

Introduction

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

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

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

HISTORIES OF THE BODY

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

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

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

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

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

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

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

THE BODY AND PRACTICE

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

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

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

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

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

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