

Picture Me Sane: Photography and the Magic Lantern in a Nineteenth-Century Asylum

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Michel Foucault cast a broad intellectual shadow over the histories of photography and psychiatry when he advanced his vision of institutional control. This model has profoundly influenced subsequent scholarship, as he described the power and domination exhibited by schools, prisons, hospitals, and asylums. Foucault contends that these social institutions are attempts to bring order by enforcing conformity. Perhaps the most vivid and influential example of Foucault's startling work is his discussion of Jeremy Bentham's panopticon, a prison designed as a circular honeycomb of cells, with large exterior windows and a central observation core. The guards can always see the prisoners, yet the prisoners can never see the guards or even know when they are being observed. The result, Foucault posits, is that the prisoners internalize the surveillance and begin policing themselves. Vision, knowledge, and power are interrelated in Foucault's description of the panoptic and disciplining gaze.

As the concept of vision is—quite literally—at the core of the panopticon, it is not a surprise that scholarship proceeding from Foucault's landmark writings has found the intersection of photography and institutions to be a productive field for research. There are many instances and investigations of institutional photographic surveillance (mug shots, medical photos, identification cards, and ethnographic pictures of non-Western peoples) in the nineteenth century. At the nexus of work combining photography and mental illness, patients usually become subjects of the doctor's penetrating gaze. These patients assume their places in photography's numbered and ordered filing cabinets, while the "machinery [of



Figure 1: Auditorium at PHI. The magic lantern is on the table on the stage. *Photographed by A. Morse and Co. in the early 1870s. Courtesy of the Historic Collections of Pennsylvania Hospital, Philadelphia.*

power] that is both immense and minute” courses through the system with a deafening whisper.¹

This vision of total institutional control through photography has achieved such widespread acceptance that it threatens to obscure variations on this model. In this article I will discuss the role of photography in a nineteenth-century insane asylum that complicates understanding of photography’s institutional uses. It focuses on Dr. Thomas Story Kirkbride, a neurologist, director of the Pennsylvania Hospital for the Insane (PHI), and the first president of what is today known as the American Psychiatric Association (then called the Association of Medical Superintendents of American Institutions for the Insane, or AMSAII). Kirkbride introduced what were known as “magic lantern” slide shows as an integral part of therapy—a practice that proceeded from a therapeutic model that diverges dramatically not only from other therapeutic approaches in the mid-nineteenth century, but in many respects from Foucault’s depiction of nineteenth-century institutions as well.²

The “magic lantern” was essentially an early form of the slide projector, in many ways similar to the slide projectors that we use today (figure 1). Unlike twentieth-century slide projectors, the magic lantern of the pre-electric era was

lit by flickering candles and then later by brilliant limelight. In addition, the magic lantern required an “operator” to insert each image in front of the light source while a lecturer or showman spoke. The images from the seventeenth and eighteenth centuries consisted of bright, hand-painted pictures on glass, and the “magic” part of the instrument’s name refers to the fact that magicians used the lantern to project “ghosts.” As one might imagine, production of minute paintings on glass was a time-consuming process, but in 1851 two clever photographers in Philadelphia decided to put photographic images on glass for lantern projection. After photographic slides came into being, Dr. Kirkbride became one of the first and most enthusiastic consumers of this new technology. His use of the magic lantern in the asylum setting enabled him to develop a therapeutic model that gained considerable medical attention during the mid-nineteenth century, and his model reflected important assumptions about mental processes that were circulating in the United States during this period.

The magic lantern shows at his hospital were considered both instructional and entertaining, and the ultimate goal of their use was clear: this “therapy” and “treatment” was to direct the insane toward mental health. Kirkbride’s patients were to be reintroduced to normal social life by being part of a group (an audience) while rational patterns of brain activity would be activated by the slide shows. In the first section of this article, I describe how the PHI’s magic lantern project complicates surveillance models of visibility and control in the asylum. In the second part of the article, I discuss the “rational” and “scientific” premises and principles—especially focusing on the linkages that Kirkbride saw between the eye, the brain, and the mind—that supported his therapeutic use of the magic lantern.

The appeal of Kirkbride’s magic lantern occurred during an era in which doctors were reclassifying insanity as a clinical disease the source of which was in the brain’s physical structure (though pinpointing exact locations proved difficult for nineteenth-century medicine). No longer was it the “madness” or “folly” of earlier centuries. Kirkbride believed that his magic lantern presented images to the eye that would be transmitted to the brain. In the process, these images would help rectify the brain’s malfunctioning that had caused the mental illness, an idea based on nineteenth-century physicians’ incorporation of John Locke’s ideas about the eye/mind relationship. Kirkbride’s therapeutic model thus rested upon assumptions about the eye, brain, and mind; this model is also closely linked to notions about nineteenth-century American photography and has significant implications for understanding the place of photography. Thus, in the final section of this article I discuss why, given the rhetoric surrounding nineteenth-century photography, photographic images were deemed particularly appropriate for Kirkbride’s magic lantern. For Kirkbride, photography provided the perfect vehicle with which to transmit more accurate images to the mind, for the precision with which photography was invested was perceived to help patients see—and think—in a clear and rational manner. In this way, Kirkbride’s magic

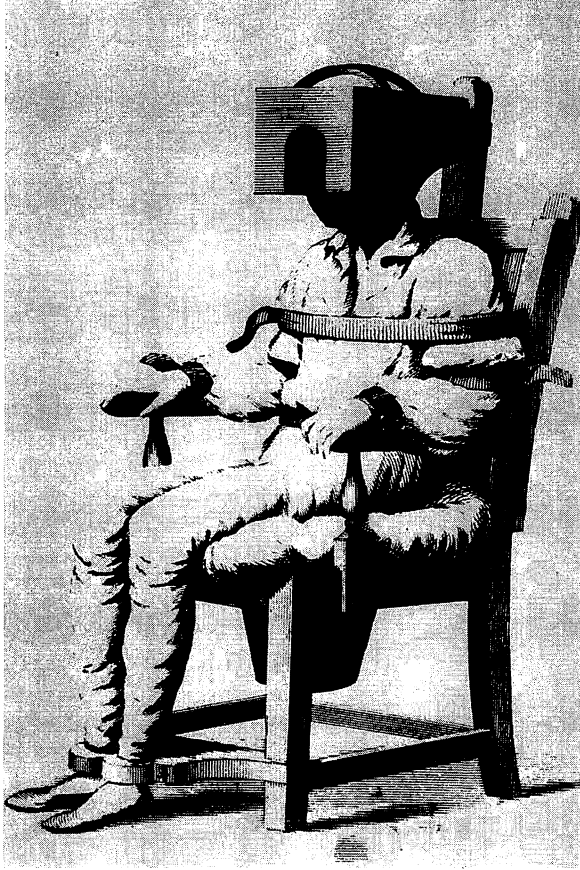


Figure 2: Benjamin Rush, one of Philadelphia’s premier physicians and Kirkbride’s predecessor at the PHI, developed this “tranquilizing chair” for psychiatric patients at the Pennsylvania Hospital. This “therapy” was not practiced under Kirkbride’s directorship. Benjamin Rush’s *Tranquilizer* from the Philadelphia Medical Museum (1811).

lantern project in the asylum suggests a more complex model of visibility and photography in the asylum than a rigorous surveillance model might imply.

There is a substantial literature on the histories of both photography and psychiatry. For those familiar with the history of photography, I should note that I do not intend to do a careful formal analysis of individual slides; instead, I want to investigate the interrelationship of broader histories of photography and psychiatry as demonstrated by this hospital’s practices. Alan Trachtenberg reads photographs as cultural texts; mine will be a reading of the *ideas* about photography as they disclose a cultural text.³ In terms of psychiatric history, I will neither

praise nor condemn nineteenth-century treatment of the mentally ill. As such, I will sidestep the debate over whether this style of “moral therapy” represented an advance forward (e.g. Gerald Grob) or a step backward (e.g. David Rothman) in the treatment of the mentally ill.⁴

The magic lantern shows at the PHI have received some attention from other scholars, though none has focused upon the specific implications of photographic magic lantern shows. Dr. George Layne has laid out the historical framework of Kirkbride’s interaction with Frederick and William Langenheim, the Philadelphia brothers who patented the photographic magic lantern slide in America and created a great deal of PHI’s collection. Gerald Grob and Nancy Tomes have written extensively about nineteenth-century efforts to introduce “moral treatment” into American asylums; this term refers to the concerted attempts to improve asylums in which the insane had been chained in unheated, unfurnished rooms and subjected to painful and humiliating “treatments”/punishments like the one pictured here (figure 2).

In light of such terrible indignities, advocates for moral treatment emphasized patients’ ability to exercise control over unconventional behavior, reduced the use of restraint devices, and condemned subhuman living conditions. Tomes, whose *Art of Asylum Keeping* is the most detailed examination of Kirkbride’s role in nineteenth-century mental health care, gives the following account of moral treatment’s origins and course:

Inspired by a more optimistic view of human nature, which had roots in both the secular humanism of the Enlightenment and the pietistic doctrine of evangelicalism, the new therapy [moral treatment] appealed to the lunatics’ supposedly innate capacity to lead a moral, ordered existence. If treated like rational beings, the reformers reasoned, the insane would act more like rational beings. To further their reawakening, moral treatment prescribed a round of occupations and amusements designed to stimulate the patients’ latent reason and capacity for self-control (figure 3).⁵

Both Grob and Tomes have written about PHI’s treatment program, which included many different types of occupations and amusements within a new hospital building designed, in part, by Kirkbride himself. His widely-copied hospital featured innovative heating and ventilation systems, window bars arranged to look like window panes, underground trolleys to deliver food quickly, and surrounding acres of park. The patients were housed, not warehoused, in individual rooms with plain, sturdy furniture that one might find in a “private dwelling of a moderate character.”⁶ The doctor and his family lived on the premises to facilitate contact with the patients. Optimal physical surroundings combined with daily therapy from

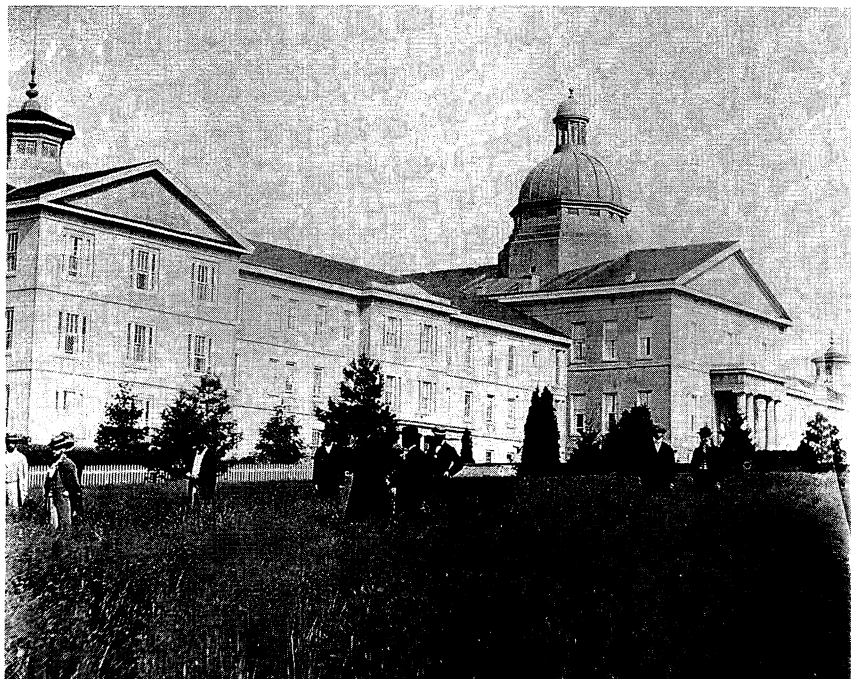


Figure 3: Pennsylvania Hospital for the Insane, Department for Males. *Unknown photographer, 1859. Courtesy of the Historic Collections of Pennsylvania Hospital, Philadelphia.*

caring persons were the cornerstones of care. Foucault states that the asylum of the eighteenth century most nearly resembled a zoo, where animalistic patients raved in front of gawking spectators; reformers wished to eradicate this unflattering picture from collective memory. Thus, Kirkbride's hospital was modeled on a middle-class home, with the resident doctor playing the benevolent father figure welcoming errant children into a warm, healing atmosphere.⁷ Kirkbride tried to visit with each patient every day, employed workers who would treat the patients with compassion and understanding, and provided all manner of activities and amusements, including outdoor diversions like riding and walking through the gardens, gymnastics, and gardening. Games, a small museum, a library, tea parties, and slide lectures were some of the indoor activities.

Gerald Grob, champion of what Scull calls "the meliorist stance," has written that the "goal of the magic lantern shows was to create a comfortable way of life that made patients accept prolonged confinement."⁸ Like Grob, Tomes argues that the PHI was largely a "persuasive institution," which sought to make both patients and family members more com-

fortable with the very idea of mental health treatment.⁹ She describes how these diversions could relieve patients' boredom, distract them from wild thought patterns, and exercise their social skills.¹⁰ In addition, Tomes argues convincingly that such activities were both a treatment and a sales tool. For example, she quotes a manager from 1869 as stating that "'one of the prominent causes of our success in the treatment of disease as well as the general estimation in which we are held has long been owing to the great pains taken to vary both the day and evening amusements.'"¹¹ Tomes is undoubtedly right about the superintendent's clever construction of public image; families were impressed by the innovative architecture and modern treatment techniques. Though the doctor undoubtedly wanted patients to be happy with and accepting of their care—especially since this care was not free—there are additional reasons that Kirkbride was interested in using photographic magic lantern slides.

Although Tomes' study of Kirkbride is exhaustively researched and insightful, there is more to say about this fascinating hospital, especially about individual activities. It is important to remember that Kirkbride was not following an established trend in adopting magic lantern shows for asylum use, and that photography, as a newly-invented technology, had particular meanings and intellectual appeal in the mid-nineteenth century. Kirkbride was one of the first high-volume consumers of Frederick and William Langenheims' new photographic magic lantern slide. The Langenheims and Kirkbride had a friendly relationship that resulted in some of the earliest photographic slide shows; the doctor gave the photographers slide commissions, business advice, and referrals. Kirkbride, on the other hand, had a "house" photographer who even gave free photographic advice to Kirkbride's son who was an amateur photographer. Over 3,500 lantern slides still exist in the archives of the hospital, dated from 1844 through the end of the nineteenth century.¹² Records indicate that by 1858, there were 122 possible shows that were ready at any time.¹³

It sounds unusual now to think of the slide shows as a form of therapy, yet Kirkbride's writings indicate that he did not consider the magic lantern shows to be frivolous entertainment:

[1857] These pictures are this year made the basis for a very extended course of lectures, by which no small amount of "instruction," as well as "occupation" and "amusement" is furnished to the patients.¹⁴

[1863] It is gratifying to find the value and importance of these and other means of dissipating the monotony of hospital life, and for giving pleasant occupation, conjoined with amusement and instruction, becoming so generally recognized; and to learn that wherever properly introduced and carried out in the right spirit, they have never failed to manifest valuable results.¹⁵

In this way, the threefold purpose of these shows (“profitable instruction, mental employment, and amusement”) helped guide patients along the road to recovery—at least in the doctor’s opinion. The annual report chapter entitled “Evening Entertainment, Instruction, and Amusement of the Patients” repeatedly praised the shows’ therapeutic effectiveness:

These parties, concerts, and different varieties of exhibitions that compose a portion of our means of amusement, are not given merely for effect, nor for their temporary influence on the patients. It has been ascertained in other institutions, as well as in this, that there is a moral effect, more important and lasting.¹⁶

Kirkbride called such shows an “indispensable means of treatment” that showed “entirely good results”—even for patients in “the most excited wards.”¹⁷ Ten years after the introduction of the Langenheims’ slides, Kirkbride wrote that “Every year adds to the conviction of the great importance of these entertainments in the management of a hospital for the insane.”¹⁸ From this we know that Kirkbride firmly believed in the efficacy of this “indispensable means of treatment,” and his belief was transferred to the people he most needed to convince—the patients’ families—most of whom were paying for the treatment at the private asylum.¹⁹ For example, the president of the Bank of the State of Indiana was enthusiastic about one family member’s attendance at the shows, and he wrote, “Her attendance regularly when at your evening entertainments and lectures I should think would tend largely to her benefit.”²⁰ Philadelphians termed the practice “magic lantern therapy.”²¹ Magic lantern exhibitions were indispensable because they could (supposedly) help effect management as well as a medical cure. Today, the claim that his therapy was effective sounds rather odd; however, within the paradigms of nineteenth-century medical practice, it seemed entirely reasonable that showing magic lantern slides to the patients in a social setting would help return them to useful, rational—and perhaps even sane—behavior.

The lantern shows were held in a room designed specifically for the purpose, with benches for the spectators and a podium for the lantern itself. Inpatients, staff, and guests (including young ladies from boarding schools), were present in the lecture hall in the evening. The assistant physicians, Dr. John Curwen and Dr. J. Edwards Lee, spoke at many of these evening shows, but guest lecturers with the titles of “Professor” and “Dr.” delivered the following slide lectures: “The Life and Character of William Penn,” “Spencer’s *Faerie Queene*,” “Caves and Springs,” “The Life and Character of Joan of Arc,” “Morse’s Magnetic Telegraph,” and “The History of Pennsylvania.” By the mid-1850s, there was a set program of 122 shows: a lantern slide “trip around the world” was interspersed with other topics, mostly of a scientific nature. Topics of the lantern slide shows

were optics, astronomy, natural science, classical history, travel, art, religion, temperance, photography, and “heating and ventilation of large buildings,” the last relating to Kirkbride’s own interest in the salutatory effects of good heating and ventilation.

Two subjects were deemed unfit for PHI’s shows: phantasmagoria (ghost) slides and patients’ pictures. The magic lantern had been used to project ghost and skeleton slides from the seventeenth through the early-nineteenth centuries; rear projection techniques that hid the machine made the show even more mysterious. It is not hard to guess why ghost shows might have been considered inappropriate for psychiatric patients, many of whom probably already saw visions; in addition, the ghost show was no longer *au courant* by the 1850s.²²

Somewhat surprisingly, patients’ photographs were *not* displayed. Importantly, these were photographic slide shows *for* patients, *not of* patients, as Dr. Kirkbride, unlike many of his more famous medical contemporaries, prohibited photographs of his patients. This aspect is remarkable given early modernity’s enormous interest in picturing all kinds of hospital and prison populations. As Sander Gilman has demonstrated, doctors like Jean-Étienne Esquirol (French, 1772-1840), Jean-Martin Charcot (French, 1825-1893), and Hugh Diamond (British, 1809-1886,) to name but a few, were interested in having drawings and pictures of insanity’s types, presupposing that physical form could be used to diagnose mental illness (figure 4).



Figure 4: *Sommeil hystérique*. Londe was the director of photography at the *Salpêtrière*. Note what appears to be a leather restraining strap in the picture. Albert Londe, *La Photographie Médicale: Application aux Sciences Médicales et Physiologiques*, Paris 1893, Plate VIII.



Figure 5: Frontispiece illustrating types of mental illness. Clockwise from the top center: acute mania, acute suicidal mania, secondary dementia, congenital imbecility, primary dementia, general paralysis, and monomania of pride (center). John Charles Bucknill and Daniel H. Tuke, *A Manual of Psychological Medicine*, London, 1858.

While Esquirol sketched his patients at the Salpêtrière, Charcot put his patients on stage in front of an audience of 500 (medical professionals and non-professionals alike). Like actors, the patients performed their hysterics complete with footlights, costumes, and props. Photography extended Charcot's audience, as the doctor documented the stages of hysteria with the camera and flash. Apparently, "[a]n admirer of Charcot remarked that the camera was as crucial to the study of hysteria as the microscope was to histology."²³ Charcot created a nineteenth-century "museum of living pathology" at the Salpêtrière in which the exhibits (patients) were available for amusement/study at the museum (hospital).

Other photographic projects within asylums can be compared to Kirkbride's project with startling results. Dr. Hugh Diamond's photographic work at the Surrey County Insane Asylum offers a vivid contrast to the use of photography at PHI. Gilman reports that Diamond had three reasons for photographing the mentally ill: to record the appearance of the mentally ill for study, to show patients their own faces in hope of self-recognition of their "crazy behavior," and to record the identities of repeat patients and the criminally insane.²⁴ Diamond firmly believed that the exterior physiognomy revealed an interior truth of the "diseased brain.": "[T]he Photographer secures with unerring accuracy the external phenomena of each passion, as the really certain indication of internal derangement, and exhibits to the eye the well known sympathy which exists between the diseased brain and the organs and features of the body."²⁵ In this way, Diamond thought that photography could speak for itself (and for the patient) because of the presumed direct mapping of internal disease upon outward appearance.

The varied receptions of mental patients' images—ranging from hilarious entertainment to serious study—continued with the publication of illustrated books. Photography and photolithography carried the message to both professional and lay audiences that the mentally ill had distinctive physical characteristics. Aimed at a medical reader, John Charles Bucknill and Daniel Hack Tuke's *A Manual of Psychological Medicine* (1858) displays lithographs of "Types of Insanity" made from photographs taken in the Devon County Lunatic Asylum. Those pictured (figure 5) are reduced to iconic types, not individuals. Some books illustrated with pictures of "crazy types" were appropriate for lay readers. *The American Journal of Insanity* (later called the *American Journal of Psychiatry*) reviewed Sir Alexander Morison's *Outlines of Lectures on the Nature, Causes and Treatment of Insanity* (1848), a book that came complete with 23 plates:

This book is intended, we apprehend, for the general reader and those members of the medical profession who have not the time or inclination to study more elaborate works. For this purpose it answers very well. The numerous pictures of "crazy folks" probably make it attractive to many.²⁶

Phrenology and physiognomy—"sciences" that claimed that the bumps of the skull and precise angles of facial features revealed important character traits—might be seen as popularized versions of these views.²⁷

Related to both Charcot's and Diamond's experiments was Alphonse Bertillon's system of measuring, photographing, and categorizing people, especially criminals (figure 6).

John Tagg and Alan Sekula have made the implications of this sort of obsessive record-keeping quite clear. In his landmark article, "The Body and the Archive," Sekula writes, "The camera is integrated into a larger ensemble: a bureaucratic-clerical-statistical system of 'intelligence.'"²⁸ In



Figure 6: Measuring the size of the skull demonstration for the Bertillon method, *Mensuration de la largeur de la tête (b)*, Alphonse Bertillon, *Identification Anthropométrique: Instructions Signalétiques, New Edition, Paris, 1893, plate 13.*

this way, individual noses, ears, patients, prisoners, and ordinary citizens could be photographed, measured, and classified (figure 7).

The ramifications of Bertillon's system of photographing, tracking, and surveillance are indisputable; his system implies that the photographer (police/doctors) and the photographed (criminals/patients) are separated by a wide gulf of power, though all are affected by the power dynamics of the practice itself. Tagg comments:

Planche 41.



Figure 7: Bertillon's types of profiles for profile identification, *Forme générale de la tête vue de profil*, Alphonse Bertillon, *Identification Anthropométrique: Instructions Signalétiques*, new edition, Paris, 1893, plate 41.

In the terms of such discourses, the working classes, colonized peoples, the criminal, poor, ill-housed, sick or insane were constituted as the passive—or, in this structure, “feminized”—objects of knowledge. Subjected to a scrutinizing gaze, forced to emit signs, yet cut off from command of meaning, such groups were represented as, and wishfully rendered, incapable of speaking, acting or organizing for themselves.²⁹

Under this model, doctors and detectives were united in a way that Diamond’s practices make explicit, as an 1856 review of his work shows:

The author conceives that portraits of the insane may be valuable to superintendents of asylums, not only for their physiological interest, but also in cases of re-admission. It is well known, he observes, that portraits of those who are congregated in prisons for punishment, have frequently been of value in re-capturing some who have escaped, or in proving, with certainty and little expense, a previous conviction. In a similar manner, portraits of the insane who are received into asylums for protection, give to the eye so clear a representation of their case that on their re-admission, after temporary absence and cure, the author has found the previous portrait of more value in calling to his mind the case and treatment than any verbal description placed on record.³⁰

The photographer and those who order the photographs use the so-called “objectivity” of the machine to couch relentless documentation as innocent, yet this neutrality is illusory. In these examples (Charcot, Diamond, Bertillon), the (photographic) gaze becomes an instrument of control and coercion in which the viewer and the viewed are separated by a wide expanse, yet both parties are controlled by an involved web of power relations. Under this system, where the patient and prisoner are the passive objects of the supervisor’s and jailer’s cameras, Foucault’s famous dictum “visibility is a trap” rings true.³¹

In most pre-nineteenth-century facilities for the insane, the power dynamic was quite clear, as passive patients were often on display for the delight of viewers who paid a few coins to see the “loonies.” Despite reforms, patients and their photographic representations were still highly visible in many nineteenth-century asylums. Kirkbride was determined to eliminate this kind of vulgar spectatorship by placing his hospital on the city’s outskirts, building walls to keep the idly curious out as much as for keeping the patients in, and prohibiting the rampant exposure of patients’ images and names: “With scrupulous regard for his patients’

privacy, Kirkbride forbid [*sic*] the photographing of patients.”³² In his annual reports—perhaps an attempt to attract more middle-class patients—, Kirkbride reiterated his commitment to patients’ privacy:

Nor would the insane or their friends object, did they know that a Hospital was only an establishment for the cure of disease; prepared and endowed by enlightened benevolence, provided with all the conveniences and fixtures likely to contribute to the restoration and comfort of its patients,—many of which are of too extensive a character to be obtainable by individual means, where, by the architectural arrangements of the building and the regulations of the wards, nearly all restraint is avoided; where the law of kindness is the governing one; where the sick have practiced persons constantly about them—are carefully nursed and guarded from harm—shielded from the gaze and remarks of idle curiosity—and where all their peculiarities and all the ramblings of a disordered intellect, are, as far as possible, known only to those whose duty and wish it is to prevent all exposure.³³

Here, Kirkbride explicitly uses the term “gaze,” that critical term in Foucault’s vocabulary, yet Kirkbride was concerned with “shield[ing patients] from the gaze” of outsiders—not with making them more visible. In his book of advice on constructing mental hospitals, he urged colleagues to follow suit.” As to the large class of visitors who resort to hospitals for the insane merely from an idle curiosity, the rules for their regulation should be made under the sanction of the Board of Trustees at the opening of the institution, and rigidly enforced.”³⁴

Moreover, at the PHI patients were told when visitors were present so that they could retreat to their private rooms:

It is scarcely necessary to say, that no physician has the right, even if he have the inclination, to make this sort of exhibition of his patients. Patients, indeed, who do not wish to be seen, should always have the opportunity offered them, of retiring to their own rooms while visitors are passing through the wards.³⁵

Kirkbride also advocated the use of pseudonyms or “hospital names” (not numbers) for patients as a way for patients to maintain their rights to anonymity even when guests were on the premises:

When such curious inquiries are frequently and pertinaciously urged, it will be quite allowable to have a hospi-



Figure 8: Nurses exercising with rings. This exercise demonstration emphasizes the efficient organization of the well-choreographed hospital. *A. Watson for the American Stereoscopic Company, c. 1860. Courtesy of the Historic Collections of Pennsylvania Hospital, Philadelphia.*

tal name for each patient, for the special accommodation of this class of visitors. Such a course can hardly be objected to, when it is remembered, that even in well-conducted penal institutions, no inmate's name is divulged to gratify an idle curiosity, and that a number is used in all ordinary reference to every individual.³⁶



Figure 9: Two women seated in a goat cart. Riding and walking in the gardens were important parts of patients' activities, and one might expect that patients would be photographed pursuing these pastimes. However, the clothing of these two women looks identical to the clothing of the nurses in the previous image, making one think that the nurses stand in for the patients who would normally be riding around the grounds. Patients wore their own clothes, not uniforms. *A. Watson for the American Stereoscopic Company, c1860. Courtesy of the Historic Collections of Pennsylvania Hospital, Philadelphia.*

In fact, this desire "to prevent all exposure" continues even today, as those using the hospital's archives (including me) are not permitted to reveal patient names. Kirkbride's desire to prevent exposure was probably due, in part, to the fact that many clients were members of Philadelphia's most prominent families.

Because of this desire to keep the patients from intrusive gazes, Kirkbride prohibited circulation of patients' images, even though the Langenheim brothers were hired to produce hundreds of views of hospital and staff between 1849-1865. In 1864, for example, the Langenheims were engaged to produce "upwards of

thirty original home pictures” that “illustrat[ed] various scenes around us, and contain many groups which possess an especial interest for the members of our household.”³⁷ Tomes reports that the Langenheim slides taken at the asylum were “apparently not for public sale” and that “[t]hey focused with sober purpose on the established and well-ordered character of the institution and its staff.”³⁸ From the slides in PHI’s collection, it seems that these “groups” shown at the lantern shows were of caregivers, not of patients. In any case, Kirkbride pursued none of Diamond’s reasons for photographing asylum patients (figure 8 and figure 9).

In a remarkable move—given the many examples in which the empowered in other institutions made images of the disempowered—PHI’s patients were themselves photographers. Kirkbride writes in the annual reports:

All the varied means of occupation and amusement, heretofore particularly referred to, have been steadily supplied, and several new ones introduced. Among the latter may be mentioned . . . the use of the daguerreotype apparatus for portraits and views of scenery, fancy painting, and the preparation of pictures on glass for the stereoscope, magic lantern, and dissolving apparatus, by which last, our stock for these purposes has been materially increased.³⁹

A few clumsily-made portraits of the doctors among the hospital’s slide collection make one wonder whether these exemplify the patients’ photographic work. There are a few, like this picture of Dr. J. Edwards Lee (left), that have no producer’s mark and are without standard studio backgrounds (figure 10 and figure 11).

If the patients did produce pictures of the doctors to be shown at the magic lantern shows, then it is possible that the PHI’s use of photography complicates the active/passive roles of the supervisor/patient demonstrated by Charcot’s or Diamond’s photographic projects. Charcot’s and Diamond’s models assume a strict binary organization, in which the patients and doctors were always to be differentiated, as Foucault asserts:

Generally speaking, all the authorities exercising individual control function according to a double mode; that of binary division and branding (mad/sane; dangerous/harmless; normal/abnormal); and that of coercive assignment, of differential distribution (who he is; where he must be; how he is to be characterized; how he is to be recognized; how a constant surveillance is to be exercised over him in an individual way, etc.).⁴⁰

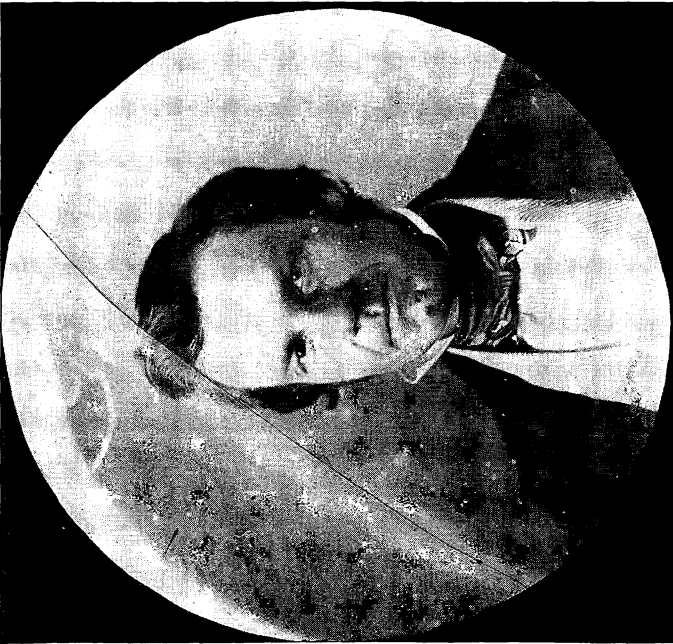


Figure 10: (LEFT) Dr. J. Edwards Lee, the assistant physician who often led the slide lectures. *Unknown photographer, c1857. Courtesy of the Historic Collections of Pennsylvania Hospital, Philadelphia.*

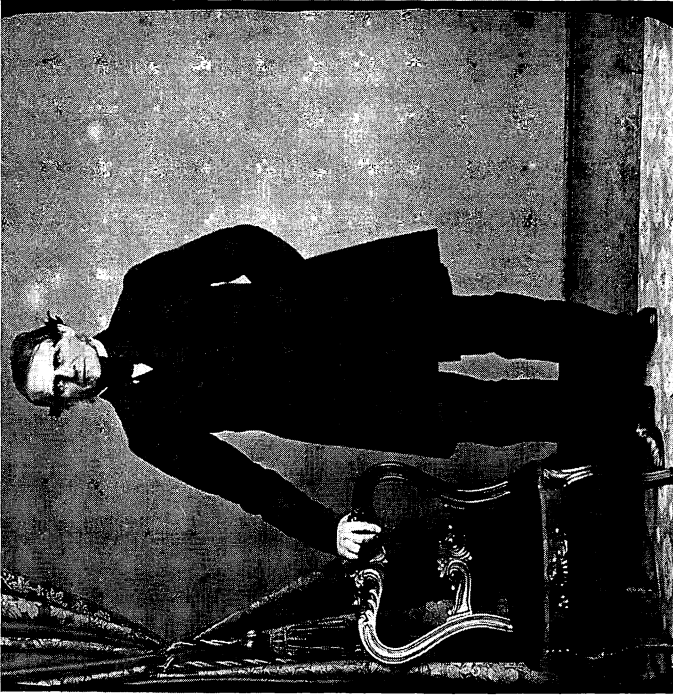


Figure 11: (RIGHT) Contrast this formal studio portrait of Dr. Kirkbride with Dr. Lee's picture. Here, he stands with some of the standard props of the professional photographer's studio. In contrast, Dr. Lee has no background and looks somewhat more unsettled than Dr. Kirkbride. *Unknown photographer, c1861. Courtesy of the Historic Collections of Pennsylvania Hospital, Philadelphia.*

By contrast, within Dr. Kirkbride's hospital—and especially at the slide shows—one aim was to *reduce* the visible boundaries between the sane and the insane in the hopes that the patients would aspire to the caregivers' and guests' level of functioning. Employee rules explicitly stated that employees had to attend the shows unless they had "special supervision of the wards" and, moreover, that they were "to take a personal interest in these entertainments, and to do everything in their power to have the patients do so."⁴¹ In the magic lantern shows at PHI, patients were to be guided into social life by contact with those "practiced persons" and inspired by new, rational thoughts prompted by the slides' topics.

In an address about asylum amusements presented to the members of the AMSAII, Dr. John M. Galt, one of Kirkbride's colleagues, contended that mental patients and healthy people are more alike than dissimilar "with regard to reading, amusements and recreation," remarking, "[W]e are led into great error, if we entirely abstract the insane from the sane; if we look upon the former class as altogether different in their psychological manifestations from the latter."⁴² Healthy people could benefit almost as much as the patients from non-taxing forms of amusement.

Kirkbride commented that his program was attractive because of its "obvious utility," but he suggested that "amusement should if possible be combined with it. Some mental effort should be required, but none that is laborious or unpleasant."⁴³ Some educational texts of the period associate too much unpleasant mental activity with "nervousness" and insanity; "too great and too protracted mental effort" resulted in "mental confusion and uncertainty, or a nervous, hysterical condition."⁴⁴ Thus, the magic lantern provided an ideal method of relieving boredom for all illness levels and economic groups; unlike reading, which required literacy and the ability to concentrate—skills that not everyone had—viewing projected images was enjoyable and available to all.

Kirkbride's opinion about the suitability of one activity for all patients changed dramatically; in 1841 (before he had begun to use the slides) he wrote, "There is no one kind of employment or amusement that is available permanently for a majority of the Insane."⁴⁵ However, by 1858 he had changed his mind and wrote that this entertainment/education was worthwhile even for profoundly ill patients, commenting that "even those who think little of the remarks that are made, find pleasant occupation in looking at the pictures which are before them."⁴⁶

I have discussed how the evening shows partially softened visible boundaries between patients and non-patients. Guests invited to the shows were amazed that they might mistake the events at the asylum for "ordinary social life," a notion encouraged by the fact that the patients wore their own clothes. One guest reported that while at the asylum "you find yourself not infrequently quite at a loss to determine whether the persons met with are really the insane, or whether they may not be visitors or officials in the establishment."⁴⁷ It is worth quoting a description written by a visiting member of the Philadelphia Photographic

Society who undoubtedly shared Kirkbride's enthusiasm for photographic images:

Some days ago, I was present at one of the entertainments in the female department of the hospital, and was delighted with what I then saw. The audience was a model audience, so quiet and so attentive; there were present about one hundred of the patients. Dr. Lee read to them from some book of travels in Rome, and as he read, the various scenes about which he was reading were thrown on the screen in a circle of light, eighteen feet in diameter. The dissolving effect was well managed, and occasionally, during pauses of the reading, and while the pictures were being shown, music was introduced to vary the entertainment. Familiar as I am with exhibitions of this class, I never passed a more agreeable evening.⁴⁸

Kirkbride boasted that his asylum audience "listen[ed] with marked attention and the most perfect propriety" and smugly remarked that the audience's conduct contrasted with the "conduct of a different kind from individuals who had never been residents of an insane hospital."⁴⁹

By investigating how the patients and non-patients shared characteristics, I am by no means arguing that the patients and others were perfectly indistinguishable nor that they were on equal footing. They were not. It is clear that patients were closely observed during the evening shows and, in some ways, they were treated like children. (Tomes argues that their "good" behavior in the dark was due, in part, to the cookies given afterwards, but she makes no report as to whether the staff and visitors also had cookies.) While patients were watching the show, they were also being observed for any improprieties. On the other hand, patients were supposed to observe the staff and visitors carefully to model their comportment. Though the patients were not their caretakers' peers, their illnesses were not signaled by restraints or hospital clothing—something that makes identification of patients and visitors in the photographs nearly impossible. This contrasts sharply with situations where subjects were overtly "branded" (often with numbering and measuring, as in the Bertillon images) with the marks of difference. In this way, the shows at the PHI exemplify a much more complicated situation than the pure surveillance model in which surveyor and surveyed are always distinguished.

I have described how the magic lantern shows partially dissolved boundaries between the sane and the insane by making all part of one (more or less) well-behaved audience. One could imagine that a number of social engagements could effect the same purpose of bringing patients into close contact with non-patients

(church services, tea parties, dances, etc.). However, the introduction of lantern lectures reduced the number of other types of social events: “The entertainments in the lecture-room have almost entirely done away with the social parties for patients of both sexes that, in the earlier days of the Institution, were frequently given, and the effects of the former have been found upon the whole to be much more satisfactory.”⁵⁰ Kirkbride’s preference for lantern shows reflects his belief that more educational presentations—not just social mingling—could promote a change in the very functioning of the patient’s brain. Moreover, the exhibition space was, in a sense, a model of the human mind, for the lantern auditorium echoed the camera obscura’s structure, long considered a model of the human mind. Therefore, in one sense, the audience members were all seated within a collective, rational mind.

In addition, the hospital’s exhibition hall—a space in which light was projected from one focal point onto a blank surface—can itself be thought of as a greatly-enlarged camera obscura. John Locke’s famous remark that the mind is much like a camera obscura has been extremely influential to the period’s framing of both psychiatry and photography:

I pretend not to teach, but to inquire; and therefore cannot but confess here again that external and internal sensation are the only passages that I can find of knowledge to the understanding. These alone, as far as I can discover, are the windows by which light is let into this *dark room*. For, methinks, the *understanding* is not much unlike a closet wholly shut from light, with only some little opening left, to let in external visible resemblances, or *ideas* of things without; would the pictures coming into such a dark room but stay there, and lie so orderly as to be found upon occasion, it would very much resemble the understanding of man in reference to all objects of sight and the *ideas* of them.⁵¹

This camera obscura model of mind clearly influenced the medical community. Locke posited that the mind was a collection of faculties—the intellectual processes of memory, judgment, imagination, reason, and attention. As Norman Dain reports, American psychiatrists were a fairly practical lot and were not particularly interested in theory; however, “the majority of them had an essentially Lockian approach.”⁵² These doctors blended Locke’s ideas with those of the commonsense school of the Scottish enlightenment. The commonsense school posited that sensory collection from outside was important; however, they qualified this view by saying that all people were born with innate propensities that could be molded by experience. Those in the commonsense school also believed

that there *was* an objective reality, a notion appealing to many religious American asylum directors who wanted to believe that at least some things were stable. In this way, most American medical men of Kirkbride's era considered the mind to be *both* Locke's *tabula rasa* (in which the mind existed as a blank surface upon which experience wrote the text) and as imbued with innate qualities that developed and changed as it grew older (a notion from the commonsense school).

In this way, Kirkbride's entire audience embodied a metaphorical collective mind while at the shows. To state it more concretely, viewers sat in a room while scientific, travel, comic, and morality slides were displayed, and the slide lectures were to act as correctives to irrationally-functioning brains. The patients were to absorb the illustrated lessons and extract from them rational topics of thought and conversation.

Like many of his colleagues, Kirkbride did not write many scholarly articles; however, one can glean much information from his annual reports and from the work of his colleagues in the AMASII (where Kirkbride served as president). For example, Dr. Galt delivered a paper at the AMASII's annual meeting entitled, "On Reading, Recreation, and Amusements for the Insane," that describes how "supplanting" entrenched, bizarre thoughts with new, rational ones was a clear mission of amusements:

The general theory conventionally recognized as to the utility of amusements and recreation, in the treatment of insanity, apart from the above considerations, is that by means of them we supplant the place of delusive ideas and feelings, tending by this disuse to their gradual enfeeblement or disappearance. The healthful influence of the hilarity attending such engagements, both upon the mind and upon the body, must also be allowed its due weight, and the general contentment arising from a continuous occupation of pleasant character.⁵³

It is clear that Kirkbride wanted patients to find some new topics of thought in the quest for a healthy mind and body:

The objects sought to be attained by these lectures and entertainments are to occupy an hour pleasantly, to divert the attention of some from habitual trains of thought, to help to break up the monotony so common to evenings in a hospital, to give some occupation in preparing for a lecture, something to think and talk about afterwards, and withal to convey to many an amount of instruction which cannot be but valuable.⁵⁴

Furthermore, amusements “serve[ed] to occupy the mind to the effacement of delusions and morbid feelings, at least for a transitory period; it is, in other words, one of the great revulsive [*sic*] modes of acting upon the insane mind.”⁵⁵ In this way, by “exercising the mind,” magic lantern shows were used to increase patients’ rational perceptions. For this reason Kirkbride spoke of the shows’ “direct mental treatment.”⁵⁶

In this way, the importance placed on learning-through-looking made the eye a privileged instrument in Kirkbride’s asylum. Long considered the window to the soul, the eye in this asylum was also the aperture to the brain. A fascinating article from the *American Journal of Insanity* in 1851 proposed that the blind are more susceptible to insanity than deaf-mutes, a notion that sheds some light upon the relationship of vision to insanity:

What class of society is more liable to insanity, from the circumstances in which they are placed, than the blind, who hear the glowing descriptions of the enthusiastic historian or traveler, artist or lover of science, but are debarred from an active participation in most of them by their deprivation of sight? While, on the other hand, the deaf-mute sees and judges from the actions and appearances of those about him, and then adapts himself for circumstances.⁵⁷

The difference between the blind and the deaf populations was clear to the author, who contended that the blind cannot take part in the “infinite variety of succession of objects, and their appropriate actions are presented to the eye, and thence conveyed to mind.” The blind, on the other hand, experience “a long, long night of darkness and dullness [that] must unfit the mind for cheerful thought and active exertion (figure 12).”⁵⁸ The very function of the eye was addressed in lectures like “the structure and uses of the eye” and “optical instruments,” though (sadly) there are no transcripts of what was said and shown.

The analogy between the blind, the deaf, and the insane should be clear, as the crucial function of the eye as a direct conduit to the mind differentiates the blind (reported to be more prone to mental illness) from the deaf (reported as fairly immune). This author concludes that:

. . . this instance corroborates the generally received opinions of the employments and occupations of active life upon mental vigor, and the consequent infrequency of insanity among the deaf and dumb, *when educated*, (except in cases of hereditary transmission), for as they gain all their knowledge through the medium of the eye, that

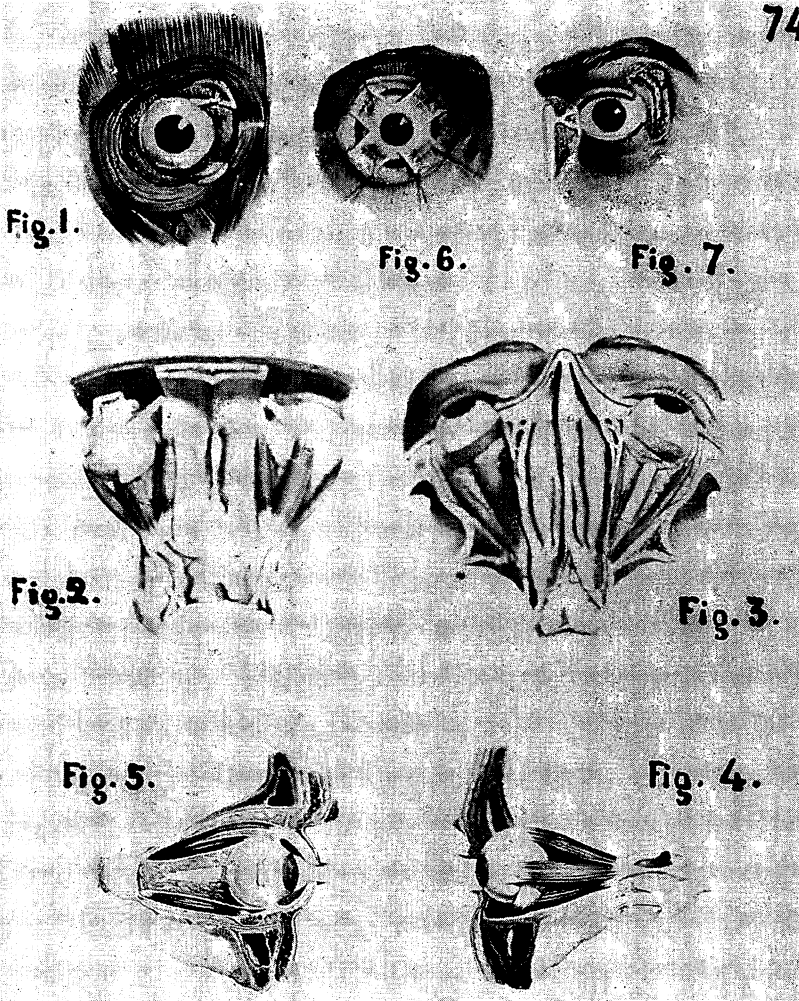


Figure 12: Renderings of the eye, which might have been shown in the optics lecture. *Lantern slide, c1870 by unknown photographer. Courtesy of the Historic Collections of Pennsylvania Hospital, Philadelphia.*

light-house of the soul, and through it they perceive all the beauties and wonders of creation, while through the same channel they are fitted to gain their livelihood; their minds are more fully and pleasantly employed than many of their less favored fellow beings.⁵⁹

This line of reasoning is very illuminating with respect to the slide shows which Kirkbride believed were “direct” mental treatment.

The history of Lockian thought in theories about the mentally ill and Kirkbride's reference to "direct treatment" suggests that there was a working analogy demonstrated by these practices: the "eye" of the camera/magic lantern at the PHI projected thoughts/pictures upon the patients' minds/screen. The eye, then, that "light-house of the soul," was also a pathway to the brain. Importantly, many physicians of this era were convinced that mental patients suffered from a malady whose etiology was clearly located in the brain, not from some free-floating "madness." Insanity was reclassified as a brain disease, and pathologists searched for answers in the cerebellum's convolutions:

Whatever the cause may be, physical or mental, or whether the brain is primarily or secondarily affected, the condition in insanity is cerebral disease. Disease is what we have to deal with. Not disease of mind, for the mind, the spiritual principle, the immortal being, can not be the subject of disease. The manifestations of the mind are disturbed and disordered when the brain, which is its organ, suffers. How mind and body exist here together in harmony in health, is quite as inexplicable as their disturbed relations in disease.⁶⁰

Thus, the antiquated terms "madness" and "madhouse" were unacceptable for Kirkbride, who, like many others in his profession, advocated the use of the medical term "insanity." Because it was now considered a disease, insanity, like other diseases, was "as curable in the early stages as many others."⁶¹

Moreover, learning and thinking could do for the mind what calisthenics and weightlifting do for the body: "We see constantly the influence of mental exercise and occupation on the health and growth of the brain," wrote John P. Gray, a prominent physician, "We recognize here the physiological law, that due exercise of an organ promotes its development and power."⁶² In this way, proper treatment would help the very organic structures of the brain, as the "healthful influence of the hilarity attending such engagements, *both upon the mind and upon the body*," could be felt.⁶³ Fellow asylum reformers Bucknill and Tuke wrote about the "slow physiological process" of changing disturbed thinking: "If the new objects of thought are not only presented to *but impressed upon the mind*, if the patient is placed in the midst of circumstances entirely new to him. . . . new trains of ideas become the habit of the mind, and the subjects of delusion gradually fade in the perspective of memory."⁶⁴ The difference between "presenting" objects of thought vs. "impressing" them on the mind is important; these word choices imply that new thoughts are like three-dimensional objects that can be pressed into the mind, much as a seal can be pressed into molten wax. In this way, the magic lantern shows

at the PHI were strongly connected with how physicians thought the body, the brain, and the mind functioned.

John Locke's comments about the camera obscura and the mind were influential not only upon the mental health community, but also upon the photographic one. Locke's ideas have long been considered what Geoffrey Batchen calls "proto-photographic" thinking. Although Batchen does not discuss Locke's example extensively, he does trace the long history of the "mind-as-photographic-camera" analogy through Coleridge and Goethe.⁶⁵ Kirkbride's embrace of photographic lantern slides appears rooted in this intellectual tradition, for the acuity of perception needed for the patients could be provided by photography, which in the nineteenth century was seen as an accurate, rational medium that was grounded in the reassuringly stable principles of chemistry and physics. Kirkbride believed that these patients could find mental stability by viewing pictures with representational stability.⁶⁶

From this perspective, the photographic camera's (alleged) veracity and rationality was ideally applicable to mental patients with these disconnected, misfiring brains. The rhetoric of photographic accuracy is captured in William Henry Fox Talbot's famous dictum that photography allowed "Nature to write herself" on the photographic plate; "accuracy," "fidelity," and "perfection" of the image were watchwords of early writings about photography.

For many, the extreme truthfulness and precision of the medium thereby excluded photographic prints from the realm of artistic production—Baudelaire scornfully characterized it as the "handmaiden of science." However, some took Baudelaire's derision of photography's status and turned it into praise of the "truth" of photographic lantern views. Photography, with its roots in the mechanical, optical, and chemical sciences, was becoming allied with truth itself. These discussions about photography's evidentiary truth—ideally suited for hard-edged science but inappropriate for artistic fantasies—must have influenced Kirkbride, an educated, well-read man who believed in the extreme accuracy of photographs on glass:

This use of transparent photographic pictures has done so much to extend the resources of institutions like ours, that the history of their introduction becomes a matter of public interest. Those who have looked into the matter readily recognize their many advantages, prominent among which are their cheapness and accuracy. They give us every object in a landscape, every leaf and twig, every blade of grass and every pebble, no less than the minutest details of the most highly ornamented architecture, every line existing in the costliest engraving and every lineament of a face coming within the range of the camera, and with a degree of perfection that no artist

could hope to effect on the small sized pictures required for this purpose.⁶⁷

In the case of magic lantern pictures, the specificity of photography offered a perfection that no human hand could hope to achieve.

Kirkbride's enthusiastic embrace of photography for the precision with which it was believed to represent "reality" clearly drew upon other writings on photography. The neurologist was probably familiar with the rhetoric of photography ("*Pencil of Nature*," "Nature's unchangeable laws," and "greater truthfulness and accuracy"), for these terms figure prominently in the Langenheims' advertisements, which Kirkbride probably read when the photographers were courting the doctor's business. "Every one knows that in this process the artist has merely to follow Nature's unchangeable laws in preparing the plates," the photographers claimed, "and that Light, the first created Element, draws the picture."⁶⁸

It is also likely that Kirkbride was familiar with a series of essays on photography written between 1859 and 1861 in *The Atlantic Monthly*, by Oliver Wendell Holmes, its editor.⁶⁹ Holmes celebrated the invention of photography precisely because it was more accurate than painting. He wrote, "The very things which an artist would leave out, or render imperfectly, the photograph takes infinite care with, and so makes its illusions perfect."⁷⁰ In contrast to other writers who disparaged photography for its "mere manual slavery," the two medical doctors—Holmes and Kirkbride—praised this marvelous new invention for its dependence upon and accurate representation of the natural world.

If the photographic medium implied a chain of associations with the rhetoric of accuracy, was there any intellectual baggage that accompanied its application to slides? Kirkbride wrote, "The introduction of the hydro-oxygen light in 1855, and of photographic pictures on glass in 1856, added more to the attractiveness and usefulness of these entertainments than all that had been previously done."⁷¹ In addition, he states that photographic slides' "accuracy and superiority in other respects"⁷² would make painted pictures on glass obsolete. His 1857 report contends that photographic pictures were superior to all others:

The introduction of photographic pictures has also tended much to increase our means of illustration, and many of these, to an artistic eye, are so much superior to the ordinary paintings, that they will probably hereafter be much used in their stead, especially where a powerful light is used.⁷³

Kirkbride also stated that "the advantages for photography were still required to satisfy cultivated taste," probably the taste of his wealthier clients. Accurate, truthful, useful, and culturally-superior photographic slides began to outnumber hand-painted ones in the asylum's collection. M. A.

Root, a photographer and early historian of the medium, argued that the magic lantern's cultural function was changing with the times:

The magic lantern is no longer a toy, only to amuse children; it is destined to take rank as a philosophical instrument of great value. It is, by the aid of photography, now being used for more advanced educational purposes, and it is daily more and more becoming one of the handmaidens of science.⁷⁴

The instrument was “no longer a toy” but had become a “scientific” educational tool. From about 1840 onwards the lantern was allied with instructive entertainment and entertaining instruction.

Photography's perceived inherent truthfulness and accuracy was enhanced by the new slide medium, for with photography the magic lantern moved closer to scientific practice. The photographic slide, as opposed to the daguerreotype, Talbotype, salted paper print, etc. was the first photographic medium specifically designed to be projected. As such, the lantern equipped with photographic slides was perhaps most similar to another philosophical toy and scientific instrument used for enlarging the very small: the microscope (figure 13). In fact, Kirkbride classed the “fine Dioptric prismatic lantern and a microscope” together as part of “the means of rational amusement.”⁷⁵ Moreover, the industrious Langenheim brothers capitalized on the parallels between lantern and microscope for “rational amusement” and made microscopic photographic slides (views of approximately 5mm in diameter mounted on a glass slide for use in the microscope) and magic lantern slides of microscopic objects (fleas, ticks, etc.). These must have been considered wonderful teaching tools for Kirkbride's lectures (figure 14).

Like the microscope, the lantern enlarged a tiny object thousands of times, and in this similarity, the innovative photographic slides offered the greatest testimonial to photography's accuracy: even under the magnifying lens of the scientist and the microscope of the doctor, the new photographic slides revealed no breakdown of the photographic image.⁷⁶ Without loss of resolution under powerful enlargement, the photographic slide could reveal mysteries beyond the power of ordinary human vision:

It is evident that, with the camera, we can with facility and dispatch, produce pictures with all of the details, and excepting the coloring, with accuracy. This cannot be accomplished by any other means, and such pictures are admirably adapted for the purposes in view. . . .

The wonderful revelations which the microscope has made, is [*sic*] sufficient reason for the enthusiasm of whomsoever devotes his attention to the minute details of matter, structure, and forms.⁷⁷



Figure 13: Man looking through microscope. What is fascinating is the interconnectedness of the different visual technologies at this hospital: stereograph, lantern, microscope. *Unknown photographer, c1859. Courtesy of the Historic Collections of Pennsylvania Hospital, Philadelphia.*

Similarly, reviews of the Langenheims' invention praised the incredible integrity of the image, reporting that "the more it is enlarged by lenses the more perfect and beautiful does it appear. . . . It is in every respect precisely the beautiful picture which would be seen when viewing such a spot in a very brilliant mirror."⁷⁸ The analogy of the photographic image as a "brilliant mirror" of reality, a prevalent nineteenth-century analogy, is rendered forcefully by photographic slides, which combine the laboratory scrutiny of the microscope and the magnifying glass and make the image appear *more* perfect:



Figure 14: Bed-bug—Magnified from Nature. A slide like this must have been a good source for the lantern lectures, as it combines science with new vision made possible by the microscope and camera. *American Stereoscopic Company, 1861. Courtesy of the Historic Collections of Pennsylvania Hospital, Philadelphia.*

By magnifying these new slides through the magic lantern, the representation is nature itself again, omitting all defects and incorrectness in the drawing which can never be avoided in painting a picture on the small scale required for the old slides. To be able to perceive fully the great accuracy with which nature is copied in these small pictures it is absolutely necessary that they should be examined through a magnifying glass.⁷⁹

Oliver Wendell Holmes remarked on the ability of the photographic lantern slide to retain the accuracy of photographic images, for “in the stereopticon . . . a picture of a few square inches in size is ‘extended’ or diluted so as to cover some hundreds of square feet, and yet preserves its sharpness to a degree which seems incredible.”⁸⁰ Indeed, the slide form of photographic “truth” was enhanced by the very transparency of the photographic slide, and Root saw meaning in photographic slides even when they were not being projected; he suggests that photographic magic lantern views be put in a translucent frame so that “they might then serve as appropriate borders to the windows of a scientific institution.”⁸¹ Transparent lantern slides were thus worthy, not only for use in the projector, but also for permanent display in and on scientific institutions.

A scientific institution bedecked with magic lantern slides is truly a powerful metaphor for the transparency and accuracy that photography represented for many. These claims to accuracy and truthfulness of the photographic image carry implications of morality—a broad term in nineteenth-century usage—that made the slide appropriate in the treatment of the insane. Lorraine Daston and Peter Galison have argued that rhetoric of photographic accuracy became allied with moralized vision and asceticism—particularly in the production of scientific atlases of the mid- to late-nineteenth-century. They assert that nineteenth-century scientists believed that photographic “honesty” could help them overcome the “inward temptation” to distort the natural world by imposing the restraint of the machine:

“Let nature speak for itself” became the watchword of a new brand of scientific objectivity that emerged in the latter half of the nineteenth century. At issue was not only accuracy but morality as well: the all-too-human scientists must, as a matter of duty, restrain themselves from imposing their hopes, expectations, generalizations, aesthetics, even ordinary language on the image of nature.⁸²

Because of this mechanical aspect, photography was accurate, scientific, and—for the scientist—morally sound.

Moreover, photography held out a medium that was grounded in the real world, rather than in the imagination, as an 1853 American handbook for photography claims:

And thus may scenes of the deepest interest, be transcribed and conveyed to posterity, not as they appear to the imagination of the poet or painter, but as they actu-

ally are. Were there uncertainty in this operation, we would esteem the value of this science at a lower rate; but such is not the case. The objects themselves are, in one sense, their own delineators, and perfect accuracy and truth in the result are a matter of necessity. . . .⁸³

Photography *had to* depict the world “as it actually was,” and thereby restricted the range of the imagination:

The higher branches of painting, more nearly allied to poetry and imagination, are as truly his [the Daguerreotypist’s] as any others, although the conception of the brain—the mighty thought, cannot be expressed on the silvered plate as it can be depicted on the canvas, yet, with the electric spark, the Daguerreotypist can do much more—he can depict realities that are far beyond the flights of fancy.⁸⁴

In this way, the photographic slide in Kirkbride’s lecture room could depict “realities far beyond the flights of fancy” for patients whose morbid imaginations—their own flights of fancy—were making them unable to function in society.⁸⁵

Thus, in the photographic slide, nature was thought to be perfectly duplicated and then magnified to be “itself again” with utmost fidelity and accuracy. Kirkbride declared that the projection of photographic slides reproduced for his patients the experience of standing before the actual object:

Allusion has already been made to the accurate views from nature, and the truthful copies of engravings thus taken. It may be mentioned, in addition, that when these last are skillfully colored and then magnified by the apparatus, it seems to the audience almost like reproducing before them the original painting from which the engraving had been made.⁸⁶

Kirkbride’s perception of accuracy is worth noting here; in essence, he says that a photograph of a painting’s engraved copy (a third generation copy) is more like the actual painting than the engraving (a second generation copy). In fact, under certain circumstances, the projected photographic magic lantern slide was described as perfectly stereoscopic and realistic:

But beyond this, when the photographs have been taken with due artistic regard to light and shade, and

angle of view, a perfect stereoscopic effect is produced, the object standing forth from the screen with all the roundness of nature.⁸⁷

This “perfect stereoscopic effect” of three-dimensional experience became part of the nineteenth-century magic lantern’s rhetoric. As a playbill advertising “Photographic Views from Nature!” declared, the magic lantern “transfers and vividly presents these Scenes to the Spectator as they would appear as seen on the spot, thus rendering the toil and expense of Foreign Travel needless—”⁸⁸ However, clearly this was not nature, but a culturally-determined, carefully selected *representation* of nature that was thought to help patients’ brains return to normal functioning and whose three-dimensional effect was quite probably only in the mind’s-eye of the beholder.

* * *

In this paper I have traced three issues raised by Kirkbride’s unusual experiments with magic lantern shows in the asylum. I have outlined the doctor’s ideas about “gazing” and looking in the hospital, traced assumptions about the interrelation of eye to brain and mind, and discussed how the rhetoric of nineteenth-century photography shaped this practice. I have discussed some of the implications of this treatment methodology without commenting upon its efficacy. What interests me is not so much whether this treatment was effective, but that some doctors of this era *thought* that it was. Although the experiment at the PHI was unusual, it is worth noting that this practice spread to other institutions; the PHI’s archives contain letters from other asylum superintendents requesting Kirkbride’s help in acquiring magic lanterns and slides for their hospitals.⁸⁹

At institutions like the PHI, the lantern was incorporated within an amazing web of visualities. While patients might look at stereographs, gaze through microscopes, and wonder at various visual philosophical toys during the day, during the evening all were to participate in the slide shows, which combined entertainment, education, and mental therapy. As Jonathan Crary and others have shown, it is not only the physical instrument that is important, but also the social meaning attributed to these instruments. In this way, Kirkbride considered photographic magic lantern views more in keeping with rational views of nature “as it was,” and these were therefore especially useful in helping the mentally ill. The evening shows at Kirkbride’s hospital promoted an embodied spectator, one who was internalizing the rational message of the shows, thereby repairing diseased pathways in the brain.

I have also illustrated how this instance of photography in an institution problematizes the prevalent surveillance model derived from Foucault. One personal remark will perhaps explain this idea more fully: during the long research and gestation period of this essay, I often ran into colleagues who wanted

to know what I was researching. When I said that I was working on how photography and magic lantern shows were used in a nineteenth-century asylum, the response was usually, "Oh, right, I know. Pictures like Esquirol, Charcot, Diamond, and Bertillon made—very interesting." My colleagues' replies were based upon what they have come to expect from a project discussing photography in a nineteenth-century insane asylum.

It is easy to characterize Kirkbride's audiences as simply conforming to what was considered "normal" behavior, and Kirkbride's patients were definitely subject to Foucault's far-reaching disciplining structures, for no social structures escape this model. On the other hand, it would be misleading to characterize this hospital as absolutely negative and repressive, especially since photography was not employed in the manner that a rigid surveillance model might predict. Alan Sekula has eloquently explicated Foucault's point:

Michel Foucault has argued, quite crucially, that it is a mistake to describe the new regulatory sciences directed at the body in the early nineteenth century as exercises in a wholly negative, repressive power. Rather social power operates by virtue of a positive therapeutic or reformative channeling of the body.⁹⁰

Alternatively, in Foucault's own words, "The disciplines function increasingly as techniques for making useful individuals."⁹¹ Kirkbride considered it his duty to return more functional human beings to the larger society through innovative treatment, while concurrently refusing those disciplinary structures that would expose patients to the "gaze" of "idle curiosity." By showing coherent images made and projected by rational instruments *to* patients, instead of making images *of* them, Kirkbride hoped to return patients to societal usefulness, a task that, if accomplished, might make the lantern truly "magic."

Notes

1. Michel Foucault, "Panopticism," in *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York, 1977), 223.

2. In this paper, I will use Kirkbride's chosen terminology for the patients, the disease, and the place of treatment: the insane, insanity, the hospital for the insane. I may occasionally use the term "insane asylum" in order to get around the wordiness of "hospitals for the insane." In addition, I will refrain from using such 20th-century terms as psychiatry, psychotherapy, psychologist, and psychiatrist, except as necessary for clarity.

The Pennsylvania Hospital for the Insane is now called the Institute of the Pennsylvania Hospital. It has remained a mental hospital to the present day, though the hospital was sold by the Pennsylvania Hospital to CoreCare Systems in 1997. CoreCare turned the establishment into a "medical condominium" with mental health and eldercare facilities. Bob Brooke, "New Chapter for Psychiatric Hospital," *Philadelphia Business Journal*, 21 March 1997, 17.

3. Alan Trachtenberg, "Prologue," *Reading American Photographs: Images as History*, New York, 1989: 3-20.

4. Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York: The Free Press, 1973). Gerald N. Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York:, 1994). David J. Rothman, *The Discovery of the Asylum:*

Social Order and Disorder in the New Republic (Boston, 1971). Perhaps if I share views with any one historian of psychiatry, it would be with Andrew Scull, for he lays out fascinating issues in the history of psychiatry and notes that without siding with any existing group of historians, he can expect to receive criticism from all sides: "Thus, like the proverbial liberal, I suppose the best I can look forward to is matching lumps on each side of my head." Andrew Scull, "Humanitarianism or Control? Some Observations on the Historiography of Anglo-American Psychiatry" in *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective*, (Berkeley and Los Angeles, 1989), 33.

5. Nancy Tomes, *The Art of Asylum Keeping: Thomas Story Kirkbride and the Origins of American Psychiatry* (Philadelphia, 1994), 5.

6. Thomas Story Kirkbride, *On the Construction, Organization and General Arrangements of Hospitals for the Insane*, 2nd edition (Philadelphia, 1880), 258.

7. For a discussion of the zoo model and the madman's animalistic nature, see: Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York, 1965), 68-74.

8. Scull's analysis of the meliorist position: "And yet, if the results can scarcely be applauded, or must be damned with faint praise, the benevolent intentions remain. Apparently, the history of lunacy reform records the efforts of a largely well-intentioned group of men (and the occasional woman) whose endeavors mysteriously always produced accidental and unintended unpleasant consequences." Scull, "Humanitarianism or Control?" 41. Gerald N. Grob, *The Mad Among Us*, 67.

9. See Tomes' chapter, "The Persuasive Institution," *The Art of Asylum Keeping*, 129-187.

10. Tomes, 5. See also: Nancy Tomes, "Kirkbride's Hospital," in *The Magic Lantern of Thomas Story Kirkbride*, eds. Frances Gage and Carolyn Harper (Philadelphia, 1992), 7.

11. Tomes, *The Art of Asylum Keeping*, 162-3.

12. George S. Layne, "Kirkbride-Langenheim Collaboration: Early Use of Photography in Psychiatric Treatment in Philadelphia," *The Pennsylvania Magazine of History and Biography* 105: 2 (April 1981): 182. A complete listing of extant materials is in Gage and Harper, *The Magic Lantern of Thomas Story Kirkbride*.

13. The list of magic lantern lectures is listed in the 1858 report: Thomas Story Kirkbride, *Reports of the Pennsylvania Hospital for the Insane* (Philadelphia, 1858), 22-31. *Reports of the Pennsylvania Hospital for the Insane* will hereafter be listed as *PHI Annual Reports* with date and page number.

14. *PHI Annual Reports*, 1857, 20-21

15. *PHI Annual Reports*, 1863, 16

16. *PHI Annual Reports*, 1844, 28.

17. Kirkbride fought budgetary cutbacks of his program: "During the last season, if we had chosen to do so, we had at our command, the means of giving our whole course of one hundred and twenty-five exhibitions at each building, without a repetition. The comparatively small amount of money required to effect all this, as I have stated on other occasions, shows that as much is really within the means of almost any institution. The necessary preliminary is, that all these things are to be deemed as among the indispensable means of treatment in every hospital for the insane—just as much so as any other object for which money is appropriated—and that a certain sum should every year be set apart for this specific purpose." *PHI Annual Reports*, 1864, 17-18. *PHI Annual Reports*, 1856, 36.

18. *PHI Annual Reports*, 1861, 19.

19. Although the hospital was private, Kirkbride made a point of admitting poor and chronic cases; however, simple economic necessity dictated that he have a certain number of paying patients in order to make the free treatment available to charity cases. Each annual report opens with a summary of the occupations of the patients treated to date and statistics on the cure rate. Nancy Tomes has already done extensive statistical work on the reported cure rates at this hospital. Tomes, *The Art of Asylum Keeping*, 322-329.

20. A.C.B. to Thomas Story Kirkbride, 20 February 1861, LS, Historical Library, Institute of the Pennsylvania Hospital, Philadelphia.

21. The term "magic lantern therapy" comes from M. A. Root, "The Magic Lantern: Its Uses for Educational and Other Purposes," *The Magic Lantern* 1, no. 2 (October 1874): 12.

22. See: X. Theodore Barber, "Phantasmagorical Wonders: The Magic Lantern Ghost Show in Nineteenth-Century America," *Film History* 3 (1989): 73-86.

23. Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge, U.K., 1987), 327. See also: Rhona Justice-Malloy, "Charcot and the Theatre of Hysteria," *Journal of Popular Culture* 28: 4 (Spring 1995): 134 and Ulrich Baer, "Photography and Hysteria: Toward a Poetics of the Flash," *Yale Journal of Criticism* 7, no. 1, (Spring 1994), 42. For more information, see: Georges Didi-Huberman, *Invention de l'Hystérie: Charcot et l'Iconographie Photographique de la Salpêtrière* (Paris, 1982).

24. Sander Gilman, "Introduction" in *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*, ed. Sander Gilman (New York, 1976), 8-13.
25. Hugh W. Diamond as quoted in *The Face of Madness*, ed. Sander Gilman, 20; the original text is found in London's Royal Society archives: Hugh W. Diamond, "On the Application of Photography to the Physiognomic and Mental Function of Insanity, read before the Royal Society, 22 May 1856, Collection of the Royal Society, London.
26. Book review, *Outlines of Lectures on the Nature, Causes and Treatment of Insanity* by Sir Alexander Morison, 4th ed. (London, 1848) in *The American Journal of Insanity* (April 1849): 378. Italics as in the original.
27. For more information on the pervasive nature of phrenology and physiognomy in popular culture, see: Mary Cowling, *The Artist as Anthropologist: The Representation of Type and Character in Victorian Art* (Cambridge, U.K., 1989).
28. Alan Sekula, "The Body and the Archive," *October* 39 (Winter 1986): 16.
29. John Tagg, *The Burden of Representation: Essays on Photographies and Histories* (Amherst, Mass., 1988), 11.
30. "The Royal Society," *The Saturday Review* 30, no. 2 (24 May 1856): 81.
31. Foucault, "Panopticism," 200.
32. Gage and Harper, *The Magic Lantern*, 12.
33. *PHI Annual Reports*, 1842, 32.
34. Kirkbride, *On the Construction*, 283.
35. Kirkbride, *On the Construction*, 285.
36. Kirkbride, *On the Construction*, 286-287. Kirkbride remains very conscious of class distinctions in his hospital.
37. *PHI Annual Reports*, 1864, 17.
38. Gage and Harper, *The Magic Lantern*, 12.
39. *PHI Annual Reports*, 1854, 22. I assume in these descriptions that the "daguerreotype apparatus" is mistaken for a camera producing albumen or collodion negatives, as producing daguerotypes (with mercury vapor) would have been very dangerous and somewhat outdated.
40. Foucault, "Panopticism," 199.
41. Thomas Kirkbride, *Code of Rules and Regulations for the Government of Those Employed in the Care of the Patients of the Pennsylvania Hospital for the Insane*, 3rd ed., (Philadelphia, 1878), 20.
42. John M. Galt, "On Reading, Recreation and Amusements for the Insane," 5.
43. *PHI Annual Reports*, 1845, 34.
44. Henry Putnam Stearns, 78-79.
45. *PHI Annual Reports*, 1841, 31.
46. *PHI Annual Reports*, 1858, 20.
47. George B. Wood, *An Address on the Occasion of the Centennial Celebration of the Founding of the Pennsylvania Hospital* (Philadelphia, 1851), 48.
48. "Photographic Society of Philadelphia: Minutes of Regular Stated Meeting, Wednesday Evening, June 7 1865," *The Philadelphia Photographer* X: 120.
49. *PHI Annual Reports*, 1845, 35 and *PHI Annual Reports*, 1845, 36.
50. *PHI Annual Reports*, 1850, 32.
51. John Locke, *An Essay Concerning Human Understanding*, ed. John W. Yolton (London and New York, 1961), I:129. Italics in the original.
52. Norman Dain, *Concepts of Insanity* (New Brunswick, New Jersey, 1964), 59.
53. John M. Galt, "On Reading, Recreation and Amusements for the Insane," 15-16
54. This passage continues, "Actuated by these views, it has always been an object in this hospital, as far as possible, steadily to increase the means of direct mental treatment for all the patients, but especially for those who reside in the lower wards." *PHI Annual Reports*, 1858, 20.
55. John M. Galt, "On Reading, Recreation and Amusements for the Insane," 6.
56. *PHI Annual Reports*, 1848, 28.
57. O. W. Morris, "An Inquiry Whether Deaf Mutes Are More Subject to Insanity than the Blind," *Journal of Insanity* 8, no. 1 (July 1851): 27.
58. O. W. Morris, "An Inquiry," 28.
59. O. W. Morris, "An Inquiry," 34. Italics in the original.
60. John P. Gray, *Insanity: Its Dependence on Physical Disease* (Utica, New York, 1871), 12.
61. *PHI Annual Reports*, 1842, 29.
62. John P. Gray, *Insanity: Its Dependence on Physical Disease*, 11.
63. John M. Galt, "On Reading, Recreation and Amusements for the Insane," 15-16
64. John Charles Bucknill and Daniel Hack Tuke, *A Manual of Psychological Medicine* (London: John Churchill, 1858), 516-517. Italics mine.

65. Geoffrey Batchen, "Images Formed by Means of a Camera Obscura," in *Burning with Desire: The Conception of Photography*, (Cambridge, Mass. and London, 1997), 78-90.

66. The photographic camera and magic lantern, cousins to the camera obscura, gave what Cray calls the "stable relation between inner and outer worlds." Jonathan Cray, *Techniques of the Observer: On Vision and Modernity in the Nineteenth Century* (Cambridge, Mass., and London, 1992). One can say that these mental patients, so disconnected from their outside social and material environment, exhibited the very incoherence of inner and outer worlds. Seen from this perspective, the treatment program at the hospital seems quite in line with Cray's writings however Kirkbride's method problematizes some of Cray's claims. That is to say, Jonathan Cray's contention that the camera obscura model presumed a truly disembodied eye falls rather flat in the case of the mentally ill and their doctors. If the eye was to carry organized information in order to impress more rational neural pathways in the brain, then the body, vision, and mind were closely linked.

67. *PHI Annual Reports*, 1863 18-19.

68. Julius F. Sachse, "The Dawn of Photography," *American Journal of Photography* (March 1897): 105. He writes that these all come from 1844 from the *Public Ledger*, *Pennsylvania Inquirer*, *North American*, and the *U.S. Gazette*, although he does not cite the source of each one.

69. Kirkbride seems to have read this publication, for he wrote to the editor, Oliver Wendell Holmes, to complain about an article about asylums (not authored by Holmes). Thomas Story Kirkbride to Oliver Wendell Holmes, 26 April 1868, MS, uncatalogued items #22, Historical Library, Institute of the Pennsylvania Hospital, Philadelphia. There is also a carte-de-visite of Holmes in the Hospital's collection, although its presence offers no proof that the two doctors ever met.

70. Holmes Oliver Wendell Holmes, "The Stereoscope and the Stereograph," in *Classic Essays on Photography*, 79-80.

71. *PHI Annual Reports*, 1863, 18.

72. *PHI Annual Reports*, 1860, 25.

73. *PHI Annual Reports*, 1857, 21-22. Kirkbride reports that the photographic pictures were shown "here," but the wording makes it hard to determine whether he is referring to Philadelphia or to PHI. *PHI Annual Reports*, 1864, 20 "As they are much less costly than the painted pictures, a greater variety can be secured. They seem to be particularly calculated for architecture, and the likenesses of prominent individuals (whose lives often furnish materials for a lecture), but also often succeed well as copies of fine paintings, engravings, and statuary. F. Langenheim, so well known for his beautiful stereoscopic pictures on glass, at my request, has devoted considerable attention to this subject, and a large number of his pictures for the magic lantern are now among the most valued in our collection." *PHI Annual Reports*, 1857, 21-22.

74. M. A. Root, "The Magic Lantern," *The Magic Lantern* 1, no. 2 (October 1874):12.

75. *PHI Annual Reports*, 1851, 21.

76. There are important differences, however, as the lantern displayed images in front of many people, whereas most microscopes were intended for a single viewer.

77. M. A. Root, "The Magic Lantern," *The Magic Lantern* 1, no. 2 (October 1874): 11-12.

78. "On the Applications of Science to the Fine and Useful Arts: Improvements in Photography—Hyalotypes, &c.," *The Art Journal*, (April 1851): 106. Langenheim called the slides "Hyalotypes," a word coined from the Greek "to print on glass."

79. "On the Applications of Science to the Fine and Useful Arts: Improvements in Photography: 106.

80. Oliver Wendell Holmes, "Doings of the Sunbeam," *The Atlantic Monthly* (July 1863): 13-14.

81. M. A. Root, "The Magic Lantern," *The Magic Lantern* 1, No. 4 (Dec. 1874): 33. This is not an isolated statement about slide's usefulness when not in the lantern: "These pictures can be made on glass, sufficiently large for ordinary windows, for which it is remarkably well adapted, particularly, for hall windows. A gentleman can have his premises pictured on his windows, thus making a pleasing and valuable ornament to his residence, or should he wish, he could have views of any public building of scenery of such places as may best suit his taste." "Hyalotypes," *The Daguerreian Journal*, Vol. 2, No. 6 (August 1, 1851): 181.

82. Lorraine Daston and Peter Galison, "The Image of Objectivity," *Representations* 40 (Fall 1992): 81.

83. A. Bisbee, *The History and Practice of Daguerreotyping* (Dayton, OH: L.F. Claffin and Co., 1853), 20.

84. [S.D. Humphrey?], no title, *Humphrey's Journal* 4:3 (15 May 1852): 41.

85. Tragically, I cannot report much from the patient's perspective about whether this form of treatment worked, mostly because patients' correspondence to their families at home is not preserved in the hospital's archives. If records do exist, they are certainly quite scattered and will be difficult, if not impossible, to locate.

86. *PHI Annual Reports*, 1863, 20.

87. M. A. Root, "The Magic Lantern," *The Magic Lantern* 1, no. 2 (October 1874), p. 12.

88. Playbill, date unknown, Library Company, Philadelphia.

89. Kirkbride's innovative therapy spread to other asylums, both in this country and abroad. His American colleagues begged him for assistance in purchasing lanterns and supplies for use in similar educational lantern shows, while in Europe lantern shows seem to have been incorporated with less enthusiasm and less concerted interest.

90. Alan Sekula, "The Body and the Archive," 7.

91. Foucault, "Panopticism," 211.