

The Fake Three-Sided Key

Patient-Fabricated Duplicate Keys in Psychiatry around 1900

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Abstract

This paper analyses the historical importance of objects in psychiatry – particularly their use in the contemporary teaching and training of nurses – with reference to a collection of duplicate keys from the Waldau clinic near Berne. The collection consists of approximately 90 objects, made by patients with the aim of using them to escape. The psychiatrist Walter Morgenthaler (1882–1965) collected these keys at the beginning of the 20th century, attached them to plates, gave them patients' record numbers and used them for teaching. In these patient's records, stories of the keys can be found. For the first time, these records allow for an analysis of the keys in the context of material culture.

1 The “Key Problem”

In a passage about patients' attempts to escape in his 1900 *Guide for Nurses for Lunatics*, the Bremen psychiatrist Ludwig Scholz (1868–1918) wrote:

Escapes are only prevented by *sharp alertness!* Neither walls nor bars can replace attention, they in fact invite nurses to act negligently.

A lot of sin takes place during the *locking of the doors*. Key and hand of the nurses shall grow together, as it were, and the locking of the doors had to become a mechanical habit. Under no circumstances shall he leave the key anywhere; furthermore, he shall not make the common mistake of not locking the door on purpose, “because someone will come directly after him!” Moreover, he shall remember that sick people occasionally try to *snatch* or *steal* (at night!) keys.¹

This passage from his *Guide* steers the contemporary reader's attention in two directions: first, towards the person to be nursed and second, towards the object, in this case specifically keys, whose connections will be of concern in the following essay. Both groups, nurses and objects, were constitutive of psychiatry at that time. Whoever was in a mental institution was locked in or out of life outside by means of keys. This state of affairs had to be maintained by the institution's employees, since mental asylums were places of detention since the 19th century. Taking care or even curing patients was not a priority, and could not be, since asylums were overcrowded. Therefore, employees were mainly hired because of their physical strength, as they were often called upon to use it in their work. There were some attempts to professionalize nursing in the second half of the 19th century, leading psychiatrists to expect more than physical force from prospective employees. It was only at the beginning of the 20th century, however, that the expectations were expanded, thus increasing the potential for a

¹ Scholz 1900/1913, p. 104f., my translation. Italics are letterspaced in the original.

greater appreciation of the profession. This is especially striking in comparison with general nursing.²

In the following section, the “key problem”³ will be contextualised with regard to the training of nurses. Within the discussion, the relationship between training in the sense of pedagogical-normative specifications and the usage of keys as a practice will be examined. This will be followed by a consideration of the extraordinary collection of duplicate keys (around 90 objects) of the psychiatrist Walter Morgenthaler. These keys will then be analysed in the context of patient records – a connection of which research has not taken note of until now.

Methodologically, the keys will be regarded as components of a material culture, as has been done in recent productive analyses of the history of psychiatry and nursing.⁴ In keeping with such an approach, objects will be attributed *agency* in the sense of Bruno Latour’s actor-network-theory. Latour’s observations in *The Berlin Key or How to Do Words With Things* are particularly relevant for the topic at hand. He describes the Berlin Key as an “intermediary”⁵ within a network of things, signs and social relations. It is an extraordinary thing which appears quite powerful: it “authorizes me to re-enter my house and obliges me to bolt the door at night and forbids me to bolt it during the day”.⁶ A similar potential will also be attributed to the collected duplicate keys discussed here. Therefore, this paper will not follow the model of a more traditional history of psychiatry, which is only interested in famous psychiatrists and powerful institutions. With regard to keys however, it is not enough to describe them as mere (aesthetic) objects. Rather, their description is to be combined with an analysis of traditional sources like psychiatric textbooks and patient records. Only then can we gain an – at least partial – insight into asylums and their material practices.

To return to the 20th century: The handling of institutional keys was an issue in the training of nurses for psychiatry. In Switzerland, for instance, there were yearly examinations for “nursing staff for lunatics”⁷, which were executed by the Swiss Society for Psychiatry. Henri Bersot, the director of the Sanitarium Bellevue in Le Landeron described what was expected of candidates as follows:

good theoretical knowledge of anatomy, physiology, general nursing, furthermore nursing of lunatics, the study of asylums etc. In terms of practical skills, nursing,

² See Payk 2012, pp. 187–192 as well as Falkenstein 2000. On the history of nursing in general, see also Schweikardt 2008 as well the volume edited by Walter, Seidl, Kozon 2004 and especially the article by Braunschweig 2004, which discusses Swiss nursing.

³ This expression is Emil Kraepelin’s and will be discussed and quoted below. I want to thank Maria Böhmer for her feedback on a draft of this text. I would also like to thank Jermain Heidelberg for his help with the translation of this paper and Justin Mohler for proof reading this text.

⁴ See Artner et al. (ed.) 2017 as well as Majerus 2017. Regarding her biography, Majerus speaks of a threefold life, as objects, as “lifelike object” and as “aced objects’ [...] incorporated by actors.” Majerus 2017, p. 273.

⁵ Latour 1991, p. 18. I will not be able to discuss Latour’s almost anecdotic narrative style as well as his disconcerting gender-attributions (the clumsy female archaeologist) here.

⁶ Latour 1991, p. 19.

⁷ Bersot 1933, p. 4, my translation.

especially nursing of lunatics, observation of the sick, writing of reports as well as knowledge of the conduct in different wards is required.⁸

Between 1927 and 1932, “a total of 717 people, 291 male and 426 female nurses”⁹ had taken the exam, of whom six did not pass. In the whole of Switzerland, “25% of the male nurses and 21,7% of the female nurses”¹⁰ had been certified by 1933. Even though the numbers show that the profession’s target audience was changing to a more female orientated market rather than one of strong men, the percentages suggest that fewer women aspired to be certified.¹¹

In this new kind of training, objects like keys increasingly became a topic of interest. Previously, they were mentioned in the short normative descriptions of the profession for nurses. There is a passage in the *Official Regulations for Guards of the Mental Asylum Basel* from 1899 (the clinic was opened in 1886), which points out that doors must be locked and that keys must not be lost – *ex negativo* this means that open doors and lost keys were a problem.¹²

Forty years later, Walther Morgenthaler wrote to the director of the Swiss Public Health Department about the lack of progressive thinking by some doctors:

Even if the number is small, there are still doctors today, who believe that good character (which is often simply understood as good-heartedness sprinkled with indolence) and a short instruction of the chief guard about paying attention to keys and sick people, patience, etc. are enough.¹³

That (as well as how) Morgenthaler addresses the staff in addition to objects as topics of discussion is unusual for the time. Institutional changes can be pointed out paradigmatically with reference to keys, which have opened and closed the figurative doors of clinics.¹⁴ At that time, the former ‘guards’ became ‘nurses’ and the psychiatrists started paying attention to keys as technical things, since the sheer amount of them as well as the noise they were making began to disturb several actors.

In his *Memoirs* the German psychiatrist, Emil Kraepelin (1856–1926), also discussed keys. He writes:

⁸ Bersot 1933, p. 4, my translation.

⁹ Bersot 1933, p. 7, my translation.

¹⁰ Bersot 1933, p. 45, my translation. Bersot provides even more statistics, which are also of interest for an internal comparison of the clinics.

¹¹ Since female nurses were notably younger than male nurses on average, these figures should not only be considered with regard to the category of gender in order to provide meaningful explanations. Maybe women were not as much interested in certification as nursing was seen as a short-term job prior to marriage.

¹² Paragraph 26 reads as follows: “The guards always need to make sure that ward doors are closed and that keys are not forgotten or lost.” Hähner-Rombach 2008, my translation. The commentary by Braunschweig can also be found in Hähner-Rombach 2008, pp. 333–336.

¹³ Morgenthaler 1926, p. 456.

¹⁴ It would also be possible to analyze other things like beds or baths. See also the latest research by Monika Ankele (Hamburg) on beds and baths in psychiatry as well as the project by Maria Keil (Berlin) on hospital beds. This research shows a focus on objects in the history of psychiatry which adds to common approaches like the history of institutions or biographical as well as nosological research.

The need for a practical solution of the key problem was important. As I entered the clinic in Leipzig, before it was opened, I found a board with several hundred keys hanging on it, which had been supplied by the workmen for the various clinic doors. Whenever one wanted to go to a certain ward, one had to take a little basket full of the necessary keys. The clanking bunches of keys in some of the asylums reminded me of a prison. Furthermore, I did not like the three- and four-sided keys in use, not only because the corresponding locks emphasize that one is in some peculiar type of house, but also because the patients mistake them for tools for maltreatment. Therefore, I tried to make the locks and keys as uniform as possible, so the staff were only armed with one tiny key, which could be used to enter all rooms necessary for work.¹⁵

In his retrospective depiction, Kraepelin is disturbed by the amount (a “basket”) of keys, their loudness as well as their shape (their three- and four-sidedness), since they could also be used as weapons against patients, at least there seem to have existed complaints pointing towards this.

Textbooks from this time, however, did not only address keys, but also copies. The doctor Valentin Falthäuser (1876-1961)¹⁶ warned of duplicate keys in his work *Nursing of Lunatics*, initially published in 1923:

Almost countless are the attempts to make lock picks to open locks, or square keys, if they are qualified for their purpose, out of the most different materials that are passed on to them either by accident or deliberately. Lock picks, that is hooks bent in different ways depending on the respective lock, are made out of wire, convoluted pieces or strips of sheet metal, spoon handles, etc. It is not uncommon that previously some of the patients were canny burglars, metal workers, or from a similar profession. They make proper duplicate keys out of tinware, spoons, and pieces of sheet metal etc., after they have obtained imprints of the respective keys in unguarded moments in the most cunning way. These imprints are made out of wax or chewed bread. Or such imprints are given to visitors or a patient who is allowed to leave the premises or is released, and these then smuggle the subsequently manufactured keys on the premises, and possibly break into the asylum at an agreed time during the night and hand such duplicate keys to the waiting companion through a window, which was kept open with all kinds of tricks and dodges.¹⁷

¹⁵ Kraepelin wrote his *Memoirs* in the 1910s. Kraepelin 1987, p. 122.

¹⁶ Falthäuser, later, became a national socialist, who was involved in the euthanasia program as an ‘Action T4 expert’ and thus was jointly responsible for the murder of hundreds of children from the mental asylum Kaufbeuren. He was, however, given a lenient sentence and was even pardoned later. See also <https://www.pflege-wissenschaft.info/datenbanken/who-was-who-in-nursing-history/liste-aller-eintraege/104-datenbanken/who-was-who-in-nursing-history/11527-falthauser-valentin>, accessed August 20th, 2018.

¹⁷ Falthäuser 1925, p. 86, my translation.

Faltlhauser seems to have been virtually helpless against the uncontrollable number of attempts to copy keys. He found one group of internees especially suspicious – “the canny burglars or metal workers”. In the quoted passage, one can discern a basic mistrust of sick people. But not only patients were suspects – in relation to duplicate keys, everyday objects like dishes and spoons or materials like bread, which when chewed suddenly became a modelling compound rather than food, appeared in an altogether different light.

The quotes from Kraepelin, Faltlhauser, and Morgenthaler make clear: The “key problem” is one that worried psychiatrists. In addition to individual initiatives and reports like Kraepelin’s, keys were also turned into didactic items, which were stored, so they could be re-used in the training of staff members. From this perspective, large locks and their keys represented an old practice, which like means of coercion had to be overcome in ‘modern’ psychiatry.

2 Walter Morgenthaler’s Collection of Keys

In his 1930 work, *The Nursing of the Emotionally and Mentally Disturbed*, the Bernese psychiatrist, Walter Morgenthaler (1882–1965), features photographs of old and new keys.¹⁸

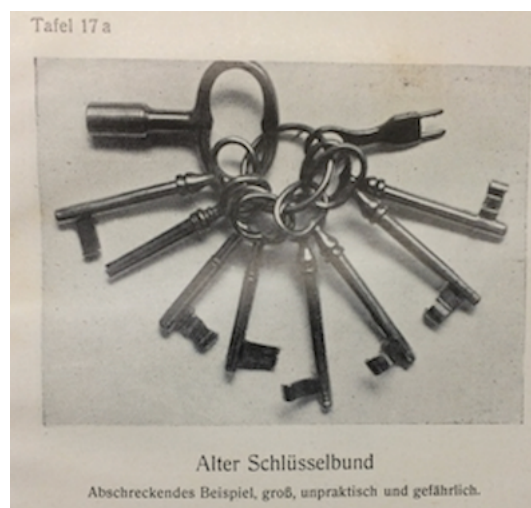


Fig. 1: Old set of keys. Morgenthaler 1930, Plate 17a.

¹⁸ The book was also published in French in the same year, in Italian in 1934, and in Spanish in 1936. For a general introduction to Morgenthaler, see Wernli 2014, pp. 152–160. On Morgenthaler as an art collector, see Luchsinger 2016, pp. 215–224 and pp. 282–300.



Fig. 2: Modern, combined keys. Morgenthaler 1930, Plate 17b and c.

Morgenthaler demanded the abolition of large sets of keys and a reduction to three keys: “An appropriately equipped asylum is supposed to get by with three keys for a nurse: a ward key for the doors, a special key for windows, light, signal bells, bath, etc. and a cabinet key.”¹⁹ In his opinion, the proper handling of keys was what made a good nurse. He wrote: “The right handling of the keys is very difficult and takes a long time to be learned. For an expert, nothing is a more appropriate measure to assess a nurse than the way he handles keys.”²⁰

The photographs show everyday objects, which had increasingly become a topic of scientific as well as museum interest: Similar to developments in prisons, collections of objects like keys were established in psychiatry. Keys were also exhibited in the 1914 Swiss National Exhibition in Berne, where the psychiatry exhibits occupied two rooms. What was exhibited, however, is not documented – theoretically, Morgenthaler’s collection of keys could already have been presented there, since he had also produced models of the old means of coercion for the exhibition. It has been established that copies of prison keys were displayed.²¹ Through these objects, a wider public as well as trainees were able to learn how an institution worked (and how it did not work). The latter was in particular the case, when the objects which were supposed to guarantee locking in and out were copied by those who were not intended to have power over the keys: the patients.

¹⁹ Morgenthaler 1930, p. 125, my translation.

²⁰ Morgenthaler 1930, p. 124, my translation. Morgenthaler’s use of the generic masculine does not reflect the actual proportion of male to female nurses in the Waldau clinic at the time – in the 1910s and 1920s the gender ratio of the employed nurses was almost equal.

²¹ In the report on the Swiss National Exhibition from 1914 (p. 61, my translation), group 44, VIII, the police and prison system are described as follows: “3. Crime Museum. From the Crime Museum of the Bernese cantonal police, a collection of murder weapons, burglary tools, duplicate keys, as well as a very substantial and interesting series of models for counterfeiting, forged stamps and signatures, were exhibited. The equipment of hotel thief was also exhibited as well as different images on gaming and fortune telling fraud. Following this, there was also an extensive collection of prohibited weapons, as used by poachers, and prohibited fishing equipment.” Until today, the Crime Museum of the Bernese cantonal police has preserved (uncommented) keys which are probably from this period.

2.1 The Material

A unique collection of duplicate keys is located in the psychiatry museum in Berne, i.e. keys made by patients and provided with reference numbers²² by Walter Morgenthaler. In these files, in turn, the respective history of a key can be found and it shows that most duplicate keys were produced for the purpose of escaping. By analyzing the files, these objects can be contextualised in a new way.

First, regarding the items: Morgenthaler's collection consists of three rectangular cardboard plates of the same size. On these plates there are two areas, which are both separated by two black horizontal lines and to which around 90 objects are attached.²³



²² I want to thank PD Dr. Andreas Altorfer for providing me with the files from Waldau in the psychiatry museum Berne. I will anonymize names and correct obvious misspellings. All mentioned files and objects may be found in the psychiatry museum Berne or in its archive.

²³ A plate with the title "Instruments constituting a public danger" does not seem to be part of inventory. Plate no. 114 is exhibited in the psychiatry museum Berne, the others are located in the archive. The tableaux no. 147 and no. 114 can be found in: Morgenthaler 1930, p. 187 (as plate 27). The instruments constituting a public danger can be found there too on p. 188 (plate 28). Plate 147 of the duplicate keys can be found in: Beretti, Heusser 1997, p. 127; Luchsinger 2008, plate 20. For an article on plate 578 with a focus the keys of an individual patient, Mr. B. (patient record no. 7505) see Wernli 2018. A plate by Morgenthaler with the title "Instruments for Suicide" only references two record numbers in its current condition. It has the inventory number 550. In Morgenthaler 1930, plate 26, we can find an image of the plate in its original condition – including more material and labels. On this plate, we can find three commentaries next to objects: "ribbon for hanging" or "no. 8912 15–VI.21 hung on the door handle of a bathroom in the barracks." Or: "No. 8911 hung himself on a pipe on 19.6.21."

Fig. 3: Morgenthaler: Duplicate keys. Inventory number 114.



Fig. 4: Morgenthaler: Duplicate keys. Inventory number 147.



Fig. 5: Morgenthaler: Duplicate keys. Inventory Number 578.

As the attached labels specify, most of them are duplicate keys. The plates also display individual parts of keys like bits or molds for the production of bits. All three plates have small holes at the top. One can thus assume that they hung in Morgenthau's small asylum

museum, which he had set up in the attic of the new building constructed in 1913 (called ‘Old Clinic’ today). Further, there is a fourth, rather square plate, to which around 14 objects are attached freely and on which clear gaps can be identified, where things used to be.²⁴

The connection of object and number allows for contextualizing these things in the practice of documentation of psychiatry. The existence of reference numbers distinguishes the plates from Morgenthaler’s other efforts, on which there are instruments of suicide or generally dangerous tools and few if any reference numbers. For the files, this means that the objects add evidence to what is described: duplicate keys, as they are described in the patient records, can still be seen in the collection; they bear witness to escape attempts or at least attempts to prepare for them. For the patients, who are assigned a file number, this means the transmission of a work from their hand. What can be investigated with regard to the patients is thus not only the recorded psychiatric gaze, as stored in the medium of the file, but also a tool with specific material properties handcrafted by them.

Today, the keys themselves have several forms of presence. They are first, publicly viewable in the museum as well as haptically tangible on the tableaux. Second, they are available linguistically transformed in the files, when they were used for escape attempts, and third, they are printed as photographs and are furnished with explanations by doctors in teaching materials. In a section on so-called sick people who ‘constitute a public danger’, Morgenthaler writes that they are “particularly cunning; out of seemingly benign things” they can make “dangerous instruments”²⁵, among which he also ranks the duplicate keys. ‘Cunning’ is an expression, which is used repeatedly in the files – it also expresses a certain fascination with these objects, which manifest themselves in several textual forms.

First, however, the three plates need to be analyzed more precisely.²⁶ In general, it is difficult to discern a systematic order on the plates – visually, the objects are divided into horizontal lines, but further criteria of classification are not evident. All tableaux feature different materials, the objects are made out of wood, metal, bones, wire, or cardboard, many are composed of combinations of materials, which are held together by strings. The base materials are spoons, wire springs from mattresses, or nails. Such keys were not made from scratch, rather an everyday object was altered. It is also clear that the objects were not classified according to their creators, as there are objects by Mr. B (record number 7505) on all three as well as other record numbers on more than one plate. Hence Morgenthaler’s criteria for classification remain open.

More than half of the objects on the plate with the inventory number 114 (Fig. 3) are attributed to the patient record number 5682, Mr. J. Most of the objects by Mr. J. are made out of wood and seem professionally shaped in a lathe. They are, however, (and this we learn through the study of the patient record) not produced by a carpenter, as could be expected, but by a brewer. One single object (associated with record number 4635) is related to a full name. On

²⁴ Inventory number 562.

²⁵ Morgenthaler 1930, p. 188, my translation.

²⁶ The order, in which the plates appear in this paper, is arbitrary.

the fourth key from the top right, it says “Stalder Jakob NH 1920 19VIII”.²⁷ This key allows for dating, given that it was already attached to the plate when the collection was started. Thus, the collection could have come into being in 1920 at the earliest, even though older objects might also have been added, since the main term of employment for Morgenthaler in Berne was already before this time. That dating by means of the objects may, however, be problematic is revealed in a comparison with plate 114 from Morgenthaler’s teaching material.

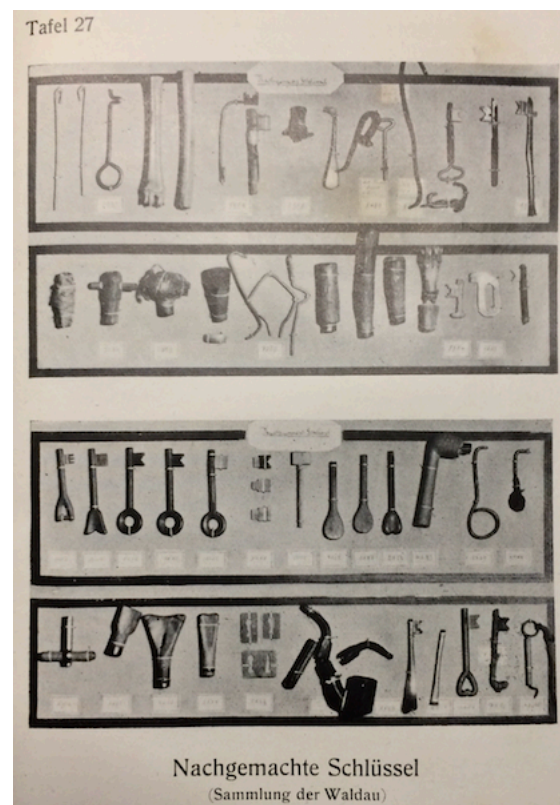


Fig. 6: Duplicate keys. Morgenthaler 1930, Plate 27.

It is striking that in the upper row of that plate, Stalder’s key is turned to the right, so that the name cannot be seen. Next to this key there are two more objects, while there are three objects on today’s plate 114. Thus, the metal key with the record number 12727 must have been attached to the plate after the teaching material’s year of publication (1930) – at a time when Morgenthaler had already stopped working at Waldau. In fact, Mr. R. (with record number 12727) had only come to the clinic in 1935. This one object then shows that while the plates and the arrangement trace back to Morgenthaler, the clinic continued collecting objects and presumably used the plates for teaching after he had left, since only this would explain that someone later attached the key of Mr. R. to the plate.

²⁷ Some objects made out of wood carry the same name. “NH” is sometimes spelled in full as Neuhaus. Most of his works are from the early 1920s. At the time of the composition of this text, the file with the number 4633 cannot be found. Neither can the name be found in Morgenthaler’s slip box.

In addition to the objects, the plate with the inventory number 114 (Fig. 3) includes two labels by Morgenthaler, which could be called micro-stories. The label for the pipe at the bottom which is made out of small pieces reads “the middle piece contains a three-sided key” and the label for the second object from the right reads “hidden in the mouth”. Here, the description and the history of the object intersect. This pipe trains the nursing gaze: it shows that a seemingly harmless everyday object may contain a tool for escape and that keys may not only be found in pockets, but also patients’ mouths. Through this, a history of the displayed object is hinted at, while at the same time the body of the patient is addressed. The corporeality of the patient is presented as potentially suspicious, since it can hide keys. Most of the objects on the plate with the inventory number 578 (Fig. 5) are attributed to Mr. B. In addition there are objects without record numbers. For instance left of the middle in the bottom row is an object that comprises a combination of a steel spring, other metal pieces and purple paper slips. This paper can also be found in the top row where the object on the left merely consists of (partly printed) paper and thus could most likely not be used as a key. It is the only object with a comment next to the record number, namely “psychopath”. Since the related record is missing from the archive, this trace cannot be followed further. By contrast, the third object from the left is clearly crafted from the handle of flatware. In addition, the object at the far right appears to have been forged. Lastly, the key with the number 7396 is three-sided. This can only be seen from the side. Thus, the precise nature of the objects as well as the patients’ ingenuity with respect to hiding them is only revealed when the keys are considered as three-dimensional things rather than illustrations. With numbers or records missing, however, it becomes clear that a scholarly engagement with these objects always needs to consider and find a way to handle such an incomplete transmission.

The plate with the inventory number 147 (Fig. 4) exhibits large bones as well as objects made from wire among other things. There, the micro-stories read: “used it to open windows” or “out of the box spring mattress of a bed” or “for opening the shutter”. In the upper row, a little left of the middle, there is also a key made out of cardboard, which the psychiatrist Theodor Spoerri depicted in a contribution for the 1972 documenta. It was, however, decontextualised and unrelated to the record missing today.²⁸

With regard to the plate with the inventory number 562, I can here only draw attention to two peculiarities: First, the plate documents the origin of the duplicate keys by using a range of comments. For example, one reads “inception of key manufacturing”, another “beginning of three-sided keys”. Others provide information on the material: “the sheet metal from cans serves as reinforcement”. Second, the origin of two three-sided keys is said to have been Münsingen, while it seems that for the other objects Waldau can be assumed to have been the place of origin. Thus, it can be concluded that the production of keys in different institutions was similar and that Morgenthaler had requested the keys from Münsingen, so he could add them to his collection.

²⁸ Spoerri 1972, pp. 11–4 (sic! page numbers). Against this backdrop, Spoerri’s sparse comment that it is “probably a symbol of power” remains a mere hypothesis.

3 The Records

There are 12 records on the key plates in the archive of the museum of psychiatry in Berne. They report on twelve men who were born between 1853 and 1896 and whom were all made to live for a short while at least in Waldau (with some having multiple lengthy stays). Since at that time there were as many women as men interned, it is striking that only men produced these objects. Most were so-called ‘cases for examination’, which were brought to the clinic from surrounding prisons for a psychiatric examination. Thus, many of these men were already familiar with the experience of being ‘behind bars’. Their patient records differ in terms of their length, but all include keys. Hence, the object has found its way into the medical description of the patients and their sickness. What Cornelia Vismann has explained with regard to files and law, may also be transferred to the psychiatric files, that is, files “act” by transforming and storing knowledge.²⁹ In this specific case, they act in a network in conjunction with objects as well as patients and doctors. As there are virtually no surviving qualitative records written by guards (it can be assumed that they simply were never made), an important group of observers is missing. Since only few doctors were employed in the clinic, it can be assumed that many of the observations on the production of keys and escape attempts found in the records are based on oral reports.

In the following section, I will present excerpts from the records alongside six theses.

3.1 Many different things are potential keys

As can be seen on the plate with the inventory number 147, Mr. E., a baker, born in 1896 in Belgium, is linked to a key made out of wire springs from a mattress. E. became a prisoner of war in Germany in 1916 and came to Switzerland due to an illness in 1917. Mr. E. was transferred from prison to Waldau at the end of June in 1917, after, according to his records, he had already tried to escape six times. The army doctor asked for prompt notification.³⁰ In Waldau, he was diagnosed with ‘epilepsy’. The psychiatric report was written on October 8 – at a time when the patient had already successfully escaped.³¹ In the patient record, Morgenthaler wrote:

Bolted last night around midnight in a quite ingenious way. Must have planned his escape for a long time, removed wire springs from the mattress & made duplicate keys, hid his clothes in the privy in the evening. Then said he had diarrhea & went

²⁹ Vismann writes: “Files can also be distinguished along the lines of how they act on specific legal regulations and institutions. The two basic forms in which files act are transmission and storage. In between there is room for several other actions, scriptural operations and record manipulations.” Vismann 2008, p. XIV.

³⁰ The military doctor wrote: „Ce jeune Belge ne semble pas pouvoir rester en place; il est à sa 5ème ou 6ème évasion et déclare lui-même vouloir s’évader de nouveau, s’il en a l’occasion. Il est donc indiqué de le mettre dans l’impossibilité de tenter une nouvelle évasion.” Copy of the interrogation protocol, in: Waldau, patient record no. 8067, p. 5.

³¹ According to the doctor’s expert report, it was probably the director of the clinic, Wilhelm von Speyr, who wrote: “As I have communicated via telegraph, E. was able to escape in a cunning way with the aid of a patient addicted to morphine in the night of September 25/26, even though he was closely watched. I, therefore, now send you the required report.” Supplement in: Waldau, patient record no. 8067, p. 1.

to the privy a few times, while a helper, the morphinist M., tried to keep the night guard busy, opened the window & lead himself down from the first floor using sheets twisted together. Was irritated during the last days, demanded his release, ranted, was threatening, but nevertheless worked on his Teneriffe lace.³²

The drafting of a profile closes the patient record of Mr. E. What remains are the wire springs. What can aid an escape is not only what one imagines to be a prototypical key, but also a wire spring which is used as a key. This example shows how attempts to escape by means of duplicate keys change our understanding of the furniture of an asylum. The material of the bed is no longer only the condition for a place to rest, but also the supplier of components for duplicate keys. The bed makes the key and thus the potential escape possible. Components of a normal patient bed are literally instrumentalised.

The already mentioned flatware is used similarly – for instance, spoons, which were already discussed in Faltlhauser’s textbook and constitute the source material for keys on some plates. Scholz thus demanded: “After every meal, knives and forks have to be counted.”³³ Faltlhauser, too, warned of further dangers: “The flatware, including the spoons have to be counted and stored carefully. A sick person may even do mischief with a broken spoon. He can swallow the spoon handle, he can turn it into a lock pick, or a weapon.”³⁴ Not only do objects appear in a new, suspicious light, but also the related work. The note that patient B. regularly helped with the dishes³⁵ makes clear that this activity also put him in the position of being close to the material source of new duplicate keys, and the patient record also provides information on exactly that: “Ten days ago, a dagger made out of a sharpened spoon handle a. a cudgel (enclosed) were found.”³⁶ Morgenthaler’s collection of duplicate keys thus materially exhibits the transformative potential of everyday objects from the clinic.

3.2 Keys and patient records lead through the clinic as a space

What the interior of clinics looked like can be gathered from construction plans and scattered photographs. However, in most cases the ways actors moved within them is not documented. For this, stories about keys provide an exceptional insight. Most escape routes aimed outside – there are, however, exceptions. Mr. B.,³⁷ for instance, used duplicate keys to break into the women’s section and steal dresses which he wanted to wear underneath his own clothes. And there is evidence that Mr. W., a former tailor’s apprentice with a penchant for animal abuse, who had been diagnosed with ‘dementia congenital’, broke into the staff room:

The next day, he [W.] sneaked into the room of the guards next to it with a quite skillfully self-made key; he “did not want to take a lot” from the guards, “only about one Fränkli [diminutive for Swiss Francs] or 2.” At first, he denied that he had made

³² Waldau, patient record no. 8067, p. 10, entry from September 26, 1917, my translation, (typewriting) signed with „mo“ by Walter Morgenthaler.

³³ Scholz 1900/1913, p. 105, my translation.

³⁴ Faltlhauser 1925, p. 56, my translation.

³⁵ Waldau, patient record no. 7507, p. 23, 27 and p. 28.

³⁶ Waldau, patient record no. 7507, p. 25, my translation.

³⁷ Waldau, patient record no. 7507. Keys primarily on plate with inventory no. 578.

the key; but then he admitted it, and also that he had made the one with which he had opened the door for pat. B[.] the night before.³⁸

Moreover, W. once disappeared from work in the fields and broke into the apartment of the director in the upper story of the clinic. There, he jumped from the bedroom down into the yard, remained unscathed, and apparently was delighted with his “successful prank”.³⁹

With regard to attempts to escape outside, the notes in the records allow the reader to participate in the transition of space, as in the record of Mr. V., a former hotelier diagnosed with ‘Dem. praec a. querulous paranoia’:

22. XII 17: “Escaped from the bedroom yesterday evening, when they went to bed: first covered the bed, left the clock in order to have the guards think that he was on the privy. With a key, he left the uppermost corridor, escaped out to the yard at the kitchen, tiptoed along the wall, saw a guard coming from the new building, when he wanted to change directions towards the forest, a. turned towards the main building, was outrun by the guard, fled into the garden in front of the men’s ward a. eventually hid in the privy of the Palin[?]building. There he was caught by the guards, was transferred to III.”⁴⁰

Through this description, the spatial arrangement of the clinic as well as its possible escape routes can be experienced from the inside. It is such excerpts from object stories which add a new inner perspective to traditional historical accounts of psychiatry. Analogous to Latour’s account of *The Berlin Key*, one can speak of a struggle⁴¹ for access or the attempt of denying escape – things as signs (the clock hung on the wall and pointed to the presence of the patient) and things which could act (the key made the escape from the corridor possible) as well as several guards, who ran, and the patient, Mr V., who moved through the monitored maze of the asylum and eventually ended up in another ward: all took part in this struggle.

3.3 Keys expand the functions of rooms and places

In clinics of this time, the bathroom has different meanings: First, a bath performs the transfer from the outside world into the asylum;⁴² second, a (continuous) bath served as a means to either calm or punish a patient.⁴³ With regard to duplicate keys, it is above all the two latter meanings that are of importance. In the bathroom, the patients were searched and after

³⁸ Waldau, patient record no.5892, entry from May 31, 1909, p. 11, my translation.

³⁹ Waldau, patient record no. 5892, entry from March, 20, 1919, p. 17, my translation.

⁴⁰ Waldau, patient record no.6812, entry from July 22, 1917, my translation.

⁴¹ Latour writes: „The Berlin key, the door and the concierge are engaged in a bitter struggle for control and access.“ Latour 1991, p. 18.

⁴² On the transfer of the patients, Scholz writes: “Once they have been led to the sick ward, every arrival is bathed; if he resists, even if reasoned with, the doctor is to be informed. Bathing does not only serve to *clean* the sick people, but also to *inspect* their body, to see if they for instance have wounds, rashes, bugs (hairy parts!), hernias etc. The *clothes*, too, are examined during the bath (valuables, weapons, bugs).” Scholz 1900/1913, p. 89, my translation. Italics are letterspaced in the original.

⁴³ Following an escape attempt, we can for instance find a note in the record of pat. J., saying “Came to the bath for the night.” Entry from September 2, 1922 in patient record no. 5682/7004, p. 21, my translation.

escape attempts, the doctors put them into continuous baths. An example for this is again a passage from the record of Mr. B.:

Guards lately presume that pat. has keys again, fellow patients reported B. had opened the faucet. Will be taken to the bathroom for a search today. We first find a three-sided key. Pat. again wears 2 chemises, one furnished with lace, about whose origin nothing is to be known.⁴⁴

In this case, the bathroom was not a place of therapy or penal custody, but a place of control and access to the body. With regard to Mr. B., two things were found: in addition to a three-sided key, the guards also found that he wore chemises. This circumstance seems to have confused the doctors for a long time – it, above all, makes clear that the doctors did not know how he came to possess these clothes. Thus, the bathroom was also the place of disclosure as well as new riddles.

3.4 In psychiatry, keys become apparent when they (do not) work

This thesis applies and it also does not. Openly, psychiatrists were disturbed by the noise of the staff's old set of keys. As discussed above, keys were noticed by psychiatrists, when they were disturbing. There was no place in 'modern' clinics for this overt symbol of power. The situation is, however, different with regard to duplicate keys, which became noticeable when they worked error-free, when they were made out of another thing like a spoon or a wire spring from a mattress or inconspicuous material like wood and used. This is how they eluded the controlling eyes of the employees. Hence, we can observe a reversal of Bill Brown's *Thing Theory*. When Brown writes: "We begin to confront the thingness of objects when they stop working for us",⁴⁵ it is the *non*-operability of a thing, which makes it noticeable. The problem of duplicate keys, however, was that their specific "thingness" remained unnoticed in day-to-day life, because they worked. Nurses and psychiatrists were unable to notice them – until an escape pointed to their existence. This applies to all objects which were used successfully, the ones with which male patients were able to break into the women's section and the ones with which dangerous patients were able to escape.⁴⁶ Through this, different relations between different actors and the objects also become apparent. While the (original) keys of nurses and doctors had to grant error-free access, duplicate keys were not supposed to be able to do this or supposed to do this even better. As far as possible, patients were supposed to be discouraged from producing such keys at all. The patients, in turn, tried to detract attention from the keys, while Morgenthaller's focus on these objects tried to contain their emergence and operability.

⁴⁴ Waldau, patient record no. 7507, entry from July 7, 1924, p. 27, my translation.

⁴⁵ Brown 2001, p. 4.

⁴⁶ The objects, which obviously do not work like the 'key' in the top left corner on plate no. 578, are an exception. In this case, only the (missing) record could tell us more. In comparison to other objects, it is, however, striking that there is a diagnosis ("Psychopath!") below the number – the key is thus pathologised.

3.5 Keys and patient records unveil collaborations

Opening files for each patient lead to a focus on individuals. The duplicate keys, however, show conspiratorial collaborations of patients. In this regard, Faltlhauser warned of “the possibility of a collective conspiracy”.⁴⁷ Morgenthauer simply noted: “A propensity for conspiracies is more frequent among these sick people [=the ones who constitute a public danger] than lunatics.”⁴⁸

In the record of Mr. B., we can find an example from Waldau:

Broke out of 260 with his buddy v. K[.] last night at 1. The two tied two sheets and a blanket together, attached them to a bed a. climbed down into yard IV. They wanted to steal shoes and clothes from fellow patients W[.] a. Sch[.] a. threatened with destruction when they wanted to make noise. In yard IV they looked for the wall to yard III on the corner of the house [?] v. K[.] was able to get over a. ran away, while B. got on top, but fell back into the yard and injured his l. foot.⁴⁹

In the record of v. K., a tailor diagnosed with ‘hypochondriac paranoia’, who spent four periods between 1902 and his death in 1919 in Waldau, one reads that he was out of prison for a month, but was transferred back from the prison in Langnau under suspicion of theft.⁵⁰ Already two years earlier, he apparently had attempted to escape together with another patient (Mr. St.), “this one reported that pat. had made a key, probably out of the sheet metal of an accordion; on that day, he was very excited, said now or never, he had just received wine for lunch from a guard (correct).”⁵¹ In addition to the collaboration of patients, the actions of the nurse are problematic in this case, since he supplied wine to a patient without being able to control the consequences.

3.6 Escape attempts with self-made duplicate keys leave psychiatry at a loss for an explanation

The plate with the number 147 (Fig. 4) includes an object by Mr. G whose record number was 6285.⁵² Mr. G. used to be a practicing doctor and had experience with prisons. At the age of 37, he was brought to Waldau for the first time due to paranoia, suicidal thoughts, and because he apparently heard voices and injected himself with a large dose of a morphine derivative. He entered the clinic voluntarily and was diagnosed with ‘catatonia’.⁵³ He stayed for

⁴⁷ Faltlhauser 1925, p. 85, my translation.

⁴⁸ Morgenthauer 1930, p. 189, my translation.

⁴⁹ Waldau, patient record no. 7507, entry from August 26 1917, p. 20f., my translation.

⁵⁰ Waldau, patient record no. 7406, entry from September 24 1917, p. 20, my translation. There is one key object by v. K. on the plate with the inventory no. 114. His further patient record numbers are: 5426, 6174, 6230.

⁵¹ Waldau, patient record no. 7406, entry from February 3, 1915, p. 18, my translation.

⁵² The record also has the number 6118, because Mr. G. was interned twice. The actual case history is 44 pages long. In addition, there is quantitative data.

⁵³ Diagnoses will be put in quotation marks, since they are contemporary attributions, which cannot be double-checked.

a half a year, was discharged, but interned again in the following year – subsequently he stayed until 1918, interrupted only by an attempted discharge, which failed.

His record reports that he worked as a bookbinder in the asylum, but was repeatedly in trouble with his fellow-patients or employees, resorted to violence, and was isolated in his cell. Following this, Mr. G. attempted to escape twice. The notes in his record show that due to such escapes, the employees came under pressure to offer an explanation if the patients did not offer an explanation themselves, for how such an undertaking was possible in the first place. While we can also read of errors by guards, it is above all their cluelessness which is noted: “How he opened this [window lock] is unclear.”⁵⁴ Later, the importance of patient accounts for psychiatric knowledge of the creation of duplicate keys and escapes is highlighted: “He does not want to tell us how he opened the window. Such precious secrets are not to be revealed.”⁵⁵ The object, which Morgenthaler preserved, was found in a search following an escape: “First he comes to the bathroom a. then back to his cell. When his clothing is examined, a metal [hook?] is found which the pt. seems to have let out of [the window?] on a string in order to unhinge the window hook.”⁵⁶

The story of Mr. G. has a tragic ending – after another escape, he took his own life. There is an urgency to protect a suicidal patient from actually committing suicide, which shows that keys and nursing staff were at the center of psychiatric attention. In this specific case, questions remained which the doctor noted:

This morning, the cell was found empty with the door locked three times a. the window bolted., the cap on the pillow. In the yard, a chair stood on a bench, a board leant against a wall. Proof that pat. escaped over the roof? Why was everything locked so accurately? Was he not even brought to his cell in the evening? The guards certainly deny this. It does, however, stand to reason.⁵⁷

Duplicate keys also point to the non-knowledge of the discipline at that time.⁵⁸ They generated uncertainty in the network of nurses-patient-key-doctor. As objects, duplicate keys governed observation practices and the psychiatric gaze as well as the modes of notation. This is also true for everything the object made possible. Duplicate keys cannot only open doors, but also lock them. What remained was a psychiatrist and his unanswered questions, only a chair on a bench could be used a clue.

In conclusion, it can be noted that in the same period in which nurses were increasingly professionalised in training courses, attention was increasingly devoted to objects. Good nursing staff needed to be able to correctly handle items like keys, as this would maintain the clinic’s control and power. Duplicate keys can serve to show that in addition to psychiatrists and nurses, other actors also acquired and used expert knowledge, namely the skillfully acting inmates. Keys thus not only decided who could open and lock doors, they also allow for a new

⁵⁴ Waldau, patient record no. 6285, p. 36, my translation.

⁵⁵ Waldau, patient record no. 6285, p. 42, my translation.

⁵⁶ Waldau, patient record no. 6285, entry from October 12, 1917, p. 42, my translation.

⁵⁷ Waldau, patient record no. 6285, entry from April 27 1918, p. 44, my translation.

⁵⁸ For the term ‘non-knowledge’, see Wernli 2012.

historicizing perspective on institutions. In the combined consideration of collected objects and records of actions as a psychiatric manifestation of the cultural technique writing, it becomes clear, how (duplicate) keys allowed for the experience of spatial arrangement and changed the function of spaces. Moreover, other objects in their function as material source as well as negligent nurses became suspicious due to keys. As everyday objects, keys have, moreover, already found their ways into metaphorical ways of speaking. There are ‘key figures’, ‘keywords’ as well as the ‘unlocking’ of secrets, which do not have to include a physical key.⁵⁹ How matter and metaphor interact becomes clear with reference to Morgenthaler’s collection. The collection brings together objects, which first may be perceived as signs because they refer to power – to quote Latour again. Second, the keys have a specific materiality, which is exhibited as such – the top view perspective is especially striking, which, for instance, obscures the three-sidedness of a key, but also aestheticizes the objects. Third, the keys are technical things, as it is often other items which are transformed and processed with recourse to knowledge of craftsmanship. Finally, the keys may act as an “intermediary”⁶⁰ by taking on an active role in a structure, for which Latour uses the metaphors “networks” and “chains of mediators”.⁶¹ Duplicate keys allowed patients to escape by opening doors, as *corpora delicti*, they convicted patients, and they deceived nurses and employees, when they were well-crafted. Once they were fixed to the plate, they instructed future nurses and turned the psychiatrist Morgenthaler into what he was: a teaching psychiatrist, an observing doctor, and a collector. Above all, these duplicate keys, however, give us access to an important part of the history of psychiatry, in the literal sense.

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4 List of Figures

Fig. 1, 2 and 6 out of Morgenthaler (1930): by courtesy of the Hogrefe Verlag Berne

Fig. 3: Sammlung Morgenthaler, Inv. Nr. 114 © Psychiatrie-Museum Berne

Fig. 4: Sammlung Morgenthaler, Inv. Nr. 147 © Psychiatrie-Museum Berne

Fig. 5: Sammlung Morgenthaler, Inv. Nr. 578 © Psychiatrie-Museum Berne

⁵⁹ Such metaphors can also be found in other languages. In French, ‘prendre la clef des champs’ refers to the escape object of an escape’. There are also more general usages of key metaphors like ‘mot-clé’ or ‘concept-clé’, which work similar to ‘Schlüsselbegriff’ or ‘parola chiave’. Due to lack of space, I will not be able to discuss literary keys, but want to call attention to Friedrich Glauser’s crime novel *In Matto’s Realm* (1936, English translation from 2005).

⁶⁰ Latour 1991, p. 18.

⁶¹ Latour 1991, p. 21.

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