an 1872 photograph of an insane woman showing the condition of her hair, which is illustrated in Gilman's book.

But perhaps the most important influence of *Seeing the Insane* on this investigation is how Gilman taught me to see photographs of the mentally ill as a classifiable, interpretable affirmation of an altered mental state. Gilman argues that ignorance of the importance of individual variations and human diversity began with the isolation of the four temperaments of Hippocratic medicine, which are the sanguine, choleric, melancholic and phlegmatic.<sup>27</sup> For instance, the melancholic temperament has been described as a passive, overly thoughtful disposition. This temperament has been depicted as a slumped, downcast figure, as in *Melencolia I* (1514) by Albrecht Dürer and later, as in the photograph of Eva H., a case of melancholia attonita, by Dietrich Georg Kieser (1855). This visual representation of symptoms, combined with symbolic references to insanity, gradually created the stereotyped iconography by which the insane were either classified or observed.<sup>28</sup> Among other things, Gilman's work illustrates the accord between visual representations of the insane in medical texts and those in the fine and popular arts.

Following on from Gilman's insights, I will discuss the casebook photograph of Donovan Byrne, who is depicted semi-nude. Measuring Foucault's theorem of power-knowledge, as we see it at work in the process of normalizing judgement levelled at Byrne, I will then discuss how power-knowledge is not merely a negative or repressive exercise; it also creates something. In this instance, it actively creates new forms of psychological knowledge based upon Byrne's mental illness and physical disability. I will then compare and contrast the photograph of Byrne with *Native Woman of Sofala (Mozambique), 30 years old with white hair* (1849), by E. Thiésson.

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<sup>26</sup> *ibid*, p.179.

<sup>27</sup> *ibid*, p.6.

<sup>28</sup> *ibid*, p.2.



My discussion of ethnic and cultural difference is informed by the work of British scholar David Green. In a 1984 essay, Green discusses how photography has been used to examine and dominate non-European cultures. Although he too is influenced by the work of Foucault, and his 'Classified Subjects: Photography and Anthropology' focuses on anthropological, rather than medical, photographs, the essay raises issues that can also be applied to photographs of the insane.

The knowledge photography produced was inseparable from the power it engendered. This power/knowledge was immanent to the mechanisms of surveillance and the relentless gaze of the photographic apparatus whereby the body became the object of the closed scrutiny.<sup>29</sup>

In the latter half of the nineteenth century, photography became associated with new fields of scientific enquiry, and new practices of observation and record keeping. Green describes how photography was recommended for use in conjunction with anthropometrical techniques, to identify and record representatives of racial types.<sup>30</sup> In reference to a publication by the British Association for the Advancement of Science, he points out that the nude subject must be photographed from a frontal, side and back view against a contrasting, latticed screen for the purpose of measurement. The camera must be level with the head of the subject, whilst they look straight ahead at a fixed point.<sup>31</sup> It is the underlying motive that makes these directives a form of power-knowledge accumulation. The anthropological subject has been placed in these regulated conditions so that the Western observer can compare their body to other racial types, before drawing the ultimate comparison to the ideal European body. As Green states, the Western observer believed that socio-cultural inferiority was dependant upon hereditary characteristics. As these characteristics were inaccessible to direct observation, they had to be inferred from physical and behavioural traits, which, in turn, they were intended to explain.<sup>32</sup> Therefore, anthropometrical photographs were used to reinforce European superiority, and colonization, through their scientific veracity.

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<sup>29</sup> David Green, 'Classified Subjects: Photography and Anthropology – the Technology of Power', *Ten*.8, no.14 (1984), p.34.

<sup>30</sup> *ibid.* See also Elizabeth Edwards on this policy, in *Raw Histories: Photographs, Anthropology and Museums*, New York: Bloomsbury Academic, 2001.

<sup>31</sup> *ibid.*

<sup>32</sup> *ibid.*, p.32.

In order to acknowledge this argument, I have included photographs of patients from the casebooks who are being restrained by attendants or weighted jackets. It would certainly have created a more ordered narrative if I had chosen not to include these photographs and, as they represent a small percentage of the total body of work, I may have been able to justify this decision. But I wanted to include these photographs in order to present the complete spectrum of the types of casebook photographs found in the archive.

In contrast, I will also discuss the photograph of Esther MacDonald, focusing upon the wistful, romantic style of this image. I will draw a comparison between this image and a photograph of King's daughter in a similar landscape, as depicted in a family snapshot, raising the question of how the casebook photograph of MacDonald challenges the accepted parameters of psychiatric photography. At this point, I will have turned my attention to the distinctive qualities of the casebook photographs from Seacliff Lunatic Asylum. Next, I will discuss the two photographs of Joel Robinson, who challenges the belief that psychiatric institutions were designed to socially exclude and deprive the insane. By examining his attire and behaviour, I will discuss how individuality has been complicated by extended bouts of mental illness and institutionalisation.

I will be addressing these and many related issues in my thesis. Before I address them, however, I will discuss Frederic Truby King and his psychiatric practices at Seacliff Lunatic Asylum. The following chapter will outline the unique circumstances in which these casebook photographs were produced. These circumstances help to explain why the photographs we find within the Seacliff Lunatic Asylum albums differ from the model outlined by Tagg and others. More generally, my study will allow me to argue that the specific situation found in New Zealand in the late nineteenth century complicates any single, homogenous account of photography's relationship to state power.

## Chapter One

### Maverick: Frederic Truby King

Then let us bow our heads in awe, and crawl in abject meekness  
Before these wondrous Medicos who probe our mental weakness!  
They'll analyse the minds of men, of highest reputations  
And prove that all are victims of some awful aberration!

Excerpt from *Emotional Insanity* (1907) by Lionel Terry<sup>1</sup>

Frederic Truby King was a maverick. His biographer, Lloyd Chapman, wrote that he showed a 'commendable disregard for regulations and rules, his stewardship of the country's largest asylum gave him the opportunity for considerable personal development as a farmer and scientist.'<sup>2</sup> So often, this is how biographers describe the period of time that King spent at Seacliff Lunatic Asylum, as a period of personal growth before the triumphant success that remains the Royal New Zealand Plunket Society. Interestingly, it is almost never described as a significant period in its own right, let alone as a significant period in the development of psychiatric care in New Zealand. This is not to say that King's skill as a Medical Superintendant is disregarded by his biographers. However, it is consistently seen as less noteworthy than his skill in raising animals, regulating diets and generally improving the health and wellbeing of his patients. This is, of course, because these particular skills fit so beautifully into the historical narrative that is King, as without these skills he would not have been able to establish the world famous child welfare organisation that is the Plunket Society.

The historical narrative that permeates through any chronicle of King's life finds its origin in the work of his first and definitive biographer, his daughter Mary King. In her book *Truby King, the man: A biography*, Mary writes as a servant and apostle of Plunket, having devoted years of her life to writing an account that would set her father on a pedestal.<sup>3</sup> As Chapman writes, 'He would have been proud of the job that she accomplished. I was annoyed by it and frustrated. I felt even on my first reading

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<sup>1</sup> Lionel Terry, as quoted in Lloyd Chapman, *In a strange garden: The life and times of Truby King*, Auckland: Penguin Books (NZ) Ltd, 2003, p.63.

<sup>2</sup> *ibid*, p.11.

<sup>3</sup> Mary King, *Truby King: The Man*, London: George Allen & Unwin, 1948

that Mary had omitted any negative material, and I later discovered not only her rewriting of history, but that in an archivist's opinion she had expunged critical material before lodging papers with the archives.'<sup>4</sup> Chapman adds meat to the bones of Mary's narrative, questioning the validity of her accounts of significant events in King's life, but he stops short of an in-depth analysis of how King's approach to psychiatry compared to his domestic and international peers, and fails to even mention his practise of photographing patients.

Regardless, Chapman's statement regarding the condition of King's archives is revealing. It is, perhaps, the reason why comparatively little has been written about such an iconic figure in New Zealand history. I will not venture down this historiographical rabbit hole myself. Instead, I will imbue this thesis with the facts that remain uncensored, yet restricted, within the Seacliff Lunatic Asylum registers. In these registers, I found a range of psychiatric photographic practises represented, but the most interesting photographs are certainly those that are unique to this time and place. Significantly, these photographs reveal how King's developing psychiatric theories influenced the photographic representations of patients in his care. I will not credit King as the man behind the camera, because I do not believe that he always was, due to time and aesthetic inconsistencies, which I will explore at a later point in this thesis.

Tony Taylor has not been hindered by the selective archives of King either. He argues that King was a fervent eugenicist, detailing the charge in his article 'Thomas Hunter and the Campaign against Eugenics'.<sup>5</sup> Taylor writes that King was a member of the Committee of Inquiry into Mental Defectives and Sexual Offenders, initiated by the prisons department and established by the Minister of Health in 1922. The aim of the committee was to inquire into the 'special care and treatment of the feeble-minded and subnormal' and the treatment of 'mental degenerates and persons charged with sexual offences.'<sup>6</sup> The committee advised the following in their report,

It has rightly been decided that this should be not only a 'white man's country,' but as completely British as possible. We ought to make every effort

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<sup>4</sup> Chapman, *In a strange garden*, p.11.

<sup>5</sup> Tony Taylor, 'Thomas Hunter and the Campaign Against Eugenics', *New Zealand Journal of History*, vol.39, no.2, (2005), pp.195-214.

<sup>6</sup> *ibid.*

to keep the stock sturdy and strong, as well as racially pure. The pioneers were for the most part an ideal stock for a new offshoot of the Mother-country. The Great War revealed that from their loins have sprung some of the finest men the world has ever seen, not only in physical strength, but in character and spirit. It also revealed that an inferior strain had crept in and that New Zealand was already getting its fair share of weaklings. Surely our aim should be to prevent, as far as possible, the multiplication of the latter type.<sup>7</sup>

The report also notes that defectives and degenerates cannot be entirely eliminated by adopting a vigorous policy of segregation and sterilization alone; improvements must also be made through early childhood care, nutrition and routine development.<sup>8</sup> This statement reveals King's clear influence and co-authorship of the report, further substantiating Taylor's claim as to his strongly-held eugenic beliefs.

While this committee was established over ten years after the final date of my particular examination of King, the ideas expressed in its report find their origin much earlier. In the late nineteenth and early twentieth centuries, the conviction in a kind of biological determinism was gaining popular ground.<sup>9</sup> An early proponent was Charles Darwin's cousin, Francis Galton, who actively argued that humanity could be greatly improved by encouraging the most able and healthy to have more children, while those with little earning power should be confined to institutions where there would be a regime in place designed specifically to restrict their breeding.<sup>10</sup> His argument was well supported by physicians like Cesare Lombroso, who used evolutionary biology to explain the primitive atavism of the born criminal, characterized by their perceived degenerative physical abnormalities.<sup>11</sup> Lombroso promoted his belief that such characteristics described about one third of criminal offenders.<sup>12</sup> His approach, like those proposed by Franz Gall and Johann Spurzheim, was used to validate the

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<sup>7</sup> *ibid*, p.204.

<sup>8</sup> *ibid*, p.203.

<sup>9</sup> *ibid*, p.195.

<sup>10</sup> *ibid*, p.196.

See Francis Galton, *Inquiries into Human Faculty and its Development*, Montana: Kessinger Publishing, LLC, 2010. Originally published in 1883.

And, Francis Galton, *English Men of Science: Their Nature and Nurture*, Montana: Kessinger Publishing, LLC, 2008. Originally published in 1874.

<sup>11</sup> *ibid*, p.195.

<sup>12</sup> See Cesare Lombroso, *Criminal Man*, translated by Mary Gibson & Nicole Hahn Rafter, North Carolina: Duke University Press, 2006. Originally published in 1876, *Criminal Man* went through five editions during Lombroso's lifetime. In each edition, Lombroso expanded upon his ideas about innate criminality, and refined his method for categorizing criminal behavior.

notion of a hereditary taint, which would later be recognized as a basic expression of eugenics.

While King would have been familiar with these theories, it is likely that he first encountered eugenics in a meaningful way through a colleague of his at the University of Otago, the inaugural Professor of Mental and Moral Philosophy and radical evolutionist Duncan MacGregor (1843-1906). MacGregor was also the Inspector General of Lunatic Asylums, Hospitals and Charitable Institutions, which effectively made King his subordinate.<sup>13</sup> MacGregor wrote that ‘the hopelessly lazy, the diseased and the vicious who would once have been weeded out by natural selection, are eating like a cancer into the vitals of society.’<sup>14</sup> MacGregor actively sought to broaden the definition of insanity to include hopeless alcoholics, criminals and paupers. He believed that these individuals should be ‘forced to work for their support and be deprived of their liberty until their deaths, thereby preventing them from injuring society either by their crimes or by having children to inherit their curse.’<sup>15</sup> Most of the photographs that I will discuss depict individuals who would have been selected for classification, segregation and education by the Committee of Inquiry into Mental Defectives and Sexual Offenders, as they have come from poor upbringings and have been afflicted with a mental illness.<sup>16</sup> While I did not find any explicit evidence of a eugenic bias in the Seacliff Lunatic Asylum casebook photographs that I examined, I did encounter examples of racial profiling in the casebooks of the small number of Asian-immigrant patients, who experienced varying degrees of cultural ambivalence during their terms of institutionalisation.<sup>17</sup> Unfortunately, I have been unable to explore this intriguing topic further due to the restrictions of space and time.

It is interesting to note how MacGregor may have influenced King in more than just eugenics. For instance, Chapman writes that King advocated the compulsory detention of alcoholics, believing that recovery inside twelve months was unlikely.

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<sup>13</sup> Catharine Coleborne, *Madness in the family: Insanity and Institutions in the Australasian Colonial World, 1860-1914*, New York: Palgrave MacMillan, 2010, p. 35.

<sup>14</sup> Taylor, ‘Thomas Hunter and the Campaign Against Eugenics’, p.197.

<sup>15</sup> *ibid.*

<sup>16</sup> Coleborne, *Madness in the family*, p.38.

<sup>17</sup> For further research, please refer to case file 3732, DAHI19956 D264/57, *Seacliff Lunatic Asylum casebook*, Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office.

Indeed, King's distaste for alcoholism and, perhaps, his less-than-estimable view of women is recorded in a letter to Mrs. Cracroft Wilson of the Plunket Society in Christchurch: 'It is a commonplace of medical experience that men often give up drink after years and years of habitual excess, and when all hope of reformation has been abandoned, but that this hardly ever takes place in the case of women.'<sup>18</sup> In April 1902, King established the Orokonui Home for Inebriates at Waitati, almost ten kilometres south of Seacliff. It was staffed with special attendants, hand-picked from Seacliff Lunatic Asylum for their staunchness and insensitivity to the perceived habits of alcoholics, an early version of the tough love approach perhaps.<sup>19</sup> Despite King's opinion regarding female alcoholics, of the sixteen patients committed to the Orokonui Home for Inebriates in 1905, only three were females.<sup>20</sup>

The authors addressed thus far have focussed upon King's time at Seacliff Lunatic Asylum as part of his biography, or as part of a broader examination of his career. Only two authors have addressed this period in its own right, and they are Catharine Coleborne and Barbara Brookes. Coleborne has used this material to examine migration, ethnicity and insanity in Australia and New Zealand, Seacliff Lunatic Asylum being but one source of useful information. Her most significant work on the subject is *Madness in the Family*, where she examined how families developed strategies for dealing with the mental breakdown of family members in colonial Australasia between 1860 and 1914, with a particular focus on immigrants from Britain, Ireland and Europe.<sup>21</sup> The photographs from Seacliff Lunatic Asylum are never mentioned, most likely because her attention is focused upon other aspects of the casebooks.

Of any of the authors discussed, Brookes has the most nuanced understanding of this period. Her particular interest in the subject is focussed upon the history of health and disease in New Zealand and Britain. Brookes' most sustained contribution is undoubtedly the series of essays she co-edited with Jane Thomson, titled *Unfortunate*

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<sup>18</sup> Chapman, *In a strange garden*, p.60.

<sup>19</sup> *ibid*, p.61.

<sup>20</sup> *ibid*, p.55.

<sup>21</sup> Catharine Coleborne, *Madness in the family: Insanity and Institutions in the Australasian Colonial World, 1860-1914*, New York: Palgrave MacMillan, 2010.

*Folk: Essays on Mental Health Treatment, 1863-1992*.<sup>22</sup> This book features an essay on King's time at Seacliff Lunatic Asylum between 1889 and 1907 by Cheryl Caldwell. The first two sections of *Unfortunate Folk* focuses upon the Otago region, examining the changes in mental health treatment and care since the founding of the Dunedin Lunatic Asylum in 1863, while the final section discusses some wider New Zealand patterns within the specialty. The casebook photographs of patients are illustrated only twice and the subsequent captions provide the sole mention of this photographic practise. For instance, below a striking photograph of a distressed patient being restrained by two attendants the caption reads, 'Truby King took photographs of a number of patients at Seacliff: this one shows case 2356, a 25-year-old general servant.'<sup>23</sup>

It was not until the very recent publication of *Early New Zealand photography: Images and Essays* and *Exhibiting madness in museums: Remembering psychiatry through collections and display*, that the photographs from the Seacliff Lunatic Asylum registers were brought to general attention.<sup>24</sup> In each instance, Brookes' essays add her voice on this singular institutional archive to an immense topic of discussion. In *Early New Zealand Photography*, Brookes contributes one of a series of twenty-four essays collectively examining early, local photographs of a range of subject matter, from daguerreotypes to Kodak snapshots. In *Exhibiting Madness in Museums*, Brookes' essay is part of a comparative history of independent and institutional collections of psychiatric objects from Australia, New Zealand, Canada and the United Kingdom, which collectively discusses the collectors, their collections and display, and reactions to exhibitions on the history of insanity. In both of these publications, Brookes uses the casebook photographs of Johanna Beckett taken at Seacliff Lunatic Asylum to frame her argument about the complexities of individuality and representation. Brookes establishes Beckett as a willing yet challenging participant in the photographic process. 'A photograph taken in 1890 has the power to face us with a person who still challenges us. She asks, Why am I here?

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<sup>22</sup> Barbara Brookes & Jane Thomson (eds.), *Unfortunate Folk: Essays on Mental Health Treatment, 1863-1992*, Dunedin: University of Otago Press, 2001.

<sup>23</sup> *ibid*, p.55.

<sup>24</sup> Angela Wanhalla & Erika Wolf (eds.), *Early New Zealand Photography: Images and Essays*, Dunedin: University of Otago Press, 2011.  
Catharine Coleborne & Dolly MacKinnon (eds.), *Exhibiting Madness in Museums: Remembering Psychiatry through Collection and Display*, New York: Routledge, 2011.



What is madness? Indeed, she directly interrogates the man behind the camera, suggesting her awareness of both the performative nature of photography and the theatre of the clinic.<sup>25</sup> Brookes states that the practise of photographing patients in Seacliff Lunatic Asylum developed from an occasional photograph of patients who particularly captivated King through to a means of identification as the hospital grew in size and bureaucratic control. She also suggests that these photographs may have been used to identify paradigmatic types of mental illness for King's medical purposes. By this means, Brookes ties the act of photographing patients to the potentially imbalanced power dynamic between a doctor and a patient. Brookes uses Beckett's case to argue that this dynamic may not have been consistently imbalanced. She contends that some patients, like Beckett, may have been less passive subjects of the doctor's powerful gaze than we have been led to believe; they may have felt special by being singled out to be photographed and welcomed, or even requested, that a portrait be made.<sup>26</sup> I will demonstrate that Beckett is not an exceptional case. Rather, the power dynamic that King established at Seacliff Lunatic Asylum enabled some patients, like Joel Robinson, to express themselves through their appearance, demeanour or pose.

Brookes states that it was Edward William Seager, not King, who first photographed psychiatric patients in New Zealand, during his employment as the warden at Sunnyside Lunatic Asylum in Christchurch. Her research is based on the biography, *Edward William Seager: Pioneer of Mental Health*, written by his granddaughter Madeleine Seager. She writes that the practise of photographing patients began as a form of patient entertainment, but Seager soon introduced the routine of photographing each newly admitted patient. He had previously done the same while employed as the Warden of Lyttleton Gaol.<sup>27</sup> However, I remain unconvinced by Seager's argument, primarily because the Sunnyside Lunatic Asylum registers only include photographs from 1903 onwards. From this point to 1907, these photographs are very rare, with only a few appearing within each of the three registers concerned.<sup>28</sup>

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<sup>25</sup> Barbara Brookes, 'The asylum lens: Photographs in the Seacliff Asylum case files' in Wanhalla & Wolf (eds.), *Early New Zealand Photography*, p.98.

<sup>26</sup> *ibid*, p.103.

<sup>27</sup> Madeleine Seager, *Edward William Seager: Pioneer of Mental Health*, Waikanae: Heritage Press, 1987, p.275.

<sup>28</sup> Archives New Zealand, Christchurch Research Office, personal communication via email, 12 November 2013.

The absence of casebook photographs from the period referred to by Seager makes her argument difficult to validate.

In this brief examination, I have revealed the relatively slight attention paid to the wealth of photographic records in the Seacliff Lunatic Asylum registers. Brookes' comprehensive discussion of King's employment at Seacliff Lunatic Asylum will serve as the historical backbone for this thesis, as she is the sole author to deliberately address these casebook photographs, even if she only does so in brief. I will now discuss the origins of such practises within asylums in Europe, in order to position these photographs within a history of contemporaneous psychiatric photography. I will then examine King's background and particular approach to patient care at Seacliff Lunatic Asylum, in order to provide a contextural background for these casebook photographs.

### Psychiatry at the Centre

In France and Britain, photographs of psychiatric patients began appearing soon after the successive announcements declaring the invention of the medium by Louis Jacques Mandé Daguerre and William Henry Fox Talbot in 1839. The great age of lunatic asylums neatly coincided with the development and rapid growth of photography, producing a rich archive of publicity photographs depicting Victorian architectural splendour surrounded by sprawling manicured gardens, or starched nurses in crisp institutional interiors.<sup>29</sup> This public façade was supplemented by a deeply personal internal archive of casebooks filled with portraits of patients. Psychiatric photography is often overlooked within general texts about photographic history, despite the involvement of some well-known names, including Charles Dodgson, Nadar, Charles Darwin and Sigmund Freud. Therefore, I will briefly introduce the leading figures within psychiatric photography, before I discuss the dominant methodology within psychiatry at the time. I aim to establish a framework within which to consider the casebook photographs taken at Seacliff Lunatic Asylum.

Hugh W. Diamond was an early, active and public advocate of the application of photography to scientific pursuits. When Diamond presented a paper to the British

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<sup>29</sup> Barbara Brookes, 'Pictures of People, Pictures of Places: Photography and the Asylum' in Coleborne & MacKinnon, *Exhibiting Madness in Museums*, p.30.

Royal Society, titled 'On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity', in 1856, he became the first person to present a systematic discussion of the depiction of the insane through the relatively new medium of photography.<sup>30</sup> He wrote articles on psychiatric photography and photography in general, often illustrated with lithographs made after his own photographs from Surrey County Asylum. He was also a popular lecturer, encouraging a younger generation of photographers, including Henry Peach Robinson, to use both the calotype and the collodion processes.

In his paper, Diamond claimed that there were three benefits of incorporating photography into psychiatric practises. Firstly, it could record with incomparable accuracy each physical outburst of insanity from the patient.<sup>31</sup> This was a significant benefit, as the emergence of phrenology as a scientific discipline, and the subsequent rise of eugenics, had firmly established the relationship between outward appearance and a person's inner mental state. Secondly, a photograph could serve as a marker for significant moments in the patient's journey to wellness. Diamond illustrated this point with the case of a young woman diagnosed with puerperal mania. He stated that, 'the patient could scarcely believe that her last portrait representing her as clothed and in her right mind, would ever have been preceded by anything so fearful; and she will never cease with these faithful monitors in her hand, to express the most lively feelings of gratitude for a recovery so marked and unexpected.'<sup>32</sup> Finally, Diamond argued that a photograph could be used to identify former patients upon readmission. In this last point, Diamond latched on to the growing links between psychiatric and criminal photographic practises. T. N. Brushfield, who practised photography during his employment at the Chester County Lunatic Asylum, argued in his article for *The Photographic Journal* (1857) that it was immensely important that photographs be taken of all criminal patients as a means of identification if they escaped from the asylum. In this instance, these photographs could be sent to the police '(into whose hands they are very likely to fall), from some act of depredation they are likely to commit; the photographs would thus cause them to be identified, and secure their safe

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<sup>30</sup> Sander L. Gilman, *Seeing the Insane*, New York: John Wiley and Sons, 1982, p.164.

<sup>31</sup> *ibid*, p.165.

<sup>32</sup> Hugh W. Diamond, as quoted in *ibid*.

return to the asylum.<sup>33</sup> An Avondale Lunatic Asylum casebook from 1882 illustrates another reason why identification photographs were desperately needed. A Māori patient's case notes explain that the reason behind a fourteen year absence of entries was because of difficulties in determining whether the patient in the hospital was the same person as the one entered into the casebook. The mystery was eventually resolved when some of her visiting relatives identified her.<sup>34</sup>

As a psychiatrist, Diamond chose to speak through the photographs he made. He rarely offered any commentary as to how his images should be approached, or gave any interpretation of what they depicted. His method was uncompromisingly visual. Over the course of his career, Diamond continued to emphasise that the primary benefit of psychiatric photography was as a clinical tool. It remained a source of interest for his patients, one which had the particular advantage of drawing the patient's attention to their own condition and eliciting a useful conversation between the physician and his patient.<sup>35</sup> However, through the dissemination of his lithographs, Diamond's photographs were used to support a variety of other claims. John Conolly, for instance, used his lithographs with permission in a series of essays titled 'The Physiognomy of Insanity' for *The Medical Times and Gazette* (1858). Conolly claimed that it was possible to distinguish between the expressions and passions of the sane and the insane.<sup>36</sup> While he claimed that his observations were based solely upon the impressions left by Diamond's photographs, he was in fact also aided by detailed patient case notes.<sup>37</sup> Diamond's lithographs were also used to promote the introduction of similar photographic practises in hospitals throughout France by Ernst Lacan, and some twenty years later by J. Thompson Dickson in *The Science and Practice of Medicine in Relation to Mind* to illustrate anomalies in the outward appearance of the insane.<sup>38</sup>

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<sup>33</sup> T. N. Brushfield, as quoted in *ibid*, p.166.

<sup>34</sup> Lorelle Barry & Catharine Coleborne, 'Insanity and Ethnicity in New Zealand: Māori Encounters with the Auckland Mental Hospital to 1900', *History of Psychiatry*, vol.22, no.3 (2011), pp.285-301, p.294.

<sup>35</sup> Adrienne Burrows & Iwan Schumacher, *Portraits of the Insane: The case of Dr. Diamond*, London: Quartet Books, 1990, p.44.

<sup>36</sup> Gilman, *Seeing the Insane*, p.167.

<sup>37</sup> *ibid*, 168.

<sup>38</sup> *ibid*, 171.

These early psychiatric photographs reveal the irrefutable influence of studio portraiture on physicians at this time. As Anne Maxwell states, ‘the first photographs of prisoners and asylum patients were created using techniques belonging to bourgeois portraiture, and they reveal the awkward, rather ad hoc way in which the early artistic and scientific forms of photography evolved and frequently overlapped.’<sup>39</sup> Sir William Charles Hood’s photographs from Bethlem Royal Hospital reveal the influence of studio portraiture in both style and representation. In Hood’s *Portrait of Eliza Camplin* (c.1857), showing a female patient diagnosed with acute mania, Camplin is shown seated in a slatted-back armchair, attentively reading a book. Hood later recalled in his description of the image for part of Connolly’s essay series that Camplin had insisted on being depicted with a book in her hand, as only then would she sit quietly for the camera.<sup>40</sup> For studio customers, their attire and pose would have been carefully selected to reflect their wealth, status and personal tastes. While Camplin did not have many of these options available to her, it certainly appears from Hood’s description that she was aware of the paradigm and, therefore, wanted to dictate her representation as much as possible.

While several albums of Diamond’s photographs have been lost, the nineteen extant photographs indicate some general patterns in his practise.<sup>41</sup> The predominantly female patients have been seated in front of a plain swath of dark cloth, their hands either occupied with needlework, or delicately folded in their laps. It is possible that Diamond’s choice of subjects was initially influenced by convenience, rather than deliberate selection.

Diamond was an early patron of photography, purchasing his first sheets of photogenic drawing paper just three months after Talbot’s announcement in January 1839.<sup>42</sup> He later established his studio at his workplace, the Surrey County Asylum, where he maintained an open invitation for amateur photographers who were struggling with technical issues. A young Charles Dodgson was among the many who

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<sup>39</sup> Anne Maxwell, *Picture imperfect: Photography and eugenics, 1870-1940*, Great Britain and United States of America: Sussex Academic Press, 2008, p.50.

<sup>40</sup> Gilman, *Seeing the Insane*, p.166.

<sup>41</sup> Burrows & Schumacher, *Portraits of the Insane*, p.5.

Some of the photographs were auctioned, along with Diamond’s photographic equipment, upon his death. Other photographs have faded so much that they are no longer useful.

<sup>42</sup> *ibid*, p.8.

gratefully accepted this offer.<sup>43</sup> Diamond's particular interest in mastering the technical aspects of photography may well have influenced his stylistic choices. His photographs remain factual, unembellished illustrations of illness. It was these photographs that Diamond chose to display at the Society of Arts' public exhibition of photography in 1852; they were the very first photographs of the mentally ill, and the first British medical photographs.<sup>44</sup>

Diamond's photographs are very much the product of moral treatment, inscribed with the principles of ordinary humanity and common sense.<sup>45</sup> While psychiatric photography was advancing rapidly, with a flurry of firsts, its mentally ill subjects had been for some time consistently treated using a moral approach. This approach is usually defined as an early attempt to treat mental illness by psychological means.<sup>46</sup> It signalled a major humanitarian reform from prior recommended medical practises, which included debilitating purges, long-term immobilization by manacles and sudden immersion in cold baths, all administered within a regime of fear, dependant upon terror and brutality.<sup>47</sup> In stark contrast, moral treatment aimed to handle each patient with invariable mildness and benevolence, within a comfortable living environment that encouraged a daily routine and physical wellbeing. According to Louis C. Charland, most contemporary historians agree that moral treatment was superior to other treatments used at this time, in terms of discharge rates.<sup>48</sup> However, Foucault is the emphatic voice of dissent. He argues that 'the underlying truth behind these developments is not the march of enlightened reason towards the liberation of the mad, but rather a desperate attempt by reason to conquer madness from the inside, through the internalization of fear and other modes of psychological control and oppression'.<sup>49</sup> This is a perspective which I will explore throughout this thesis.

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<sup>43</sup> *ibid*, p.14.

<sup>44</sup> *ibid*, p.17.

<sup>45</sup> *ibid*, p.35.

<sup>46</sup> Louis C. Charland, 'Benevolent Theory: Moral treatment at the York Retreat', *History of Psychiatry*, vol.18, no.1 (2007), pp.61-80, p.62.

<sup>47</sup> *ibid*, p.64.

<sup>48</sup> *ibid*, p.62.

<sup>49</sup> Michel Foucault, *Histoire de la folie à l'âge classique (Madness and Civilization: A History of Insanity in the Age of Reason)*, translated by R. Howard, New York: Random House, 1965, p.591. This is an abridged translation of *Histoire de la folie à l'âge classique*.

Moral treatment permeated throughout Britain and France, developing independently in the early nineteenth century through the York Retreat, and under the guidance of Jean-Baptiste Pussin and Philippe Pinel, respectively.<sup>50</sup> In France, Guillaume-Benjamin Duchenne (de Boulogne) began photographing patients at the Salpêtrière, ably assisted by Nadar's brother, Adrian Tournachon. He was operating at a similar time to Diamond and Hood, but with different motivations. Duchenne described photography as a form of orthography of the physiognomy in motion. In an epoch of firsts, he was the first author to use photographs to illustrate a neurology text, a companion to his treatise on electrophysiology and electrotherapy, titled *Album de Photographies Pathologiques* (1852). However, he is recognised today for his work on the physiology of emotions, where he used an elderly male patient who was suffering from an anaesthetic facial condition to demonstrate the ideal emotional expressions, as stimulated by electrotherapy.<sup>51</sup> While Duchenne's demonstrations are striking, it is Tournachon's inspired use of light that produces a dynamic, affecting portrait. As his brother Nadar stated, 'Photographic theory can be taught in an hour, the basic technique in a day. But what cannot be taught is the feeling for light. It is how light lies on the face that you as artist must capture.'<sup>52</sup>

Less than twenty years later, the focus on innovation in the treatment of mental illness remained steadfast at the Salpêtrière Hospital in Paris, but now it was due to the influence of Jean-Martin Charcot. Early in his career, Charcot was drawn to the Salpêtrière as a working environment due to the sheer volume and diversity of the patient population, providing as he put it, a "museum of living pathology".<sup>53</sup> During his eventual employment, he would attempt to systematically categorise patients according to archetypes and variants of mental illnesses, which soon became a cornerstone of his famous seminars.<sup>54</sup>

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<sup>50</sup> Charland states, 'the first modern medical theory of how a therapy guided by affective and ethical notions tied to benevolence can alleviate mental illness was proposed by Philippe Pinel in 1801 and 1809. In his own simple and devout way, William Tuke, the founder of the [York] retreat, came across a similar path by following the dictates of his religion.' Charland, 'Benevolent Theory: Moral treatment at the York Retreat', p.63.

<sup>51</sup> Phillip Prodger, *Darwin's Camera: Art and Photography in the Theory of Evolution*, Oxford: Oxford University Press, 2009, p.82.

<sup>52</sup> Nadar, as quoted in Beaumont Newhall, *The History of Photography: From 1839 to the Present*, New York: Museum of Modern Art, Distributed by Bulfinch Press, 2006, p.66.

<sup>53</sup> Gilman, *Seeing the Insane*, p.194.

<sup>54</sup> *ibid.*

But what draws Charcot into the circle of psychiatric photographers is his augmentation of Diamond's purported three benefits of incorporating photography into psychiatric practises. It is not that Charcot sought to use photography as a clinical tool to treat patients; rather Charcot viewed photography as a means of identifying the characteristics of an illness and then of distributing his findings to a broad audience. 'We have had occasion many times in the course of our studies to regret not having at our disposal the means of preserving by visual record the memory of the many cases, interesting for different reasons, that we have had the occasion to observe.'<sup>55</sup> For Charcot, a plain, written description of an episode of mental illness had become an insufficient way to express what he had seen. He swiftly appointed Albert Londe, a chemist, as director of photography at the Salpêtrière.<sup>56</sup> While Londe is now seen as one of the great innovators in psychiatric photography, foremost for employing sequential photography in a new manner, his focus never deviated from Charcot's interests.<sup>57</sup>

Where Diamond would photograph patients in order to advance their treatment, Charcot aimed to photograph the precise sequence of positions in a patient's hysterical episode. From his clinical description of hysteria, Charcot's characterization of the disorder relied heavily upon visually observable signs, through which the disorder's fundamental structure was deemed detectable.<sup>58</sup> His emphasis on dissecting hysterical episodes according to a rigid formula may have created a level of expectation and performance among his favourite patients, thereby discrediting the scientific validity of his observations.<sup>59</sup>

However, this did not diminish the impact of his demonstrations on an audience that included Sigmund Freud and a young Truby King. As Freud described, 'As a teacher, Charcot was positively fascinating. Each of his lectures was a little work of art in construction and composition; it was perfect in form and made such an impression that for the rest of the day one could not get the sound of what he had said out of

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<sup>55</sup> Charcot, as quoted in *ibid*, p.197.

<sup>56</sup> *ibid*.

<sup>57</sup> *ibid*, p.198.

<sup>58</sup> Daphne de Marneffe, 'Looking and listening: The construction of clinical knowledge in Charcot and Freud', *Signs*, vol.17, no.1 (Autumn 1991), pp. 71-111, p. 76.

<sup>59</sup> Gilman, *Seeing the Insane*, p.200.



one's ears or the thought of what he had demonstrated out of one's mind.'<sup>60</sup> King had travelled to Paris in August 1880, prior to attending medical school at the University of Edinburgh. He attended one of the famous Tuesday lessons, where he viewed a demonstration of hysteria and later described it thus:

A female patient was brought in, completely naked, between a couple of stalwart janitors. The woman had been marked out beforehand, like a rag carpet, with curious angular fortification-lines around her breasts. There stood Charcot with a long, sharply-appointed dagger in his upturned hand, plunging it deftly into her skin in various directions, and causing now and then a little blood to spurt – shifting the dagger alternately from one spot to another. The woman was as motionless as a statue; but directly Charcot thrust the dagger, however little, beyond the fortification-line, she gave an ejaculation of pain.<sup>61</sup>

Brookes states that the whole scene left a powerful impression on King, potentially influencing his choice of speciality.

It is the importance Charcot placed on visual observation and presentation that connects his photographs to the history of art. As an artist, Charcot brought his abilities to the task of observing and understanding neurological disease.<sup>62</sup> In describing his methodology, his contemporary Henri Meige wrote that 'to gaze, to look, to keep looking, always: thus only one comes to see. Charcot's penetrating observation (and his) precise look, often resulted in precious discoveries, revelations of illness unknown until then.'<sup>63</sup> For Charcot, photography would have extended his capacity to observe his patients. The medium was seen as the more perfect extension of a clinician's eye, a means of recording objective truth and knowledge.

Georges Didi-Huberman examines the reciprocal relationship between psychiatry and photography at the Salpêtrière hospital in his 2004 publication, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*.<sup>64</sup> He argues that photography played a pivotal role in the invention of hysteria, by providing visual evidence of its symptoms and progression.

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<sup>60</sup> *ibid*, p.213.

<sup>61</sup> Brookes, 'The asylum lens' in Wanhalla & Wolf (eds.), *Early New Zealand Photography*, p.100.

<sup>62</sup> Marneffe, 'Looking and listening', p.104.

<sup>63</sup> *ibid*, p.77.

<sup>64</sup> Georges Didi-Huberman, *Invention of Hysteria: Charcot and the Photographic Iconography of the Salpêtrière*, translated by Alisa Hartz, Massachusetts: Massachusetts Institute of Technology, 2003.

But all this - I'm thinking of photography - was not just the whim of one man; it was in the air, as they say. Could a budding art have made psychiatrists recognize their nosological shortage of the visible signs of this or that madness? The fact remains that almost everywhere in Europe, madwomen and madmen found themselves obliged to pose; their portraits were being taken, one outdoing the other.<sup>65</sup>

Didi-Huberman engages with the photographs and imagined experiences of Augustine, one of Jean-Martin Charcot's favourite hysterics, in an effort to uncover the imperfect relationship between physician, photographer and patient at the Salpêtrière. Charcot described Augustine as the exemplar of hysteria, a woman whose plastic poses and *attitudes passionnelles* were consistent and dependable.<sup>66</sup> However, Didi-Huberman argues that Augustine was performing as a physiological character. As she was admitted into the Salpêtrière at a young age, her hysterical attacks were formed and manipulated through the encouragement of her physician and photographer. Didi-Huberman compares Augustine's hysterical attacks to a theatrical performance, describing well-delineated periods of respite in order to separate her symptomatic episodes into scenes.<sup>67</sup> He states that, whether Augustine was in a lecture hall, an examination room, or a photographic studio, Charcot created a spectacle of her with masterful staging and direction; and she performed her hysteria in a reciprocal rapport of spectacle and spectator.<sup>68</sup>

Didi-Huberman contends that the photographs of Augustine published in *Iconographie Photographique de la Salpêtrière* also reveal the influence of studio portraiture on contemporary psychiatric photography. The photographs feature a costumed star, selected for her beauty, within an oval frame. Didi-Huberman states that other institutions in Europe followed the paradigm set by the Salpêtrière, producing fabrications of mental illness with expressive flair.<sup>69</sup>

While the photographs of Augustine were intended to provide unmediated access to the symptoms of hysteria, instead, the physiognomy of hysteria became defined by

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<sup>65</sup> *ibid*, p.39.

<sup>66</sup> *ibid*, p.117.

<sup>67</sup> *ibid*.

<sup>68</sup> *ibid*, p.167.

<sup>69</sup> *ibid*, p.44.

what could be observed and documented. Throughout his discussion, Didi-Huberman challenges the neutral, omniscient stance of physician and photographer at the Salpêtrière, questioning their preoccupation with aesthetic appearance. The photographs of Augustine have been retouched with the liberal application of white paint or gouache to the background drapery, and, occasionally to her hair.<sup>70</sup> Whether Charcot viewed these aesthetic choices as necessary enhancements or artistic renderings is unclear. However, in spite of his later diminished scientific status, Charcot's emphasis on photography as a necessary clinical tool in the depiction of mental illness extended the realm of scientific photography, paving the way for those he influenced.

Charcot's status may have faded, but the influence he had on a young Freud has left a lasting impression on the development of modern psychological theory. In the late nineteenth and early twentieth centuries, introspective examination became the prize domain for exploration in philosophical psychology.<sup>71</sup> Freud eclipsed his rivals, from Wundt to Brentano, from Ebbinghaus to William James, advancing his theories of psychoanalysis and psychosexual development. He argued that psychoanalysis could explain human behaviour, not just the anti-social behaviour that could lead to institutionalisation, but also normal growth and development. Freud explained that the primary aim of psychoanalytical therapy was to release repressed emotions and experiences, thus bringing the unconscious life into conscious acknowledgement.<sup>72</sup> Freud believed that this approach would enable the patient to develop an insight into their own behaviour. His theorem created a new view of mental illness by suggesting that discussing problems with a professional could help to relieve symptoms of psychological distress, an approach that is still commonly used to treat depression and anxiety disorders. It is important to note that, while Freud maintained a fervent influence in Europe and the United States of America towards the end of the period discussed here, his influence in Australasia was significantly less. However, although it was never embraced to the same degree, psychoanalysis did foster interest in a

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<sup>70</sup> *ibid*, p.84.

<sup>71</sup> Mikkel Borch-Jacobsen & Sonu Shamdasani, *The Freud Files: An Inquiry into the History of Psychoanalysis*, Cambridge: Cambridge University Press, 2012, p.41.

<sup>72</sup> See, for example, Sigmund Freud, *Die Traumdeutung*, Austria: Franz Deuticke, 1899. Sigmund Freud, *The Interpretation of Dreams* (3<sup>rd</sup> ed.), translated by A. A. Brill in 1911, accessed on 22 July 2014. [books.google.co.nz/books?isbn=1419167510](https://books.google.co.nz/books?isbn=1419167510)

range of psychotherapeutic approaches, which were applied in a particularly local manner.<sup>73</sup>

While Charcot's demonstration undoubtedly left an impression on King, I believe that greater significance has been placed on this incident than it commanded. I consider the psychiatric methodology and photography of James Crichton-Browne a more likely influence. For example, King owned books authored by Crichton-Browne, which were transferred from his Melrose home to the University of Otago Medical Library in the late twentieth century. He would have seen Crichton-Browne's most distributed photographs, including *Photograph of an insane woman, to show the condition of her hair* (1872), which appeared in *The Expression of the Emotions in Man and Animals* by Charles Darwin, among other publications which he also owned.

Furthermore, King shares several important professional similarities with Crichton-Browne, perhaps explaining the pervasiveness of his artistic influence on the photographs from Seacliff Lunatic Asylum. King attended the University of Edinburgh little more than twenty years after Crichton-Browne, who was by then an esteemed alumnus. King received his postgraduate training in lunacy through T. S. Clouston's course, and undertook internships at the Edinburgh and Glasgow Royal Infirmarys, before returning to New Zealand. In later life, both King and Crichton-Browne would be respected as authorities on many aspects of medicine, public health, and social reform, with a particularly strong emphasis on the importance of early childhood development.

While it is unlikely that King and Crichton-Browne met, it is clear from some of the photographs taken at Seacliff Lunatic Asylum that Crichton-Browne's style of photography had the most considerable influence of all of the photographers mentioned thus far. In Crichton-Browne's photographs, there is a palpable stillness and humanity. In *A case of "Melancholia"* (1869), for example, the patient is shown against a plain background, her face and clothing barely distinguished from the overwhelming soft grey tones. In *A case of "Imbecility"* (1869), however, the patient is shown standing in front of a brick wall in a garden that is covered in a climbing

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<sup>73</sup> Diane Elizabeth Kirkby & Catharine Coleborne, *Law, History and Colonialism: The Reach of an Empire*, Manchester: Manchester University Press, 2001, p.201.

vine. Both patients appear at ease in their surroundings, the latter displaying a toothy grin. There is no overtone of performance, as in the demonstrations or photographs by Charcot; nor is there a sense of a studio-style influence, as in the photographs by Hood. Crichton-Browne's photographs certainly illustrate mental illness, but they are also sympathetic portrayals of patients who challenge viewers by meeting their gaze. I will now examine King's background and particular approach to patient care at Seacliff Lunatic Asylum, in order to provide a local context to envelop these casebook photographs within.

### Psychiatry at the Margin

The decision to accept the role of Medical Superintendent at Seacliff Lunatic Asylum may not have been as straight-forward for a young King as many of us imagine. In this period, orthodox physicians regarded practicing psychiatry as evidence of eccentricity more appropriate to a patient than a doctor.<sup>74</sup> Furthermore, Seacliff Lunatic Asylum notoriously posed its own challenges. It was an overcrowded, collapsing structure that imprisoned crowds of men and women within closed courtyards leaving them to do nothing more than brood over their morbid feelings, according to the Inspector-General of Asylums.<sup>75</sup> As I have already stated, biographers tend to describe this period of King's career as an interval of growth before the triumphant success that remains the Plunket Society. But I believe that King made a deliberate decision to care for the mentally ill, despite the challenges it posed to his career trajectory.

I base this assertion on King's employment history. In his prior application for the position of Medical Superintendent at Wellington Hospital, he wrote 'I graduated as Bachelor of Medicine and Master in Surgery (M.B. and C.M.) at the University [of Edinburgh] with First Class Honours in August, 1886, and obtained the 'Ettles Scholarship', which is awarded to the most distinguished graduate of the year. During the above period I obtained eight Medals, including First Medals in Pathology, Practical Anatomy, and Practice of Medicine.'<sup>76</sup> With such a distinguished pedigree, Chapman argues that King's decision to apply for a job that nobody wanted remains

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<sup>74</sup> Chapman, *In a strange garden*, p.52.

<sup>75</sup> *ibid*, p.54.

<sup>76</sup> *ibid*, p.46.

difficult to rationalise. The standards at Wellington Hospital were purportedly appalling, with little hope for improvement as the institution was starving for investment.<sup>77</sup> Furthermore, King was not in desperate financial strife and, based upon his academic record and family connections, he could have had his pick of plum positions. Therefore, his actions can only demonstrate a motivation to care for the ill and marginalized and, perhaps, also indicate how much he relished a challenge. King's decision to accept the role of Medical Superintendent at Seacliff Lunatic Asylum only fifteen months later should therefore come as no surprise. A short snippet in the *Taranaki Herald* states that 'Dr King's promotion will be Otago's gain, but Wellington's loss. He has proved himself a most able and judicious superintendent of the Wellington Hospital, and has effected so many improvements in the system of working and management that it is certainly unsurpassed and probably unequalled in this Colony.'<sup>78</sup> His particular knowledge of psychiatry was (as one cynical commentator tartly observed) limited to only a fortnight's post-graduate training in psychiatry at the University of Edinburgh.<sup>79</sup> But even so, his academic qualifications exceeded the requirements. For King, this role was an opportunity to autonomously introduce his own practises within New Zealand's largest asylum.

In my view, King was an advocate looking for a cause; whether that be the plight of the mentally ill and disenfranchised, or infant welfare. As he once said, "I am always at my best in the face of opposition or fighting for a forlorn hope."<sup>80</sup> Therefore I believe that this period should not be retrospectively viewed as an interval of growth before the establishment of Plunket. Rather, it should be considered an independent source of stimulus. After all, if King was solely motivated by the interests of Plunket, why did he remain in his role at Seacliff Lunatic Asylum for a further two decades following Plunket's establishment?

During his employment at Seacliff Lunatic Asylum, King engaged with the established principles of moral treatment, which he would have learned during his brief introduction to psychiatry at the University of Edinburgh. The field of psychiatry

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<sup>77</sup> *ibid*, p.47.

<sup>78</sup> *Taranaki Herald*, 'Town Edition: News', *Taranaki Herald*, 5 April 1889: 1.

<sup>79</sup> Chapman, *In a strange garden*, p.51.

<sup>80</sup> Geoffrey Blake-Palmer, 'King, Sir Frederic Truby, C.M.G.', from *An Encyclopaedia of New Zealand*, edited by A. H. McLintock, originally published in 1966. <http://www.teara.govt.nz/en/1966/king-sir-frederic-truby-cmg>, accessed 22 July 2014.

was still very much in its infancy throughout this period in New Zealand, emphasizing the importance of professional medical care over the care of untrained practitioners. This led to the Lunatics Act of 1882, but few other significant developments occurred.<sup>81</sup> The parliamentary guidelines for operating Seacliff Lunatic Asylum were minimal beyond the need to satisfy the Inspector-General of Asylums during his annual reviews. King had a virtually free hand in his treatment of patients, and in the management of a large agricultural enterprise. Seacliff Lunatic Asylum became his own personal dominion, in which he created an environment based on the principle of hygiene for the body and hygiene for the mind. He achieved this through extensive modifications across the board, from fixing ventilation and plumbing issues in the main building to customised dietary plans for patients, allowing those in his care the greatest amount of liberty possible, consistent with safety.<sup>82</sup>

The main hospital building was designed by prominent Dunedin architect Robert Arthur Lawson in the Scottish Baronial style. He had completed construction just prior to King's appointment, but the building was already notorious for its imposing size and structural faults, as it had been erected on unstable ground.<sup>83</sup> Heritage New Zealand writes that as 'the largest architectural commission in the country at the time of its construction, the failure was a public humiliation for Lawson, who fled to Melbourne following a commission of inquiry which found him negligent.'<sup>84</sup> King battled against this built environment throughout his employment, as he believed that it restricted the style of care that he was able to provide for his patients. He painted the rooms in cheerful colours and hung his own art collection on the once-empty walls, while patients picked fresh flowers from the garden to decorate the mantels. In spite of this, the building remained his enemy. Fortuitously, this conflict inspired one of King's great contributions to psychiatric care in New Zealand. Frustrated by the restrictions of the main hospital building, King instigated the construction of small, domestic-scale villas nearby. He used these spaces to house recovering alcoholics, among others, whom he felt required a different style of care to the main population.

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<sup>81</sup> Tony Taylor, personal communication via email, 12 November 2013.

<sup>82</sup> Chapman, *In a strange garden*, p.56.

<sup>83</sup> Heather Bauchop, 'Seacliff Lunatic Asylum Site', from *Heritage New Zealand*, originally published in 2012. <http://www.heritage.org.nz/the-register/details/9050>, accessed 22 July 2014.

<sup>84</sup> *ibid.*

His approach to accommodation would soon be adopted in a more vigorous fashion by other mental health institutions throughout New Zealand.<sup>85</sup>

In *Wrestling with the Angel*, Michael King writes that the problems associated with the main hospital building were given a different explanation by local Māori. They believed that the environment had responded to local authorities, who had courted physical and cognitive disaster by building the hospital over a tribal burial ground. The later structural collapses, fire and general air of terror said to permeate the wards holding the most disturbed patients, were all consequences of a failure to respect the ethos and the tapu of the location.<sup>86</sup> While I have been unable to explore these issues due to the restrictions of space and time, I certainly think this would be an interesting topic to examine in more detail.

I believe that King's approach to psychiatric care was inspired by his contact with the local environment, and informed by his training. The principles of moral treatment dictated that a hospital be surrounded by pleasant grounds, as they provided ample opportunity to stimulate a renewed interest in life. The extensive bush surrounding Seacliff Lunatic Asylum equalled a little over four hundred hectares, perhaps challenging even the most liberal interpretations of confinement. King swiftly removed the high corrugated-iron perimeter fences and airing courts, releasing the vista to the ocean. He organised the land into twenty hectares of meandering paths and flower beds, sixty hectares of cultivated farm land, and one hundred and twenty hectares of rolling fields, while the still sizeable remainder afforded shelter and a certain amount of feed for livestock.<sup>87</sup> The boundary line was now marked by low, white picket fences or ha-ha (a concealed ditch, beloved by Victorian landscapers).

While being careful to stress that work was voluntary, most male patients were gainfully employed working the land. In the initial stages of development, they cleared bush and moulded the bricks used to build pathways. Later, patients were employed in daily tasks like chopping wood for the fireplaces, mowing the lawns, digging and planting in the vegetable gardens, as well as working with the livestock.

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<sup>85</sup> *ibid.*

<sup>86</sup> Michael King, *Wrestling with the Angel: A life of Janet Frame*, Auckland: Viking, 2000, p.73.

<sup>87</sup> Forbes Burn, 'Agricultural Notes', *Otago Witness*, 27 July 1899: 6.



This model was not unique to Seacliff Lunatic Asylum, however. In Gladesville Mental Hospital in Sydney, Australia, patients also tended to a vegetable and fruit garden which supplemented the diets of those at the institution.<sup>88</sup> Coleborne states that this approach was well in line with the latest ideas circulating among British-trained colonial physicians.<sup>89</sup>

While the environment that King established at Seacliff Lunatic Asylum was similar to other psychiatric institutions in Australasia, it is the subtleties that reveal King as an individualist. King developed detailed systems in order to support patient employment, one of which Mary King describes in her biography. She was ‘intensely amused and interested to watch a cow wearing a blue label round its neck being turned into a blue-labelled stall and fed from a blue-painted bucket’, ‘an ingenious device of Dr King’s to prevent any mistake on the part of mental patients who acted as farm labourers, and who might otherwise have confused the food intended for each. I was told that neither the cow nor the men ever made a mistake, and in this way each cow got the proper amount of food specially adapted to her grade or class.’<sup>90</sup>

By entrusting patients with a higher level of responsibility, King was able to establish a working farm which included a diverse range of livestock, including cows, pigs and chickens. He ensured that staff members worked alongside patients in their daily employments, rather than simply instructing and observing them. King’s unconventional approach worked well; his livestock won so many prizes at the local Agricultural and Pastoral Show that the other farmers complained that the competition was unfair.<sup>91</sup> Inspired by his successes, King extended his reach to include commercial fishing in front of the institution. He employed an expert local fisherman, and engaged able-bodied patients in the remaining roles. The operation was so successful that it not only supplied smoked fish to Seacliff Lunatic Asylum, but also sent large quantities to other mental hospitals in Auckland, Wellington and Christchurch.<sup>92</sup>

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<sup>88</sup> Coleborne, *Madness in the Family*, p.27.

<sup>89</sup> *ibid.*

<sup>90</sup> King, *Truby King*, p.151.

<sup>91</sup> Chapman, *In a strange garden*, p.81.

<sup>92</sup> *ibid.*, p.56.

Through these practises, I believe that King augmented the moral treatment approach. He significantly extended upon the level of autonomy that patients could have reasonably expected to experience in an asylum. This augmentation was enhanced by King's relegation of staff to a lesser level of authority, through the quick introduction of several changes to perks and discipline. For instance, he immediately demanded that patients be treated compassionately, and would dismiss any staff member who was guilty of a violent act against a patient. He also changed staff meals so that they ate the same meals as patients. A billiard table that was once reserved for staff use was made available to patients throughout the day as well.<sup>93</sup> These innovations issue a genuine, early challenge to the homogenous argument presented by Foucault and Tagg, as we can see that moral treatment has been applied in a particularly local manner.

In this chapter, I aimed to present a historical framework for the casebook photographs of patients from Seacliff Lunatic Asylum. Now, it is finally possible to analyse a diverse selection of these photographs. How has King's approach to psychiatric care visually infiltrated these photographs? And how has Foucault's theorem of disciplinary power been complicated by the subtleties of the Seacliff Lunatic Asylum archives? These are the questions I will now explore.

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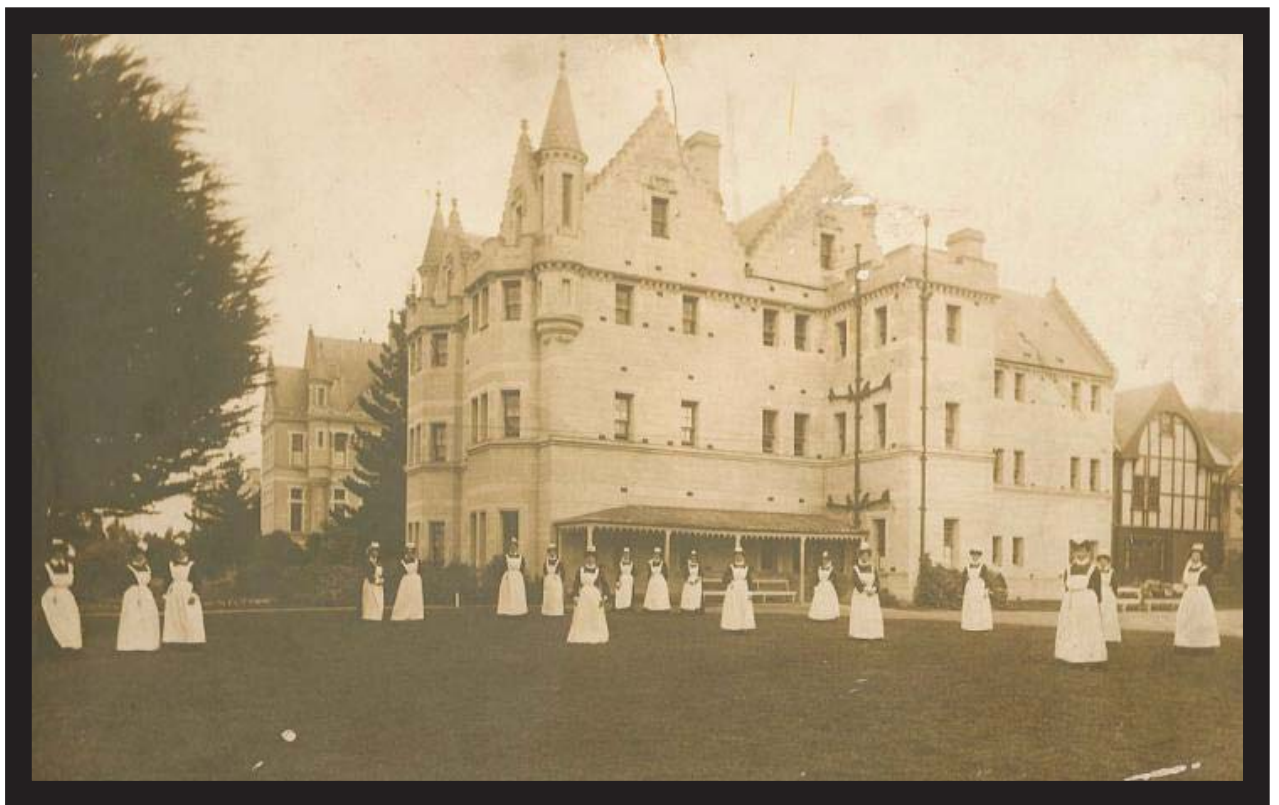
<sup>93</sup> Chapman, *In a strange garden*, p.55.



1. Alfred Burton, *Seacliff Asylum*, c.1890, albumen silver photograph (Museum of New Zealand Te Papa Tongarewa, Wellington).



2. Alfred Burton, *Village scene, Koroniti (Corinth), Wanganui River*, 1885, albumen silver photograph (Museum of New Zealand Te Papa Tongarewa, Wellington).



3. DAHI/D166/20271/520d, *Nursing Staff in front of Hospital*, c.1890, albumen silver photograph (Archives New Zealand Te Rua Mahara O Te Kāwanatanga).

## Chapter Two: Case Studies

### 1. Looking in: *Seacliff Asylum* (c.1890) and *Nursing Staff in front of Hospital* (c.1890)

Before the obvious question enters your mind, the publicity photographs of Seacliff Lunatic Asylum do not fall within the scope of this thesis. I know that these photographs have not been pasted into casebooks. I know that there are no patients to be found within their frames. I am also aware that these photographs are not particularly dynamic or compelling. Certainly, they do not even belong in the same paragraph as the intimate, casually orchestrated photographs by Margaret Matilda White (1868-1910) of her Auckland Mental Hospital colleagues. However, the two photographs that I will briefly discuss here are definitely worthy of our attention. I will argue that these photographs, as representatives of the available archive, illustrate the external perspective on Seacliff Lunatic Asylum.

The first photograph, *Seacliff Asylum* (c.1890) [1], is an exterior, architectural photograph of Seacliff Lunatic Asylum by Alfred Henry Burton (1834-1914), now held in the Museum of New Zealand Te Papa Tongarewa collection. The composition is dominated by the rough, undulating farm landscape in the foreground, diminishing the grandeur of the Scottish Baronial style institution. The building is almost clipped by the left frame, in spite of the ample, desolate space available to the right, producing an unbalanced effect. It is a curious angle from which to photograph the institution, as the unrefined landscape lends a coarse overtone to the imagery. A more typical approach would have included the tended gardens or the tennis court, as other photographs in the Archives New Zealand collection demonstrate. The small inscription in the lower left corner numbers the image as 5027, consequently dating the photograph to the early 1890s.<sup>1</sup>

The Burton Brothers studio operated from Princes Street, Dunedin between 1866 and 1898.<sup>2</sup> Walter John Burton (1836-1880) specialised in portrait photography within the confines of their studio, while Alfred Burton ventured throughout New Zealand,

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<sup>1</sup> See Alan Jackson, *Burton Brothers and Muir & Moodie of Dunedin: Their photographs and postcards*, Auckland: The Postal History Society of New Zealand, 1985, p.36.

<sup>2</sup> Museum voor Volkenkunde (Museum of Ethnology), Rotterdam, *Burton Brothers: Fotografen in Nieuw-Zeeland, 1866-1898* (*Burton Brothers: Photographers in New Zealand, 1866-1898*), Holland, 1987, p.9.

capturing topographical and anthropological photographs.<sup>3</sup> For Alfred Burton, a celebrated adventurer-photographer, who specialised in the photography and trade of scenic views, I find this photograph a rare misstep.

He photographed as if pulling back a stage curtain with a flourish. To a nation bogged down in the mud and chaos of land clearance in the nineteenth century, he demonstrated that the big wooden camera set on its tripod was a kind of enabling device, helping map out what was there. His best photography feels visceral and immediate: full of specific facts – and full of confidence.<sup>4</sup>

*Seacliff Asylum* [1] lacks the compositional fortitude that this passage would lead me to expect to find in Burton's later work. For instance, in *Village scene, Koroniti (Corinth)*, *Wanganui River* (1885) [2], an earlier photograph from his expedition into the King Country, the hillside in the background ascends into the mist, while the foreground is dominated by traditional Māori houses, with people adding a sense of scale and engagement to the composition. By comparison, the upper half of the frame in *Seacliff Asylum* [1] is dominated by the flat, grey skyline. The absence of people makes it difficult to comprehend the scale of the farmland or the institution. The total effect is unimpressive, despite the imagined reality.

This photograph would have been available for purchase from the extensive Burton Brothers catalogue, as confirmed by the identification number and title in the lower, left corner. Having been purchased, this photograph may have been sent between family members and friends to illustrate a relayed tale of a day trip to the institution and surrounding scenic area. Perhaps *Seacliff Asylum* [1] also illustrates an oxymoronic sense of restrictive freedom. The rippling expanse of farmland indicates the imagined presence of livestock animals and, by extension, the farming principles for which King was by now famous. But the fencing in the foreground reinforces the divide between the self-sufficient lifestyle of patients at Seacliff Lunatic Asylum, and the self-possessed freedom of those looking in from the other side.

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<sup>3</sup> *ibid.*

<sup>4</sup> David Eggleton, *Into the Light: A History of New Zealand Photography*, Nelson: Craig Potton Publishing, 2006, p.23.

The second photograph, *Nursing Staff in front of Hospital* (c.1890) [3], is an exterior group portrait of nursing staff in front of Seacliff Lunatic Asylum, in the Archives New Zealand collection. The female staff have been arranged in an ordered, yet irregular, manner. Their arrangement could indicate their hierarchical position, with senior staff in the foreground and junior staff gradually declining into the background. However, their crisp uniforms unite them together as a group, with one nurse barely distinguishable from the next. There are two distinct architectural styles depicted in the background. There are seats and planted gardens in front of a Tudor revival building, while the stone structure is most likely the female wing, as the watchtower is not visible. The photograph relays a sense of structure and rectitude.

While *Seacliff Asylum* [1] and *Nursing Staff in front of Hospital* [3] present different images of Seacliff Lunatic Asylum, both photographs present a viewpoint that would have been desired by the public. As Barbara Brookes states in her 2011 chapter ‘Pictures of People, Pictures of Places: Photography and the Asylum’, in *Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display*:

Panoramic vistas of grand buildings in extensive grounds depicted order and the progress of medical science in the treatment of the mentally ill. They captured a belief in the potential of the architecture, gardens, and surroundings themselves to have a therapeutic purpose. Photographs of orderly corridors and uniformed staff reinforced the perception that the asylum could provide respite for the ill. They reassured an anxious public that the institutions were sites of order.<sup>5</sup>

Brookes has described the conflicting flux of public opinion. The community wanted patients at Seacliff Lunatic Asylum to be respectfully cared for, at a safe distance. In the din of a particular event, public opinion could sway to prioritise one concern over another, as illustrated by contemporary newspaper articles. An article from April 1903, in *The Dannevirke Advocate*, communicates public outrage over a rumour that New Zealand asylums were in a shockingly overcrowded state.<sup>6</sup> It demands that immediate steps be taken in order to remedy the grievance, including an explanation

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<sup>5</sup> Barbara Brookes, ‘Pictures of People, Pictures of Places: Photography and the Asylum’, in Catharine Coleborne & Dolly MacKinnon (eds.), *Exhibiting Madness in Museums: Remembering Psychiatry through Collection and Display*, New York: Routledge, 2011, pp.30-47, p.30.

<sup>6</sup> *The Dannevirke Advocate*, ‘Overcrowded Asylums’, Vol. XIV, 16 April 1903: p.2, Papers Past, <http://paperspast.natlib.govt.nz>, accessed 22 July 2014.



as to why a delay in the construction of desperately needed wards has occurred. However, when convicted murderer Edward Lionel Terry (1873-1952) later escaped from Seacliff Lunatic Asylum, public opinion swayed in the opposite direction. In an interview with King that appeared in *The Star* in January 1908, King states that he felt forced to write letters to the newspaper pointing out that alarmist statements in circulation, which suggested that Terry posed a danger to lone women and children, were without foundation.<sup>7</sup> However, King does clarify that this did not mean that Terry was sane or responsible. While public opinion fluctuated, the circumstances that triggered these fluctuations were limited to the observations and opinions of those looking in or looking out, rather than those being looked at.

Michel Foucault presents his insight into the formalisation of being looked at by introducing the concept of hierarchical observation, a form of continuous surveillance that seeks to identify a behaviour before it has even been performed.<sup>8</sup> He argues that the observer should monitor the observed from a hierarchical distance, so that the observer sees but is not seen and the observed is seen but does not see.<sup>9</sup> Foucault illustrates his argument by reintroducing the theoretical architecture of Jeremy Bentham's Panopticon.<sup>10</sup> In his letters, Bentham describes the Panopticon as an architectural proposal, describing the plan of the building as a 'new mode of obtaining power of mind over mind, in a quantity hitherto without example'.<sup>11</sup> The Inspector possesses the power through his invisible omnipresence, the only impenetrable place in the transparent, light-flooded universe of the Panopticon.

It is obvious that, in all these instances, the more constantly the persons to be inspected are under the eyes of the persons who should inspect them, the more perfectly will the purpose of the establishment have been attained. Ideal perfection, if it were the object, would require that each person should actually be in that predicament, during every instant of time. This being impossible, the next thing to be wished for is, that, at every instant, seeing reason to believe as

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<sup>7</sup> *The Star*, 'Lionel Terry: Insane but not a Criminal. Dr Truby King's opinion (from our correspondent)', Issue 9134, 15 January 1908: p.3, Papers Past, <http://paperspast.natlib.govt.nz>, accessed 22 July 2014.

<sup>8</sup> Michel Foucault, '21 November 1973', *Psychiatric Power: Lectures at the Collège de France, 1973-1974*, New York: Palgrave MacMillan, 2006, p.51.

<sup>9</sup> Todd May, *The Philosophy of Foucault*, Buckinghamshire: Acumen Publishing Limited, 2006, p.74.

<sup>10</sup> Foucault, '28 November 1973', *Psychiatric Power*, p.73.

<sup>11</sup> Jeremy Bentham, *The Panopticon Writings* (ed. Miran Božovič), London: Verso, 1995, p.31 (preface).

much, and not being able to satisfy himself to the contrary, he should conceive himself to be so.<sup>12</sup>

In *Psychiatric Power: Lectures at the Collège de France, 1973-1974*, Foucault argues that the psychiatric institution is an apparatus for inducing, distributing, and applying power according to Bentham's panoptic schema, even if the specific architectural arrangements of Bentham's Panopticon have been modified.<sup>13</sup> He argues that it is through the persistent act of looking that the institution performs its function. The patient must be in a continual state of being looked at, and be aware that they are being looked at, and will always be looked at. Foucault asserts that this act of looking has therapeutic value in itself, as being looked at and seen as insane is conducive to a desire not to display one's insanity, to disassociate oneself from being insane.<sup>14</sup>

*Seacliff Asylum* [1] illustrates how the architectural design of Seacliff Lunatic Asylum would have made it difficult to continually look at a patient from a visually impenetrable watchtower. At the time of King's appointment, Seacliff Lunatic Asylum was already New Zealand's largest mental institution, with fifty staff members and five hundred patients jostling for space.<sup>15</sup> The main, central structure housed communal activities, while the wings were used for separate male and female accommodation. In the main structure, the ground floor was used for administration and recreation, with separate spaces for offices, waiting rooms and visiting rooms. The first floor was used for food preparation and dining, while the second floor was used as a recreation hall with a separate chapel. In the wings, patients could be housed in a dormitory style or in single rooms stretching along a corridor, with intersecting day rooms. As Foucault states, the institution cures because it is a panoptic machine, and it is as a panoptic apparatus that the institution cures.<sup>16</sup> Therefore, as an institution designed to cure, the principle of panoptic vision should be applicable to Seacliff Lunatic Asylum. The interior architecture relies upon the constant presence of staff to look at patients, to walk down corridors peering into the single rooms, to walk through dormitories and day rooms, to sit in dining rooms and recreation halls. It is through their omnipresence that patients would be looked at, as the interior

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<sup>12</sup> *ibid*, p.34.

<sup>13</sup> Foucault, '5 December 1973', *Psychiatric Power*, p.102.

<sup>14</sup> *ibid*.

<sup>15</sup> Lloyd Chapman, *In a Strange Garden: The Life and Times of Truby King*, Auckland: Penguin Books (N.Z) Limited, 2003, p.51.

<sup>16</sup> Foucault, '5 December 1973', *Psychiatric Power*, p.102.

architecture of the institution does not lend itself to looking in from an external watchtower. As Lionel Terry's escape demonstrates, this system was not infallible. King argued that 'the escape was due entirely to carelessness on the part of the men in charge, who, in spite of daily warnings, allowed the patient out of their sight, under the impression that there was no means of escape.'<sup>17</sup>

The restricted freedom of the external landscape was more conducive to other forms of looking. Historian Frank Tod states that, within a matter of months, King had cleared virgin bush to create lawns, flower gardens and playing fields.<sup>18</sup> He also ensured that patients who were restricted to the recreational yards, due to their perceived security risk, benefited from the fresh air and scenery by carefully constructing brick or wooden walls which did not obstruct the view. These actions conformed to contemporary psychiatric principles that promoted the curative effect of fresh air and peaceful, open spaces.<sup>19</sup> However, King's actions would also enable the watchtower to monitor patients more easily, as they meandered through the newly observable lawns, flower gardens and playing fields. In these exterior surroundings, the architectural design of Seacliff Lunatic Asylum more readily conforms to the principles of Bentham's Panopticon, by empowering an impenetrable place within a light-flooded universe.

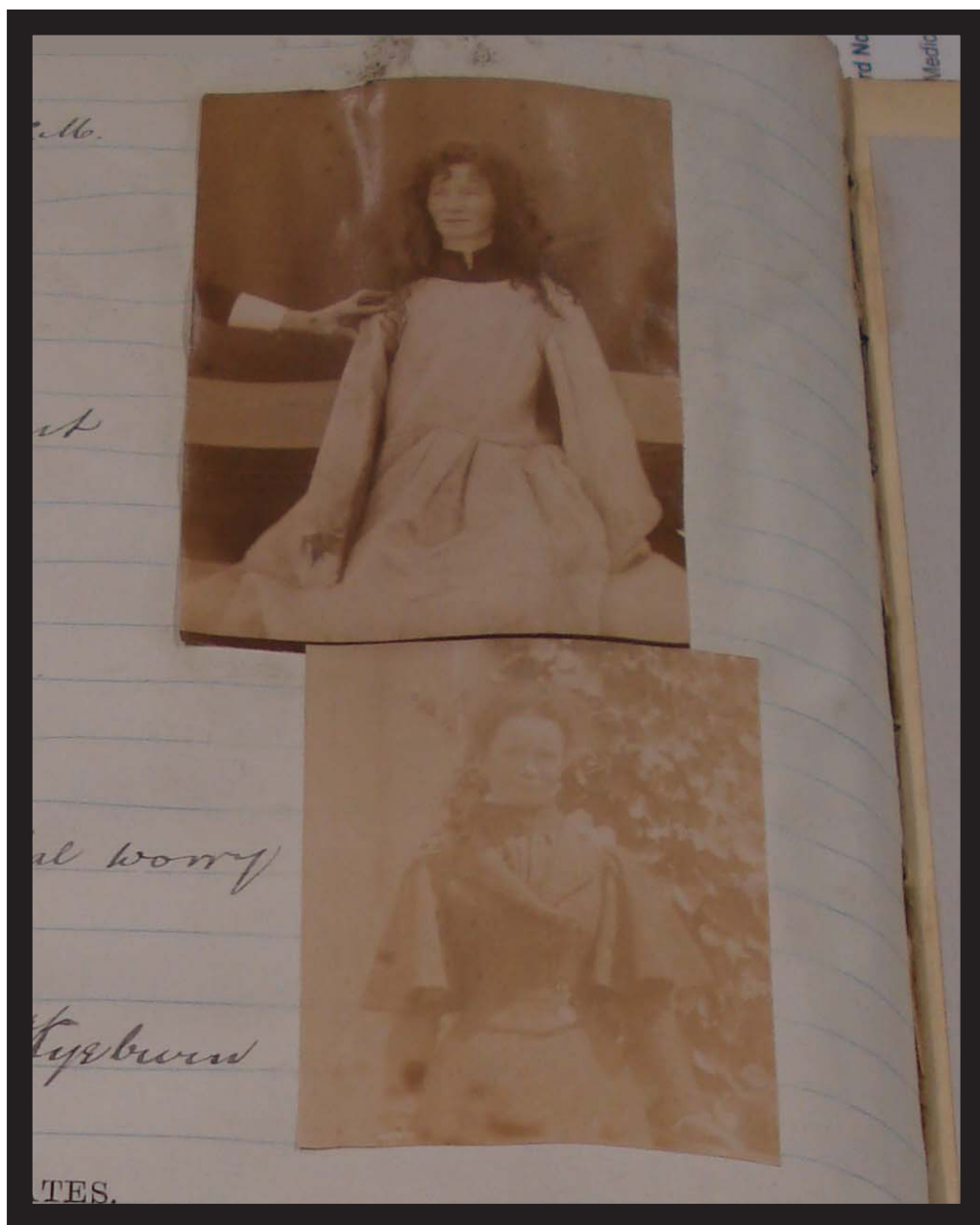
With the physical closure and demolition of Seacliff Lunatic Asylum, *Seacliff Asylum* [1] and *Nursing Staff in front of Hospital* [3] present a retrospective perspective on the institution. We are the new observers, looking in from our relative position within time and space. The Scottish Baronial style institution has vanished, staff members have moved on, day trippers returned home. We are the only ones left, with our contemporary gaze looking in at those being looked at.

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<sup>17</sup> *The Star*, 'Lionel Terry: Insane but not a Criminal. Dr Truby King's opinion (from our correspondent)', p.3.

<sup>18</sup> Frank Tod, *Seacliff: A History of the District to 1970*, Dunedin: Otago Daily Times Print, 1971, p.29.

<sup>19</sup> Catharine Coleborne, *Madness in the family: Insanity and Institutions in the Australasian Colonial World, 1860-1914*, New York: Palgrave Macmillan, 2010, p.27.



4. Harriet Cooper.

DAHI/19956/D264/49 – J. H. (3045), *Seacliff Lunatic Asylum Casebook*, albumen silver photograph (Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office).



5. Unidentified.

DAHI/19956/D264/58 – A. O. (4040), *Seacliff Lunatic Asylum Casebook*, albumen silver photograph (Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office).

## 2. Transformation: *Harriet Cooper* (1897) and *Harriet Cooper* (1898)

We have all witnessed startling transformations on talk shows. The female guest appears in baggy, stained track pants and a torn t-shirt. Her oily hair is pulled back into a tight ponytail. Her face is blemished, yet make-up free. Perhaps she is a little overweight, or maybe she has just lost weight. Maybe she is a stressed Mum, who has let herself go while she takes care of her children. There is always a reason why she is just like you and me, even if she is a little more unsightly. She is quickly pulled back behind the scenes and over several hours, which actually transpires in less than a few minutes, she is transformed. The audience gasps and claps approvingly. Her family is pulled up on stage to talk about how beautiful she has become. And, in spite of this suspiciously quick fix, we lap it up. We watch it happen over and over again, to people, to houses, to food; anything that can be transformed from 'bad' to 'good'. Where does this desire come from, to change something, to make it better, faster, more attractive?

*Harriet Cooper* [4] is the archetype of such transformation imagery. In the first photograph of Cooper (1897), she looks withdrawn; hardly surprising considering the uncomfortable bind she's in. Her arms fall straight to her sides in weighted sleeves, an ill-fitting canvas dress disguising the restraining function this outfit is intended to provide. The hand of an obscured nurse reaches in from beyond the frame, clasping Cooper's shoulder in a claw-like manner. Her neatly starched black and white sleeve contrasts with Cooper's completely dishevelled appearance. The falling drape in the background removes the composition from any sense of time or space, further isolating Cooper from the reality of her situation.

The second photograph (1898) proclaims that Cooper has been successfully cured of her affliction. She meets the camera's gaze with her own, determined stare. Her tailored outfit has been draped precisely over her small, but healthy frame. Her hair has been neatly pinned back to reveal her face and shoulders. Cooper has been positioned outside, against the exterior stone and coiling ivy façade of Seaclyff Lunatic Asylum. This composition is the paradigm of banality, as if Cooper can now put her experience of mental illness behind her.

So, how did this transformation from illness to apparent wellness occur? According to her case notes, Cooper was transported from her workplace in Auckland to Seacliff Lunatic Asylum by her father.<sup>20</sup> The physician who examined her upon admission describes her as incoherent, restless and excitable. As she spoke, the physician listened, later describing her rambling train of dialogue as maintaining a distinctly religious thread; perhaps this indicates an early diagnosis of religious mania, although her case notes describe the potential causes of her affliction as influenza and mental worry. The same scribe then details her harrowing first nights within the confines of a single room. “She slept very badly, and walked about her room almost all night, talking and singing and thumping on the door.” “During the day she had to be put in a canvas jacket, as she would persist in clutching and pulling at the other patients.” Cooper tried to commit suicide by strangling herself with a sheet, and by cutting her throat with a knife. She tore everything off the walls of her room. She put her hand in a fire. She refused to eat. However, several weeks later her case notes describe a discernable betterment. “She gradually improved - being more quiet and self-controlled and devoted herself to sewing.” Several months later, Cooper is visited by her sister, who is surprised by Cooper’s dramatic recovery. Almost a year after her admission, Cooper is significantly less excitable and sleeping soundly, so arrangements are made for her discharge. Cooper has been cured of her mental condition, which remains diagnostically unclear, through the therapeutic care she received at Seacliff Lunatic Asylum.

The two photographs of Cooper demonstrate her transformation from illness to wellness. The practise of photographing a patient ‘before’ and ‘after’ occurred occasionally at Seacliff Lunatic Asylum, extending the precedent established by Hugh W. Diamond at Surrey County Lunatic Asylum. However, from other casebooks it is clear that the transformational aspect of psychiatric treatment was always on the minds of those looking at patients, even when the appropriate photographs were not taken. For instance, the inscription beside a decoratively trimmed, octagonal photograph of a young girl who appears neatly groomed reads “This photograph was

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<sup>20</sup> DAHI/19956/D264/49 – J. H. (3045), *Seacliff Lunatic Asylum Casebook* [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].

taken 3 months after admission, when she was in a very different state to when she came in.”<sup>21</sup>

The transformational photographs by Hugh W. Diamond have been well documented by Sander L. Gilman through several publications, most notably his 1976 book *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*.<sup>22</sup> In it, Gilman published a collection of Diamond’s photographs and his 1856 paper ‘On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity’. In his paper, Diamond argued that transformational photography could facilitate psychiatric treatment, especially in light of its uniqueness and relative rarity.<sup>23</sup>

There is another point of view in which the value of portraits of the insane is peculiarly marked – viz. in the effect which they produce upon the patients themselves – I have had many opportunities of witnessing this effect – In very many cases they are examined with much pleasure and interest, but more particularly in those which mark the progress and cure of a severe attack of Mental Aberration – I may particularly refer to the four portraits which represent different phases of the case of the same young person.<sup>24</sup>

Diamond is referring to the lithograph *Puerperal Mania in Four Stages*, which illustrated his discussion. He has photographed his young female patient four times during the course of her treatment at Surrey County Lunatic Asylum. He has then presented these photographs to her, using them as a clinical tool to draw her attention to her condition and elicit a useful conversation.

In his 1991 publication on authorship, *Inscribing the Other*, Gilman states that he was struck by the fact that Diamond believed he could cure at least some of his patients by exposing them to photographs of themselves. Gilman refers to this curative anomaly as the ‘startle’ effect, where the fixed image of oneself as an insane person causes the patient to confront their altered perception of reality.<sup>25</sup> The startle effect could only

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<sup>21</sup> DAHI/19956/D264/58 – A. O. (4040), *Seacliff Lunatic Asylum Casebook* [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].

<sup>22</sup> Sander L. Gilman, *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*, New York: Brunner/Mazel Inc., 1976.

<sup>23</sup> *ibid*, p.8.

<sup>24</sup> *ibid*, p.21.

<sup>25</sup> Sander L. Gilman, *Inscribing the Other*, Nebraska: University of Nebraska, 1991, p.79.



have been possible for the first generation of patients after the discovery of photography in 1839, as it would only have been effective if the patient had not seen a photograph of themselves before. Gilman argues that one of the reasons why the startle effect was so apparent in public asylums was that the working-class patients did not share the bourgeois and upper-class tradition of seeing and understanding visual objects, which had developed out of the philosophy of the Enlightenment.<sup>26</sup> Perhaps Diamond became aware of the limited effectiveness of the startle effect, as once he had opened his own private asylum at Twickenham House in 1858, he no longer photographed his patients.<sup>27</sup>

Diamond is the only source of transformational photographs offered by Gilman. But the startle effect does not explain the rationale underpinning the photographs of Cooper, as these photographs were taken in 1897 and 1898, significantly later than the effective time period established by Gilman. Moreover, I do not believe that these photographs were intended for patients to handle at any point during their treatment at Seacliff Lunatic Asylum. These photographs have been carefully pasted into casebooks, with handwritten notes about the patient wrapping around them, clearly demonstrating that the photographs and the text were created simultaneously. I believe that the scribe, who so diligently describes Cooper's progress from illness to wellness, would also have mentioned her encounter with her own image; or it would have been mentioned in another patient's case notes. A letter from another young female patient to her sister supports my view, when she writes describing her disappointment at not being able to keep her photograph, 'The Doctor took our photogs the other day, all one by one. I have not seen them yet. They say he won't give you them.' [5]<sup>28</sup> So, why were these 'before' and 'after' photographs taken of Cooper?

Gilman states that transformational photographs were next used as a form of institutional record keeping by Dr Thomas John Barnardo, documenting his young dependant's altered physical development within their new environment.<sup>29</sup> In early

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<sup>26</sup> *ibid*, p.81.

<sup>27</sup> Gilman, *The Face of Madness*, p.10.

<sup>28</sup> DAHI/19956/D264/58 – A. O. (4040), *Seacliff Lunatic Asylum Casebook* [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].

<sup>29</sup> Gilman, *The Face of Madness*, p.10.

1870, Barnardo commissioned a photographer to take ‘before’ and ‘after’ photographs of the homeless children who came into his care. He then published these photographs in pamphlets and on cards, telling the story of the boy’s rescue, from gloomy London alleyways into the comfortable surrounds of one of the Barnardo Homes. The final paragraph of the story reads, ‘We earnestly hope that the view of the bright, or, it may be, the sad faces of our young protégés will lead the friends who purchase the photographs to sympathize very truly with us in our happy but sometimes deeply trying labours.’<sup>30</sup> The two ‘in between’ stages are no longer represented, perhaps due to the escalated impact of drawing a comparison between ‘before’ and ‘after’ photographs exclusively.

The Rev. George Reynolds, a local Baptist Minister, challenged the veracity of Barnardo’s photographs in 1876. Barnardo responded by taking the case to the Arbitration Court, trying to prevent the smear caused by the damaging rumours. In his own defence, Barnardo outlined his purposes for the transformational photographs. He stated that it was his intention, not to portray particular children, but rather to show a certain class of child, as being typical of the cases in the Home.<sup>31</sup> As a further rebuttal against the charge of artistic fictionalisation, he cited the precedence of Oscar Gustave Rejlander’s photographs of boys from the local Home at Chalk Farm, posed as shoeblacks, sweepers or street urchins, some of which had been used by other charities.<sup>32</sup> Barnardo laid his intentions bare; his propaganda pictures were taken ‘to aid in advocating the claims of our Institution’, and ‘to obtain and retain an exact likeness of each child and enable them, when it is attached to his history, to trace the child’s future career.’<sup>33</sup> As a progression from Diamond to Barnardo, we now see the desire to benefit the institution, rather than the patient or ward, through the act of transformational photography.

While Gilman traces transformational photographs to Diamond and Barnardo, I believe that the history of these photographs can be traced back much further. Geoffrey Batchen argues in his 1997 book *Burning with Desire: The Conception of*

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<sup>30</sup> *ibid*, p.21.

<sup>31</sup> National Portrait Gallery, London, *The Camera and Dr. Barnardo*, Valerie Lloyd (ed.), London, 1974, p.21.

<sup>32</sup> *ibid*, p.12.

<sup>33</sup> *ibid*, p.14.

*Photography* that the desire to photograph preceded the actual invention of photography within philosophical and scientific circles.

The claims made for Wedgwood as first photographer, like those for Schulze, assume that the inaugural idea of photography must be marked by some definite evidence of a technological struggle in its direction. But what of those ideas that are no more than ideas? Could not photography have been imagined in some earlier, idle moment of speculation by a creative but not necessarily technological mind?<sup>34</sup>

Batchen asks not just who invented photography, but rather at what moment in history did the desire to photograph emerge and begin insistently to manifest itself?<sup>35</sup> Gilman has neglected the burning question by only asking “who was the first to photograph patients ‘before’ and ‘after’?” The more important question is “at what moment did photography shift focus from portrait to metamorphosis?”

In 1846, Mathew Brady accepted a commission to photograph prisoners at Blackwell’s Island prison.<sup>36</sup> Eliza Farnham, the young matron who sponsored Brady, was a disciple of the phrenological reformist Marmaduke Sampson and, like him, she believed that an accurate reading of an inmate’s criminal features would reveal their true inner nature, and that then the inmate might be cured of their wild desires with appropriate treatment.<sup>37</sup> Farnham was a determined advocate against the death penalty, preferring this more enlightened approach towards the inmates in her care. The resulting illustrations of brutish or deranged looking prisoners, after Brady’s daguerreotypes, appear in Sampson’s 1846 book *The Rationale of Crime*. However, I believe that what Brady actually captured were photographs of the ‘before’ of these prisoners. Farnham and Sampson believed that these photographs depicted the prisoners before the radical curative transformation that would eventuate from their tailored phrenological treatment. Even though their transformation has not been photographed (or perhaps it has not yet occurred), Farnham’s belief in its inevitability is sufficient to make these photographs transformational photographs; this even before the prisoner’s cure, before their release, and before their transformation.

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<sup>34</sup> Geoffrey Batchen, *Burning with Desire: The Conception of Photography*, Massachusetts: MIT Press, 1999, p.31.

<sup>35</sup> *ibid*, p.36.

<sup>36</sup> Sandra S. Phillips, Mark Haworth-Booth & Carol Squiers, San Francisco Museum of Modern Art, California, *Police Pictures: The Photograph as Evidence*, California: Chronicle Books, 1997, p.18.

<sup>37</sup> *ibid*.

The desire for transformational photography is apparent in early criminal photography because crimes are seen as acts of violation and defiance, committed by those whom we define as living outside the norms of society. It is our ability to distinguish right from wrong that enables us as responsible citizens to identify, prosecute and punish those outsiders who violate our social values. The invention of photography allowed those who were looking at criminals to further identify and define their otherness. Diamond reflects this sentiment when he later stated in his 1856 paper ‘On the Application of Photography to the Physiognomic and Mental Phenomena of Insanity’:

The Photographer, on the other hand, needs in many cases no aid from any language of his own, but prefers rather to listen, with the picture before him, to the silent but telling language of nature – It is unnecessary for him to use the vague terms which denote a difference in the degree of mental suffering, as for instance, distress, sorrow, deep sorrow, grief, melancholy, anguish, despair; the picture speaks for itself.<sup>38</sup>

Diamond proposes that, as the definition of outsiders expanded from criminals to include the mentally ill and physically disfigured, photography would be there to capture their otherness as well.

The rationale underpinning the transformational photographs of Cooper corresponds more closely to this new history which traces ‘before’ and ‘after’ photographs back to the collaboration between Brady, Farnham and Sampson. The photographs of Cooper capture the desire for a curative transformation, the belief in an ‘after’ finally realised. In the first photograph, Cooper has been depicted in a withdrawn state. She has become detached from the norms of society, unable to interact successfully with her family, medical practitioners or even her fellow patients. Her otherness is visible through her attire, her blank stare and the background curtain which removes the composition from any sense of time and space. However, in the second photograph, we see Cooper as a member of society once again. She is a groomed woman, whose penetrating gaze states that she is ready to interact with us.

The desires of Cooper’s medical practitioners, who willed these photographs into being, have also changed. Rather than the longing to use photography to cure patients,

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<sup>38</sup> Hugh W. Diamond as quoted in Gilman, *The Face of Madness*, p.19.

or to produce propaganda benefitting an institution, there is now an appetite to validate the practise of psychology as an emerging discipline within the sciences. The photographs of Cooper capture the thirst to prove that her transformation has occurred as a result of the treatment that she has received at Seacliff Lunatic Asylum. In his 2003 biography *In a Strange Garden*, Chapman argues ‘that the realisation that most forms of insanity could not be cured by environmental engineering was responsible for King’s shift toward infant welfare.’<sup>39</sup> The photographs of Cooper predate King’s shifting focus by almost a decade, at a time when his eagerness to prove his beliefs was at its peak, as evidenced by his continuing promotion of his agricultural techniques and opinions in national newspapers.

While Cooper predates our contemporary manifestations of transformational imagery, our desire to be able to look at and see a visual transformation has scarcely changed from the mid-nineteenth century. We want to see that the outsiders of society can be changed for the better, that they can become one of us. We yearn for these transformations because it proves to us that we too can change; we can fix what has been broken, we can become the versions of ourselves that lingers on in our wildest fantasies.

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<sup>39</sup> Chapman, *In a Strange Garden*, p.82.



6. Alison Morgan.

DAHI/19956/D265/1 - p.17 - C. S. (17), *Seacliff Lunatic Asylum Casebook*. Albumen silver photograph.  
 [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].



7. James Crichton-Browne, *An insane woman, to show the condition of her hair*, c.1872 (Cambridge: Cambridge University Library).

### 3. Insane to the last strand of hair: *Alison Morgan* (1893)

Alison Morgan illustrates another manner in which the practise of photographing a patient multiple times has been applied at Seacliff Lunatic Asylum. In her case, an ‘after’ has not been possible. Morgan was admitted to Dunedin Lunatic Asylum on the 11<sup>th</sup> January, 1865.<sup>40</sup> We see her in these two photographs almost thirty years later, still a patient. At the end of her single page record, the scribe states that she passed away while still in care on 2<sup>nd</sup> December, 1903.

In the first photograph, Morgan looks down at her loosely clasped hands, one supporting the other. Her face is lined with age, her hair parted into two wiry tufts. She is wrapped in a checked, woollen blanket, which adds a patterned interest to the otherwise plain scene. In the second, cropped, photograph, Morgan looks to the side of the camera. Her blanket has slipped slightly to reveal her beaded necklace. Underneath the second photograph, the date “19 – 12 – 93” has been written, confirming the visual statement that these photographs were taken in the same sitting.<sup>41</sup>

Morgan is described as a “strongly built, well-nourished woman”, followed by several sentences defining her complexion, eyes, and tongue, among other bodily characteristics. The examiner pays particular attention to her “harsh and dry, naturally stiff, originally brown, now grey” hair, perhaps looking for a connection between Morgan’s appearance and her delusional condition. She converses intermittently with the medical practitioner and her invisible advisor, imagining a world where she is the proud proprietor of a landed estate. The subsequent casebook entries are then spaced apart by many years, describing in just a few lines her steady decline into dementia.

I believe that the photographs of Morgan are more than sequential exposures of a delusional patient. These photographs reveal the influence of a collaboration between two of the nineteenth-century’s greatest scientific minds upon psychiatric

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<sup>40</sup> Jeremy H. Bloomfield, ‘Dunedin Lunatic Asylum, 1863-1876’ in Barbara Brookes & Jane Thomson (eds.), *Unfortunate Folk: Essays on Mental Health Treatment, 1863-1992*, Otago: University of Otago Press, 2001, pp.21-33.

<sup>41</sup> DAHI/19956/D265/1 – p.17 – C. S. (17), *Seacliff Lunatic Asylum Casebook* [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].



methodology at Seacliff Lunatic Asylum. In his 1872 publication *The Expression of the Emotions in Man and Animals*, Charles Darwin published an engraving of *An insane woman, to show the condition of her hair*. [7]<sup>42</sup>

He (James Crichton-Browne) has sent me photographs of two women, taken in the intervals between their paroxysms, and he adds with respect to one of these women, “that the state of her hair is a sure and convenient criterion of her mental condition.” I have had one of these photographs copied, and the engraving gives, if viewed from a little distance, a faithful representation of the original, with the exception that the hair appears rather too coarse and too much curled.<sup>43</sup>

Darwin uses this engraving to illustrate his discussion of fear, arguing that hair becomes erect on both men and animals under the strain of this emotion.<sup>44</sup>

Throughout the chapter, Darwin refers to his written correspondence with Crichton-Browne, the Physician-Superintendent at West Riding Pauper Lunatic Asylum, who was also a keen photographer of his patients. In one of his letters, Crichton-Browne tells of a mutual colleague’s female patient who was suffering from acute melancholia. The colleague anticipated his patient’s imminent improvement as “her hair is getting smooth; and I always notice that our patients get better whenever their hair ceases to be rough and unmanageable.”<sup>45</sup> Darwin states that this is empirical confirmation of the existing relationship between the state of an insane person’s mind and the condition of their hair.

Dr Browne attributes the persistently rough condition of the hair in many insane patients, in part to their minds always being disturbed, and in part to the effects of habit, that is, to the hair being frequently and strongly erected during their many recurrent paroxysms. In patients in whom the bristling of the hair is extreme, the disease is generally permanent and mortal; but in others in whom the bristling is moderate, as soon as they recover their health of mind the hair recovers its smoothness.<sup>46</sup>

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<sup>42</sup> Charles Darwin, *The Expression of the Emotions in Man and Animals*, 1872, Net Library, Inc., Victoria University of Wellington Library, <https://archive.org/details/expressionofemot1872darw>, accessed 22 July 2014.

<sup>43</sup> *ibid*, p.295.

<sup>44</sup> *ibid*.

<sup>45</sup> *ibid*, p.296.

<sup>46</sup> *ibid*, p.297.

It is clear from their discussion that in contemporary opinion the visual symptoms of a mentally ill patient extended from the soles of their feet to the rough strands of their hair.

Gilman discusses the collaboration between Darwin and Crichton-Browne in *Seeing the Insane*. He attributes the condition of Crichton-Browne's patient's hair to myxoedema, a severe form of hyperthyroidism of which mania may be an auxiliary manifestation. He then criticizes Darwin for failing to question his 'ability to interpret the visual material presented to him', even though he has just himself posthumously diagnosed a patient from her photograph.<sup>47</sup> Gilman then debases the scientific validity of Darwin and Crichton-Browne's collaboration due to the contemporary argument that photography is not an objective source from which accurate observations can be made.<sup>48</sup> However, his retrospective degradation of scientific ideas does little to enhance our own understanding of contemporaneous psychiatric practises.

I have argued that contemporary British medical practitioners were looking for visible symptoms of mental illness, but I believe that these photographs of Morgan demonstrate that this same form of visual analysis also occurred in New Zealand at Seacliff Lunatic Asylum. When viewed side by side, the original photograph by Crichton-Browne and the photographs of Morgan are remarkably similar. In Crichton-Browne's c.1872 photograph, the female patient faces the camera directly. Her clothes have been covered by a checked blanket, pinned closed at the neck to draw our attention away from her body, to her face and bristled frizz of hair. Morgan has been positioned to elicit a similar effect in both photographs; a blanket covers her clothes and her crinkled hair has been parted to show its condition. The second photograph of her has been cropped to focus our attention precisely where it should be, just as Darwin did in his engraving.

In his 1975 publication, *Discipline and Punish: The Birth of the Prison*, Foucault introduces the concepts of a normalizing judgement and examination which, when linked together with hierarchical observation, form a continuous loop of disciplinary

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<sup>47</sup> Sander L. Gilman, *Seeing the Insane*, New York: John Wiley and Sons, 1982, p.184.

<sup>48</sup> *ibid*, p.185.

training.<sup>49</sup> I have previously discussed hierarchical observation, but to refresh, it is a form of continuous surveillance that seeks to identify a latent behaviour before it has even been performed. Foucault describes normalizing judgement as the antithesis to earlier approaches to punishment, which regulated by defining permitted and forbidden behaviours, punishing those disobedient individuals who were caught with dire penalties. In these prior approaches, individuals did not question where they stood in relation to the norm, because there was no norm; there was only the permitted and the forbidden.<sup>50</sup> However, normalizing judgement requires the individual to conform to an ideal standard. As a facet of disciplinary power, the point at which it is applied to the body is always personalised, focusing on minute interventions to the individual's behaviour, in order for them to achieve the norm. Foucault relates the rise of normalising judgement to the concurrent introduction of psychology, the practise of transforming the abnormal into the normal.

As the final facet of disciplinary training, the examination considers where the individual is positioned relative to the ideal standard to which they are being compared. This aspect provides the feedback necessary to understand the degree to which the desired behaviours have become internalised by the individual. In *Psychiatric Power*, Foucault applies this principle to the psychiatric examination when he states that the act of questioning is really a disciplinary method which fixes the individual to the norm of his identity: Who are you? What is your name? Who are your parents? What about the different episodes of your madness? Such questions link the individual to a social identity and to the madness that has been ascribed by his or her own milieu.<sup>51</sup>

To be adapted to the real, to want to leave the condition of madness, is just precisely to accept a power that one recognizes is insurmountable and to relinquish the omnipotence of madness. To stop being mad is to agree to be obedient, to be able to earn one's living, to recognize oneself in the biographical identity that has been formed of you, and to stop taking pleasure in madness.<sup>52</sup>

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<sup>49</sup> Michel Foucault, *Discipline and Punish: The Birth of the Prison*, translated by Alan Sheridan (2<sup>nd</sup> ed.), New York: Vintage Books, Random House Inc., 1995.

<sup>50</sup> May, *The Philosophy of Foucault*, p.74.

<sup>51</sup> Foucault, '23 January 1974', *Psychiatric Power*, p.234.

<sup>52</sup> Foucault, '19 December 1973', *Psychiatric Power*, p.165.

In this statement, Foucault argues that the interests of disciplinary training extend beyond correcting an individual's behaviour; it aims to optimize the body into a docile, efficient apparatus, which is then able to perform its designated role within society. It is through this continuous loop of disciplinary training that psychiatric institutions 'cure' individuals, preparing them for the useful life that awaits them.

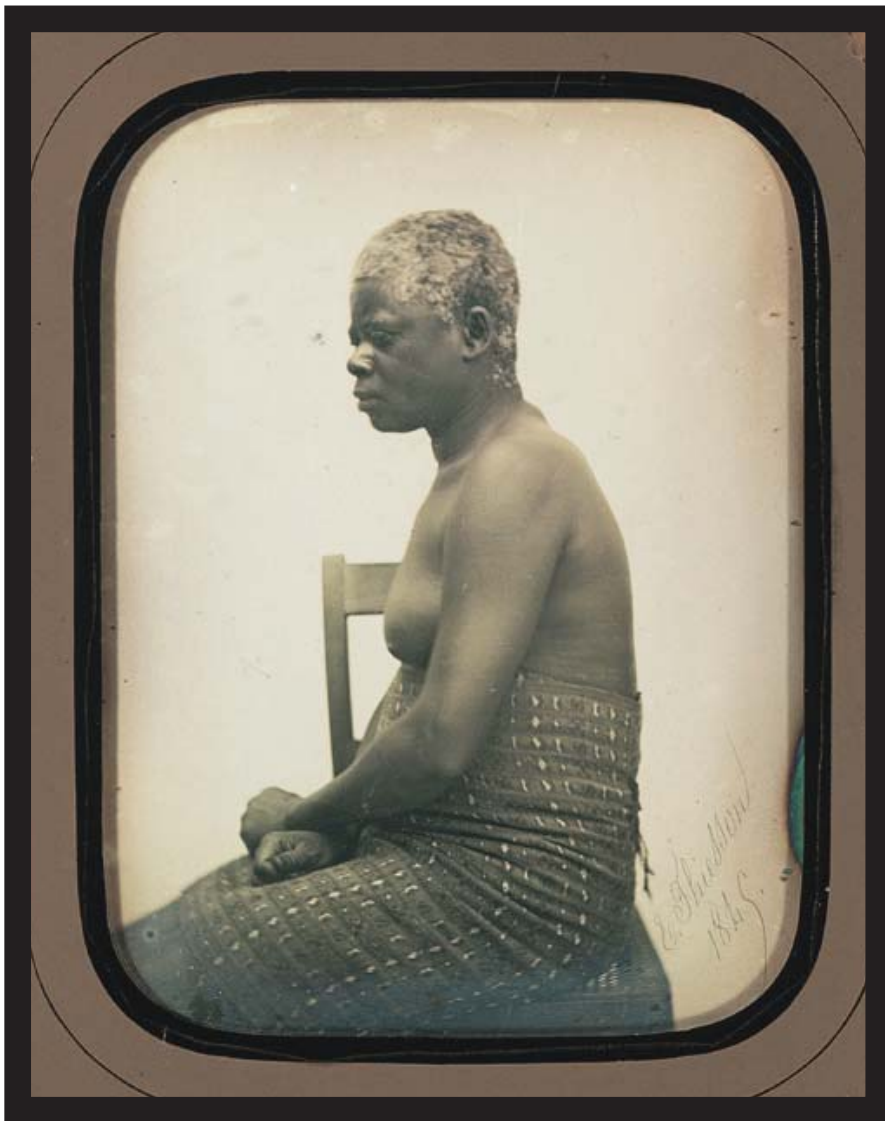
Perhaps the examination aspect of disciplinary training is apparent in the engraving of *An insane woman, to show the condition of her hair* [7], discussed by Darwin and Crichton-Browne. When Darwin presents this engraving to his readership, he argues that it is empirical confirmation of the relationship between the state of an insane person's mind and the condition of their hair. He supports his argument in part by presenting the relayed conversation he has had with Crichton-Browne, and the third-hand conversation that Crichton-Browne has had with a mutual colleague. Their conversation is centred on the patient's hair, as its smoothness indicated whether or not the preceding interventions have successfully cured her of her mental affliction. Throughout this process, she is being physically and mentally compared to the norm, the ideal European body with silky, manageable hair.

We are aware from his collection in the University of Otago library that King owned books by Darwin and Crichton-Browne, so it is a calculated assumption to state that he was aware of their views on mental health and saw the engraving of *An insane woman, to show the condition of her hair* [7], possibly sharing it with his fellow physicians and students. However, I feel that Mary King and Chapman have placed so much emphasis on King's innovations in psychiatric care that it has become questionable as to whether he was open to other ideas, or sought solely to affirm his own beliefs. The visual similarities between the photograph by Crichton-Browne and the two photographs of Morgan appear to confirm that King's own views were not so impermeable. I suggest that the influence of these two great scientific intellects did penetrate his consciousness, influencing his practises at Seacliff Lunatic Asylum.



8. Donovan Byrne.

DAHI/19956/D265/1 – p.565 – M. D. (2278), *Seacliff Lunatic Asylum Casebook*, albumen silver photograph (Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office).



9. E. Thiesson, *Native Woman of Sofala (Mozambique)*, 30 years old with white hair, 1845, daguerreotype (George Eastman House, New York).

#### 4. Nudity: *Donovan Byrne* (1893)

Few photographs are as controversial as those with nude subjects, revealing that after years of exposure we still approach these images with hesitation and self-awareness. It is difficult to look at a photograph of a semi-nude man within the context of an asylum casebook without immediately concluding that he has been the victim of a regime of exploitation. Perhaps this is because we still understand very little about how the photographic act was handled at Seacliff Lunatic Asylum.

In this profile photograph, Donovan Byrne sinks into a wooden chair, crossing his legs at the knee. His arms are folded across his bare chest. His head leans forward, casting the slightest shadow onto his neck. The room around him is devoid of character, except for the elegantly grooved chair that Byrne is seated upon. This photograph has been pasted into his casebook, not beside his name and admission information as per usual, but rather on the facing page, surrounded by sporadically updated medical notes. Parallel with the photograph, several lines down, “Died” has been written, over-written, and then vigorously underlined three times on an upward slant.<sup>53</sup>

There are not a significant number of semi-nude or nude photographs secreted away within the Seacliff Lunatic Asylum casebooks. There is no scandal here. The eminent authors that I have consulted in the course of my research, Brookes and Catherine Coleborne, do not even mention patient nudity; presumably because patients were not routinely undressed for any untoward reason. So, Byrne must have been singled out for special attention for a reason particular to his case.

A few possible reasons for Byrne’s semi-nude casebook photograph begin to emerge after a thorough examination of his case notes. Byrne was admitted to Seacliff Lunatic Asylum on the 4<sup>th</sup> June 1889. The first medical practitioner declares that his mental impairment is the result of cerebrospinal disease, which may mean that Byrne suffered from poliomyelitis (polio) or meningitis. As no further details are offered explaining how or why the medical practitioner reached this diagnosis, we must

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<sup>53</sup> DAHI/19956/D265/1 – p.565 – M. D. (2278), *Seacliff Lunatic Asylum Casebook* [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].

presume that this explanation underlies all of his behavioural and physical symptoms. Byrne's mental impairment twists through two pages that record his difficult behavioural traits. He is variously described as sullen and disobedient with "filthy" habits. He sometimes refused to dress, or eat, or even speak. "Dr. Barclay says: D.B. says spirits talk to him through [the] wall at night, daring him to eat or talk. Sometimes he thinks he is going to die and prays for hours on end." Therefore, this casebook photograph could be intended to illustrate a patient's penchant for defiant nudity. In a later addition to his case notes, another medical practitioner states that Byrne suffered from syphilis approximately twenty years prior to his admission. However, his physicians never make the connection between either of these aspects of his medical history and his most debilitating physical symptom. Byrne's paralysed left arm is extremely contracted. He is physically weak, though well nourished, and quite unstable on his feet. So, this casebook photograph could also be intended to illustrate his deformed arm, a question that I will revisit. Byrne passed away while still in care on the 10<sup>th</sup> December 1897.

It is not Byrne's imperceptible paralysis that punctuates this photograph, but rather his semi-nude body. In his 1975 publication, *Discipline and Punish*, Foucault argues that a correlative exchange exists between knowledge and power.<sup>54</sup> Given this, we should abandon the idea that knowledge can exist in a neutral space, separated from the political impurities of power. Foucault does not mean that all knowledge is simply power in disguise. Rather, he argues that we should think of knowledge as something that is always entangled with power.

In Foucault's theorem, power is not merely a negative or repressive exercise; it also creates something. In much the same way, psychological knowledge is not power in disguise; it is still knowledge, but it is the knowledge of something that it has also participated in creating.

In short this power is exercised rather than possessed; it is not the 'privilege', acquired or preserved, of the dominant class, but the overall effect of its strategic positions – an effect that is manifested and sometimes extended by the position of those who are dominated. Furthermore, this power is not

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<sup>54</sup> Michel Foucault, *Discipline and Punish: The Birth of the Prison*, translated by Alan Sheridan (2<sup>nd</sup> ed.), New York: Vintage Books, Random House Inc., 1995.



exercised simply as an obligation or a prohibition on those who ‘do not have it’; it invests them, is transmitted by them and through them; it exerts pressure upon them, just as they themselves, in their struggle against it, resist the grip it has on them.<sup>55</sup>

If we apply power-knowledge to Byrne’s case, then the physician is not simply exercising his power over him by photographing him semi-nude, thereby denying him his right to remain clothed and modest; he is also creating knowledge about Byrne’s mental illness and physical disability. The physician is asserting his position as the steward of psychological knowledge, even whilst creating new forms of this knowledge. However, the controversial question must be asked: did Byrne actually have the right to remain clothed?

Before you valiantly leap to his defence, let us reconsider Byrne’s case notes once more. His physician recalls several incidents where Byrne uses his nudity as an act of defiance; he “refuses sometimes to put clothes on” and the physician “one day found him naked in bed and [he] would not be coerced [into getting dressed]”. Byrne resists the regimentation of Seacliff Lunatic Asylum by boldly revealing his naked body to staff members. He would have been aware that this act rebelled against the sensibilities of the institution, but he did it anyway. It is possible that this photograph has captured yet another episode in Byrne’s struggle against the institution’s norms, by resolutely refusing to remain clothed for the camera. As Byrne has unreservedly displayed his nakedness in front of staff members, has he not forfeited his right to modesty under different circumstances?

Indeed, Byrne has been naked in front of staff members from the moment of his admission. A medical practitioner would have physically and mentally examined him as a condition of his entry into Seacliff Lunatic Asylum. He would have inspected Byrne, searching for a reason for his insanity, before recording his findings in a newly formed patient casebook. Byrne’s past memories and present failings would all have been exposed to the medical practitioner. As part of this admittance ritual, Byrne would likely have revealed his naked form to the medical practitioner for the first time. From this moment forward, his body is no longer his exclusive domain,

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<sup>55</sup> *ibid*, p.26.

shrouded in secrecy from the rest of the world underneath layers of clothing. Byrne must accept this intrusion as part of the ritual of access. He must be willing to sacrifice his modesty in order to receive the treatment on offer. As Foucault states in *Psychiatric Power*:

One never stops entering the asylum, and every encounter, every confrontation between the doctor and the patient begins again and indefinitely repeats this founding, initial act by which madness will exist as reality and the psychiatrist will exist as doctor.<sup>56</sup>

In this statement, Foucault elaborates on one of the products of power-knowledge in psychiatric institutions: the insistence on madness and the hierarchical position of the physician. He argues that the establishment of the need for psychiatric intervention in turn creates the discipline of psychology, which in turn creates the physician. This process is in a constant loop of repetition with each new patient. As a consequence, Byrne does not have the right to remain clothed within the domain of Seacliff Lunatic Asylum. He forfeited that right during admission, in order to receive a cure.

However, if we are witnessing an act of rebellion, then it is possible that the physician's control over the patient's body was not as rigid at Seacliff Lunatic Asylum as Foucault has argued. While the physician would have required Byrne to undress as part of the admittance ritual, he would also have required him to remain clothed at all other times. But, as his case notes relay, Byrne has defied this order. Even if this could be construed as a symptom of his mental illness, it was still a situation that the physician could have overcome through sheer physical force, but he has allowed this act to continue. This suggests that the physician allowed a blurred line to exist whereby Byrne maintained a degree of autonomy over his own body, complicating our understanding of the dynamic of self-rule at Seacliff Lunatic Asylum.

Nevertheless, this sacrificial or rebellious loss of modesty alone does not constitute a negative exercise of power, as semi-nudity or nudity in and of itself is not degrading. It is part of the very fabric of humanity that we are born in this physical form and live our lives within it. Small children are notorious for trying to take their clothes off and

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<sup>56</sup> Foucault, '30 January 1974', *Psychiatric Power*, p.269.

run around naked. This impulse comes from a completely innocent place, as a child does not see any difference between his face, his knees, and the parts of his body that we as adults insist that he cover. It is only as we enter adulthood that we feel that certain parts of the body must be covered, as these parts are now intertwined with physical lust and passion, and so should not be exposed indiscriminately. Therefore, it cannot be Byrne's nudity that we find exploitative, but rather what has been done with it.

Pornography has besmirched the photography of naked bodies. This casebook photograph of Byrne punctuates our consciousness from the moment we realise that a photographic act has occurred. In that moment, we become the repugnant observer, peering in at the semi-nude Byrne. We accessorise the photographer with the slick, oiled moustache of an erotic film director. We transform the institutional surroundings by supplanting the sparse reality with the dirty privacy of locked doors and satin sheets. Our guilt-ridden fantasies flood our self-aware consciousness until we cannot help but look in and see the very worst stereotypes manifested in this photograph of Byrne.

It is the photographic act that transforms an ordinary function of Seacliff Lunatic Asylum into a discomfiting photograph, permeating it with misplaced meaning. However, it is not photography that transforms this image of Byrne into a pornographic fantasy. It is our own preconceived notion of what it means to be photographed semi-nude within an institutional setting. I wonder if the anterior observer would have felt this same sense of disquiet, or if they would have placed implicit faith in the physician and his psychological expertise? If we look again at this photograph of Byrne, perhaps more critically than before, it becomes apparent that the absence of a sensation of lush sensuality shatters the possibility that this is intended to be a sexually exploitative photograph.

Indeed, there is a distinct absence of sexual energy focussed upon Byrne's naked torso. In early erotic photographs, the female model would directly confront the viewer with her obviously naked body. She presented the desirable parts of her body in an affronting manner, designed to inflame arousal. This photograph of Byrne holds very little common ground with this type of imagery. He has been positioned in

profile with his arms crossed in front of his chest, as if he is shyly hiding his naked form. His back is hunched over, causing the loose folds of his stomach to roll and crease. The entire effect has been made even less seductive because we are looking at a man, not a woman, in this pose.

This photograph of Byrne visually recalls *Native Woman of Sofala (Mozambique)*, 30 years old with white hair (1849) [9], by E. Thiésson. In this daguerreotype portrait, a Sofalan woman has also been seated in a profile position within a white space, devoid of character. Like Byrne, her head is tilted forward, her eyes gaze downward, and her semi-nude figure is slumped over. As this is a daguerreotype portrait, it could not possibly have been seen by any personnel at Seacliff Lunatic Asylum, thus removing the possibility of influence or inspiration. However, the aesthetically similar portrayals of difference unites these two photographs.

In *Native Woman of Sofala* [9], the female sitter is the paradigm of difference. Her bare chest is on display for the viewer, subtly framed by the open back of the chair she is seated upon. Thiésson produced this daguerreotype at the precise moment that anthropology was achieving a distinct disciplinary identity within the scientific community. In his 1984 essay 'Classified Subjects: Photography and Anthropology – the Technology of Power', David Green argues that photography played a central role in what became the dominant concern of late-nineteenth century anthropology, the articulation of race and racial difference.<sup>57</sup>

Within the framework of evolutionary theory, and guided by the methodology of comparative analysis, photography was paramount in the formation of a particular discourse of race which was located in the conceptualisation of the body as the object of anthropological knowledge.<sup>58</sup>

*Native Woman of Sofala* [9] illustrates the association of “primitive” African women with unbridled sexuality.<sup>59</sup> The primary requirement of this photographic case study was to contrast the animalistic sexuality and beauty of the African female sitter with the refined sensuality of the idealised European woman.

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<sup>57</sup> David Green, 'Classified Subjects: Photography and Anthropology – the Technology of Power', *Ten*.8, No. 14 (1984), p.31.

<sup>58</sup> *ibid.*

<sup>59</sup> Sander L. Gilman, *Difference and Pathology: Stereotypes of Sexuality, Race and Madness*, New York: Cornell University Press, 1985, p.83.

However, there is a subtle aesthetic difference between these two photographs, which should unravel any lingering concerns about the potentially exploitative circumstances surrounding the photograph of Byrne. In *Native Woman of Sofala* [9], the female sitter's hands are clenched closed. Her thumb is pressed so tightly against her bent index finger that her strained tendons are visible. While her other hand has been hidden from our view, it must be similarly taut as the muscles in her arm are visible, tensely curving from her shoulder to her wrist. Comparatively, Byrne's right hand rests casually against his paralysed left arm. The slight gap between his fingers and the lack of pressure in his grip reveals that he is quite relaxed in the moment of the photographic act.

Perhaps this casebook photograph is intended to classify Byrne's deformed arm? As I mentioned earlier, the positioning of this photograph in Byrne's casebook is unusual. It is surrounded on three sides by a medical practitioner's assessment notes from the 14<sup>th</sup> November 1893, suggesting that the entry and the photograph were produced at the same time. He states that the "Patient's condition is still much the same as above, only more advanced. He is extremely feeble in body though fairly nourished. Extreme dementia. Paralytic contracture of left upper limb." The medical practitioner then dictates the results of several different medical checks to Byrne's eyes, heart and bowels before concluding "habits filthy." Maybe Byrne's semi-nude form was necessary to clearly illustrate the muscular structure of his deformed arm, as layers of clothing would have disguised the defect. As it stands, even though these shrouds have been removed, it is still difficult to see any sign of the deformity as Byrne's pose normalises the paralytic contracture.

Or maybe the most important similarity that this photograph of Byrne shares with *Native Woman of Sofala* [9] is the profile position that they have both been made to adopt. Green argues that as the status of the 'inferior' races became increasingly regarded as fixed, socio-cultural differences came to be regarded as dependent upon hereditary characteristics. Since these were inaccessible to direct observation they had to be inferred from physical and behavioural traits, such as rounded buttocks or cranial shape, which in turn they were intended to explain.<sup>60</sup> Green then ties his

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<sup>60</sup> Green, 'Classified Subjects', p.32.

argument to Foucault's theorem of power-knowledge, before augmenting it by applying it to photography, which Foucault never mentions. Green states that the photographs taken by anthropologists formed the technological armature of anthropology. A discipline was created based upon the negative repression of 'inferior' races, measuring their characteristics and comparing them to an ideal, European form.

The body became the object of close scrutiny. Its irregular contours were increasingly inspected by the camera in an attempt to account for its failure to conform to the European physical type, to discover the evidence of the innate inferiority inscribed within its surface. At a time when physiological differences became the indices of moral, intellectual and cultural attributes, the visibility of truth captured within the photographic image served to strengthen the power which separated the observer from the observed.<sup>61</sup>

In the same way that *Native Woman of Sofala* [9] illustrates her socio-cultural 'inferiority', the casebook photograph of Byrne may illustrate not just one facet of his case file, but rather all of his physical and behavioural deformities simultaneously. Perhaps his paralysed arm and semi-nude body are aligned more than we first realised, with these outward signs of difference signalling the mental illness within.

However, as I stated at the start of this chapter, this casebook photograph of Byrne is not demonstrative of the Seacliff Lunatic Asylum registers. It serves only to illustrate a particular case of mental and physical illness. This is the crucial point of departure, where our local example deviates from the ruthlessly repetitive act of anthropometrical collecting described by Green. The homogenous nature of Green's argument fails to encompass the idiosyncratic nature of the Seacliff Lunatic Asylum casebooks. This photograph of Byrne must stand alone as a truly individual portrayal of his circumstances.

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<sup>61</sup> *ibid*, p.34.



10. Elinor Turner.

DAHI/19956/D264/48 – C. W. (2950), *Seacliff Lunatic Asylum Casebook*, albumen silver photograph (Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office).



11. Juliet Parker.

DAHI/19956/D264/48 – B. B. (3020), *Seacliff Lunatic Asylum Casebook*, albumen silver photograph (Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office).



## 5. Punishment: *Elinor Turner* (1896) and *Juliet Parker* (1897)

When I was a child, my parents would smack me with a wooden spoon when I had been particularly horrid. I remember squirming, trying to escape their clutches until the sharp jolt of the wood hit the back of my thighs, the brief sting of pain. Then, after a few minutes of sulking, I would return to my old self again. My experience has not hindered me in any way. I don't shy away from the wooden spoon in my utensil jar. I love my parents and respect their disciplinary choice. They, after all, were born of a generation where the absence of such methods was believed to produce children like Veruca Salt.<sup>62</sup> This is my limited experience with restraint and pain as disciplinary methods.

Cheryl Caldwell states in her essay contribution to Barbara Brookes and Jane Thomson's *Unfortunate Folk: Essays on Mental Health Treatment, 1863 – 1992* that the use of restraints was kept to a minimum at Seacliff Lunatic Asylum.

Authorisation for the use of restraints or seclusion was strictly controlled and documented, and they were not to be used without good reason. King was also adamant that no violence should be used towards the patients. If it occurred it was grounds for instant dismissal. In fact it seldom did occur and there was a steady decline in dismissals for violence or drunkenness. When staff left they usually did so voluntarily.<sup>63</sup>

King expected his staff members to perform more than a rudimentary custodial role. Their first priority was to maintain the cleanliness of the wards and patients, closely followed by the gentle encouragement of patient's interests and occupations. Staff members were expected to join patients in work and recreation activities, in such a way as to bring about a spirit of camaraderie and friendliness.<sup>64</sup> Caldwell argues that staff members embraced this enlightened approach to compassionate mental health treatment at Seacliff Lunatic Asylum. The photographs of patients support her

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<sup>62</sup> Veruca Salt is a fictional character from the 1964 children's book *Charlie and the Chocolate Factory* by Roald Dahl. She is a spoiled little girl from a wealthy family, who ruthlessly controls her adoring father by screaming and yelling "I want it now!"

<sup>63</sup> Cheryl Caldwell, 'Truby King and Seacliff Asylum 1889 - 1907', in Barbara Brookes and Jane Thomson (eds.), *Unfortunate Folk: Essays on mental health treatment, 1863 - 1992*, Otago: University of Otago Press, 2001, p.44.

<sup>64</sup> *ibid.*

viewpoint, with only a small number showing patients being restrained. I will discuss two of the most alarming of these photographs in this case study.

In her casebook photograph, Elinor Turner [10] is deeply agitated.<sup>65</sup> Her eyelids are clenched closed; her forehead furrowed in distress. She is pulling at an attendant's hands in a desperate attempt to free herself from her grasp, while another attendant tries to lift her face for the camera. Turner is being pushed, prodded and manoeuvred in an effort to take her picture. Her obvious anguish contrasts starkly with the smiles of both attendants, who visually declare that Turner's struggle is futile. Perhaps this is the archetypal image of power: the forceful suppression of Turner's will, in an effort to compel her to submit to the orthodoxy of Seacliff Lunatic Asylum.

In a previous case study, I outlined Foucault's theorem that normalizing judgement was one of three aspects of disciplinary training. According to Foucault, normalizing judgement requires the individual to conform to an ideal standard. As a facet of disciplinary power, the point at which it is applied to the body is always personalised, focusing on minute interventions to the individual's behaviour, in order for them to achieve the norm. I argued that Darwin and Crichton-Browne compared the patient depicted in *An insane woman, to show the condition of her hair* [7] to the ideal, European form, by looking for external signs of the illness within. I then argued that within the Seacliff Lunatic Asylum registers, the casebook photograph of Morgan enabled a third comparison to occur, not only to the ideal, European body, but also an ongoing colonial process of exchange and adaptation of psychological ideas.

Quite unlike Morgan and Byrne, Turner has not obeyed the directions of the photographer. She has not sat obediently still, whilst being covered in a thick woollen blanket and positioned just so. Nor has she allowed the photographer to pose her in profile, in order to isolate her most defective characteristics. In fact, Turner's form has become blurred, distorted and partially covered in her struggle, rendering her almost completely unidentifiable. However, it is because of this moment of resistance that we do not need to perform a key act of reflection. We no longer need to recall the ideal, European body, as it has been presented to us within the photograph, in the

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<sup>65</sup> DAHI/19956/D264/48 – C. W. (2950), *Seacliff Lunatic Asylum Casebook* [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].

form of the two female attendants. The attendants are the norm, and Turner is abnormal. So, in spite of the conspicuous visual differences between each of these three casebook photographs, power-knowledge has consistently created each patient's mental illness and, subsequently, the need for skilled intervention within a psychiatric institution to cure them. This casebook photograph of Turner is perhaps the loudest declaration of them all; her illness must be real because we can see the stark difference between her behaviour and the attendant's rational, orderly behaviour, right in front of us.

In the last lines of Turner's case notes, the physician states that she is "very noisy cooeing [sic] all night necessitating someone sitting up with her", and "will do nothing except on compulsion".<sup>66</sup> It is a curious choice then to try to photograph Turner at all, as she is clearly resistant to the customs of institutional life. If, as Caldwell argues, King encouraged a spirit of camaraderie and friendliness between patients and staff, then why would Turner be forced to endure the photographic process against her will? This act would surely do little to stimulate such a relationship. As I explore this question, I start to wonder whether a distinct transition has taken place between the archaic and compassionate approaches to psychiatric care at Seacliff Lunatic Asylum.

Foucault begins *Discipline and Punish* with the graphic tale of Damien's execution; the severed sinews of his thighs, the twisting pincers pulling flesh away from his chest, Damien's cries to God for mercy.<sup>67</sup> Foucault then argues that power no longer brutalises and maims the skin of individual bodies, as his book steadily moves away from the negative functions of power. This is not because he believes that brute force has been entirely expunged with the rise of disciplinary power, but rather that this form of power is easily recognised and effectively protested against; a point demonstrated by Foucault's own political activism.

The reduction in penal severity in the last 200 years is a phenomenon with which legal historians are well acquainted. But, for a long time, it has been regarded in an overall way as a quantitative phenomenon: less cruelty, less pain, more kindness, more respect, more 'humanity'. In fact, these changes are

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<sup>66</sup> *ibid.*

<sup>67</sup> Foucault, *Discipline and Punish*, p.3.

accompanied by a displacement in the very object of the punitive operation. Is there a diminution of intensity? Perhaps. There is certainly a change of objective.<sup>68</sup>

Foucault does not regard this historical shift as a movement towards enlightenment; rather he states that there has been a change in the object and objective of power. He argues that the target of punishment has shifted away from the body to the thoughts, the inclinations and the will. Its effects are less obvious, yet omnipresent, saturated and efficient. Thus, the negative functions of power are no longer necessary, as the new objective is to govern at the level of potential actions, at the level of intention.<sup>69</sup>

The influence of *Discipline and Punish* has been so pervasive that it is difficult to consider an alternative approach to the changes that have occurred in psychiatric care in the past two centuries. The most sustained alternative to Foucault's account of the rise of disciplinary power is Pieter Spierenberg's 1984 publication, *The Spectacle of Suffering: Executions and the Evolution of Repression*, within which he presents a counter-argument to Foucault's theorem. Spierenberg argues that the progression away from public displays of torture reflected a broader change in societal attitudes, over a significantly longer period of time.<sup>70</sup> He levels a number of criticisms at Foucault. As Todd May recently argued in his 2006 book *The Philosophy of Foucault*, these criticisms appear to be based upon a misreading of Foucault's genealogical approach.<sup>71</sup> Like May, I disagree with Spierenberg on several of aspects of his argument. Nevertheless, his discrediting of Foucault's pace of historical change is an interesting issue to explore within the local context of the Seacliff Lunatic Asylum registers. Spierenberg argues that Foucault is mistaken to think that there was a sudden historical break in the late-eighteenth and early-nineteenth centuries that lead to the downfall of the *ancien regime*, and the emergence of disciplinary power.

Instead of striving for a more adequate conceptualisation of changes in mentality, Foucault essentially argues that the reformers were not humanitarian. He stresses that their motives were basically utilitarian and that their concern was with the prevention of crime. Control was the guiding

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<sup>68</sup> *ibid*, p.16.

<sup>69</sup> Foucault, '21 November 1973', *Psychiatric Power*, p.52.

<sup>70</sup> Pieter Spierenberg, *The Spectacle of Suffering: Executions and the Evolution of Repression*, Cambridge: Cambridge University Press, 1984.

<sup>71</sup> May, *The Philosophy of Foucault*, p.79.

principle, instead of a respect for the humanity of delinquents. This contrast, however, is a false contrast.<sup>72</sup>

Rather, Spierenberg contends that the gradual change in public sentiment leading to the privatisation of repression set in earlier and took longer than the penal reforms of the last two centuries; he therefore believes that the former was more fundamental. Foucault argues that the decline in public executions had as much to do with significant economic and political developments as it did with public reaction to the practise itself. While Foucault focuses his research within France, Spierenberg excels in his use of archival research from other places in Europe, particularly England and the Netherlands. He utilises this research to demonstrate that the emergence of the prison was a slower process than Foucault claims, with older practises continuing to exist alongside the newer disciplinary practises. Perhaps, as Spierenberg argues, the casebook photograph of Turner could demonstrate a more complex arrangement of disciplinary practises at work within Seacliff Lunatic Asylum than I first supposed.

Caldwell argues that contemporary society was divided over the treatment of mentally ill patients at Seacliff Lunatic Asylum. One side of the debate wanted patients to be in a better position than when they entered the asylum, enjoying a higher quality of food and accommodation than they were accustomed to in daily life. On the other side of the debate were those who wanted patients to solely receive refuge and protection. King sympathised with both perspectives, believing in providing treatment to patients who were curable, and rendering life as free, full, useful and enjoyable as possible for those patients who would never be discharged.<sup>73</sup> Neither side, however, contested the indispensable need for patients to receive competent medical care and to be treated compassionately.

As we have heard, John Tagg states that, like knowledge, the camera is never neutral; as a means of record-keeping, it is vested with a particular authority to arrest, picture and transform daily life, a power to see and record, a power of surveillance.<sup>74</sup>

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<sup>72</sup> Spierenberg, *The Spectacle of Suffering*, p.84.

<sup>73</sup> Caldwell, 'Truby King and Seacliff Asylum 1889 - 1907', *Unfortunate Folk*, p.36.

<sup>74</sup> John Tagg, 'Evidence, Truth and Order: Photographic Records and the Growth of the State', *The Burden of Representation: Essays on Photographies and Histories*, Minneapolis: University of Minnesota Press, 1993, p.60-66, p.64.

This is not the power of the camera but the power of the apparatuses of the local state which deploy it and guarantee the authority of the images it constructs to stand as evidence or register a truth. If, in the last decades of the nineteenth century, the squalid slum displaces the country seats and the ‘abnormal’ physiognomies of patient and prisoner displace the pedigreed features of the aristocracy, then their presence in representation is no longer a mark of celebration but a burden of subjection.<sup>75</sup>

In this statement, Tagg introduces photography into Foucault’s theory of disciplinary power. He asserts that the comparison between photographs of normal and abnormal physiognomies was intended to prove that such differences existed visually. Tagg also ties his argument into the same European history originally presented by Foucault, through his use of terms like country seats, squalid slum and aristocracy, reminding us that his focus is on the centre, rather than on fringe examples like Seacliff Lunatic Asylum in colonial New Zealand.

This may explain in part why Tagg defined the photographic archives of disciplinary institutions in such narrow terms, which are too refined to encapsulate the necessary deviations caused by distance from the centre. In my introduction, I referenced the vast and repetitive archive of casebook photographs that I expected to find, as a result of the description offered by Tagg; bodies and spaces subjected to an unreturnable gaze, measured and numbered, forced to submit to the minutest scrutiny of gestures and features.<sup>76</sup> Even though the images I have discussed thus far do not fall within the homogenous paradigm described by Tagg, I have argued that they are still imbued with the distinctive trace of disciplinary power.

Perhaps it is now possible to address the particular dynamics of disciplinary power at work within Seacliff Lunatic Asylum, questioning whether the casebook photograph of Turner indicates a potentially more complex arrangement of discipline than the moral treatment I first supposed. Thus far, I have been reluctant to credit King as the man behind the camera, because I do not believe that he always was. We can be reasonably certain that he did not take this casebook photograph of Turner, as he was

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<sup>75</sup> *ibid*, p.65.

<sup>76</sup> *ibid*, p.64.

on extended leave in Edinburgh at the time.<sup>77</sup> However, there are other casebook photographs that show patients being forcefully restrained from times when he was likely at work within the institution.

Juliet Parker was only a young girl of fifteen years old when this casebook photograph of her was taken [11].<sup>78</sup> Her movement is stifled by a weighted canvas dress, its adult dimensions overwhelming her small body. The attendant standing behind her grips her throat, while another attendant walks into the frame to assist her colleague. There is a heightened level of force involved in this photograph of Parker, which is particularly disconcerting due to her young age. But the most startling character is neither the attendants nor Parker; it is the quiet observer looking at us. Her improvised attire tells us that she is a patient, while her relaxed stance reveals that she has probably witnessed this level of violence before and it no longer bothers her enough for her to express it.

Foucault argues that the asylum is an extension of the physician, his will performed by every staff member, his vision inspecting every crevice.<sup>79</sup> The medical practitioner stands at the pinnacle of the hierarchical pyramid of staff members, as the sole authority of administrative power and medical power. As he is the absolute controller of disciplinary power, all channels of supervision must start and finish with him.<sup>80</sup> Even if the medical practitioner does not capture every photograph himself, the photographer should act as one of his staff members, performing his will, as we have seen demonstrated in the professional relationships between Duchenne and Tournachon, and Charcot and Londe at the Salpêtrière Hospital. These casebook photographs of Turner and Parker are an extension of King's administrative power and, as such, they are a visual manifestation of his methodology, even if they complicate the dominant perspective on his approach to psychiatric care. These casebook photographs render visible what is usually cloaked in humanitarian rhetoric: that disciplinary power is still a form of control and, as such, an unequal

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<sup>77</sup> Chapman, *In a Strange Garden*, p.58.

King was on leave 'late in 1896'. Without a clear date for the casebook photograph of Elinor Turner, it is impossible to say with certainty whether or not King was in Dunedin at this time.

<sup>78</sup> DAHI/19956/D264/48 – B. B. (3020), *Seacliff Lunatic Asylum Casebook* [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].

<sup>79</sup> Foucault, '9 January 1974', *Psychiatric Power*, p.182.

<sup>80</sup> Foucault, '5 December 1973', *Psychiatric Power*, p.103.

exercise of power. We can see now that, while in one sense Damien's execution and disciplinary power are far removed from each other, in another sense they are continuous expressions of power. The project of punishment is no longer to condemn the accused to pay for his or her wrongdoing with an appropriate penalty. It is not even, strictly speaking, a project of deterrence. It is a project of normalization. Rather than revenge, there is care. Rather than torture, there is discipline. But, whatever its form, it is still an exercise of an imbalanced power arrangement, which confirms Foucault's argument that moral treatment should be seen as a change in the objective of power, but not in the hierarchy of power itself.

Like the quiet observer peering over Parker's shoulder, I am not surprised that force was used in Seacliff Lunatic Asylum. While it would not have been conducive to a harmonious relationship between attendant and patient, it was likely a necessary tool in a physician's arsenal. Therefore, these casebook photographs complicate the argument presented by Foucault and Tagg, as they demonstrate that the shift between more archaic forms of power and disciplinary power was not as distinct as they would have us believe. And, considering the late dates that these images were captured, they also support Spierenberg's argument as to the protracted pace of historical change outside of France. While I still endorse Caldwell's statement on the diminishment of violence at Seacliff Lunatic Asylum under King's leadership, I also believe that we should be wary of viewing King's approach to psychiatric care with rose-tinted lenses. He was a maverick, but his scientific methods were not always successful. Therefore, he may well have approved the use of other disciplinary methods, as required.





12. Esther MacDonald.

DAHI/19956/D265/1 – p.593 – M. M. (2305), *Seacliff Lunatic Asylum Casebook*, albumen silver photograph (Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office).

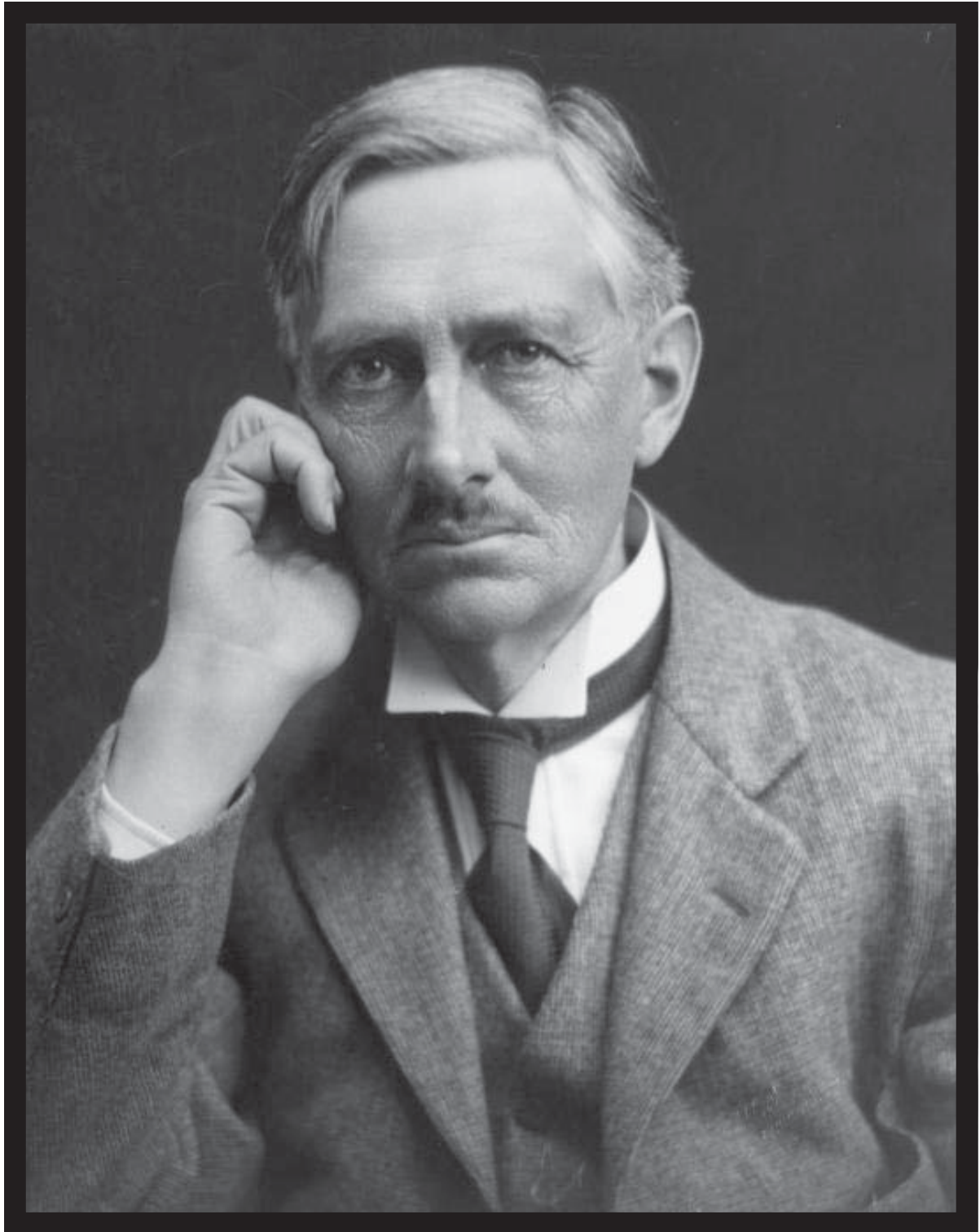


13. Unidentified.

DAHI/19956/D264/58 – A. O. (4040), *Seacliff Lunatic Asylum Casebook*, albumen silver photograph (Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office).



14. Photographer Unknown, *Mary King and Matron Charlotte Beswick in the Seacliff garden, c.1910 (p.c).*



15. Henry Herbert Clifford, *Frederic Truby King*, c.1913, silver gelatin print  
(Alexander Turnbull Library, National Library of New Zealand, Te Puna Mātauranga o Aotearoa, Wellington).



16. Photographer Unknown, *Truby and Bella in the Seacliff garden*, c.1890, Alexander Turnbull Library, National Library of New Zealand, Te Puna Mātauranga o Aotearoa, Wellington.

## 6. In a strange garden: *Esther MacDonald* (1889)

It was late afternoon on a frigid autumn day when I first visited King's former home and gardens in Melrose, Wellington. Many months had passed since I started my research and, as I had expected to find most of my material in Dunedin, it was quite a revelation to read that King had passed his final days within a short drive of my flat. As I walked the meandering brick paths lined with crimped pink rhododendrons, I was struck by the peculiarities of this highly-regarded figure in New Zealand history. On one side of the driveway stands the re-envisioned art deco Karitane Products Society factory, where King's own infant formulas, Karil, Kariol and Karilac, were produced.<sup>81</sup> These supplements could be added to cow's milk to make it more closely resemble a mother's milk, the result of one of King's experiments at Seacliff Lunatic Asylum.<sup>82</sup> At the end of the driveway stands King's single storey home. It recalls an American bungalow, with its wrap-around deck and formal entertaining rooms. Directly in front, surrounded by light grey paving, is the mausoleum where King lies buried with his wife, Isabella. This is the final monument to a knighted man, so highly regarded by his contemporaries that he was the first private citizen to be given a state funeral. As I walked back to my car, stiffening my collar against the icy wind, I wondered where in these grounds lay the metaphorical tablet memorialising King, the medical practitioner at Seacliff Lunatic Asylum.

So far, I have discussed the casebook photographs that were inspired by physicians in Britain, including Diamond and Crichton-Browne. But this is not the full picture. Just as the metaphorical tablet is missing from King's home and gardens in Melrose, there is another story waiting to be told, hidden within the pages of the Seacliff Lunatic Asylum registers. In these last two case studies, I will present a few, select photographs that are quite out of keeping with other psychiatric photographs from the

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<sup>81</sup> James Taylor, 'Karitane Products Society Building (former)', from *Heritage New Zealand*, originally published in 2012.

<http://www.historic.org.nz/TheRegister/RegisterSearch/RegisterResults.aspx?RID=4431>, accessed 22 July 2014.

<sup>82</sup> Rhonda Bartle, 'Give me the impossible: The story of Truby King and the Plunket movement', from *Puke Ariki*, originally published in 2005.

<http://www.pukeariki.com/Research/Taranaki-Research-Centre/Taranaki-Stories/Taranaki-Story/id/614/title/give-me-the-impossible-the-story-of-truby-king-and-the-plunket-movement>, accessed 22 July 2014.

Karilac could be used as a substitute for white sugar, Kariol to correct the amount of fat, and Karil as a tonic for older children.



late-nineteenth century. It is by looking at these photographs that I believe I have finally found King at work behind the camera.

While King received his medical training from the University of Edinburgh, his methodology was a continuous response to his local environment. Caldwell describes one such variation from convention, when King altered the diet of the patient population, provoking the *Globe* newspaper to accuse him of starving his patients.<sup>83</sup> King believed that serving the mentally ill an unlimited quantity of meat three times a day was excessive, encouraging their animalistic propensities, so he formulated a new dietary plan with a reduced meat portion. By comparison with British asylums, his patients were still allocated more meat, as well as more milk, oatmeal and vegetables. Other asylums within New Zealand soon followed King's lead, with his dietary plan becoming the norm by 1906. This deviation may seem insignificant, but it epitomizes King's willingness to adapt Seacliff Lunatic Asylum to his methodology, even if it went against the prevailing viewpoint. Perhaps it is possible to also see these points of divergence within King's photographs?

In one casebook photograph, the patient Esther MacDonald is standing outside in a manicured garden [12]. A white, latticed screen overshadows her, with creeping vines jutting in and out of the diamond shapes. She gazes at the screen in quiet contemplation, her head resting in her hand. There is a wistful spontaneity to this image, as if an enamoured lover has captured it in a brief moment when her attention was drawn away.

This matte casebook photograph of MacDonald is mediated by the muted tones of pale yellow and charcoal grey, which have been transferred onto the next patient's casebook, on the opposite page. It has been pasted below two brief lines of text, next to the centre seam. The medical practitioner writes succinct notes on her physical health before simply stating "mania (returned)", a reference to her two prior admissions to Seacliff Lunatic Asylum. As Coleborne states in her 2010 book *Madness in the family: Insanity and Institutions in the Australasian Colonial World*,

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<sup>83</sup> Caldwell, 'Truby King and Seacliff Asylum 1889 - 1907', *Unfortunate Folk*, p.40.

1860-1914, mania was one of the four main diagnostic labels for forms of mental illness, along with congenital or infantile mental deficiency, melancholia and dementia.<sup>84</sup> The primary symptom of mania was cyclical fluctuations in mood and energy levels, experienced as periods of high activity followed by periods of stifling depression. MacDonald was a patient for a little under two years, before she was released again on the 8<sup>th</sup> June 1891.<sup>85</sup> It remains unclear if her release was permanent.

MacDonald is wearing a patterned apron tied over her modest dress, so she may well have been working in the kitchen just prior to being photographed. But why has she been brought outside, rather than into one of the examination rooms that we have seen used in other photographs? According to Anne-Marie Willis, in her 1988 publication *Picturing Australia: A History of Photography*, professional photographers tended to confine portraits to their studios, where they could regulate the lighting conditions, furniture and props.<sup>86</sup> However, amateur photographers recorded their family and friends in a variety of informal settings: on a picnic in the bush, on the deck in front of their home, and in the garden. While these photographs may have an air of spontaneity, the novice photographer would have made the same level of effort as a professional to ensure that the sitters were posed and accessorised to their best advantage. Perhaps, upon closer inspection, this casebook photograph of MacDonald is a part of this history. There is a small stick in front of her left foot that seems out of place with the rest of the loose gravel and stones, particularly because there do not seem to be any trees nearby. MacDonald's feet are so close to it, that it is as if the stick has been placed there as a marker for her to be positioned against.

This sheltered garden appears a few times in other patient's casebooks but the more common outdoor setting is a makeshift studio set up on a grassy lawn. Patient after patient has been photographed seated on a wooden bench in front of a suspended checked blanket. As most of these patients have also been wrapped in checked blankets to brace against the chill, the resulting images are a riot of pattern. In several examples, the photographer has either been overly concerned with the central

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<sup>84</sup> Coleborne, *Madness in the family*, p.74.

<sup>85</sup> DAHI/19956/D265/1 – p.593 – M. M. (2305), *Seacliff Lunatic Asylum Casebook* [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].

<sup>86</sup> Anne-Marie Willis, *Picturing Australia: A history of photography*, New South Wales: Angus & Robertson Publishers, 1988, p.28.



placement of the sitter, or distracted by the landscape beyond the blanket, as a slice of the outdoors has been captured on the left hand side. [13]<sup>87</sup> These particular casebook photographs appear to have been taken as part of a deliberate photographic act, as all of the patients depicted were admitted in 1897. The repetitive nature creates an air of neutral detachment. By comparison, the casebook photograph of MacDonald feels intimate, as if the photographer has captured her singular experience with mental illness. In part, this is due to his decision to position MacDonald in an enclosed courtyard. But, it is also signalled by MacDonald's choice to turn her head away from the camera and appear lost in her thoughts, thus lending her own moody temperament to this image.

An unexpected detail in both of these garden settings is the overwhelming sense of enclosure. The checked blanket has utterly obscured the outdoor location, so much so that if the photographer had not wavered occasionally, then we may not be aware of it at all. The same can be said of this casebook photograph of MacDonald. The white, latticed screen ascends beyond the limit of the frame, masking any sense of space or distance. Both of these man-made constructs remind us that these photographs are not quite the professional or amateur portraits that Willis has described; the physical walls of the asylum confine these patients just as much as their unstable states of mind.

King may have lacked experience in farming, but he had a keen interest in plants and gardens. While he excelled as a medical student at the University of Edinburgh, he also found room in his schedule to study botany. Perhaps he was inspired by walking through the Royal Botanic Gardens Edinburgh, which already maintained an extensive collection of plants, including hundreds of species of rhododendrons. Chapman argues in his 2003 biography, *In a Strange Garden*, that King indulged himself by establishing grounds to soften and civilise the institution, using his legion of patients to execute grand schemes of earthworks, landscaping and planting.<sup>88</sup> It is fortuitous then that his interests and single-minded determination aligned with an aspect of patient care that was already regarded as highly curative.

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<sup>87</sup> DAHI/19956/D264/48 - F. S. (3027), *Seacliff Lunatic Asylum Casebook* [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].

This case file serves as an example of this practise.

<sup>88</sup> Chapman, *In a strange garden*, p.185.

Soon after he took up his position at Seacliff he replaced the existing gardener-attendant, Thomas Mason, with a landscape gardener. A letter to the editor of the *Globe* asked, 'What does an asylum want with a landscape gardener?' but King believed that pleasant gardens would be an adjunct to recovery and help stimulate a renewed interest in life, as would the work of creating them.<sup>89</sup>

Men were encouraged to assist with bush clearing, wood chopping and planting. As a separation between the sexes needed to be maintained, women were employed indoors with sewing, knitting or working in the kitchen or laundry, although they certainly appreciated the work in the gardens.

Chapman includes a portrait in his book of Mary King, Frederic's adopted daughter, and matron Charlotte Beswick (c.1910), standing in a garden at Seacliff Lunatic Asylum. [14]<sup>90</sup> He credits this photograph to King, although as this is not referenced I will not put too much weight on this claim. Mary has been dressed impeccably in a white lace dress with a bowed sash and brimmed hat. Beswick stands behind her with her hand resting protectively on her shoulder. Her modest white dress and veiled hat compliment Mary's outfit perfectly. They are dwarfed by a planting of giant cardiocrinums, a rare type of lily imported from China.<sup>91</sup> The rugged, native New Zealand bush soars in the background. This photograph reminds me of the adventure films I saw as a child, like *The Creature from the Black Lagoon*: in this story two proper young ladies have travelled to a lush, unfamiliar land, where they try their best to civilise it by cultivating beautiful plant species, all the while maintaining proper decorum, of course.

Where the casebook photograph of MacDonald feels restrained by the absence of clear space, this snapshot of Mary King is a breath of fresh air. The cultivated gardens surround her, yet the bush in the background suggests that there is a vast expanse of land just beyond her. Where MacDonald is admiring a vine, twisting in and out of a latticed screen, Mary is admiring a rare lily soaring into the air. Where MacDonald is

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<sup>89</sup> Caldwell, 'Truby King and Seacliff Asylum 1889 - 1907', *Unfortunate Folk*, p.42.

<sup>90</sup> Chapman, *In a strange garden*, p.82.

<sup>91</sup> *ibid.* Cardiocrinum giganteum is recognisable by its heart shaped leaves. The name derives from the Greek, *kardio* for heart and *krinum* for lily. It is the largest of all of the lily plants, growing up to 3.5 metres high.

wearing a plain black dress, Mary is wearing an ornate white lace dress with matching hat. Where MacDonald has had to cover her dress with an apron because she has been working hard in the kitchen, Mary has been able to keep her dress pristinely clean. Where MacDonald is alone, Mary has someone to care for her and watch over her in a loving, protective manner. These photographs should have so much common ground, yet they manifest the contrast between life as a patient and life as a free citizen.

Perhaps the only true ground that these photographs share is that both Mary and MacDonald have their backs turned to the camera as they look at a physical manifestation of King's work in his gardens. Chapman describes King as a determined collector of rhododendrons for his home in Melrose, placing orders around the world, as well as from stores he had frequented during his employment at Seacliff Lunatic Asylum. He went to great lengths to describe the boxes in which the rhododendrons should be packed, including with his instructions a sketch of the desired containers and packing materials.

His elaborate, detailed requirements point to a knowledgeable gardener who was determined to acquire every last specimen in the finest condition. How he collected them appeared not to matter. It was said of Truby that whenever he saw a rhododendron that he did not have, he would not rest until he was able to get it, even to the point of keeping a spade in the boot of the car so that his driver could steal, if necessary, the prize.<sup>92</sup>

Chapman argues that King was determined to plant rhododendrons in his garden, in spite of their unsuitability to his particular site. His pursuit of these flowers recalls his pursuit of a cure for mental illness, relentless and headstrong.

If we peer through the thicket then, perhaps we can discover a little more about King, the medical practitioner at Seacliff Lunatic Asylum. The portraits of King that are most prolifically reproduced show him later in life, like the favoured photograph by Henry Herbert Clifford (1872-1949). [15]<sup>93</sup> King's face is crinkled with age and wisdom. The interwoven lines around his eyes show that they have often been furrowed in deep thought, while the creases around his mouth show that his lips have

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<sup>92</sup> Chapman, *In a strange garden*, p.196.

<sup>93</sup> Henry Herbert Clifford, *Frederic Truby King*, c.1913 (Wellington: Alexander Turnbull Library, National Library of New Zealand, Te Puna Matauranga o Aotearoa).

been regularly engaged in enthusiastic conversation. His hair is neatly parted at the side, in the same style that he has worn since his schooling days. King gazes deeply into the camera lens. He appears critical and direct, but also empathetic. Perhaps, this is because of the way he has stooped slightly forward, which makes him appear as if he is listening attentively to you talk.

King was around 55 years old when this photograph was taken, but the differences between this portrait of him, and the smattering of others that have been widely disseminated, are slight. The black background is sometimes replaced with shelves of books, or the lens may zoom out slightly to show that King is leaning on a desk covered in paperwork. I believe that this carefully constructed public image of King has been used to evoke a caring and intelligent physician, whom parents could entrust with the wellbeing of their children; a belief that is supported by the continued use of this photograph on the Plunket website.<sup>94</sup> I would argue that these portraits have had a significant impact on the dominant perception of King among New Zealanders, as these photographs entwine his public identity to the graying years of his life.

However, these public renderings are too simplistic to encase the multiple dimensions of King's persona. Chapman, for instance, presents his view quite plainly when he states:

I was to discover a powerfully persuasive communicator but also a genuine eccentric, a hunchbacked dwarf, and an accomplished scientist. I would also encounter a misogynist, a financial incompetent, a bully and a complex man with attitudes I had little sympathy with.<sup>95</sup>

Perhaps Chapman's view is overly disparaging, but it does capture something of the duality of King's personality. King was a medical practitioner, who thrived on disorder.<sup>96</sup> He was a devoted family man, who denied his adoptive daughter access to her biological mother.<sup>97</sup> In my opinion, such fissures show that King was able to

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<sup>94</sup> The Royal New Zealand Plunket Society, 'Our history – Plunket', 2014.

<https://www.plunket.org.nz/what-we-do/who-we-are/our-history/>, accessed 16 July 2014.

<sup>95</sup> Chapman, *In a strange garden*, p.10.

<sup>96</sup> Barbara Brookes, 'King, Frederic Truby', from the Dictionary of New Zealand Biography. Te Ara - the Encyclopedia of New Zealand, 2012.

<http://www.TeAra.govt.nz/en/biographies/2k8/king-frederic-truby>, accessed 16 July 2014.

<sup>97</sup> Chapman, *In a strange garden*, p.114.

create a public identity that was quite separate from his private life, which was as complex as we would expect of any human being.

The private snapshots of King reveal the more casual facets of his personality. In one photograph, taken during his term at Seacliff Lunatic Asylum, King and his wife, Bella, are shown standing in the garden outside their vine-covered dwelling, engaged in a deep conversation. [16]<sup>98</sup> He stands loosely in a relaxed stance; one hand leaning on his walking stick while the other is tucked into his jacket pocket. Bella seems enthralled by their exchange, her body subtly mirroring his. A domestic scene of boxed gardens with overgrown flowers and shrubs surrounds them; creepers and small trees appear to envelop the small cottage in the background entirely. Despite the multiplying landscape, King seems entirely comfortable and serene in his environment. For me, it is this portrayal of King that I find the most relatable to the photographs of patients that I believe he took.

As I drove down the steep driveway, I finally drew the connection between King, the medical practitioner, and his home and garden in Melrose. I realised that, while King's psychiatric theories have been superseded by therapy and medication, and the main Seacliff Lunatic Asylum building has been demolished, the Truby King Reserve remains with its rolling green hills and parkland. His legacy lives on through the gardens and the land; this is where we can still find him.

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<sup>98</sup> Photographer Unknown, *Dr and Mrs Truby King in the garden of their Seacliff residence, Dunedin*, c.1905, ref. 1/2-043223-F, (Wellington: Alexander Turnbull Library, National Library of New Zealand, Te Puna Mātauranga o Aotearoa).



17. Joel Robinson.

DAHI/19956/D264/1 – p.65 – G. C. (65), *Seacliff Lunatic Asylum Casebook*, albumen silver photograph (Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office).



18. Lewis Hine, *Young Couple*, 1936 (WPA National Research Project, National Archives, Washington, DC).

## 7. Identity: *Joel Robinson* (c.1889)

Meet Joel Robinson. These two photographs of him bear the closest resemblance to standard identification images, showing an asylum patient isolated in an empty space, alone with the photographer. You may be thinking that it is a curious choice on my part to close with these images, but I believe that these two casebook photographs are a humble statement of individuality and freedom, once again complicating Tagg's argument.<sup>98</sup> In this final case study, I will present an argument counter to his, using the very photographs that Tagg would have expected me to find throughout the Seacliff Lunatic Asylum casebooks.

Robinson has been photographed twice, mere moments apart [17]. To look at these photographs is to see a film strip with one or two frames missing, as Robinson turns his head and parts his lips. In the first photograph, Robinson appears to be lost in a deep thought, staring into the distance with a glazed expression. His head is tilted slightly to the side, as if he is aware of the photographer's presence but has chosen not to acknowledge him. The deep russet tones blend his shoulders into the background, while highlighting his rough beard and the slight glint in his eyes.

In the second photograph, Robinson appears to be responding to the photographer, turning his gaze to meet him, slightly to the right of the lens. Robinson's curled upper lip and raised eyebrow expresses his surprise and contempt in equal measure. The rich contrasts visible in the first photograph have been watered down to only the palest cream tones in this image, diminishing the dramatic spectacle that it might have had. This variation is likely due to a discrepancy in the development of the photograph, rather than to its exposure to the elements.

In both of these casebook photographs, the light shimmers upon three medals on the left side of Robinson's chest, over his heart. While the two round medals are too hard to identify due to the murkiness of the photograph, the distinct cross pattée shaped medal is not. I know from my personal collection that this is a Queen Victoria jubilee

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<sup>98</sup> John Tagg, 'Contacts/Worksheets: Notes on Photography, History and Representation' [1979] in *The Burden of Representation: Essays on Photographies and Histories*, Minneapolis: University of Minnesota Press, 1988.



medallion, a memento from the the golden anniversary celebrations held in her honour in 1887. The cross pattée shape is a recurring symbol in British heraldry, appearing on the British Imperial State Crown and the St. Edward Crown, which is exclusively worn during coronation ceremonies. This particular bronze medallion has a small, embossed illustration of the St. Edward Crown on its uppermost arm. The symbols of Great Britain have been illustrated on each of the other arms: a thistle for Scotland, clover leaves for Ireland and a rose for England. The medallion also records the significant dates from Queen Victoria's reign: her birth in 1819, her coronation in 1838, her marriage in 1840, and her golden jubilee, celebrated in the year this medallion was issued, 1887. This medallion was one of many souvenirs sold to the public to commemorate the momentous occasion that was Queen Victoria's jubilee year.

Robinson's case notes reveal his keen interest in Queen Victoria, a sentiment which reflected the mood of many in the dominion. As John L. Kelly wrote in this extract from his 'Jubilee Song', published in the *Otago Witness* in June, 1887:

Victoria! Victoria!  
Queen of the lands in the broad Austral Ocean!  
Offerings they send thee of love and devotion!  
Bright be thy Jubilee,  
Heaven's smile rest on thee –  
Victoria! Victoria!  
Queen of each free land –  
Australia, New Zealand!  
Victoria!<sup>99</sup>

In his case notes, the medical practitioner writes that Robinson "has carved a piece of wood with 'Victoria' and on the edge is engraved her age (70) in days which he has arrived at correctly – altering for leap year."<sup>100</sup> He continues by stating that Robinson "asked me whether I believed in "birthdays", seeing that a person born on 29<sup>th</sup> February only has one in 4 years. In reply is an enquiry as to whether the moon or sun

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<sup>99</sup> John L. Kelly, 'Jubilee Song', *Otago Witness*, 21 June 1887, <http://paperspast.natlib.govt.nz/cgi-bin/paperspast?a=d&cl=search&d=OW18870621.2.12&srpos=18&e=-1887---1888--10--11---0queen+ victoria+jubilee+->, accessed 22 July 2014.

<sup>100</sup> DAHI/19956/D264/1 – p.65 – G. C. (65), *Seacliff Lunatic Asylum Casebook* [Archives New Zealand Te Rua Mahara O Te Kāwanatanga, Dunedin Regional Office].

exercised any influence over people, he said that when at sea he had heard of people becoming “moon struck” but did not know anything about the matter beyond that.”<sup>101</sup> Perhaps what is most striking about this relayed conversation is the willingness of the medical practitioner to enter into a philosophical discussion about the passage of time with a patient. He uses this conversation to illustrate his proclamation of Robinson’s cleverness in calculating sums. Indeed, the full entry focuses on who Robinson is as an individual, his interests, preferences and interactions with other patients, with only a few brief lines describing his melancholic obsession with ending his own life. Robinson was admitted to Seacliff Lunatic Asylum on the 12<sup>th</sup> September 1871, remaining in care for at least twenty years. He was released and then readmitted between 1896 to 1906, at which point he was transferred to Sunnyside Mental Hospital in Christchurch due to his failing health. While the casebook photographs have not been dated, the medallion on his chest and the surrounding case notes indicate that these images were taken between 1887 and 1904. Below the photographs is a later entry from March 4<sup>th</sup>, 1904. It has been scribbled out with a wiggly line, but is still easily legible. It adds a little to the idea that is forming of Robinson’s personality, stating that he is “an excellent carpenter and is puerile in that he won’t or does not like to work with others. The patients look up to him, and he is very intelligent; but filled with melancholic notions”.<sup>102</sup>

In her book *Madness in the Family*, Coleborne discusses the difficulties that asylums encountered in their efforts to secure maintenance payments from family members to help cover their operational costs.<sup>103</sup> She states that, by the early twentieth century, the annual cost to support a patient hovered around £20 in New Zealand, while the average income was between £37 12s. and £44 per person, per annum.<sup>104</sup> Perhaps this explains in part why family members were so reluctant or simply unable to part with their hard-earned wages. Besides, there was little incentive to do so, as the relaxed nature of the law surrounding such payments meant that, according to Frederick Skae in his official report as the Inspector of Hospitals and Charitable Institutions in 1880, ‘insanity’ had become an elastic term applied to many who could, in his opinion, be

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<sup>101</sup> *ibid.*

<sup>102</sup> *ibid.*

<sup>103</sup> Coleborne, *Madness in the Family*, p.112.

<sup>104</sup> *Statistics New Zealand Tatauranga Aotearoa*, ‘Yearbook for 1900’, 1900.

[http://www3.stats.govt.nz/New\\_Zealand\\_Official\\_Yearbooks/1900/NZOYB\\_1900.html](http://www3.stats.govt.nz/New_Zealand_Official_Yearbooks/1900/NZOYB_1900.html), accessed 22 July 2014.

placed in other forms of care.<sup>105</sup> It is therefore a little mysterious as to how Robinson came to possess these medallions. The work that he completed as a skilled carpenter benefitted his health and helped earn his care, rather than lining his pockets. So, perhaps he was gifted this treasured souvenir by a staff member?

In his 1979 essay, 'Contacts/Worksheets: Notes on Photography, History and Representation', Tagg encourages the close examination of a photograph through his own comprehensive description of Lewis Hine's *Young Couple*. [18]<sup>106</sup> He argues that the things in the photograph, the furniture, her jewellery, and even the posture of the couple themselves, already have values and meanings attached to them. It is our perception of these things that transforms this photograph from a pattern of light and dark shapes into a meaningful image according to learned schemas. Perhaps, in this instance, we see a young family in their first home.

The meaning of the photographic image is built up by an interaction of such schemas or codes, which vary greatly in their degree of schematisation. The image is therefore to be seen as a composite of signs, more to be compared with a complex sentence than a single word. Its meanings are multiple, concrete and, most important, *constructed*.<sup>107</sup>

In this statement, Tagg stresses the absolute union between a photograph's ideological existence and its existence as a material object, whose value-filled meanings arise within certain constructed and historically specific social practices. He then argues that the state lavishes authority and privilege exclusively upon certain forms of photography that it does not bestow upon other art forms within the same environments. For instance, there is a representational 'truth' to casebook photographs, that is not inferred within snapshots or promotional photographs captured within the walls of the same psychiatric institution.

Perhaps, rather than asking how Robinson came to possess these medallions, or what tasks he performed to earn them, we need to be asking how they enrich the meaning of this casebook photograph? As I have mentioned, Robinson's medallions tie his casebook photograph to the description of him in his case notes. We read about

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<sup>105</sup> Coleborne, *Madness in the Family*, p.113.

<sup>106</sup> Lewis Hine, *Young Couple*, 1936 (WPA National Research Project, National Archives, Washington, DC). Tagg, 'Contacts/Worksheets', *The Burden of Representation*, p.184.

<sup>107</sup> *ibid*, p.187.

Robinson's fondness for Queen Victoria, and see it represented by the laurels pinned over his heart. We read about Robinson's melancholic illness and his hostility towards his peers, and see it represented in the duality of his expressions, across two separate photographs. So, these medallions support and affirm the powerful position of the physician by acting as a kind of proof, showing that what he has written is an accurate account of Robinson's personality and behaviour. In previous case studies, I explained power-knowledge as we see it at work in any normalizing judgement. I argued that, in spite of the conspicuous visual differences between the casebook photographs of Morgan, Byrne and Turner, power-knowledge consistently created each patient's mental illness and, subsequently, the need for skilled intervention within a psychiatric institution to cure them. Once again, power-knowledge has created Robinson's melancholic mental illness and, once again, it has created the need for skilled intervention within a psychiatric institution to cure him. But, are these casebook photographs of Robinson too closely related to his case notes? Is this a constructed version of his identity, or actually who he was?

Foucault argues in *Discipline and Punish* that, if disciplinary training is successful, patients will start to monitor themselves. They will act as though they are under continuous surveillance, even if no-one is monitoring them. May extends this idea in his book, *The Philosophy of Foucault*, when he contends that we are currently in a state of 'panopticism'; we wonder if we are normal because, even when we know that we are utterly alone, we act as though we are being watched.<sup>108</sup> He states that the modern soul is a psychological soul, one whose moral components are embedded in a logic of the normal and the abnormal. We are held in thrall to this modern soul, not simply because it is imposed upon us but because, at this particular point in our history, it is part of who we are.<sup>109</sup> Perhaps psychology as a discipline not only understand but creates who we are. So, how could Robinson create a version of himself that was not defined by his mental illness but rather defined by his interests and pursuits, especially considering the extended period of time that he has spent in institutional care?

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<sup>108</sup> May, *The Philosophy of Foucault*, p.77.

<sup>109</sup> *ibid.*

Certainly, the expected interpretation of these casebook photographs would argue that Robinson's personality has been constructed by the physicians responsible for his care. His visual and written portrayals are such a close match that his personality seems suspiciously facile. But, as Tagg argued, an image should be seen as a composite of signs with multiple possible meanings. When I look at these photographs, I believe that we finally witness evidence of King's more unconventional approaches to psychiatric care. I have described King as an experimental physician, who adapted the standard conventions to suit his particular circumstances. I believe that in these images we see the effort that King has made to include Robinson in a momentous occasion that was celebrated around the world, for no obvious reason other than that he would enjoy it. After such a long time in Seacliff Lunatic Asylum, it would be understandable if Robinson had lost a sense of his identity, so this gesture of kindness is truly a bold statement of integration, not separation, from society.

Robinson was separated from society because of his mental illness. It permeates his everyday existence, making him unable to perform in his expected role as a functioning, docile worker in society. But to emphasize this as the only possible interpretation of these casebook photographs is to only see a single dimension of Robinson's personality. The other dimensions may complicate Tagg's prescription, but they are still worthy of our attention. I believe that these photographs go beyond Robinson's mental illness to reveal the identity of the man himself. Call him Joel Robinson.

### Chapter Three: Conclusion

On a recent dark spring morning, I made the long trek home to the place where my family is from. I crunched down the loose gravel pathways of the graveyard where my Poppa is now buried, touched the cold granite of his headstone and sat by him for a while. The grass was damp with dew droplets, small insects darting in and out of the long blades, tickling my bare feet. In that moment, I wondered how anyone who had sat in this place could imagine anything but the most peaceful slumber for him. I will never know the true nature of his experience with mental illness, because I cannot hear his rough, country voice tell me about it in his own words. But I hoped that, by completing this thesis, I would understand what it might have been like for him to be admitted into such an institution. I cannot un-see what I have seen. I cannot unlearn what I have learned. And, sometimes, I wish I did not know the hardships that some patients endured, because it makes my mind dance in the darkness.

When I think back to where it all began, I see a wide-eyed girl ensconced within a warm, well-lit reading room in Dunedin. She was surprised by the varied archive of casebook photographs enclosed within the Seacliff Lunatic Asylum registers, imagery that flitted between skilful adaptations of British and European models and distinctive, commanding photographs that challenged her preconceived notions of psychiatric institutions. She was entranced by the mosaic array, casebook upon casebook of unhinged expressions, often intensified by ambient surroundings as fraught as the patients themselves. She envisaged a thesis that would present all of the photographs that had caught her eye. Now, as I look over what I have written, I feel like I have disappointed her. I have only been able to discuss a snippet of what I wanted to, due to the restrictions of space and time. But I know that there are so many more provocative photographs of patients that deserve attention.

While I have been privy to twenty years of casebook photographs, I have presented a selection that extends from just 1889 to 1898, with a particular focus on the few years between 1896 and 1898. It was never my intention to discuss the progression of photographic practises at Seacliff Lunatic Asylum, although this would certainly be an interesting topic if comparisons were drawn to other institutions within New

Zealand and Australia. As I see it, the earliest registers have a limited selection of casebook photographs and the later registers have a limited selection of raw, exploratory approaches to casebook photography, which is to be expected as certain conventions slowly became entrenched within the institutional psyche. So, although my final selection fell within an even tighter time frame than I originally proposed, the photographs that I have presented are still representative of the most potent years that I had access too.

I have been reluctant to credit King as the man behind the camera, because I do not believe that he always was. We can be reasonably certain that he did not take the casebook photograph of Catherine Wilson in 1896, as he was on extended leave in Edinburgh at the time.<sup>1</sup> There are other photographs that I have not selected from the years that King was traveling abroad, which further punctuate my point. By analyzing the accompanying case notes and comparing them to King's personal schedule, it appears as though all but two casebook photographs were captured by another photographer, identifiable by his distinctive lower case, capital A's. The odd pair out is none other than the photographs of Joel Robinson and Esther MacDonald. In much the same way as a patient's case notes subtly change with the handwriting of each new physician, so too does a casebook photograph with the eye of each new photographer. It has always been my opinion that the photographer who created a structured studio environment to perfectly highlight Robinson's medals, was unlikely to have also bungled his composition so as to reveal the landscape beyond his outdoor studio.

Still, King has been described as a keen photographer, so I think that he would have been actively involved in this area of institutional life wherever possible. I believe that King's style would have been consistent with the casebook photograph of MacDonald when he was behind the camera himself. I imagine him outdoors on a clear Dunedin day, capturing his most intriguing patients partaking in the various productive tasks that he would later accredit with curative properties. We would expect to see his strongly held opinions on mental health manifested in every image. We would expect to see his personal tastes: sensible, practical, but also fluid and

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<sup>1</sup> Lloyd Chapman, *In a Strange Garden*, Auckland: Penguin Books (NZ) Limited, 2003, p.58.

offbeat, stylistic choices that are consistent with his gardens in Melrose and his family photographs of his daughter. But, because we don't, I have always credited these casebook photographs to the elusive "photographer". It is clear to me that there were at least two physicians at Seacliff Lunatic Asylum who were keen amateur photographers. And the one who was the most prolific of all was not King.

Perhaps my opinion of these photographs is inconsistent with the contemporary viewpoint, but it has been informed by a multi-disciplinary approach to the Seacliff Lunatic Asylum archive. I have examined each casebook photograph from an art historical perspective, which has taught me to trust my visual observations. However, I have also drawn from other disciplines, where necessary. I have provided a brief overview of the existing historical literature in my opening chapter and have relied upon the research of Barbara Brookes, Catharine Coleborne and Lloyd Chapman to inform my analysis of each case study. By utilising a multi-disciplinary methodology, I have been able to explore the arguments posed by art historians, historians, psychologists and scientists.

The casebook photographs that I have discussed pose a challenge to the traditional domain of art history, which questions the inclusion of photographs produced without deliberate artistic intent. As these images were produced for a clear scientific and archival purpose, some art historians would not include them within their particular domain of art history. They would argue that fine art is a form of creative expression and, as other forms of imagery are devoid of meaning beyond the purpose of conveying factual information, such images are not fine art. Therefore, they should not be included within the history of art.<sup>2</sup> I do not belong within this faction of art historians. Like James Elkins, I would argue that these casebook photographs should be included as part of a broader examination of the history of images. This history would include fine art, but would also stretch its reach to include images from other disciplines as well, such as those produced within cinema and the sciences. Elkins outlines this viewpoint in his 2008 book *Visual Practices Across the University*. He states that:

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<sup>2</sup> James Elkins, *The domain of images*, Ithaca: Cornell University Press, 1999, p.13.



I think what is lost by spending some time with these occasionally arcane, particulate practices is more than repaid by the sheer expanse of the view outside the confines of fine art and visual studies. And, in any case, what reasons do we have, aside the many habits of art, to keep our distance from so much of the visual world?<sup>3</sup>

I would argue that the prospect for the Seacliff Lunatic Asylum archives would be even rosier if it were to be discussed from other disciplinary perspectives. I think that it would be particularly interesting to explore the connections between social anthropology and casebook photography, especially if the researcher considered, for example, how the Asian immigrant population coped with mental illness, as several citizens are represented within this archive. Or, a future geographical researcher could consider the Ngāi Tahu perspective on caring for the mentally ill, drawing out the connection to the sacred, unstable landscape beneath the institution's floorboards.

I chose to focus upon two major books by Michel Foucault, which pump through the veins of this thesis, supplying the philosophical lifeblood that enhanced and challenged my understanding of psychiatric care in the late-nineteenth century. I consistently discussed the theorems in *Psychiatric Power: Lectures at the Collège de France, 1973-1974* and *Discipline and Punish: The Birth of the Prison* as I feel that, when explored together, they present a complete picture of Foucault's viewpoint. I analysed hierarchical observation, normalizing judgement and examination, as we see each at work in Seacliff Lunatic Asylum. In each manifestation, I demonstrated how disciplinary power has been augmented and complicated within the local environment. For instance, in the first case study, I demonstrated how the theoretical construct of Bentham's Panopticon struggled to be applied within Seacliff Lunatic Asylum. King certainly inherited an institution with its fair share of architectural shortcomings. But it was under his instructions that the land was cleared to make way for dual-purpose environments; a space for meditative contemplation that also allowed for continuous surveillance from the foreboding watchtower. Within the confines of the main building, observation relied upon staff to be in, and to be seen to be in, a constant state of supervision. The expected human failings of this system are visible in the casebooks, which are punctuated with patient suicides and escapes.

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<sup>3</sup> James Elkins (ed.), *Visual practices across the university*, München: Wilhelm Fink Verlag, 2008, p.54.

There is definitely room within the libraries of New Zealand for further explorations of Foucault's work on the rise of disciplinary power, as it was manifested in our colonial context. Perhaps a future researcher could broaden the scope of their research to include the snapshots by Margaret White of her Auckland Mental Hospital colleagues to discuss how hierarchical observation could be complicated within a management structure, especially one that favoured strong, able-bodied male attendants and trained, professional nurses. I would also be interested to see if such a researcher could find photographs of New Zealand institutions captured by keen amateur photographers, which are almost certainly hidden within the pages of family albums, waiting to be discovered and discussed. This discussion could further complicate the theorem of hierarchical observation, being applied to casual observers who look in on patients who remain out of their reach. How would this complicate the rationale behind their observations? Or, a researcher could discuss Foucault's 1978 publication, *The History of Sexuality*, enhancing our understanding of the casebook photographs of pubescent girls, who were institutionalised and labelled because of their biological sexuality.<sup>4</sup>

As Sander L. Gilman provided the initial guideline for my selection of casebook photographs, I expected his work on transformational photographs to be the paradigm from which I would draw the most useful insights. However, Gilman's trajectory traces the history of transformational photographs from Diamond on, failing to investigate the origins of this practise outside of a psychiatric context. By utilising a multi-disciplinary methodology, I could engage with the photographs by Dr Thomas Barnardo and Mathew Brady. This approach enabled me to construct a new history that better met the visual requirements of the casebook photograph of Harriet Cooper. While I discussed two different forms of multiple photographs within the Seacliff Lunatic Asylum archives, there are further variations that warrant dedicated research. A future researcher could analyse the multiple prints of the same portrait, which have been delicately trimmed into shapes and pasted around the patient's case notes, potentially revealing the influence of family albums upon the physicians at Seacliff Lunatic Asylum. This researcher could explore how these photographs might pose a challenge to Foucault's viewpoint on the family model within an institutional context.

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<sup>4</sup> Michel Foucault, *The history of sexuality, Volume 1: An Introduction*, translated by R. Hurley, New York: Random House, 1978. First published in the original French, *La volonté de savoir*, in 1978.

Do multiple photographs appear in other forms, in other institutions within New Zealand? How does transformational photography change as curative therapy takes the form of psychotherapy and medication?

Indeed, the Seacliff Lunatic Asylum archive is awash with research potential. In my introduction, I explained how I had expected to find a vast and repetitive archive of head and shoulder photographs, of the kind John Tagg described in his 1984 essay 'Evidence, Truth and Order: Photographic Records and the Growth of the State'. But, in each case study, I have demonstrated the compelling contradiction that this archive poses for Tagg's argument. This is not because Tagg was wrong to apply Foucault's doctrine to institutional photography. Rather, because in this instance Foucault's concepts have had to be adapted, we have not seen the consistent archive of casebook photographs that Tagg described. I have seen other institutional archives in New Zealand that contain a repetitious selection of head and shoulder photographs, which leads me to believe that this ill-fit cannot be completely explained by our local, colonial context. Instead, I have suggested that it is also a direct consequence of the particular, experimental nature of King's leadership. Therefore, the significance of the Seacliff Lunatic Asylum archive cannot be overstated. Enclosed within each register are numerous expressions of King's approach to psychiatric care, the casebook photographs that I have discussed being but one articulation of this. As such, this archive is a testament to the gravity of King's career as a medical practitioner. It has merit, because he has merit. He has merit, because it has merit.

I have looked in and observed the patients of Seacliff Lunatic Asylum. I am only one of the granddaughters left behind, my family secrets agitating my past and present. I am only one of the helpless observers of my friend's destruction. And now, I see their experiences with a deeper understanding than I initially thought possible. I must say, there has been a particular pain, elation, loneliness and fear that has come with this privilege. Perhaps, what I am most grateful for is the way that it has changed how I look at the people who occupy my reality. When my friend looks upset, he is upset. When he looks frustrated, he is frustrated. He is different from everyone else I know because he doesn't pretend with me, smothering his emotions behind the contrived smiles that others sometimes wear when they know they're being looked at. His face lets me into the blackest chasms of his mind, which makes me trust him somehow. In

the end, I can say the same of all of the faces that I have seen in these casebook photographs. The honesty of their expressions makes me trust so much of the existing perception of King's leadership at Seacliff Lunatic Asylum. Perhaps he was not the hero that Mary King tried to raise him up to be but, to me, he is worthy of the adulation that he has received. At this turning point in his career, King was an irreducible, brilliant man, possessed of frailties and enthusiasms, a real past and a bright future to come. These are the faces of the lives he indelibly shaped. This was their story.

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As an agreed condition of access, I have concealed the identities of the patients discussed by using pseudonyms.

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