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Classic Text No. 1

James Frame's *The Philosophy of insanity*, 1860.

With an Introduction by

Jonathan Andrews and Chris Philo

Corresponding author:

Jonathan Andrews, School of History, Classics & Archaeology, Newcastle University, NE1 7RU. Email: jonathan.andrews@ncl.ac.uk

Abstract

Our aim in presenting this Classic Text is to foster wider analytical attention to a fascinating commentary on insanity by a former inmate of Glasgow Royal Asylum, Gartnavel, James Frame. Despite limited coverage in existing literature, his text (and other writings) have been surprisingly neglected in modern scholarship. Frame's *Philosophy* presents a vivid, affecting, often destigmatising account of the insane and their institutional provision in Scotland. Derived from extensive first-hand experience, Frame's chronicle eloquently and graphically delineates his own illness and the roles and perspectives of many other actors, from clinicians and managers to patients and relations. It is also valuable as a subjective, but heavily mediated, kaleidoscopic view of old and new theories concerning mental afflictions, offering many insights about the medico-moral ethos and milieu of the mid-Victorian Scottish asylum. Alternating as consolatory and admonitory illness biography, insanity treatise, mental health self-help guide, and asylum reform and promotion manual, it demands scrutiny for both its more progressive views and its more compromised and prejudicial attitudes.

Keywords

James Frame, philosophy, insanity, Scotland, Glasgow, asylum, patient, experience, narrative, voice, stigma.

Introduction

All of the 100 plus Classic Texts selected for *History of Psychiatry* since the journal's 1990 origins have been authored by influential professional specialists. As many scholars have repeatedly recognised, however, in arriving at a more multi-(f)actorial, ethically attuned history of psychiatry, it is vital to balance out clinical perspectives by analytical attention to the views of psychiatric service-users. Porter (1985) appealed long ago for submerged patient voices to be given more attention in emerging histories. Despite numerous works foregrounding illness experiences, the rise of a more patient- or sickness-centred approach, as Condrau recently observed (2007), has been bedevilled by methodological problems concerning the integration, authenticity and very recovery of mental health/illness narratives. Our decision in selecting James Frame's *Philosophy of Insanity* for this special issue was made with this rebalancing agenda in mind. Frame's account demands consideration as one of very few published narratives deriving from the experience of an articulate Scottish person who spent significant time in a nineteenth-century Scottish

asylum. The specific passages on which we offer a commentary here were chosen because they reverberate with key themes addressed by contributors to this volume.

Frame's anonymously published text, glossed with a touch of false modesty as 'this little book', is in truth a relatively wide-ranging 100-page survey, its authority derived from 'over seventeen years ... in communication with insanity' (1860: 18). It is divided into 11 chapters, including a preface, introduction and conclusion, plus a 10-page appendix. The opening chapters ambitiously plumb the physical and psychological depths of insanity, its symptoms and aetiology, with sections on narcotics and religious fanaticism, and on prevention. Its latter chapters focus more on asylum attendants, facilities and treatments, with a desultory set of advices on topics ranging from life assurance, food, sleep and quitting smoking, to patients' relatives and 'precocious children'. An appreciative advocate of moral therapy, Frame placed particular onus on occupations and recreations as curative agents, while his penultimate chapter provides an approbatory portrayal of the environment of Glasgow Royal Asylum, Gartnavel (GRA) that he had experienced first-hand. Written in an intimate, often confessional tone, interlaced with insightful reflexions and more tendentious vignettes, *The Philosophy* is plentiful in autobiographical authenticity, but is more substantially devoted to a wide-ranging overview of insanity. As Smith and Swann observe (1993: 86), it is less an autobiography than an educated layperson's psychological handbook, less an illness narrative than a broader insanity treatise and mental health and prevention guide. Frame adroitly utilised what he had learned from various horses' mouths at the asylum, from privileged access to GRA's records, and from recycling a good deal of reading of contemporary clinical and literary commentary on insanity.

The Philosophy was not the only published work by Frame. Nine years earlier he had penned a small advice tract on the advantages of savings banks to the working classes which, while not startlingly original (Duncan, 1816; Pratt, 1830), won him a prize from the Greenock Provident Bank's Directors (Frame, 1851). This essay enthusiastically disseminated the didactic ethos of self-help, an ethos more closely associated post-1859 with the Scottish social reformer Samuel Smiles (Jarvis, 1997; Griffiths and Morton, 2010). Five years after his *Philosophy*, Frame published his shorter (54-page) *Voice from Gartnavel Asylum* (Frame, 1865), gleaned substantially from his diary composed under confinement. Littered with old and new preoccupations, it also abounds with poignant sketches of GRA patients, many embellished with literary license for readers' keener consumption. Of particular utility for historians, it is punctuated by three apparently verbatim scripts of Frame's consoling, humorous and declamatory addresses to inmates in his regular role opening asylum concerts in the 1860s, scripts brimming with literary and biblical allusions (18-21, 27-32, 34-39). Originally intended to supplement a (never completed) second edition of *The Philosophy*, but produced instead in a small pamphlet run of 200, Frame's *Voice* is a less structured and wide-ranging text than his more candid, treatise-like *Philosophy*, the broader personal and cultural resonance of which provides another compelling reason for our Classic Text selection.

By the time he was admitted to GRA, James Frame (1803-76) was a highly literate, well-educated, family man from a respectable, religiously dissenting, aspirant working-class

background. Born in the parish of Barony, Lanarkshire, north of Glasgow, on 4 September 1803, he was the third child of James Frame, a Bridgeton wright, and Margaret Mckie. His father worked circa 1805-10 as a joiner and cabinet/portable desk-maker, living and trading in Gallowgate, one of the city's poorer districts (Trade Directory, 1805: 38; 1809: 46; 1810: 48). *The Philosophy* presents Frame senior as a literate and pious man. Frame speaks feelingly of him dropping suddenly dead whilst immersed in a book 'In the midst of youth, health and usefulness' and of his mother's 'irreparable loss', leaving a fatherless brood of young infants (1860: 20). His resentful blaming of this calamity on his father's excessive 'organ of veneration', mental excitement and fixation of imagination (20-21) manifests how Frame internalised the pathologising and phrenologising of reading and introspection so prominent in early-Victorian medical discourse. After a first marriage to Margaret Abercrombie in 1827, Frame married Elizabeth (or 'Bestsy') Fraser, 11 years his junior, from Campbeltown, Argyle, in 1839. Following his father's trade as a 'joiner' when married through to his first admission (as a 'Saw[y]er'), in 1843, Frame already had a large family residing with him in Glasgow, comprising five children aged between 4 months and 16 years. With relatives willing and able to support him at 7s per week (GB 812 HB13/7/21, 1843), he was admitted on a relative's (Robert Frame) petition, but his obligor was the Governor (since 1828) of Glasgow's Town's Hospital, Peter Hill, the city's rather dilapidated poorhouse which contemporaneously accommodated circa 40 lunatic inmates (Poor Law Commission, 1844: 303). Frame was brought to the private West House of GRA on two separate occasions by his family, first aged 39 on 30 June 1843 and again aged 53 on 22 June 1856, latterly at his own request but on his wife's petition. Both times he remained for short stays of a few months before being discharged 'cured' according to case notes, although *The Philosophy* claimed that his first discharge was at his wife's insistence (fearful of his worsening state). Frame's changeable employment history over his life-course evidently reflects a somewhat fluctuating mental and economic condition. In 1850-51, Frame seems to have been briefly employed as an iron-store keeper in Greenock, but appears in the census as a coal agent living in Calton, with his wife and now six children aged between 1 and 20 (Frame: 1851; Census, 1851). Only two of these children were of an age to be in employment by the time of his readmission, when Frame had progressed to the occupational status of 'clerk', and was living at 1 Stanhope Street, Glasgow (GB 812 HB13/7/32, 1856: 66; Smith and Swann, 1993: 87).

Frame's case notes record various depressive symptoms and delusions about his bodily state and surroundings, coupled with 'aversion' and violent thoughts towards his wife and family, which their visits initially aggravated (GB 812 HB13/5/38, 1843: 207; 39, 1845: 59-60; 54, 1856: 66-67). They approvingly monitor his 'industrious' working in the asylum and its grounds during both of his stays. Frame himself attributed his mental disorder to a relatively traditional moral-physiological aetiology, including innate nervous irritability, over-indulgence (in smoking), loss of a child and over-study in an (unspecified) 'exciting department of science' (Frame: 1860, 21). Graphically documenting the mental suffering ('agony') and self-destructive compulsion that insanity might entail, he also spoke candidly of his insomnia and 'despairing' despondency, deploying his own experience to counsel on melancholy, familial aversion and other disturbances of thought and affect (12, 17-18, 49,

64, 76). Self-inscribing and recapitulating the modish medico-psychological concept of irresistible impulse,¹ Frame detailed his 'uncontrollable' 'impulse' to murder his wife, which prior to his first admission impelled him to flee home in his nightshirt and implore police to lock him up (1860: 22, also 11, 27; GB 812 HB13/7/21, 1843). The fact that his wife and sister were summoned, bringing clothes and taking him home, underlines how sympathetic community response to mental derangement might be, how the asylum was often a last resort and how police involvement did not always produce precipitous confinements. *The Philosophy* detailed more meticulously than the case notes his paranoid delusions post-admission, including beliefs that his stomach and head were 'possessed' by a 'spirit' spouting evil words and thoughts, and that his children were being lodged and tortured in the asylum (1860: 22-23, 45). His auditory assailment by his 'hungry' children's voices, a 'sickly favourite' in particular, prompting him on one spousal visit to hand over his clothes to buy them food, seems a resounding reflection of distorted guilty anxieties felt by some male breadwinners. Frame largely attributed his 'preservation from suicide, or idiocy' (25) to his wife's loyal weekly visits, overcoming the logistical difficulties of travel to the asylum from Rutherglen. Her insistence on getting him home against the advice of both relatives and William Hutcheson, then Physician-Superintendent, and her willingness to resume pre-marital employment (believing he 'would never be much use in providing for the family'), highlights the value of persevering familial support in mediating some confinements, as Frame was at pains to stress (25). Frame's notes, unsurprisingly, make no mention of such circumstances when first discharged 'cured' on 25 November 1843, but his allegation that Hutcheson – convinced Frame remained 'dangerous' – had 'a bad opinion of my case from the first' (25) is contradicted by his notes. The permeable negotiability of the asylum for cooperative patients under Alexander Mackintosh, Hutcheson's successor, is clearly apparent from Frame's writings and notes during his second stay. These sources emphasise his eagerness to return to the familiarity of GRA for his own and his family's safety, after an unavailing brief struggle to 'ward off' his 'insane impulses', including hiring a sleep-in attendant (27). Allowed home repeatedly on family visits within weeks of readmission, Frame's self-evaluation that he was unsafe for release also significantly informed the extension of his stay until 13 September 1856. Post-release he appears in census returns and trade directories as a 'house factor', by 1866 working additionally as an agent of the Royal Insurance Co (Trade Directory, 1861: 852; 1866: 180). This job was probably courtesy of the cousin who Frame applauded for giving him encouragement and employment once discharged, another exhortatory parable proffered on persevering support for the deranged (1860: 26).

While Frame's local celebrity never achieved wider recognition until his text was rediscovered in the mid-1900s, he emerged in his own era as a prized son of GRA's 'family'. After his final discharge, he remained for around 11 years intimately involved with the asylum he regarded as his second 'home', returning regularly to visit old and make new friends. Respectfully anonymising most patients in annual reports, Mackintosh was content to identify 'Mr. James Frame' by name post-recovery in 1861 as 'one of these much-loved old Patients, who takes a deep and abiding interest in the Institution' (GB 812 HB13/2/48, 1861: 39). Well into the 1860s, he was still being thanked as 'our constant friend' for his

energetic contributions to GRA's entertainments, including 'getting up amateur concerts', 'excellent recitations and other kind services', and 'constant attendance and assistance' (49, 1862: 14; 50, 1863: 14, 29, 47; 51, 1864: 16, 33; 1865: 14; 52, 1866: 15; 1867: 12). The repute acquired by Frame as a moral guardian of the mentally afflicted had earlier seen him taking 'charge of a gentleman in the first stage of insanity' and accompanying him to a Yorkshire hydropathic establishment, although the experience confirmed all his negative prejudices about 'the water cure' (Frame, 1860: 51). Post-1867, when Frame disappears from GRA records, he did not live long. The 1871 census registers him as still a house factor and insurance agent, only the latter occupational status being registered on his death, and living relatively humbly in a four-house tenement block in the east of Glasgow city with four of his children (aged 12 to 28) plus one 2-year old grandchild (Census, 1871). Having lost his beloved Betsy shortly before, Frame died aged 72 on 10 October 1876 at 198 Berkeley Street, Glasgow, from 'sudden asphyxia' (Death Certificate, 1876).²

Since its publication in 1860, Frame's *Philosophy* has been only intermittently distinguished for special mention. It was generously reviewed by some contemporaries, including a highly 'favourable' two-column write-up in Edinburgh's *Scotsman*, as Mackintosh proudly noted in an annual report (GB 812 HB13/2/48, 1861: 39). *The Scotsman* underlined the value of Frame's 'exposition of the feelings and experience of a lunatic', but his philosophical musings about insanity were declared to 'rest upon doubtful premises' (*Scotsman*, 1861). Other papers were more disdainful that 'much philosophy', 'or much interest apart from the experiences of the author', lay in its perusal (*Caledonian Mercury*, 1860: 3). It was also patchily received in medical journals. *The Medical Times and Gazette* extolled it as exemplifying the value of 'the autobiography of the insane', and for its well-merited praise of Mackintosh and GRA, recommending it 'especially to the relatives of lunatics' (1861: 178-9). Frame's account of his own derangement was acknowledged as 'deeply interesting'. Yet, as with most professional journals, its broader perspectives were dismissed. In a half-page review, the *Glasgow Medical Journal* (1861) commended it in similar terms, skirting rapidly over its wider coverage. Ignored by the *BMJ*, *Lancet* and *Journal of Mental Science*, scientific journalism's attention to it was dwarfed by huge contemporaneous reviews of medically authored texts, like Forbes Winslow's *Obscure Diseases of the Brain* (1860).

Consigned to relative obscurity in succeeding generations, Frame's work was rarely (if ever) cited in medico-psychological treatises on insanity. With the mental health climate changing markedly post-World War 2, *The Philosophy* was emphatically championed by the émigré Chestnut Lodge Research Institute-based psychoanalyst Frieda Fromm-Reichmann in her 1947 edition, for which she wrote a passionate foreword. She post-diagnosed Frame as a 'recovered psychotic', while Carney Landis' subsequent retrospective diagnosis of 'affective psychosis; depressive type' (1964) was confirmed three decades later by Smith and Swann (1993: 87). Fromm-Reichmann presented the text as a vehicle for destigmatising serious mental illness and recovery of patient agency, emphasising that it was reprinted from a sole surviving copy in the United States. Indeed, it offers a heartfelt, humanising account of insanity and asylum life, with particular sympathy accorded the labouring poor insane, and advocacy that lunacy rarely resulted in long-term mental impairment. This

perspective chimed with Fromm-Reichmann's maxim-like belief in redemptive potential, that even the most mentally unwell were not beyond hope of recovery (Beveridge, 2011, 95; Hornstein, 2000, 2002). One mid-century reviewer recognised (if overplayed) the differential documentary value of Frame's *Philosophy* by comparison with fictionalised psychiatric autobiographies and more sensationalising cinematographic representations (*Amer. J. Psychiatry*, 1950). Fromm-Reichmann continued to exploit Frame's *Philosophy* in subsequent work on inter-personal psychiatry, stressing its testimony to how the recovered (more especially) 'might make an asset of their experience' (Fromm-Reichmann, 1949: 180). Frame's *Philosophy* was most spectacularly revisited in the following decade, when sampled for 'Out of Darkness', a 1956 CBS-TV documentary about mental patients and hospitals, with Orson Welles reading extracts from the text and explicatory commentary from Karl Menninger of the famous Topeka clinic. The documentary and Welles' atmospheric reading stirred renewed interest, with coverage in a range of journalistic media (*Publishers Weekly*, 1956: 2513; *Reference Shelf*, 1960: 160 Rabkin, 1998: 160).

In the ensuing decades, many other copies of *The Philosophy* have been acquired and reinterpreted, some exploited in educative and health promotional contexts, a few becoming archive resources, and a couple digitised for further study.³ Amongst occasional modern miners of *The Philosophy's* nuggets, Showalter deployed it to epitomise contemporary chauvinistic shock at the insane conduct of female patients, who Frame perceived as 'more troublesome ... noisy and ... abusive' than male patients, while Ellis cited it as evidence concerning differentiating attitudes to poorhouses, asylums and asylum attendants (Showalter, 1981: 320; Ellis, 2001: 113-4, 274; Frame, 1860: 53-54, 74). Reaume utilised it to substantiate patient endorsement of the moral therapeutics of work and leisure for maintaining and restoring mental stability, as well as to highlight misgivings. Frame has received significantly more attention in studies of first-person sufferer narratives or of Scottish psychiatry's past. Andrews (1993: 110-11, 114-16, 119) laced a short chapter on GRA's patients with reference to Frame's narrative, while Smith and Swann (1993) proficiently, but briefly, examined Frame alongside another literate fellow patient, JR Adam, their emphasis being the promotional gloss placed by both patients on the moral regime of the Victorian asylum. Despite this smattering of clinical and scholarly attention, no extensive study of Frame's life and writings has been published. Few articles or chapters have been entirely or significantly devoted to his case, nor with one notable exception (Hercouët, 2016) have any dissertations (to our knowledge) been written on him.⁴ Frame has been rarely (and only in passing) referenced in either standard histories of psychiatry (e.g. Bromberg, 1975: 136) or analyses of patient histories (e.g. Peterson, 1982: 358; Porter, 1991; Berkenkotter, 2008), where in our view he deserves a larger place.

The Philosophy pugnaciously combats prevalent stigmas towards the insane and their carers. In a manner appealing to Fromm-Reichmann's conviction that psychiatric conditions differed from sanity in degree not kind, Frame stressed the invisibility of 'the line separating sanity and insanity' (16). His universalising and positive pathologising of lunacy via his eloquent rainfall simile has been oft quoted by works seeking to destigmatise mental illness: 'Lunacy, like the rain, falls upon the evil and the good; and although it must forever remain a fearful misfortune, yet there may be no more sin or shame in it than there is in an ague, fit,

or a fever' (Frame, 1860, 91; Deutsch, 1948: title page; Hornstein, 2002: 139; Ramseur, 2005: 9; Patrick, 2011: 152),

Nonetheless, Frame's is a much more ambiguous text than the above synopsis would suggest, highlighting how challenges and retrenchment of stigma often inhabit the same discursive terrain. As 'normalising' as *The Philosophy* often appears, it is as time-bound as it is progressive, reprising stereotypical, prejudicial and misconceived notions of mental disturbance. For example, Frame underlined how 'horrified, – aye that is the very word, horrified' he was by the antithesis between the 'recurring paroxysms' of one patient and his 'normal' gentlemanly appearance and 'beautifully developed' cranium (74). Elsewhere, he both humanised and dehumanised a skeletal Paisley patient who he had mistaken for a ghost when first admitted. Primarily, Frame deployed this case to accent the delusional frailties of insanity and to educate readers (48-49), but he also recycled in literary metaphorical form traditional grisly associations of lunacy, suicide and asylums with ghoulish monstrosity, the supernatural and death. Frame spotlighted (with liberal reference to *Macbeth*) how the most abnormal, horrid sights might appear commonplace to the disturbed mind. His view that it was 'in the haunts of men, not in the comparative solitude of the asylum, that the cure must be perfected' (53) reverberates with contemporary Scottish psychiatric faith in convalescent leave and boarding-out. Despite this optimism about recoverability in appropriate asylum milieux, however, Frame also stressed irremediable limits to the environmental enhancement of large institutions littered with 'hopeless cases, in whom the aspect of the place will awake neither remembrance nor regret' (49).

For all its subjectivity, Frame's *Philosophy* cannot be simplistically interpreted as an unmediated account of asylums/insanity, or even of GRA. His *Philosophy* was suffused with 'the improving spirit of the age' (Frame, 1860: 50), and chimed with contemporary religious-moral optimism and medico-scientific positivism about what WAF Browne, the Crichton Royal Physician-Superintendent and Scottish Lunacy Commissioner, had earlier emphasised morally managed asylums were and should be (Browne, 1837). Frame emerged as a star patient whose personal sense of benefit from GRA rendered him a passionate asylumdom advocate. His life-narrative highlighted the potential of the insane, his personal journey and contemplations tendered as comfort and edification to fellow sufferers. Conversely, Frame was complicit in GRA directors' promotional activities, a living and vocal endorsement for the public asylum's reputation and the broader mission of mental science, especially its utilitarian goal of restitution to productivity of the deranged labouring classes. As one of their number who had spectacularly overcome unpromising social and health circumstances, Frame's case presentation functioned as both exemplary success story and admonition, a symbol of what might be achieved or lost by imbibing or contravening principles of salutary moral education and diligent labour. Frame's text is full of particular plaudits for GRA's Physician-Superintendent, to whom (as was his *Voice*) it was gratefully dedicated: 'FOR THE EXTREME CARE AND KINDNESS WITH WHICH THE WRITER WAS INVARIABLY TREATED' (Frame, 1860, 1865: dedications). Mackintosh's aptitude as a moral therapist, calming with 'a few words' his charges' passions, was equated with the sedative efficacy of a mother's breast on 'an unruly infant' (78), in an era when the medico-

psychologist's charisma was being hailed as never before by asylumdom's chief protagonists. Peons to Mackintosh as a 'moral hero' who 'understood my case at once', sporting an ever 'sympathizing bosom' and 'gentlemanly and courteous demeanour', dovetailed with kindred praise for 'the humane, intelligent, and liberal spirit which has actuated the Directors' (14-15, 27, 34, 80). Frame's *Philosophy* is also replete with patriotic pride at British asylums' superior 'treatment of the insane', embodying hygiene, 'freedom' and homeliness, hyperbolically proclaiming how 'gloriously does she contrast in this with our continental neighbours, where bonds and their brutalizing effects ... still remain' (62). Keen to discredit negative literary sensationalism about public asylums and their staff, Frame celebrated them as embodiments of (near) 'perfection', whether in ventilation and sanitation (50-51), therapeutic efficacy or recreational and occupational variety. Frame's GRA was particularly paraded as a national epitome of cleanliness, patient contentment, order, non-restraint and efficient, considerate staff, in marked contrast with the 'disgusting' image he offered of (unnamed) continental asylums (62).

Of course, idealism and jingoism in this regard often belied the verisimilitudes and variegations of practice. Persistent overcrowding continued to mean severe compromises in accommodating and managing patients. At mid-century both GRA houses were overloaded, several patients being obliged to sleep on gallery floors, while pauper East House admissions had to be temporarily suspended (GB 812 HB13/2/41-2 & 45-46, 1854: 6; 1855: 6; 1858: 6; 1859: 7). Few British asylums found it practicable or even advisable to dispense with restraint entirely, while experience diverged markedly between different classes of patient and institution. Even passionate non-restraint advocates like Mackintosh were criticised by the Scottish Lunacy Commission for undue resort to seclusion, while chemical restraint replaced mechanical in asylums to differing degrees (Andrews, 1997: 182-3, 342-4).

Frame's *Philosophy* departed substantially from criticism in other contemporary sources of asylum attendants as characteristically cruel and corrupt, echoing historical assessments which have contested blanket condemnations of them as society's dregs (Wright, 1996; Smith, 1988). Frame offered repeated instances of the considerate care typifying GRA's attendants, as when he remarked on how the aforementioned Paisley 'ghost' was put to bed 'by as kind an attendant as ever watched over a patient' (Frame, 1860: 48). Nonetheless, his account was far from a sanitised version of Victorian institutional provision for the insane. As convinced a fan as he was of the asylum movement, Frame was still very disparaging of some of its features and personnel. Realistic about the limitations of attendants and surveillance, Frame highlighted how 'The insane are very much at the mercy of the attendant immediately over them', while even the most 'kind and attentive... superintendent ... cannot be every where' (54). Appreciative of the root causes of some of these deficiencies in low wages, Frame also recognised the moral(e) imperative for attendants to be 'treated with respect'. When it came to parochial asylums, poorhouses and the pauper departments of royal asylums, Frame was especially censorious. At the latter, he bemoaned 'the empty, desolate like appearance of the long galleries' and 'the unhome-like ... large apartments' (49), while accusing poorhouses of burdening public asylums unfairly with their 'most troublesome and expensive cases' (53). However, GRA's managers were even more censorious of the 'false economy' of removing paupers to poorhouse wards and

the latter's increasing deployment not only for the harmless insane but for all types of cases (GB 812 HB13/2/44: 1857: 8-9). Unappreciative of the wider policy contingencies governing the flow and counter-flow of lunatics between asylums and poorhouse wards, as discussed by Farquharson (this issue), Frame was even more damning of private asylums, only a quarter of which he adjudged run according to 'the dictates of justice and mercy'. Frame's conviction that 'public asylums [should] ... entirely supersede them' very much mirrored the views held by the Scottish Lunacy Commissioners (Frame, 1860: 53; Andrews, 1998).

Frame's opinions were sometime based on dubious evidence and prejudice. To prove that poorhouses were unfit for lunatics, he recounted a hungry dog refusing the poorhouse bread and (apocryphally?) reported a poorhouse attendant's remark to an asylum attendant: 'it is in our interest to let them die – yours to keep them living' (1860: 53). Frame's excoriation of the suitability for vulnerable nervous cases of 'Hydropathic Establishments' relied on anecdotal accounts of patient deterioration, suicide and murder. His negative review sits uncomfortably with scholarship stressing these establishments performing valuable services and offering an attractive alternative to asylumdom (Marland and Adams, 2009; Bradley and Dupree, 2003). Nonetheless, it is the alternating lighter and darker shades of Frame's perspectives which make his writing such an illuminating resource for the history of psychiatry.

In sum, Frame's text raises many challenging interpretive issues, not least the excessive attention often accorded to so-called 'exceptional' patients in psychiatric historiography. The selective celebration of patients' special talents that so validated Victorian medico-moral positivism was regularly set against rather darker commentary on the more degraded, 'hopeless' cases, who tended to die in asylums. Fixation on the extraordinary and the (dubious) relationship between genius and madness has long fuelled this problematic, and continues to distort and artificially polarise the clinical and historical record. Frame was just one of many marked out as exceptional in the annual reports and patient magazines of GRA and other asylums. Nonetheless, in common with a number of patient literati and Masters of Ceremonies – but contrasting with other patients like Adam Christie, adeptly analysed by McGeachan (this issue), who determinedly sought out more private niches in Scottish asylums – Frame appears to have cultivated the local celebrity that active participation in asylumdom's cultural community might offer. Meanwhile, modern stress on Frame's 'remarkable' overcoming of psychosis and his 'beautiful language' (Frame, 1947: foreword) has indubitably done less to distract from the less articulate, unrecovered and dying amongst the mentally ill, than it has to raise the profile of, and professional therapeutic concern with, a wider range of mental states.

Classic Text No. 110

James Frame's *The Philosophy of insanity*, 1860.

[v] ...A popular book this will never be... but I do know that it contains many things necessary for the afflicted and their relatives to learn... which none but a sufferer could ever

tell. [vi] ...my claim to be heard is founded solely upon what I have seen, and upon what I have suffered... [26] This subject is to me decidedly painful, but I do hope, that my treatment of it, may be a means of encouraging friends to persevere in their attention to relatives who are thus afflicted, and in this hope, I have told my plain truthful story, and who knows, but that it may tend to soften the prejudices which almost every one entertains against such as I; and I may add, for the consolation of the afflicted and their friends, that a fit of insanity does not necessarily permanently injure either the feelings, or the intelligence of the person, after the fit has passed...

[49] One great drawback to the comfort and convalescence of patients belonging to the lower class in lunatic asylums, is the empty, desolate like appearance of the long galleries in which they are confined during the day, and in the unhome-like look of the large apartments in which they sleep during the night. In large public institutions this perhaps cannot be altogether remedied, nor is it necessary that it should be altogether so, for in every place of this kind there will be a number of hopeless cases, in whom the aspect of the place will awake neither remembrance nor regret. But for all cases in which there is a prospect of cure, there should be small, snug, home-looking places, provided and furnished with a few articles of plain furniture, similar to that which they had been accustomed to at home. This would also render that all-important point, the classification of the patients, easy. Without classification, there always will be a large and increasing amount of confirmed, incurable lunacy; and I am something more than sorry to say that, owing to the present construction of public asylums, I mean that part of them used by the lower paid for class of patients, proper classification is an impossibility. One improper patient may destroy a number of the members of, and must distress every individual in, some galleries. The uttermost care should always be taken, especially during the apparent convalescence of a patient, to preserve his rest unbroken. Comparatively few know the awful importance of a sound sleep to a person whose mind is, as it were, balancing itself upon the narrow line which separates sound judgment from insanity. By preventing sleep, one noisy patient may seal the fate of many. ...In nothing does the improving and merciful spirit of the age more strongly and beneficially manifest itself than in the interior fittings of lunatic asylums, and in the entire treatment of the insane. In their sanitary arrangements public asylums are generally [51] as perfect as modern science can make them. Ventilation, drainage, machinery for clothes washing, water tanks, closets, baths, and all the various appliances of the plumber's art, are to be found in as great perfection here as in the mansion of a nobleman. What an almost blinding glare of light this is in comparison with the darkness of the days that are past, when the maniac's doom was suffocation in a dark, damp, filthy cell, fit only for a habitation for rats, and which might have been seen a few years ago within the square of the old Town-house of Glasgow.

These half hotel, half asylum houses, termed Hydropathic Establishments, are very unsafe for a great number of the nervous people who frequent them, on account of the opportunities they afford for self-destruction. Three years ago I went, in charge of a gentleman in the first stage of insanity, to one of these establishments in Yorkshire, and was rather alarmed to find that a gentleman inmate from Glasgow had hung himself— that an English lady had thrown herself from an upper window... — and that a lady from Edinburgh

had been found dead in the woods, under strong suspicion that she had been murdered by an insane gentleman...There is no institution more capable of abuse than a private lunatic asylum; and there are few positions that hold out greater facilities or greater temptations for the practice of foul play than that held by the proprietor of one of these establishments ... [52] The question is not how do a certain number of men conduct, or seem to conduct, private asylums, but how would the mass of mankind conduct themselves... it is a position not at all calculated to refine the feelings or soften the heart. ...it is a stretch of charity to suppose that a fourth part of them will act in strict accordance with the dictates of justice and mercy. ... by far the greater number will not, devote themselves very energetically to the task of curing, or even be very willing to pronounce a person cured from whom a handsome income is possibly, with very little trouble, derived... And with the lower class of patients, there is a temptation to overwork, where the labour can be made, profitable, and passed under [53] the name of exercise — to wrong them in the quantity and quality of their food, and to employ cheap lazy attendants, to whom no wise man would trust the keeping of his swine. Were private asylums a necessity, all this risk would have to be run, but they are not, because public asylums can entirely supersede them; and in public asylums, where the superintendent is no way enriched by confining people who should be at large, but whose credit is raised in proportion to the number of cured patients discharged, and whose professional pride must impel him to labour hard to cure, the case is reversed. And though it may and will result sometimes in the discharge of uncured patients, yet it is erring on the safe side, for they can be returned if need be to the asylum, whereas the "iron has entered too deep into the soul" of him who has fretted and pined under too long confinement ever to be so entirely withdrawn as to allow him to enter into the duties and the enjoyments of the world with zest again. Besides, it is in the busy haunts of men, not in the comparative solitude of the asylum, that the cure must be perfected. ...lunacy ...requires more than an ordinary quantity of food. In public asylums this is provided for; but ...the provision for insane inmates in [poor-houses]... is likely to be inferior in quality and deficient in quantity. "It is our interest to let them die— yours to keep them living," said a poor-house attendant upon the insane to an attendant upon the same class in a public asylum. The remark was literally true, and proves more powerfully than all the reports of all the committees of inquiry that ever existed that poor-houses should not be intrusted with the keeping of lunatics. Besides, they ...send... their most troublesome and expensive cases to public asylums, thereby burdening these far from profitable establishments with the most oppressive part of a burden which, if divided at all, should be divided fairly.

I am afraid that the bread in these places is often not very nutritious or palatable. I tried an experiment with a piece that was at one time handed to me for the purpose. I offered a small bit of it to a little dog... but the little rascal very significantly turned up his nose... [54] A properly qualified attendant upon the insane requires qualifications which seldom meet in the same person... So long as these men are paid less than day labourers, and perhaps often required to work as such, nothing but necessity can cause people anything like fitted for the trying task to accept of it, and nothing short of necessity compel them to keep it. As soon as an opening appears, although by experience they have arrived at a high state of efficiency, they dash into it, and leave their unfortunate charge to some green hand, who knows

nothing about their individual cases, and as little about the general nature of their disease or the routine of the establishment... In public establishments, where a number of attendants are required, desirable persons cannot in every case be found; but in private cases, where the will and the ability to pay exists, a proper person could in every case be selected. The capability of a superintendent is eminently conspicuous in the selection of his attendants, and the classification of his patients; indeed, if he be deficient in the talent which enables him to do this, he is as unfit for the proper performance of the most important duty pertaining to his office as the patients under his charge. The insane are very much at the mercy of the attendant immediately over them. However kind and attentive the superintendent may be, he cannot be every where. A good attendant is a most valuable person, and is capable of doing, in many cases, a vast amount of good to those under his care. If any keeper, however deserving of rebuke he may be, is often checked in presence of the patients, that man's power, and, consequently, his usefulness, are both in a great measure gone. ...A good attendant, male or female, should be treated with respect, and meet with reward and encouragement. There are few positions in life which necessitates more tear and wear of mind and body than that of an attendant upon the insane [55] who conscientiously performs his duty ...

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Notes

¹ A theme he returned to in *Voice* (1865: 34).

² Information on his employment, birth, family, marriage(s), children and death is derived from asylum records; Scottish census, birth, marriage and death records (downloaded from <https://familysearch.org> and scotlandspeople.com); trade directories (<http://digital.nls.uk/directories>) and research privately communicated by Fanny Hercouët.

³ Various versions of Frame's *Philosophy* are now readily available online, including: <https://archive.org/details/philosophyinsan00framgoog> (accessed 15 July 2016). Wellcome Library have helpfully digitised a huge range of GRA's records, including Frame's text; [http://search.wellcomelibrary.org/iii/encore/search/C__Sdigasylum\(Gartnavel?lang=eng](http://search.wellcomelibrary.org/iii/encore/search/C__Sdigasylum(Gartnavel?lang=eng) (accessed 3 Aug. 2016); <http://wellcomelibrary.org/item/b24975035>.

⁴ Since completing a Master's 'mémoire' (2016) on Frame's *Philosophy*, Hercouët is working with her former supervisors, David F Allen, M-H. Brunel and C. Tanguy on a French co-translation plus commentary on *The Philosophy* (forthcoming, Grenoble: éditions Jérôme Millon, 2017). A 1999 paper on Frame by Dany Nobus remained unpublished <http://www.bri.ucla.edu/nha/ishn/ab096-99.htm> (accessed 1 August 2016).

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