UNIVERSITY OF STRATHCLYDE

DEPARTMENT OF HISTORY

# MADNESS AND INDUSTRIAL SOCIETY.

## A Study of the Origins and Early Growth of the Organisation of Insanity in Nineteenth Century Scotland c. 1830 - 70

Volume I

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# ABBREVIATIONS

| | |
|---|---|
| E.R.H. | Edinburgh Royal Hospital |
| G.G.H.B. | Greater Glasgow Health Board |
| L.R.H.B. | Lothian Regional Health Board |
| Med. Hist. | Medical History |
| M.L. | Mitchell Library |
| S.R.O. | Scottish Record Office |

# ABSTRACT

Nineteenth century Scottish asylum records show that crude admission rates were increasing annually. Nevertheless, when these data are expressed as a percentage of the general population, they lose much of their statistical significance. Moreover, the statistics reveal that, on balance, the prevalence of insanity was greater in densely populated regions, that the female insane outnumbered the males, and the paupers constituted the bulk of the lunatic population.

The material consulted however only reveals part of the picture, as a large percentage of the insane remained unknown to the officials. But despite contemporary evaluation, the figures were a distinct source of anxiety to nineteenth century administrators. As a result, Victorian Scotland, as elsewhere, witnessed a trend towards institutionalising lunacy. Nevertheless, there were aspects of this process which were distinctive to Scotland. Although the major reform process took place in 1857, at a time when Scotland had emerged as a mature, industrial society, the beginnings of tentative, unco-ordinated attempts to remedy this particular social problem were correlative with, rather than a result of, industrialisation. Moreover, local philanthropy, was as much a part of the reform process as national Benthamite utilitarianism. Specifically, it was precisely the existence of the seven Royal

Asylums, unique to Scotland, whose origins in Montrose predate the reforms of Pinel and Tuke by ten years, which not only explains the slower entry of the state into this aspect of social life in Scotland compared to England, but was also the reason behind the smaller scale of the 'trade in lunacy'. Furthermore, when full reform finally came to Scotland, the new civil servants involved appeared to favour smaller asylums than those built elsewhere, and were prepared not to incarcerate about a quarter of their known insane population.

In contrast, although the evidence suggests that while the Royal Asylum managements did practice 'moral management' extensively when caring for their patients, they were less innovatory about treatment. Eighteenth century 'medicinal remedies' died hard in Scottish asylums. But moral management was non-existent in the private madhouses and poorhouses.

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# INTRODUCTION

In contrast to the theories developed by R.D. Laing,[1] and certain of his colleagues, historical research suggests that the temptation to regard 'mental illness' as a phenomenon peculiar to the industrial epoch has to be rejected. Scholars such as Alexander and Selesnick,[2] Rosen,[3] and Szasz,[4] have established that references to the mad can be traced as far back as Biblical times[5]. Moreover, whereas ideas on madness in the ancient world were characterized by religious, daemonic and magical themes, a positive medical attitude had its origins in Graeco-Roman and early Islamic times. Research indicates that an 'asylum' or retreat, while rarely used before the modern age, has distinct historical roots, with the Spanish claiming to have opened the first such institution at Valencia in 1409.[6]

Nevertheless, there are valid reasons for regarding the later decades of the eighteenth and early years of the nineteenth centuries as being critical in the history of the insane. Central to this state of affairs is the clear evidence that insanity, aroused more interest than hitherto. Statistics from the early nineteenth century showed a decided increase in the number of lunacy cases during those years. The alarm felt by people of the time is adequately expressed by one London physician, John Reid, who wrote in 1808 that "Madness

strides like a Colossus in the country"[7] and a year later that "more people are mad than are supposed to be so".[8]

It should come as no surprise, then, to learn that specialised institutions for the insane proliferated during these years. This 'great incarceration of the insane', as Foucault has chosen to call the process,[9] had in fact been going on in Europe since the middle of the seventeenth century. Both Prussia and France had built vast castellated institutions whose origins Scull has recently attempted to explain. He believes that it was a vulnerability to outside attack which forced the 'continental absolutisms', to incarcerate their 'problem populations'.[10] Whether this was the case or not is open to conjecture, but it is correct to see institutionalism spreading rapidly during the early and mid-nineteenth century, as Rothman, for example, noted in the American context during the Jacksonian era.[11]

Moreover, it is to the era of the French Revolution that we look for the first glimpses of what was later to be known as psychiatry. Throughout most of the eighteenth century, the practice of medicine, which was developing rapidly in the field of physical illnesses, extended its influence to the sphere of mental disorder. In the Age of Reason, medical men were well placed to argue that madness, or 'non reason' was not the result of divine inter-

vention or demonic possession but a malfunction of the body. Hence the Augustan physicians prescribed a whole series of remedies, blood-lettings, vomits, purges, blisters and the like in an attempt to 'cure' this disorder. Ironically, however at a time when medicine was beginning to consolidate its position in this area, it was to receive the first of many serious challenges to its competence. Undoubtedly influenced by the romantic stress on 'feelings', the 'individual' and 'liberty', a new approach to the mad, known as the 'moral management of the insane' was initiated towards the end of the eighteenth century, although the origins of this new perspective certainly pre-date Romanticism. In its original form, the reforms, as illustrated by Battie, Tuke, Pinel and Esquirol were largely anti-medical in their approach. They emphasised the humanity of those unfortunate enough to lose their reason, and called for greater freedom for the lunatic within a pleasant, healthy, therapeutic milieu. Moral management was carried to its 'logical extreme',[12] by the theory and practice of removing restraint from the lunatic. In practice, the older medical orthodoxy prevailed in many quarters and indeed, as this research shows, the eventual outcome was to be a synthesis of the two schools' ideas.

Concurrent with these views on treatment were innovations in the classification of the insane, which emerged during the early and mid-nineteenth century.

The historian is, of course, confronted by serious methodological difficulties in this sphere as aetiological explanations vied with symptomatic descriptions to create some very dubious nosological distinctions. But in terms of this general survey one could suggest that there were three main initiatives during the nineteenth century. Firstly, Philippe Pinel, at the outset of the nineteenth century emphasised environmental factors in the origins of insanity and prepared a classification of the condition; these terms came to be widely used during the nineteenth century. Secondly, Wilhelm Griesinger was the doyen of the German doctors who, during the 1840s, sought to move the study of madness away from the ideas of romantic poetry.[13] He preferred instead a clearly somatic explanation for the disorder, and was one of the pioneers of neurological research into the brain as the seat of mental disorder. This viewpoint was to become immensely influential in the latter half of the century. And finally, Emil Kraepelin, towards the end of the nineteenth century, is largely credited with establishing the classificatory systems with which we are familiar today. In his system, the work of earlier researchers was collated and Kraepelin defined the two major functional psychoses, dementia praecox and the manic-depressive syndrome.

Hence, while it is clear that significant developments in the history of the mad emerged before

the nineteenth century, nevertheless, those which took place during that time were clearly crucial.

In turning now to the specifically British aspects of this problem, the student is fortunate in being able to work within the context of extensive research undertaken particularly in the 1970s. In addition to frequent references made to English developments in the general works quoted earlier, of Alexander and Selesnick, Rosen and Szasz, a number of specific articles have appeared recently such as those by Shepherd,[14] Bynum,[15] and McCandless.[16] In particular, four major works have appeared. Andrew Scull, in his Museums of Madness, has in the course of an exhaustive study, attempted to explain the rise of incarceration for the insane along lines not dissimilar to those developed by Foucault in the European context. Specifically, he sees the 'asylum' as the rational, Benthamite solution to a deviance which had to be more effectively controlled because of the all-pervasive demands of market capitalism.[17] Vieda Skultans, in her English Madness has been more concerned with how ideas on insanity changed from Elizabethan times onwards, although she, like Scull, devotes much space to Victorian developments.[18] And William Parry-Jones has concerned himself with one aspect of the English 'organisation of insanity', namely the private madhouse system, in his Trade in Lunacy.[19]

But all three scholars, while developing their own perspectives, have been able to draw on the pioneering work of Kathleen Jones. In 1972, Professor Jones completed A history of the Mental Health Services, which was a combination of two earlier works.[20] As a result, students working in the English area were given, as Skultans put it, 'a clear and readily available record of events which would otherwise have remained far less accessible'.[21] In addition, this scholar differs markedly from Scull in her interpretation of events, seeing the reform movement as much more the influence of Shaftesburyite philanthropy than Benthamite utilitarianism.

The work of all four scholars will be considered in detail later in the text. But, as far as Scotland is concerned, no such systematic research exists. Those working on English developments have occasionally referred to isolated Scottish developments en passant, such as McCandless recently,[22] while Scottish historians, for example, Mrs Checkland, have referred to lunacy within a wider context.[23] Fish has brought out the important contribution of Dr. David Skae of Edinburgh to the development of psychiatry,[24] while Dr. Sir David Henderson's valedictory Evolution of Psychiatry in Scotland is invaluable as a retired doctor's memoirs.[25] Otherwise, only the occasional articles and dissertations exist. It is the general purpose of this thesis to begin the

process of systematically establishing a history of the Scottish 'mental health service'.

In so doing emphasis should be placed on the word 'begin'. When this research was commenced in 1973 with a pilot study of the Glasgow Royal Asylum, that study was seen as being merely exploratory. But as work progressed on this thesis, it increasingly assumed the form of an exploration. Problems of interpretation multiplied, and as many questions are raised in this thesis as are answered. One would have been happier if more information on the private madhouse system in Scotland had been obtained, and, in particular, discussions on care and treatment posed severe methodological problems. Moreover, great prudence had to be exercised over the use of asylum statistics. Hence this thesis must be seen as the beginnings of a contribution to knowledge: much more research is required in this neglected field of Scottish social history.

It is for these reasons that it was felt essential to include within the text a section drawn from secondary sources. Chapter One thus serves as a review of contemporary literature, illustrating not only present-day ideas on the constitution of mental illness but also considering the contentious (and in the context of this thesis) highly relevant debate on the role of the environment with respect to this condition. Chapter Two is a general survey of the lineages of madness in the past, paying particular

attention to the events from the eighteenth century onwards and to English developments. But too many comparisons with England would not be fruitful. This thesis is concerned, finally, with Scottish social history. For that reason, Chapter Three does not treat with insanity as such but with the drawing of the contours of the social and economic history of Scotland, with particular reference to the industrialisation process.

Part Two is devoted to a study of the establishment of the organisation of insanity in Scotland. This will be achieved by looking firstly at the statistical extent of the 'problem' of insanity in mid-nineteenth century Scotland, and then by considering the national 'response' to this challenge. In this respect, the comparisons with England are important, and it should be noted, briefly, here that whereas a national, legislative reform process began tentatively in England in 1808 and was fully consolidated in 1845, a similar, national process was not begun in Scotland until 1857. That there should be such a time-lag between the countries is not in itself significant. Many Victorian social reforms, such as the Poor Law, took root in Scotland after similar English initiatives. What is significant is that the Scottish reformers, unlike their English counterparts, had to work within a context of an already well-established lunacy organisation, namely the seven

Royal or Chartered Asylums. These were unique to Scotland and had no direct parallel in England. As such, their role and influence will constitute the bases of Part Two. But, in addition, the other institutions involved, the private madhouses and the poorhouses, will be compared with the 'Royals', and reference will also be made to that other peculiarity of the Scottish contribution, the 'boarding out' system. Among the other themes to be explored will be the changing role of the state, and of the law, in relation to insanity as the reform process got under way and finally, a specific case study of the Glasgow and Edinburgh Royal Asylums.

Having looked at national organisational developments, Part Three will finally be concerned with means whereby the care and treatment of the patient was achieved in the middle decades of the nineteenth century. In pursuing this enquiry, it should be appreciated that the distinction between 'care' and 'treatment' is, in many respects an artificial one. A pleasant, therapeutic caring milieu was as much conducive to a 'cure' as positive, medicinal means of treatment, but the distinction will be preserved for reasons of practical presentation. Hence Chapter Nine is concerned with the environment in which the lunatic found himself, while Chapter Ten, drawing particularly on patient Case Notes only recently made available, will look at the

theory and practice of treatment in two specific institutions. An important theme to be discussed here is the 'class' nature of the 'service' offered. But at the heart of both Chapters lies one fundamental question, to what extent were the 'moral management' imperatives practiced in Scotland?

Two final factors should be stressed. Although this thesis is principally concerned with national developments, case studies of two institutions, the Glasgow and Edinburgh Royal Asylums, have been built into the text. Two reasons dictated this choice. Firstly, nation-wide studies can often lose sight of important local initiatives which had a bearing on national developments, as we shall see with treatment in Chapter Ten. But in addition, considerations of length dictated some economy, and hence Chapter Eight will, among other things, look at the financing and internal organisation of two institutions as a pointer to developments elsewhere.

Furthermore, certain terms used in the text, had to be carefully selected. To some working in the field of 'mental health' today, the word 'madness' may appear insufficiently technical, while to others, the term 'mental illness' should not exist. But this is a thesis concerned with how persons in the past viewed a particular problem, and hence the words used will mirror their historical relevance. Thus 'madness' will be used in a general and catholic

sense, 'insanity' and 'lunacy' will be used in their proper Victorian context, while 'mental illness' will be reserved for more recent developments. Similarly, the 'labelling' of patients as 'manics' and 'dements' in Chapter Ten merely reflects the contemporary doctors' own terminology, and does not indicate any particular preference for such a practice on the part of the author. Finally, as this thesis is concerned with Victorian society, it was decided not to talk about the development of a 'mental health service' because of its twentieth century connotations, but to refer instead to the means by which the Victorians attempted to 'organize' the problem of insanity in Scotland.

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# PART I

# MADNESS AND INDUSTRIAL SOCIETY

# CHAPTER I

## MODELS OF MADNESS

The methodological hazards associated with a study of any aspect of mental functioning are extreme. Indeed, those working on a history of this area might, with credit, omit references to contemporary clinical characteristics. But as one of the purposes of this thesis is to look at historical aspects of treatment, then some lay acknowledgement of the variety and complexity of the concepts used today is essential. In this respect, it would appear convenient, firstly, to attempt an overall exposition of the relevant terms in their modern context so that such equivalent Victorian terminology as shall be encountered in later Chapters will be understood. However, a concern for literary propriety is not the only criterion for this exercise. Of greater significance is the degree of controversy still surrounding the means of treating the 'mentally ill'. This problem remains one of the most complex and sensitive in science around which a number of radically different hypotheses have been presented. Accordingly, a review of the theories would appear to be of fundamental importance.

# I

There are two, general, clinical schools involved in the orthodox study of 'disorders of mental functioning' which can be referred to as the biological and the psychodynamic.[1]

The former explains the aetiology of such dysfunctioning by reference to the area, type and degree of defect within the central nervous system. Inherent properties of the organism, and their malfunction, are the base. In all cases, the pathologic process is the result of some chemical or physical change, and the symptoms, the patient's deviance from 'normal' behaviour, is the expression of a pathologically altered organic state. The diagnosis begins once the answers to the questions of where and what is the lesion have been found.

The researchers rely upon what is usually called a 'disease' or 'medical' model which reduces an illness to what may be regarded as its essential components which are then analysed. What is required, in this case, according to Wing, is firstly the identification of a grouping of undeniable traits and secondly, the linking of this clustering to some underlying biological disturbance. The more unsocial these are, the more likely they are to suggest the nature of the 'disease'.[2] The strategy of treatment, when governed

by this particular conception, lies in a clinical correction of the malfunction.

Diagnosis is complicated, nevertheless, by the fact that clinical manifestations vary widely. They include the stereotypical, objective signs such as paralysis and the dementia of general paresis, which are understandable, largely, in terms of a structural alteration in the brain. But biology also has to take into account the much more complex, individual subjective factors, such as a hallucination or an obsession. Laboratory procedures, such as biochemical tests of the blood or the electroencephalogram and examination of the cerebrospinal fluid, do provide means of obtaining objectively verifiable data, but certain of the illnesses above become more comprehensible when viewed against the background of previous life experience. Hence the biologist does have to take into account environmental influences. However, although possibly explaining the context of the disorder, and its mode of evolution, it does not account for its occurrence. The goal then is to define the essential pathologic process underlying mental diseases and to determine their cause and mechanism. [3]

The second concept, the psychodynamic, explains disorders of mental functioning in terms of psychological processes. Here it is the events and circumstances comprising the experience, rather than the

inherent properties of the organism, which matter. These explanations are non-reductionist, and are concerned with 'intact' organisms (the person as a whole) and with his behaviour with others. They broaden the range of observations not inwards, as in biology, but outwards, from the person to the partner, if there is one, and thence to the nuclear family, the extended familial group, and the community.

The models used are the 'adaptation' and 'interaction' types which suppose that disorders of behaviour or function represent an attempt at adapting to an event or change in circumstances. Thus depression may be viewed as an adaptive procedure against crises, and as protecting the organism from the persistent effects of the stimulation. There is not the same emphasis within the psychological school on causation as there is in the biological. As Crowcroft points out:

> The problem is one of trying to understand and classify symptoms, not causes in the material sense. 4

Nevertheless, the psychodynamic argument may include within its reasoning certain of the assumptions made by the biological school. It is believed that in many patients, disorders are caused by structural changes at the molecular, chemical or tissue level. This may be due to a genetic or developmental defect and a lesion may be identified. But the main premise is that

the processes of the mind are determined, within broad limits, by previous experience. Certain features of personality, the level of intelligence, the degree of emotional security, the capacity to adjust adequately to social situations, the degree of achievement within the prevailing value-system; in short, the way in which the individual integrates or fails to do so, into his environment, is what matters. 'Normality' then is the successful environmental integration by the individual, 'madness', the failure of the process, derived, it is believed, from an perceived? inadequacy of personality, and traceable to a series of negative experiences in early life. The principal method of approach is to review the autobiography of the patient, and to determine the relationships of the symptoms to past events. The ultimate aim, then, of the psychodynamical school is to discover abnormal mental processes, and to find their psychologic cause and mechanism.

## II

The demarcations and overlapping within clinical theory emphasises the difficulties in adequately explaining the diseases of mental functioning. Moreover, the sociological element involved, the differing

models of the norm, and deviance, which cultures have, confounds the issue. Hence, in looking at the of what is termed mental illnesses, it would appear essential, in this instance, to be guided by the medical classificatory systems, notwithstanding the limitations this may place on the development of an adequate picture.

Before embarking on this enterprise, it is possible to clear up one issue with some despatch, and that is the distinction between the terms 'psychoses' and 'neuroses'. With regard to the former, many theorists would agree with Schiller that 'there is no acceptable definition of psychoses'[5] or with Lewis that 'psychoses is an inexact term, as loose as the synonym "madness"'.[6] But there is a criterion which, when applied, does help to clarify the issue. Briefly, it is that psychoses exists when there is a radical distinction between what a person does and reality. With neuroses, on the other hand, however severe the condition may be, it is characterised by some degree of retention of insight by the person involved into both his malady and reality. This fact notwithstanding, medical orthodoxy does include neuroses on its classificatory systems of mental disorders, partly because the dividing line between neuroses and psychoses can, in some cases, be very tenuous.

The basic distinction between psychoses and neuroses having been made, it is possible now to broaden

the argument. There appears within the literature a consensus towards a general, triple classification of mental disorders, into organic, functional and neurotic. Hence, the International Classification of Diseases, drawn up in 1967, lists under 'V, Mental Disorders', '26 Psychosis (or functional disorder)', '27 Neurosis, Personality Disorders and other Non-psychotic Mental Disturbances' and '28 Mental Retardation (or organic disorder)'.[7] Wing follows this lead, stating that 'in crude terms, there are three types of psychiatric disorders, the organic conditions, the "functional" psychoses, and neuroses'.[8] Variations on this model abound, of course. Thus Schiller uses the more general double division of 'A, Disorders caused by or associated with impairment of Brain Tissue Function' and 'B, Disorders of Psychogenic origin, without clearly defined physical cause or structural change in the Brain'.[9] Some physicians prefer to add toxic-induced impairments, while others, use wider categories. But, for the purposes of this work, it would appear safe to follow the triple categorization.

Subsumed under the general title of organic diseases of the brain and nervous system are an extensive series of some of the most complex and sensitive problems in medicine. Put in the simplest and most direct terms, the constant and overriding aetiologic factor is that a

physical, quantifiable, at times observable, change has taken place in the brain and/or some part of the nervous system, either pre- or post-natally. Included within these organic conditions are such states as dementia, delirium, types of mental retardation[10] and autism, and, in Wing's words:

> All are characterized by cognitive impairments such as loss of memory, disorientation or a grossly poor level of intellectual performance. Quite often there is a pathology or an obvious cause. 11

There are well over fifty identified disorders here, and in many cases, such as Schiller's descriptions, a five-fold categorization is used. In the first place, there are those syndromes associated with diseases and conditions due to pre-natal influence. Secondly, there are what is known as the vascular malfunctions caused by a fault in the blood flow to the organs involved. Thirdly, one can include those conditions arising from either an infection or inflammation. A fourth aetiologic base is tumours, while, finally, the most generalised complaint is trauma, injury sustained either at or after birth. As mentioned, some physicians add disorders of intoxication to these categories, but this area is sometimes treated as a separate category on its own. [12]

Wing has described some of the disorders falling into the organic category. For example, dementia, while

found most commonly in old age, can result from head injury, brain tumours, interruption in the cerebral blood flow and from chronic intoxication. Pick's disease is a form of pre-senile dementia diagnosed from the type of lesions found in the cerebral cortex, while delirium tremens is specifically diagnosed through evidence of heavy alcohol intake.[13]

Also included within this area of medicine are such disorders as syphilis of the central nervous system, the epilepsies,[14] and cerebral palsy. These conditions, along with most of the above, would clearly fulfil the criteria, referred to earlier, of extensive withdrawal from reality. Hence they would constitute psychotic conditions. At the same time, disorders such as multiple sclerosis, Parkinson's disease, spastic paralysis and Bell's palsy are not psychotic.

As far as this work is concerned, the organic states, principally because in most cases their diagnoses are clear-cut and physical, do not pose the same problems which the other categories do. Hence progress can be quickly made into the second general category, the 'functional' or 'psychogenic' states.

The term functional means that no structural abnormality or organic cause can be correctly identified. Hence the syndromes can be only described in the context of impairment of functioning. It is however around these states that most of the controversy in the study of mental disorders takes place. In the first place, although there are fewer diagnosed items

to deal with, debates over their clinical manifestations are marked. Moreover, it is in this context that the contentious issue of the environment's role comes into play, with the unorthodox positions on the schizophrenias. Attempts at classification are not helped by the fact that certain of the functional states shade into neuroses and vice versa.

The International Classification lists four syndromes, namely the affective disorders, the schizophrenias, paranoid states, and 'other psychoses'. The first, so-called because they involve changes in mood, do not usually include intellectual impairment to any great extent; rather it is the emotions which become unbalanced. The second, the schizophrenias, are characterised generally by an often very drastic intellectual and emotional deviance from reality.

The principal characteristic of the affective disorders is the manic-depressive syndrome, although this is not a very adequate term, as the depressive side is more common than the manic, and does not always alternate with the latter. For this reason, most recent research includes the term unipolar and bipolar affective disorders. With regard to the depressive 'side', many illnesses take the form of a pure and uncomplicated depression, whereas others may be mixed with anxiety and agitation. Some, because of their tendency to occur later in life, have been called the involutional melancholias, while other conditions, predicated on an over-reaction to environmental situations, are called reactive

depressions. The manifestations of the depressions are usually apathy, motor retardation, guilt and self-depreciation, poor appetite, disorders of sleep and a profound pessimism about the future, although these symptoms vary both in degree and number. There is usually the ever-present danger of suicide.

Mania is a state of affairs in which motor activity is heightened rather than depressed. It is characterised by elation, overactivity and often, delusions of grandeur, although these symptoms often shade into a less exaggerated mood of euphoria known as hypomania.

The problem with the classification of the affective disorders concerns the threshold, or cut off point. When does such behaviour cease to be psychotic and become neurotic or even 'normal'. Being unhappy can hardly be called 'mad'. The answer to this problem is that the symptoms referred to above, when manifested in their extreme forms, display such serious distortions of judgement that the contact with reality becomes faulty. Hence, in these cases, the affective disorders can, with justification, be labelled psychoses.[15]

The second area of the functional psychoses, the schizophrenic reactions, is what laymen mean when they talk about 'madness'. It is the classic mental illness and numerically the most serious. The name is a new one for dementia praecox[16] as identified by

Kraepelin in the late 1890s. The schizophrenias are not the split personality syndrome of popular belief,[17] rather the varieties consist generally in an often very drastic intellectual and emotional deviance from reality. There are numerous sub-categories, but they coalesce into four main types; simple, hebephrenic, catatonic and paranoid. It is around the origins and status of the schizophrenias that most of the debate over the nature of mental illnesses takes place.

The origin of the concept of the schizophrenias was the realization that symptoms similar to those of dementia were being noted in patients with no recent history of physical illness or injury. A number of physicians described both bizarre and stuporous behaviour, particularly in the young. Eventually, Kraepelin concluded that the conditions were probably related and he then grouped them together under the heading 'dementia praecox', covering both the intellectual decay and the early age of onset which had been noted. In 1911, Eugen Bleuler suggested the name 'schizophrenia'.[18]

Research into the schizophrenic reactions has become very sophisticated in recent years, and reference will now be made to certain of them. Dividing the characteristics into acute and chronic, Wing referred to two studies which increase our understanding of the acute states. These were the U.S.-U.K. Diagnostic Project, 1972, and the International Pilot Study of

Schizophrenia (IPSS)[19] carried out under the direction of the World Health Organization. As Wing states in both cases, 'about two-thirds of all the people given a clinical diagnosis of schizophrenia' were stated to display 'highly discriminatory symptoms'. These Wing defined as 'thought insertion, thought broadcast and thought withdrawal, auditory hallucinations - and delusions of control'.[20] Hence, these two recent, sophisticated, international studies,using rigorous diagnostic tests, found that one of the traditional symptom sets, illogical and irrelevant thought patterns, and thought 'control' had a high significance in the schizophrenics tested.

The acute condition is often accompanied by chronic symptoms. These are identified with traits such as 'emotional apathy, slowness of thought and movement, underactivity, lack of drive, poverty of speech, social withdrawal - incoherence and unpredictability of associations'.[21] Taken together, these chronic symptoms of incongruous or inadequate affect (the 'flat' emotional response), allied to the acute condition of intellectual impairment, are the principal characteristics of the schizophrenias.

Research into the possible biological aetiology of the schizophrenias has also produced interesting results. The dominant biological theory relates to excessive dopamine activity, but according to Horrobin,

'confirmatory evidence has been hard to come by'. This researcher himself is at present working on the hypothesis that schizophrenic persons lack sufficient of a group of substances known as prostaglandin (PGEI), evidence which is being reinforced by the work of Abdullah and Kanadah at Guy's Hospital.[22] The implications of this research are profound. As Horrobin puts it:

> If schizophrenia is a physiochemical problem, then talking to a schizophrenic and creating a congenial home and working environment are going to be about as valuable as they would be for a diabetic who requires insulin. Alternatively, if schizophrenia has psychological origins then drug treatment of schizophrenia is like treating the pain of, say, bereavement with a sticking plaster on the forehead. 23

It remains briefly to refer to the neurotic conditions. This is the area within psychiatric care dealing with individuals who are certainly not 'mad' in the conventional sense. The range and extent is wide. In some very rare cases, neurotic conditions can predispose to psychoses but in general they appear to be independent conditions. In others, a complete recovery and return to 'normality' is achieved. However, it is thought that most neurotic individuals retain some flavour of their condition throughout life. In some cases, of course, the condition is so (sufficiently) harmless to the individual and his peers that to treat it as an illness is highly questionable.

A widespread element in neurotic behaviour can be classified as a far milder unpsychotic variation of the manic-depressive syndrome. In addition, there is a variety of specific neurotic states, and under this head would come anxiety and obsessional neuroses, suicidal feelings, hysteria, socially-shared psychopathology and the variety of personality disorders.

One of the personality disorders which is a frequent source of controversy is the concept of the psychopath or sociopath. The origins of this idea lay in the nineteenth century conditions of 'moral imbecility' or 'moral insanity'. Since then reference has often been made to the ethically neutral individual who instigates antisocial behaviour. The British Mental Health Act of 1959 formally recognised a category of psychopathy which was regarded as separate from mental illnesses and mental retardation, a principal characteristic of which was "abnormally aggressive or seriously irresponsible conduct on the part of the patient".[24] However, the Butler Report of 1973 cast doubt on the validity of the concept.

Thus far the claims of the two general, clinical schools have been reviewed, and an attempt made merely to describe the parameters of the categories involved. A relatively more precise position can now therefore be defined. Symptomatically at least, 'mental dysfunctioning' divides into three specific groups. In

the first place, where an observable, quantifiable, physical alteration in the structure of the brain, and/ or some other part of the nervous system, is identified, creating withdrawal from reality on the part of the patient, we are dealing with a neurological disorder. Secondly, where there is unimpeachable evidence of an extensive withdrawal from reality, without insight, by the patient involved and where no structural, organic cause is known, we are identifying a functional psychoses. Finally, there is that massive, undifferentiated field of the personality disorders, where a structural malfunction is doubtful and wherein a very definite awareness of the condition by the person involved is customary. These are the neurotic conditions. Having given a sketch of the classificatory systems, the next task will be to consider the problem of the aetiology of mental illnesses .

## III

Whereas clinical research into physical disease entities has profoundly deepened the state of medical knowledge, the answer to the question,'What causes mental illness?' seems elusive after almost two hundred years of continuous study. Indeed both the optimism, and the mistakes of the nineteenth century pioneers, as explained

in later Chapters, appear more stark when considered against the state of present knowledge.

The range and extent of current literature is vast, and it would be naive to attempt even a summary here. Hence, for the purposes of this historical work, a few indicators of the trend of study will have to suffice. In this respect, it should firstly be understood that, the anti-psychiatrists apart, there is no necessary conflict between the somaticists and the environmentalists. Many theorists prefer a catholic approach and realize that whereas a somatic base may yet be found for mental illness , the environment still plays an important role.

Those involved in attempting to construct a biological base for mental illnesses have been particularly interested in genetic, intelligence and immunological enquiries. Of particular relevance here has been the work done on twins. Moreover, there is a long history of research into the brains and nervous systems of those classified as mentally ill. Recent work has suggested a possible biochemical deficit in both the schizophrenic and affective disorders. Yet despite the range and depth of the research, the results still remain problematic. Wing, considering the work done on the schizophrenias appears surprisingly categoric:

> There is no evidence of any visible structural abnormalities, microscopic or macroscopic, in the brains of people with schizophrenia, apart from those (mentioned

> earlier) where there appears to be a precipitating effect of a cerebral tumour and apart from the known association with temporal lobe epilepsy. 25

Wing goes on to argue that despite 'complex and formidable' arrays of technical investigation into the 'blood-urine, sweat and tears of schizophrenics, any evidence of abnormality remained elusive'.[26]

A similar result emerges from the research undertaken into the environment of the mentally ill. An extensive literature exists on such factors as the urban and rural background of the patient, his social class, age and sex, living conditions, occupation and marital status. But whereas some significant correlations have been established, no definite conclusions can be stated. However, the environmental argument is clearly relevant to the historical issues to be discussed later, and hence, reference to certain of these studies will be made.

With reference to studies of rural communities, one of the most thorough was Eaton and Weill's work on the Anabaptist sect, the Hutterites.. These comprise small, closely-knit farming communities in North America, religiously homogeneous, with property held in common, and families large in number because of the lack of any birth control. The authors established beyond doubt that less than 5% of males had left their community never to return, while the female rate was even lower.

Furthermore, there was a record of only one divorce and four separations in the history of the group. When they initiated their enquiry, Eaton and Weill expected 'that few cases of mental disorder would be found in such communities',[27] where poverty, crime and violence were virtually non-existent. The hypothesis would have been upheld had the researchers confined themselves to treated rates, as no Hutterite was in a mental hospital or under treatment while the study was being carried out. But, on the basis of direct interviews, Eaton and Weill arrived at a figure of about 6 per 1,000 of the total population of 8,500 having at some time, suffered from psychoses. The rate was the third highest of 10 population groups of which the researchers had compared age-sex adjusted rates; higher, for example, than the urban and far from affluent Eastern Health District of Baltimore. It should be noted that Eaton and Weill found only 4 cases of personality disorders among the Hutterites, and also that their research methods have been criticized. Nevertheless, they felt confident enough to conclude that:

> ....the findings do not confirm the hypothesis that a simple and relatively uncomplicated way of life provides virtual immunity from mental disorders. 28

A second study in this area was conducted by Böök of North Sweden in an area geographically isolated from the rest of the country. According to this research, the prevalence of functional psychoses was more than three

times higher than among the Hutterites.[29] Another notable work was Field's of rural Ghana which found 41 chronic schizophrenics out of a total population in a study of 4,283; a rate of 9.6 per 1,000.[30] In an urban setting however, the midtown Manhattan study produced a rank order of 1,600 adults aged 20 - 59 which read as follows: well, 18.5%; mild or moderate mental conditions, 58.1%; marked or severe states, 20.7%; incapacitated 2.7%. Thus nearly a quarter of this urban population was regarded as significantly impaired and more than 80% as mentally unwell.[31] The Stirling County Survey, carried out by A.H. Leighton, (and in fact) a comparative study of a semi-rural Canadian community and an area of Western Nigeria, produced 76% Nigerian men and 64% of the women suffering from neuroses as opposed to 42% males and 60% of the females in the Canadian study.[32]

Farris and Dunham in their classic study of Chicago, found the highest incidence of schizophrenia in the central areas of social and economic status in Chicago, and the lowest in the affluent residential areas of the periphery. They concluded not that schizophrenic persons became increasingly incapable of well-paid employment and hence 'drifted' into deprived areas, but that the inner cities themselves, by stimulating social isolation, precipitated schizophrenia. Hence Farris and Dunham proposed their own 'isolation hypothesis'

in place of the 'drift hypothesis' which, while being confirmed in nine other American cities and in Bristol in the U.K., has nevertheless been increasingly questioned.[33] George Brown and his colleagues have indeed shown that poor housing is an important contributory factor to neuroses among women[34] but Parry, in his study of three different types of housing environments, found no difference in the amount of ill-health reported.[35]

Apart from the rural-urban environment, other areas of interest have been migration, occupation and social class. With regard to the former, Kropf suggested that the tendency of the schizoid to break away from home and family explained the higher rates of mental illnesses among immigrants.[36] Ødegaard found that schizophrenia occurred more commonly among Norwegians who emigrated to the United States than those who stayed at home.[37] Yet other explanations have been that the stresses of migration and its attendant economic difficulties increased the risk of breakdown.

Hollinshead and Redlich, in their investigation into occupational categories, found a higher incidence of schizophrenia among unskilled manual workers and this observation has been repeated in other studies.[38] Ødegaard showed that the highest rates for psychoses occurred in occupations of low social prestige, the highest single figure being found among merchant seamen.[39] And Sundby following this lead, confirmed the

presence of excessive abnormal psychological traits in unskilled workers compared with skilled controls.[40] Brooke also looked into this question and discovered a higher rate of psychoses amongst lowest grade workers in several occupations.[41] But according to Komona and Clark, the only noticeable long-term result of the depression of the 1930s in the USA has been an increase in the admission of senile patients.[42]

Social class is of course another very fruitful area of enquiry. Many studies have been carried out, including that of Dohrenwend and Dohrenwend. They found that the most consistent result reported was an inverse relationship between overall rates and social class. Of the 33 communities studied for which the relevant data were reported, 28 yielded the highest rate in the lowest class. Unfortunately, in the presentation of their data, the researchers merely used the term 'lowest class' and 'otherwise' without fully explaining the meaning of the latter term.[43]

A final area in the literature worth considering is sex and marital status. Gove and Tudor argued that 'women find their position in society to be more frustrating and less rewarding than do men'. Accordingly, they postulate that because of the difficulties associated with the female role in modern Western societies 'more women than men become mentally ill'. Basing their research on the years after the

Second World War, the authors found that whereas the rate for personality disorders was higher for men than women, the neuroses rate was higher in women than in men.[44]

Dohrenwend and Dohrenwend's work in this area showed no clear trend emerging. They confimed Gove and Tudor's position that neuroses was more prevalent in women than men but took an opposite view on psychoses, with women showing higher rates, especially in rural settings.[45]

As far as marital status is concerned, Ødegaard investigated the hypothesis of the over-representation of the unmarried among those admitted to mental hospitals. He concluded that the single life was not, in itself, a cause of mental illnesses, but that those single persons who did exhibit such traits also showed signs of a pre-existing morbid personality.[46] But this optimistic view was not shared by Abel Smith and Titmus, in their study of the over 65s. They demonstrated that for their year of study, 1956, the over 65s singles constituted 12.6% of that population, but 55.4% of the over 65s who were suffering from mental disorders were single.[47] That single life directly increases the risk of mental illnesses in elderly persons is borne out by Gruenberg's observation that the rate of hospitalization for senile disorders is highest in areas where a large percentage of the population live alone.[48]

This glance at the literature, in the epidemiology of mental illnesses, gives some indication of the

perplexity of the problem. Few results are conclusive. It would be rash indeed to assert, from the material quoted, that mental illnesses are greater in urban than rural areas, more extensive in areas of bad housing than good, a factor in migration, more prevalent in some types of occupation and influenced by class and marital status, and sex. Clearly then there is much that is problematic in epidemiological studies of these conditions.

It is perhaps partly because of these difficulties that, for some time now, a certain degree of credibility has been accorded the view that madness either does not exist, or if it does, it should not be 'treated' by the medical profession. That view will now finally be looked at.

## IV

Thomas S. Szasz is the most celebrated pioneer of this unorthodox viewpoint on mental illnesses . The core of his argument is essentially that since prolonged research has never demonstrated any consistent physical abnormalities in those regarded as mentally ill , and since their 'disorder' consists simply in behaving in ways which alarm other people, or believing in things which 'the rest' do not, there is no case for labelling such people as mad. Madness thus becomes a myth.

In attempting to understand Szasz, it should be appreciated that his premise is free-market capitalism. Physicians employed in a state-run public health service, 'torture rather than treat, murder the soul rather than minister to the body', in their role as paid agents of the state. Szasz sees little difference between Western psychiatry and both Nazi German and Soviet labour camp regimes. In Szasz's socio-economic position, it is the failure of industrialisation to work adequately which explains the need for mental hospitals, rather than industrialisation itself. As far as the schizophrenias are concerned, Szasz argues that they simply do not exist as a clinical category. Other theorists such as Schneider and Bettelheim have reached roughly similar conclusions.[49,50]

The sociology of the mentally ill is of course a very wide field. Thomas Scheff, for example, believes that deviant careers are established because of societal reactions: the role of deviant becomes enforced by social constraints.[51] Erving Goffman is particularly associated with the attack on the old-fashioned mental hospital as a 'total institution'.[52] King, Tizard and Raynes used Goffman's ideas to compare various such 'total institutions',[53] while theorists such as Lidz,[54] Bateson,[55] Wynne and Singer[56] take the family unit, in its Western nuclear form, as the aetiologic base. Specifically, Gregory Bateson is

the pioneer of the double-bind theory which suggests that the child becomes schizophrenic because he is constantly subjected to parental communications which are directly or indirectly incompatible with each other.

But the school of thought most commonly associated with the view that it is industrial society which eventually 'causes' mental illness is the radical anti-psychiatry one. While not disputing the existence of madness, the anti-psychiatrists hold novel ideas on the role of the mad in contemporary society and hence their views will be given some attention now.

Ronald Laing is the man most closely identified with anti-psychiatry. He has worked principally with schizophrenic persons, and his first book, entitled The Divided Self, an almost literal English translation of the Greek derived word schizophrenia, about which the book is concerned, was published in 1960.[57] His argument, at this stage, was still based on traditional clinical theory. He did not regard psychoses as anything other than a most drastic compromising of the individual. But what was new was that the author tried to get away from a medical 'us here - they (the mad) there' approach, preferring rather to attempt an understanding of the process of becoming mentally ill from the actual experience of the person involved. Social and familial pressures were regarded, in this context, as being crucial.

In this respect, Laing was considerably influenced by the existentialist theorists, particularly Binswanger, Boss, Kierkegaard and Sartre. Hence Laing claimed to be attempting 'an existential-phenomenological account of some schizoid and schizophrenic persons'. The mad things said and done by the schizophrenic would remain totally unintelligible unless one grasped their 'existential context'; one had to understand the psychotic's 'being-in-the-world'. Laing used these perspectives to develop a study of persons' concrete experiences of madness and their relationship with the outside world culminating in the haunting biography of a young schizophrenic woman.

Laing's next book, The Self and Others (1961, revised as Self and Others in 1969)[58] was a collection of essays which underlined his increasing preoccupation with personality interaction. By 1963, Laing's work was becoming closely associated with David Cooper and Aaron Esterson. In 1964, Cooper and Laing published jointly a summary of Jean-Paul Sartre's latest position entitled Reason and Violence, a Decade of Sartre's Philosophy[59] and Cooper then went on to write his own contributions, the Death of the Family[60] and Psychiatry and Anti-Psychiatry.[61] 1964 also saw the publication, by Laing, with Esterson, of Society, Madness and the Family[62] a report on the study of eleven hospitalised patients and their families. Here Laing narrowed his aetiologic base down to the family. Esterson then went on to make

his own contribution to 'existential therapy' with the Leaves of Spring,a Study in the Dialectics of Madness.[63] 1966 saw the publication by Laing of Interpersonal Perception, with Philippson and Lee, in which the role of the family as predisposing agent was again underscored.[64]

But it was in 1967, with the completion of The Politics of Experience and The Bird of Paradise[65] that Laing's position as radical critic of both society and traditional psychiatry was consolidated. By this time, Laing had moved from merely trying to make the process of going mad more comprehensible to the layman, to the celebration of schizophrenia as some higher kind of life-style. In the process, he had progressively dismantled the clinical models he had been trained in, and, aided by his associates Cooper and Esterson, and by his reading of Marx, Sartre and Marcuse, had replaced them with a quasi-Marxist, existentialist influenced sociology of the role of the psychotic in contemporary society. Laing now used the language of the preacher and mystic, the revolutionary and visionary, and his work must be seen in that context.

> It is society then which causes madness. The insane are merely those who have failed, or refused, to compromise with this society. In defence of this premise, the anti-psychiatrists go back two hundred years, and pillory the industrialisation and urbanisation of the West as the root of all evil.

As the scale of the economy expanded (mechanization, division of labour, occupational mobility) and had its spin-off effect on normal life (population increase, migration into the towns, factories, inadequate housing, sewage disposal and water supplies), man became isolated from his immediate actual experience. Class consciousness ensued and the choice was between conflict, which some accepted, and compromise, which was the majority verdict. Thus man became soul destroyed, spiritually bankrupt, one dimensional, to use Marcuse's term.

But to this crude Marxism, Laing and his co-workers add their own particular touch. The complexity, impersonality and violence rooted in mass-industrial high capitalist society both generally, and specifically through the nuclear family (which is merely a microcosm of the whole) inevitably engenders psychoses. A proportion of individuals will always rebel against this system, not externally through politics, but internally into schizophrenia. Hence the withdrawal from reality, the lack of appropriate emotional response, the illogical thinking, the delusions and hallucinations referred to earlier as the characteristics of the schizophrenic, are merely the strategies adopted by deeply sensitive and intelligent people to survive in a world which itself has gone mad. The schizophrenic then is the hero of our times. Thus R.D. Laing:

> In order to rationalize our industrial-military complex, we have to destroy our capacity to see clearly - long before the thermonuclear war can come about we have to lay waste to our sanity. We begin with the children, it is imperative to catch them in time. 66

and again:

> From the moment of birth, when the stone age baby confronts the twentieth-century mother, the baby is subjected to those forces of violence called love as its mother and father have been and their parents and their parents before them. These forces are mainly concerned with destroying most of its potentialities. The enterprise is on the whole successful. By the time the new human being is fifteen or so we are left with a being like ourselves. A half-crazed creature, more or less adjusted to a mad world. This is normality in our present age. 67

A number of criticisms could be made of Laing's position. In the first place, Laing and his supporters, while talking generally about madness, confine themselves totally to the schizophrenias to the exclusion of the affective disorders. Moreover, the language used by the anti-psychiatrists is often polemical and at times quasi-mystical and romantic. Also the Laingians, while severely criticizing existing models and methods, offer little in the way of alternative solutions. A fourth very serious problem is Laing's failure to understand history. Peter Laslett has shown that the nuclear family antedates the 'industrial revolution' quite substantially.[68] Finally, and most importantly, implicit in Laing's argument, and explicit

in Szasz's, is the belief that no structural malfunction can be traced in psychoses. Their logical position appears to be that if there is a lesion, then there is an illness, if there is not, then there is no condition to be treated. But this is a viewpoint which, while enjoying great popularity for over a hundred years, is now no longer generally accepted. The mere presence of a physical manifestation is, of itself, not the only criterion for the existence of disease. Lack of an observable state does not imply absence of any fault. There are many diagnoses made without any empirically verifiable evidence. It is clear that the theorists of the 'anti-psychiatry' school, along with Szasz, have exercised what might be called a theoretical leap without any logical base. Having satisfied themselves that there is no lesion, they use this as a reason to move straight into a wider, sociological perspective, without waiting to see if there might be any other medical explanation to be offered. But these criticisms notwithstanding, Laing, in particular, must be acknowledged as, firstly, helping to make the process of going mad more intelligible to the non-specialist, and, secondly, as making a contribution to the environmental theory of the aetiology of mental illnesses .

## V

The task of this Chapter has been merely to sketch, in the briefest and most sparse manner, the contours of the vast problem of madness. If the medical and sociological literature has been correctly interpreted, the endeavour of defining madness is only marginally less problematic than explaining the causes of the phenomena. One example might be cited to illustrate this perplexity. Horrobin has suggested that research currently being undertaken might reveal a bio-physical base for the schizophrenias, yet Wing, a psychiatrist far removed from the Laingian school has recently written that all attempts to find evidence of structural abnormalities in the brains of schizophrenics 'remained elusive'. It would appear that the old split between 'nature' and 'nurture' remains as viable in the study of madness as in so many other fields.

But it is precisely these agnostic conclusions which must guide the historian when he looks at trends and treatment of madness in the past. To scholars of the early nineteenth century, the extensive increase in the numbers of the insane during that period is an issue of some importance. However, any attempt to explain this phenomenon solely in terms of the socio-economic environment of industrialisation must be resisted. Even the most cursory

glance at the medico-sociological literature indicates that such a monocausal explanation would be untenable. At best, the most the historian can, with safety, attempt, is to enquire into the extent to which the industrial setting of the time may have influenced, or 'predisposed' functional psychoses. It is with these methodological problems firmly in mind that the historical lineages of madness will now be considered.

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10. The I.C.D. divides organic conditions into those such as 'Psychosis, associated with intra-cranial, cerebral & other physical conditions,' which it lists as 3,4, and 5 of 26 'psychosis', and the rest under 28 'mental retardation.'

11. Wing, op. cit., 48.

12. Schiller, op. cit., 755-76.

13. Wing, op. cit., 48-49.

14. Of the 'Grand Mal' Variety.

15. Wing, op. cit., passim.

16. Thus called because onset very often takes place in youth.

17. This is a form of hysteria.

18. Wing, op cit., 100.

Morel, for example reported in 1860 the case of an adolescent who had deteriorated in this way. Hecker, in 1871, reported an observation about a number of cases in which a similar deterioration had occurred about puberty. Because of the fact that young people concerned changed in personality, becoming silly, giggling & affected in behaviour, Hecker called the condition 'hebephrenia.' Kahlbaum in 1874 described a condition which he called catatonia because it was characterized by stupor & muscular rigidity. Simple refers to a simple-minded type while paranoid indicates the aggressive persecutive one. See Ch.9, p..429.

19. ibid., 103-110.

20. ibid.,.104-105.

21. ibid., 110, 103.

Both studies were based on a special technique of interviewing known as Present State Examination (P.S.E.). This is a standardised form of psychiatric examination based on a detailed glossary of differential definition of symptoms. It is possible for psychiatrists trained in this technique to achieve a very considerable degree of agreement as to what symptoms are present. A set of rules based on clinical experience but expressed precisely enough to be laid down in a computer programme is then applied in order to allocate each condition to a class which is equivalent, under certain circumstances, to a diagnosis. In both international studies, the agreement between the clinical diagnosis made by the participating research psychiatrists & the computer classification was very satisfactory.

22. D. Horrobin, New Scientist, Vol. 87, No. 1988 (28 Feb. 1980), 642-3.

'About 50 years ago, U.S. von Euler in Sweden identified a group of acidic liquids in seminal fluids which had potent biological action and were christened prostaglandins (P.G.s) Prostaglandins seem to be involved mainly as messengers within cells and locally between cells, although some such as prosttacyclin may act as circulating hormones.' Horrobin studied the actions

of the hormone on muscle from the blood vessels of rats. Eventually (he) came to the conclusion that, in this tissue at least, prolactin worked by stimulating the formations of prostaglandin. If prolactin is therapeutic in schizophrenia and if prolactin stimulates P.G.E.1 (prostaglandin) then there should be some evidence that schizophrenics do not have enough P.G.E.1.' Horrobin maintains that 'there is in fact a great deal of evidence, some indirect and some direct, that schizophrenics lack P.G.E.1.' In support of this conclusion, Horrobin cites cases of schizophrenic reactions to physical illnesses which deviate from the normal reaction. The fact that schizophrenics are resistant to pain is quoted as significant as 'prostaglandin plays key roles in pain and inflammation.' It is also suggested that prostaglandins protect schizophrenics and arthritics against each other as 'schizophrenics do not develop arthritis and vice versa.'

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# CHAPTER 2

## MADNESS IN HISTORY

Any suggestion that madness is peculiar to the modern historical epoch, that is, from the late seventeenth century onwards, is wrong. References to the existence of the mad, to attempts at treatment and to isolated 'asylums' can be traced as far back as Biblical times. Yet the evidence does point to both the extent and nature of insanity becoming more problematic in modern times. In looking at the historical contours of this issue, an attempt will be made, firstly, to survey certain developments prior to the seventeenth century. Secondly, the literature on the modern epoch will be studied, in an effort to understand the reasons behind what Michel Foucault has chosen to call 'the great confinement of the insane'.[1] But it must be understood that what follows is merely a distillation of recent research, and must not be seen as definitive.

### I

In looking at developments prior to the modern epoch three issues will be considered. Firstly, what evidence is there to indicate the extent of madness in

the past; secondly, how general were 'asylums', prior to the modern epoch; and finally, how far back in history can a medical response to insanity be traced.

George Rosen's exhaustive Madness in Society is a useful guide to the first area.[2] He devotes much space to Biblical and classic sources. In Deuteronomy for example, we learn that Moses warns his people that if they:

> ....will not obey the voice of the Lord your God, or be careful to do all His commandments and His statutes, the Lord will smite you with madness and blindness and confusion of mind. 3

while the prophet Zachariah foretells:

> On that day (the attack on Jerusalem) says the Lord, I will strike every horse with panic and its rider with madness. 4

But the Biblical character so well known in this context is King Saul. The story is often told of how on more than one occasion Saul became extremely agitated, flew into a rage, and hurled his spear at David, who was trying to soothe him by playing. Thus:

> An evil spirit from God rushed after Saul and he raved within his house, while David was playing his lyre, as he did day by day. Saul had his spear in his hand and Saul cast the spear, for he thought 'I will pin David to the wall'. 5

On another occasion, when Jonathan attempted to defend David to his father, the King, in a fury, 'cast his spear to smite him'.[6] Rosen regarded the phrase 'is Saul also among the prophets?'[7] which became proverbial, as significant, as in Hebraic times 'prophesy' according to

Rosen, was akin to 'madness'.

Another fruitful source, which Rosen taps, are the works of the classical writers. The Greek explanation for many of the troubles of the world were the Keres, which according to Hesiod (eighth century B.C.) wrought trouble, toil and sickness following their release from Pandora's Box.[8] The divinities were also regarded as being instigators of mischief in the human race; thus a passage in the Hippolytus of Euripides lists Pan, Hecate, Cybele, the Mountain Mother and the Corybantes as 'deities who cause madness'.[9] Dionysus appears to have been easily offended. Thus, Lycurgus, king of the Edonians of Thrace was driven mad for persecuting the god,[10] as were the women of Thebes who had rejected the Dionysian cult.[11]

The Roman world also gave to history some of its most 'celebrated' madmen. Gaius Caligula is generally regarded as displaying some of the extreme, violent behaviour of what today would be regarded as mental illness. The traditional view that Caligula was an epileptic has been questioned recently by Esser,[12] but Robert Graves in his literary reconstructions, retains that interpretation.[13] In contrast, one could refer to the apparent feeble-mindedness of Claudius, yet, as Graves has shown, he was to become a humane and efficient emperor. Finally, Nero is regarded as the symbol of the most extreme excesses of Roman life; there was never much doubt about his mental instability.

In moving from the Biblical and classical world to the medieval and early modern, one detects again frequent references to the place of the lunatic within the community. William Langland described the 'lunatick loller' wandering around the country:

> Moneyles thei walke
> With a good wil,witlees
> meny wyde contreys
> Ryghte as Peter dude and
> Paul save that thei preche nat 14

Late medieval Scotland provides an interesting if quaint indication of an awareness of madness in the lunacy healing wells which existed there. The most well-known of these was St Fillan's Well in Perthshire, celebrated by Scott in Marmion in which, following immersion, the patient was bound hand and foot for the night in the nearby chapel. The general conclusion was that if the lunatic was loose in the morning, high hopes were entertained of his recovery; if still bound, his case was doubtful. Other locations were St Ronans Well on the Isle of Lewis, and those at Struithill in Stirlingshire and on Loch Maree in Ross-shire.[15]

Throughout the late medieval epoch, and continuing to the seventeenth century, Abram-men and Toms O-Bedlam were a familar sight in rural England. These were patients discharged from Bethlem Hospital in London, some of whom were not entirely recovered, who were licensed to beg, wearing a metal plate on their left arm as a symbol of their plight. There is a description

by John Aubrey:

> Till the breaking out of the Civill Warres, Tom o' Bedlams did travell about the countrey. They had been poore distracted men that had been put into Bedlam, where, recovering to some sobernesse, they were licentiated to goe a-begging ... they wore about their necks a great horn of an oxe in a string or bawdric, which, when they came to the house, for almes, they did wind. 16

Shakespeare refers to these itinerant insane in King Lear when Edgar announces his intention of becoming a Bedlam beggar, while English folk song includes 'Loving Mad Tom' and 'Old Tom of Bedlam.' 17

These literary and historical cases indicate the existence of lunacy in the past. The next question is to look at the evolution of the institutional response to the phenomenon. In considering the social history of the institutionalism for the insane, it should be borne in mind that the 'asylum' was certainly not the only place of incarceration for the insane. It can be proposed, as a fairly safe generalisation, that, in most European countries at least, a three-fold classification existed. Firstly, pauper, vagrant and criminal lunatics could be confined, under the respective laws, in the few poorhouses, jails or religious houses which existed. Secondly, in those families which had the means, the insane member was either sent to one of the small number of private houses which dealt specifically with such care, or were cared for at home. Finally, there were a handful of examples of medical institutions which were

either wholly or partly devoted to the caring of both the pauper and private insane. But, until the seventeenth century, there was no organised, institutional provision for the insane; the majority were 'at large', or cared for domestically.

Whereas the classical world does present numerous examples of treatment for the insane, it is doubtful if actual institutions for that objective existed, with the possible exception of the Greek Aesculapian temples. Rather, it is to the Arabs that one turns for the pioneering of institutional care. There are, for example, records of infirmaries admitting lunatics as part of their policy in Damascus in the eighth century A.D., and at Basra in the tenth.[18] The Turks had hospitals receiving the insane as part of their commitment in the thirteenth century,[19] and Volkan has referred to a hospital 'for the exclusive use of the mentally ill' opened in Istanbul in 1470.[20] This Islamic influence was of course felt in Europe, and it is interesting to note that the Spaniards claim to have built the first 'psychiatric hospital' in the world at Valencia in 1409.[21] However, this was a Christian initiative, as were the other asylums built at Saragossa (1425), Seville (1436), Toledo (the Hotel des Invalides, 1483), Valladolid (1489) and Barcelona.[22]

The Hotel-Dieu in Paris was a medieval French example of a general institution receiving the insane and there are good records of the same from the German

lands at this time. In 1326, a Dollhaus (madhouse) is mentioned in the municipal records of Elbing as part of the Georg hospital there. A Tollkiste (mad cell) was erected in Hamburg in 1375, while at Erfurt, the Grosse Hospital, rebuilt in 1385, had a Tollkoben (mad hut). In Bergamo, a shelter for the insane was built in 1352, while the noted St John's House in Gheel in Belgium was, by 1190, providing care for this class of patient. Early English examples were St Bartholomew's in London and the Holy Trinity in Salisbury.[23]

But there is one regime which has certainly earned its place in history, and that is London's Bethlem Hospital, which has given to the English language the word 'Bedlam'. It originally derived its name from the Order of St Mary of Bethlehem, founded in London in 1247. It was seized by the Crown in 1375 on the grounds that it was in the possession of an alien order, and was used from 1377 as an asylum for the insane. It was apparently controlled by the Royal authorities until 1546, when it was conveyed to the City. Eleven years later, in 1557, the management was transferred to the Governors of the original London Bridewell at Blackfriars. The institution was financed by public subscription and legacies. The money thus received was skilfully invested in house property in London; thus by the early eighteenth century, Bethlem was a comparatively wealthy institution. Patients were liable for their own maintenance unless they were paupers, in which case the responsibility fell upon the parish of

settlement.[24]

Looking at these early examples of institutionalism, it seems reasonable to conclude that the concept of a separate 'asylum', as a place of refuge for the insane, was a rare phenomenon in Europe. It was in fact not until the seventeenth and eighteenth[25,26,27,28] centuries that one detects the beginnings, in Europe, of an organised, institutional response to insanity, but this constitutes a latter part of this Chapter.

The task of the first part of this essay, thus far, has been briefly to review the evidence concerning the presence of lunacy, and of asylums, until the eighteenth century. It now remains for us to sketch an outline of the development of medical treatment of insanity.

Howells believes that the oldest medical record which mentions mental states is an old Chinese source, the Yellow Emperor's Classic of Internal Medicine, which can be dated to the 26th and 27th centuries B.C.[29] Bablyonian medicine tended towards the magical, attributing mental disorders to demonic possession and curing by magico-religious methods, the Asu (a kind of witch-doctor) being a 'man who knew the waters'.[30] Their medicine was 'dominated by magic and religion'.[31] Supernatural intervention was often resorted to in Egyptian times, but the overriding motif here was rational. Imhotep's temple at Memphis became a medical school where primitive methods of 'milieu therapy' were practised.

In ancient Persia, the Venidad, a volume of the Zendavesta laid emphasis on magical, holy and demonistic theories. In the East one has, on the one hand, Hindu mythology, with the Brahmins Cheraka (second century A.D.) and Susruta (fifth century A.D.) suggesting that powerful emotions may be related to peculiar behaviour.[32] On the other hand the meditational system elaborated by Siddartha Gautama the Buddha has a psychotherapeutic tone to it, urging, as it does, the individual to embark on a series of procedures which will eventually lead him to a tranquil state devoid of all passion and strivings, nirvana. Not only did the varieties of Buddhistic thought influence the East, but its effect is felt in parts of contemporary psychiatry.[33]

The contribution of the classical world to psychiatric medicine cannot be sufficiently stressed. In the first place, Greece like Egypt, provided evidence of an early attempt at psychotherapy through the Aesculapian cult, in which persons suffering from mental disorders were ostensibly cured by a regime of therapy developed by the priests in their temples. The 'environment' and 'incubation sleep' were essential parts of the process.[34]

But it is also to Greece and Rome that one looks for the first very tenuous moves away from magic to the beginnings of a positive medical system. In this

field among those who made a significant contribution was the Eclectic Aretaeus who was noted for his perceptive analysis of mental disorders. As a result, he established the fact that what are today called manic and depressive states occur in the same individuals. He was also the first to describe in detail the personalities of persons prior to mental breakdown.[35] Again although Galen's (Claudius Galenus of Pergamon,) reputation has suffered partly because he based his analysis on animal dissections, and also because he was often simply wrong, he was nevertheless, the first physician to consider the importance of the nervous system, hinting that severe emotional disturbance might indicate a lesion in the brain.[36]

In Hippocrates' work, the brain was for the first time recognised as the fulcrum of human activity. If it were plagued by excess moisture, heat or coldness, madness would ensue; but when the humours were kept in balance, the result was harmony. The Hippocratic physicians described for the first time categories which are still adhered to today, such as toxic conditions and melancholia. They coined the term 'hysteria' and were influential in removing elements of mysticism from the 'sacred' disease of epilepsy.

St Augustine of Hyppo in the late classical epoch, was one of the first to describe subjective emotional experience. His Confessions are a unique example of self-analysis, in which he probed deeply and honestly into his own personality and background, using it as a basis for a later understanding of himself and others. It is interesting to note that personal depth psychology was a process later developed by Freud.[37]

During the medieval centuries one looks primarily to Islam for developments in this area of medicine, as in so many other fields. Of importance here were Rhazes (865 - 925), Avicenna (980 - 1037). Avenzoar (1113 - 1162), Averroes (1126 - 1198) and Maimonides (1135 - 1204). All five combined psychological and physiological analysis, Avicenna's Canon being a very influential book in its time. Moreover, as many as four hundred years before Pinel, the Islamic-influenced Spaniards were removing chains and instituting humane treatment of their insane due to the Moorish preservation of antique Graeco-Roman ideas. At Saragossa, for example, the majority of the patients were employed in workshops and on the hospital farm.[38]

In Christendom most late- and post- medieval medicine was based on humoural theory which was Hippocratic

in origin. According to this view, the universe consisted of four elements, earth, fire, air and water. These elements gave rise to four basic qualities, coldness, dryness, hotness and wetness and, within the body, appeared as the four humours, the spleen, blood, choler and phlegm. It was the specific combination of these humours which determined a person's temperament and health, and out of which individual diseases arose.

It would appear that, as far as mental imbalance is concerned, the humour which mattered was the spleen, or black bile, which gave rise to melancholy. Moreover, as Skultans has shown, melancholy played an important part in English life during the seventeenth and eighteenth centuries. In her recent work, Skultans quotes from Timothy West's Treatise of Melancholy (1586) explaining that, here, melancholy was thought to be caused by humoural imbalance or divine retribution. Thus :

> If the spleneticke excrement surcharge the bodie not being purged by helpe of the splene, then are these perturbations far more outrageous and harde to be mitigated by counsell or persuasion. 39

The most well known of all essays on melancholy is of course The Anatomy of Melancholy by Robert Burton (1621). In this classic work 'almost entirely derived from Hippocrates',[40] Burton, while not denying that sin and the Devil were the basic causes of insanity, nevertheless emphasised humoural theory. Apart, no doubt,

from the spleen, Burton also believed that 'six non-natural things' bad air, the retention of bodily excretions, bad diet, lack of sleep, too much or too little exercise and emotional disturbance, were contributory factors. Fundamentally, the treatment suggested by Burton 'was a matter of removing the excess of these substances by means of evacuation'.[41] Hence was provided the logic by which eighteenth century medicine was to use all manner of remedies to evacuate the bodies of the insane: purges, vomits, bleedings and the like.[42]

Jones and Skultans agree that humoural pathology persisted well into the nineteenth century. However, according to the former source, these explanations 'were partly superseded by a mechanical philosophy whose key concepts were matter and motion'. Another closely related theory was hydraulics, largely influenced by Boerhaave in which nervous communication was seen as analogous to the circulation of the blood.[43]

At this chronological point, however as we approach the modern epoch, greater analysis is called for. Thus having looked at the motifs of the phenomenon of madness prior to the modern period, we can proceed to a more detailed exposition of how scholars have viewed developments from the seventeenth century onwards.

## II

Insanity was in no sense peculiar to the modern age. As has been demonstrated, many examples of both an awareness of, and desire to do something for, the 'mad' in earlier times,exist. What was novel about the phenomenon in the modern epoch was both its extent, and the procedures developed to cope with it. But it has been suggested that a connection between the early and modern epochs can be made here by examining the question of witchhunting.

Prior to the thirteenth century, the Church, while being aware, of course, of what it regarded as satanic influences, nevertheless tended to treat cases of 'witchcraft' lightly. But from that time onwards, in Szasz's words:

> ....all manner of misfortunes, from failing crops to epidemics - were blamed on witches and Jews. 44

Szasz takes the date 1215 as the starting point when Pope Innocent III convened the Fourth Lateran Council which denounced the Albigensian heresy and decreed that Jews wear a yellow badge of identification. Massacres of Jews then began. Witch-hunting was to come later, towards the end of the fifteenth century. Yet, as the Jewish persecution built up, signs of what was to follow can be observed. Hence Pope Gregory IX (1227 - 1241) was the first Pontiff to instruct the Inquisition to take legal action against witches, while a similar

call came from Pope John XXII in his bull Super Illius Specula of 1326.[45]

But it was not until the 1480s that the war against the witches began in earnest. On 9 December 1484 (alternatively quoted as 5 December), Pope Innocent VIII issued his bull Sumnis desiderates affectibus which stated that:

> It has indeed lately come to our ears ... that ... many persons of both sexes, unmindful of their own salvation and straying from the Catholic Faith, have abandoned themselves to devils, incubi and succubi. Wherefore We ... decree and enjoin that the aforesaid Inquisition be empowered to proceed to the just correction, imprisonment and punishment of any persons ... 46

Two years later the papal bull was implemented by the publication of a manual of procedure and theory for those who would be involved in the campaign, the Malleus Maleficarum (Hammer of the Witches),[47] written by two Dominicans, Heinrich Kramer and Jacob Sprenger.[48]

Evidence of witchcraft-hunting followed. For almost three centuries, Europe and its overseas territories were the scenes of mass organised persecution, which led to the deaths of thousands of people by burning, hanging, drowning and other methods. Rosen cites cases as early as 1330 of 400 being accused of witchcraft in the Toulouse and Carcassone region of France, with half the members losing their lives,[49] while Professor Smout has identified 'three or four terrible epidemics in Scotland, 1590 - 97, in the late

1620s, in the 1640s, and in the years between 1660 - 1663,' when the majority of the 4,000 odd people died.'[50]

The problem however with analysing the witch-hunts is that witchcraft in itself was not the only crime. Anything which in the authority's eyes had led to witch-craft was equally suspect. In this respect, non-procreative sexuality, of a heterosexual as well as a homosexual variety, was a prime target since it was regarded as a definite characteristic of witches. It would appear that 'heretics' were accused of 'unnatural vice' as a matter of course , and as a result a 'spin-off effect' can be detected. In thirteenth century Spain, for example, the penalty for homosexuality was castration and execution by stoning. This was changed, in 1479, to burning alive. As late as between 1780 and 1820, Lea records that 'the total number of cases coming before the three tribunals in Valencia was exactly one hundred'.[51] In Portugal, the penalties were of an equally severe nature, while Smout records that the penalty in Edinburgh was to be burnt on Castle Hill.[52]

Clearly then, the persecution of witchcraft, which along with Judaism and unprocreative sexuality, was called 'heresy' in these times, was a significant characteristic of late medieval and early modern Christendom. As far as this work is concerned, three reasons can be advanced for its significance.

In its mass aspect, the fact that so many people were swept into the frenzy of fear and persecution which characterised the witchhunts, can be seen as signs of what is today called hysteria and socially-shared psychopathology. The identification of the witch, or the Jew, as a threat rigorously to be exterminated, and the orchestration of a campaign to achieve this goal, based on dubious evidence, and involving whole populations,has all the signs of a psychic epidemic. Perhaps the most famous and well-documented case of this phenomenon was at the village of Salem in Massachusetts,in 1692,where in all 14 women were hanged as witches simply because fear and superstition had been magnified and spread through a community.[53]

Moreover, it should be noted that, in going about their work, the witchfinders took great pains to define their terms. Hence Sprenger and Kramer had precise criteria of witchcraft. From a contemporary point of view, much of this appears as specious nonsense. For example, all women <u>per se</u> were almost immediately suspect, and of them 'midwives surpass all others in wickedness'.[54] Again, much of the criteria used hinged around the sudden onset of bizarre behaviour. Certain facets of the behaviour patterns, described in the <u>Malleus</u>, for example, that a witch

behaves wildly, is endowed by unusual strengths, makes noises like an animal and speaks languages she could not possibly have known - have been identified in medical terms. Specifically, Sprenger and Kramer wrote that the sudden, dramatic onset of illness, or what looked like illness, was a typical sign that the disease was caused by witchcraft: 'evil may come so suddenly upon a man that it can only be ascribed to witchcraft'.[55] In this context, then, it is not difficult to visualize that the behaviour manifested by witches in general, and heretics in particular, was, in most cases, what we today would call psychoses. Indeed, there is an extensive classic literature explaining witchcraft in psychopathological terms.[56]

It is this identification of late-medieval heresy and its persecution in contemporary psychological terms which leads to our final point. 'Heresy' is now seen by historians as the major precursor of 'mental illness'. Thus Henry Sigerist, doyen of American medical historians, has written that 'in the changing attitude towards witchcraft, modern psychiatry was born as a medical discipline'[57] while Szasz summed up the argument thus:

> With the decline of the power of the Church and of the religious world view, in the seventeenth century, the inquisition-witch complex disappeared and in its place there arose the alienist-madman complex. 58

Most historians of psychiatry, including Rosen and Foucault, agree that psychiatry developed as the persecution of witchcraft declined. Hence, as we approach the modern era, we find that not only was madness in its less extreme form represented by melancholia, but, in its more florid expression was called witchcraft. It remains now to consider how scholars have tackled the fundamental question; why did insanity emerge as a specific medical condition, requiring a 'great confinement', in the early modern epoch?

## III

Madness, according to Foucault 'symbolized a great disquiet, suddenly dawning on the horizon of European culture at the end of the Middle Ages'.[59] Clearly the witchcraft persecutions in some of their aspects, must be seen as part of that disquiet. But beyond the remit of the clerical control of madness through the witchcraft stigma, madmen became major figures in 'their ambiguity, menace and mockery, the dizzying unreason of the world, and the feeble ridicule of men'.[60] As evidence of this state of affairs, Foucault cites 'a whole (lay) literature of tales and moral fables,'[61] follies which 'while stigmatizing vices and faults as in the past, no longer attributed them to pride to lack of charity, to neglect of Christian virtues, but to a

sort of great unreason'.[62] A similar theme is to be found in learned literature and culture, with such works as Erasmus' Praise of Folly and the paintings of Hieronymus Bosch and Breughel. Madness fascinated Renaissance man, according to Foucault because:

> ...at the beginning of the Renaissance, the relations with animality are reversed; the beast is set free, it escapes the world of legend and moral illustration to acquire a fantastic nature of its own. And, by an astonishing reversal, it is now the animal that will stalk man, capture him and reveal him in his own truth. 63

Also, madness fascinated because it represented knowledge; during the Renaissance the ancient myth that madness was akin to genius, or was evidence of the Divine, surfaced.

But, with the passing of the Renaissance, 'the great threat that had dawned on the horizon of the fifteenth century subsides.[64] As Foucault sees it:

> In the Renaissance, madness was present everywhere and mingled with every experience by its images or its dangers. During the classical period, madness was shown, but on the other side of bars; if present, it was at a distance, under the eyes of a reason that no longer felt any relation to it and that would not compromise itself by too close a resemblance. 65

With the coming of the Age of Reason, madness, or more precisely unreason, lost its power to fascinate. An age which regarded reason as man's most important attribute could do nothing other than regard non-reason as totally wrong. Man was defined precisely by the

Cartesian predicates of reason and self-reflection. Hence not to possess these characteristics was to be less than human, indeed to be animal.

Skultans has explained how this viewpoint was expressed by classical writers. Thus Pascal once wrote that 'I cannot conceive of a man without thought; that would be a stone or a brute'.[66] Pope condemned madness as 'the native anarchy of the mind is that state which precedes the time of reasons assuming the rule of the passions',[67] while Swift entertained similar views, believing that thoughts 'ought to be kept under the strictest regulation'.[68] John Locke added philosophical depth to these speculations, arguing in the Essay on Human Understanding that 'madness was a disease of ideas, rather than a disease of men',[69] and Dr Johnson, while being sympathetic to the mad, nevertheless had a great fear of insanity. In this context, Foucault is perhaps correct when he says 'Classicism felt a shame in the presence of the inhuman that the Renaissance had never experienced'.[70]

That 'shame' was to have two very profound effects. The cultural atmosphere which characterized 'madness' as 'wrong' was to serve as a very potent source for the corollary to that view, that madness was an illness. And, as Andrew Scull suggests, the eighteenth century medical profession was well placed to exploit this new approach. Eighteenth century medicine, unlike its present-day successor, did not concern itself

with diagnosing diseases and the prescribing of proper treatment. Rather the practitioners had a variety of cure-alls, purges, vomits, emetics, bleedings, leeches, and powders which they claimed could be applied to most excesses. Eventually the medical profession had been able to monopolise the 'mystery' of medical practice to such an extent that by the eighteenth century there was little in the way of competition. Hence, when the Age of Reason de-mythologised madness, and an emphasis came increasingly to be placed on its social undesirability, the medical profession with its 'skill', diversified into the relatively new market of insanity treatment. In Scull's opinion:

> The doctors then had an advantage when it came to justifying their claims to cure insanity, because everyone 'knew' that they possessed powerful remedies whose use demanded special training and expertise, and whose efficacy against a wide range of complaints was generally acknowledged. 71

Bleedings, vomits, purges and the like were also efficacious, according to the medical men, in the treatment of insanity. As a result, during the eighteenth century, the orthodoxy was born that madness was neither witchcraft nor melancholic eccentricity, but a disease, to be treated, like any other, by the 'correct' means.

But just as the new medical orthodoxy was emerging, it faced the first of many challenges to its monopoly over the mad. In cultural terms, the Augustan age gave way, in the late eighteenth

and early nineteenth century, to the romantic movement. In the works of Coleridge, Wordsworth, Byron, Shelley and Blake, reason, and lack of feeling became tantamount to death, and feeling and emotion, instead of being suspect, now became all important.

Against this background, the Augustan stoic view that madness represented the animal in man, to be chained and subdued, was challenged. To the reformers:

> ....the lunatic was no longer an animal, stripped of all remnants of humanity. On the contrary, he remained in essence a man, a man lacking in self restraint and order, but a man for all that. 72

Among such early changes were the publication, in 1758 by Dr. William Battie of St. Luke's London, of his treatise - on Madness, and the opening of the Manchester Lunatic Hospital (1765). But it was certainly towards the end of the century that most of the reforms took place, with the opening of the York Retreat in 1792, and with Pinel and Esquirol's reforms in Paris during the French Revolution. According to what became known as moral management of the insane, treatment was to consist not of 'opposing' the emotions but of 'balancing' them, and the best way in which this could be done was by freeing the inmates within the hospital. There a more sympathetic approach to the lunatic, and a more healthy and creative environment was substituted for the previous regime of total control.

But the challenge posed by the moral managers never triumphed. As the nineteenth century wore on, two factors were to coalesce to produce a less optimistic prognosis of insanity. Firstly, despite initial successes, moral management actually failed to effect large-scale cures. The growth in the numbers of the insane called forth the need for more and larger asylums in which it became increasingly impossible to practise moral management. Secondly, towards the end of the century, scientific research on neurology and the structure of the brain increasingly indicated an organic basis for what was gradually coming to be known as 'mental illness'. Hence formal medicine, after the challenge posed by Pinel, reasserted its control over the mad.

## IV

The 'shame' felt by the classicists in the presence of the insane has been seen in the emergence of a medical orthodoxy designed to treat and cure that illness. The other important consequence of the 'shame' was the rise of an organisational structure through which the medical orthodoxy could be practised. At this point, Scull's work will be considered in some depth

In his Museums of Madness, Scull has shown that the medieval precedent of caring for deviants either through Christian charity or the family unit, began gradually to break down in the sixteenth century. The conflict between Church and state led, in England, and in some mid-European countries, to a definite subordination of clerical power to secular authority, as exemplified by the dissolution of the monasteries.

This trend towards state social control was accelerated by two factors. Firstly, as Scull argues, 'rising population, coupled with the growing commercialisation of agriculture, and the spread of enclosures',[73] was pushing off the land those who had previously been dependent upon it, producing growing numbers of vagrants and beggars. And secondly, the power of the centralising royal authorities was still weak at this time, threatened both internally and externally. Hence, in order to secure internal functioning, royal authorities increasingly substituted secular for religious control.

In development of his argument, Scull makes a significant distinction between England and Western Europe. In the latter area, the very danger of military conflict not only stiffened the resolve of the state bodies to cope with the problem of potential internal disorder, but also gave them the means to do so, free standing armies. One of the results of this concern with stability at home then, was the beginning of the'great confinement' of the insane, as Foucault calls

the process, during the seventeenth century.

The date which both Foucault and Szasz agree as being the start of the confinement was 1656, the year of publication of the decree founding, in Paris, the Hôpital Général. The decree was issued by the King Louis XIII, and partly read:

> We choose to be guardian and protector of said Hôpital Général as being of royal founding. 74

This was not a solitary event. The hôpitaux généraux spread throughout France, and confinement was characterised also in German-speaking countries, by houses of correction, the Zuchthäusern, the first actually antedating the French by being established in Hamburg in 1620. The others were all founded later in the century, at Basel (1667), Breslau (1668), Frankfurt (1684), Spandau (1684) and Konigsberg (1691), and continued to multiply during the eighteenth century.[75] Perhaps the role of the absolute state in this area of social control is best summed up by the Prussian Prince Karl August Van Hardenburg when he said:

> The state must concern itself with all the institutions for those with deranged minds. 76

In respect of these developments, Rosen frankly states that 'the individual was committed not primarily to receive medical care but rather to protect society and to prevent the disintegration of its institutions'.[77]

But, in England, protected by its island status, from the threat of external attack, the Royal

administration, according to Scull, could afford a less repressive policy towards its poor and insane. Certainly, the Tudor and Stuart monarchs did take tentative steps to subordinate local authorities to the central administration. But these 'limited English experiments',[78] ended with the 'collapse of the first two Stuart attempts to build an indigenous English Absolutism'.[79]

Hence, after a brief spurt of activity in the late sixteenth and early seventeenth centuries, the poor and the insane continued to be dealt with largely on a local, parish level, although this was by now a secular rather than a religious responsibility, according to the provisions of the 43 Eliz.Ch.2 (the Poor Law Act of 1601). This legislation made it compulsory for each parish to care for its poor by levying a rate on all property-owners within the area from which household relief was then given. This resulted in as many as 15,000 separate administrative units being involved, the localist tendency being reinforced by the 14 Ch. II, Ch.12 (the Act of Settlement of 1662).

The first exceptions to this rule of non-institutionalism (apart from the very few isolated cases referred to earlier) can be found in the seventeenth century, when a number of almshouses and houses of correction sprang up. But, during the eighteenth century, a more distinctly institutional trend emerged. Hospitals

provided one such example. As Scull points out, 'between 1719 and 1751, seven hospitals were added to the ancient foundations of St Bartholomew's, St Thomas' and Bethlem ... alone'.[80] Others were established in the principal provincial cities, while workhouses, first founded on an experimental basis in a few towns in the 1630s, spread rapidly during the eighteenth century. As Oxley wrote:

> By the middle of the eighteenth century, the urban community of market town size and above, which had no workhouse, was a rarity. [81]

Moreover, as William Parry-Jones has shown,[82] a 'trade in lunacy' emerged during the eighteenth century. In London, the private madhouse trade was largely concentrated in Hoxton and Chelsea, while elsewhere, Gateshead and Henley-in-Arden were the centres of the industry. The origins of the practice appeared partly in the tendency of some parishes to 'board out' their lunatics to private dwelling houses, and partly in the desire of families, caring for their insane members, to be relieved of such a charge.

Finally, by the end of the eighteenth century, a number of charitable institutions had emerged caring either partly or wholly for the insane poor. The earliest of these, according to Scull, were at Norwich (1713) and a ward at Guy's Hospital (1728). Specific lunatic asylums were established at St Luke's Hospital,

London (1751), a second St.Luke's in Newcastle (1764) and, in 1765, the Manchester Lunatic Hospital with its twenty-two cells. 'These were followed by similar institutions at York, Liverpool, Leicester, Exeter'.[83]

Then, early in the nineteenth century, the 'great confinement' of the English insane, very cautiously began. The first move in that direction came in 1808, with the passage of 48 Geo III. Ch.96 the County Asylums Act (Wynn's Act). The basis of this legislation was that it permitted local authorities to raise revenue for the establishment of an asylum if they wished. But, as Jones points out, 'in the first twenty years of its operation, only nine counties proceeded to erect asylums'.[84] In fact, it was not until 1845, following the Report of the Metropolitan Commissioners, that comprehensive lunacy legislation for England and Wales was enacted.

There were two acts. The first, the 8 and 9 Vict., Ch.100, established a permanent, national, Lunacy Commission, with detailed powers of inspection of all lunacy institutions. The second, the 8 and 9 Vict., Ch.126, made the building of county and borough asylums to house pauper lunatics compulsory. By 1845, then, confinement had been achieved in England and Wales, with a national organisation of insanity,planned, and local institutions, established at law, wherein medical care and treatment could be practised.

Having traced the emergence of an organisation

of insanity in England and Wales, the final question now remains, why did it take the form of the 'asylum'? At this point, the contrast between Jones' position, and that of Scull, will be made clear.

In this respect, the former scholar writes that industrialisation 'brought an intensification of social distress of many kinds'.[85] The problems which rural society had dealt 'casually but often effectively'with ,[86] became'acute in the dirt-ridden and disease-ridden life of the towns'.[87] But industrialisation 'also provided the means of dealing'[88] with the increased social distress. In Jones' view, 'the very force of misery produced a new social conscience, a desire to tackle the problems of poverty and sickness and ignorance which had been taken for granted by the 'reasonable man' of the eighteenth century'.[89] To this end, a 'booming economy provided the money, the growth of the middle and artisan classes provided the staff'[90] and transportation the means to 'establish national standards where previously only local standards had been possible'.[91] And no one better embodied the Victorian social conscience in this area than Lord Shaftesbury who was appointed a Metropolitan Commissioner in Lunacy at the age of 27 and was still chairman of the national Lunacy Commission when he died aged 84. In Jones' words:

> Ashley and his colleagues had roused the conscience of mid-Victorian society, and had set a new standard of public morality by which the care of the helpless and degraded classes of the community was to be seen as a social responsibility. 92

Hence, in this view of the coming of the asylum, Victorian philanthropy, and the public-spirited desire to set right an obvious wrong was the basis for action.

Now Scull has chosen to disagree with this argument. In the course of a long dissertation, he challenges not so much the role of industrialisation, but urbanisation, in the rise of the asylum. To this scholar the whole problem of the incarceration of the insane is tied indubitably to the rise of market forces. In order that this viewpoint be clearly understood, it is essential that Scull's arguments be considered now in some depth.

Scull points out that the urbanisation process was simply not so far advanced at the time when the pressure for change began. Bearing in mind the fact that cotton was, in Hobsbawm's words, 'the pacemaker of the industrial change',[93] it should be recalled, then, that during the early nineteenth century, the technology of cotton production remained comparatively simple, and much of the industry remained decentralised and scattered in a variety of small local factories, more likely to be located in industrial villages than concentrated in large urban centres. Even in other industries, as Asa Briggs put it, 'most of the new industrial units were small and highly localised'.[94] Hence, although large towns absorbed an increasing proportion of the English population, city dwellers, with the exception of those in London, remained a distinct minority during the first

decades of the nineteenth century, just when pressure from institutionalisation was beginning.

Scull prosecutes his case by looking at where asylums were built during the early nineteenth century, and suggests their location bore no relationship to the degree of urbanisation. Thus, for example:

> ....while Lancashire and the West Riding, two of the most highly populated counties in England were among the first to plan and open county asylums, Middlesex, the next densely populated county in the country, made no effort to do so until 1827. 95

None of the counties of the West Midlands, along with the North, Scull continues, built an asylum until 1845, when they were compelled to do so. 'At the other end of the scale', the majority of asylums built on the basis of permissive acts were situated in rural counties, Bedfordshire (1812), Norfolk (1814), Lincolnshire (1820), Cornwall (1820), Gloucestershire (1823), Suffolk (1829), Dorset (1832) and Kent (1833).[96]

In the light of this evidence, Scull affirms that 'no clear cut connection exists, therefore, between the rise of large asylums, and the growth of large cities.[97] Instead, he suggests that the 'main driving force' behind the rise of a segregative response to madness can 'much more plausibly be asserted to lie in the effects of the advent of a mature capitalist market economy.'[98] At this point, Scull takes us back to the Tudor times.

The rise of market production in England can be traced as far back as the fifteenth century. Slowly, but with increasing speed, from the early seventeenth century onwards, the market system spread to 'incorporate all but the Celtic fringe'. But it was an imperfect market, says Scull, which exercised a weak impact on social structure. Transport difficulties, along with underdeveloped credit mechanisms and institutional barriers to land and labour organisation, combined with weak demand, meant that 'the rationalizing impact of capitalism, though present, only operated within strict limits'.[99]

The weak pull of the market permitted an unchanged agriculture and social order to survive. Market determination of wages and prices coexisted with conceptions of the just wage and the just price. Society was held together by 'permanent vertical links' of patronage, deference and dependence, 'rather than the horizontal solidarities of class'.[100]

The changing structure of the English economy from the late eighteenth century onwards undermined and then destroyed the old order. The impetus came from a number of sources. Substantially improved transport reduced costs and widened internal markets. More importantly, population began to rise dramatically from 1770s onwards. This coupled with growing technical innovation in industry, produced a continuing expansion of demand.

Thus the market 'when given its head', destroyed the traditional link between rich and poor which had characterized the old order. The change wrought by a thoroughly market-orientated economy sharply reduced the capacity of the lower orders to cope with economic reverse. Wage-earners, whether they were agricultural labourers or the early representatives of an urban proletariat shared a similar incapacity to make adequate provision for periods of economic depression. The burgeoning market economy was rendering anachronistic the idealised conception of a population living amidst 'the ever sustaining resources of an uncomplicated rural parish'.[101] The problem was exacerbated by the wild and unpredictable oscillations of the early capitalist economy.

Among the lower orders, as Scull sees it, family members unable to contribute effectively towards their own maintenance must have constituted a serious drain on family resources. The aged and children became a great burden as did the insane. Consequently, 'one suspects that, by the turn of the century, it (family-based caring) was likely to have been functioning particularly badly'.[102]

Population increase, then, and industrial production, constituted a major challenge to the social structure. But there was another strand involved. This was the increasing dissatisfaction, on the part of the bourgeosie, with 'non-institutional caring'. By

1803, 'over a million people, one in nine of the population, were said to be in receipt of poor relief, casual or permanent'.[103] Alarmed by this state of affairs, the upper classes readily convinced themselves that an ill-conceived system of household relief actually promoted rather than relieved poverty. Instead, they were increasingly convinced of an institutionally-based solution. Workhouses, asylums, and the like were not only expected to provide an efficient and economical solution to the problem; they also enabled a close and continuing watch to be kept on those being admitted. By making living conditions in the workhouses sufficiently unattractive, all save the truly needy and 'deserving' poor would be deterred from applying for relief.

Institutions appeared to promise still further advantages, argues Scull. A labour force comprised primarily of displaced peasants was ill-disposed to submit to the rigours of discipline demanded by a wage labour system, and more especially, to the requirements of wage labour in a factory. Hence the need for an institution, with the possibilities for providing the most intensive and thorough-going control over the lives of the inmates:

> The quasi-military authority structure which it could institute seemed ideally suited to be the means of establishing 'proper' work habits among those marginal elements of the work force who were apparently most resistant to the monotony, routine and regularity of industrialised labour. 104

Thus the receptivity of the English ruling class

to the notion of an institutional response to 'problem populations' can be traced to the underlying, structural transformations in society, as presented in Scull's thesis. But a further question now presents itself, which is, why did the asylum emerge as a specialised institution?

In answering this question, Scull points to the fact that market economics, particularly the market in labour, provided an incentive to distinguish between different categories of deviance. Stress had to be laid on the importance of distinguishing the able-bodied from the non able-bodied poor. As Marx and Weber have pointed out, one of the most basic prerequisites of the capitalist system was the existence of a large mass of wage labourers who were not merely 'free' to dispose of their labour, but forced to do so.[105] Provision of parochial relief to the able-bodied then interfered with labour mobility.[106] In particular, it encouraged redundant labour, and thus distorted the operations of the labour market. Thus it was felt that want ought to be the stimulus to the capable, who had to be distinguished from the helpless.

Thus, in Scull's view, the functional requirements of a market system promoted a relatively simple, if crucial distinction between the broad classes of the indigent. Workhouses were to be an important practical means of making the whole system efficient and economical. But whereas workhouses were originally intended to achieve that goal, they soon found themselves depositories for

'the decaying, the decrepit and the unemployable'.[107] This produced the problem of what to do with those who could not or would not abide by the rules of the home.

The order and discipline of the whole workhouse was threatened by the presence of madness. Also, by its very nature, the workhouse was ill-suited to provide a secure safe-keeping for those who might threaten life and property. Contemporary accounts project this viewpoint. Hence, in an appeal for funds, Londoners wrote:

> The law has made no particular provision for lunaticks and it must be allowed that the common parish workhouse are very unfit places for the Reception of such ungovernable and mischievous persons who necessarily require separate apartments. 108

The local jail, which was frequently resorted to as a substitute place for the confinement of violent maniacs, proved as unsatisfactory as the workhouse in providing for the insane, while general hospitals, some of which had been accepting lunatics, were by the early nineteenth century, refusing to do so, 'on account of the safety of our patients'.[109]

Clearly then, according to Scull, the adoption of an institutional response to all sorts of 'problem populations' created a pressure to distinguish between them. By creating separate institutional provision for a troublesome group like the insane, a source of potential danger and inconvenience to the community would be removed. Hence it can be seen that, by the late eighteenth century, many were becoming convinced of the

need for the specialised institutions for the insane.

In Scull's eyes, then, the 'coming of the asylum' is explained in terms of an efficient, utilitarian solution to a social problem which was hampering the smooth working of industrial, market economics. Hence, according to this line of reasoning, one can begin to see the insane along with other social deviants as the pauper, the prostitute and the homosexual, as the 'losers in the system'. As industrial capitalism emerged to maturity, those who did not function were either criminalised or institutionalised.[110]

Now considerable space has been devoted to Scull's thesis, partly because of its freshness, but also because of the many insights which he provides into the area being studied. Hence it is to be regretted that in a work of such value to the field of medical history, this scholar should have chosen totally to ignore research in other related fields of social and economic history. Certain of Scull's arguments give grounds for considerable anxiety.

Firstly and generally, the work displays both the theoretic neatness so familiar with his scholarly tradition and all the empirical weaknesses. The blame which he apportions to market forces, for so much that was negative in Victorian Britain, is clearly far too general. Secondly, and more specifically, his quick rejection of urbanisation as a causal

factor in institutionalism is problematic.

He dismisses this argument in two pages. He appears content to correlate a few examples of areas with high population figures and no asylum, and vice versa, as explanations for the weakness of the urbanisation case. The possibility of local, specific reasons for the slow development of asylums in some areas is not examined. Thirdly, some of his statements conflict with known historical fact. His paean in praise of the 'ever-sustaining resources of an uncomplicated rural parish' can be quickly deflated by just the merest reference to famine, or plague, or bad harvests. Also, Scull is far too sweeping when he says that the aged became a great burden on the community, on the family, following the rise of market economies. Moreover, Scull is in some danger when he asserts that, on the one hand, market forces called forth the demand for institutions by the late eighteenth century, and yet, on the other, states that the highly industrial West Midlands and the North did not build until 1846, and then only when forced to do so.

There are other problems. Scull's view of the enclosures contributing to peasants being pushed off the land is contradicted by the accepted historical fact that enclosures did not, in many cases, result in a reduction in the numbers employed on the land. Moreover, Scull's view of the role of agriculture in the market economy is wrong. He states that the 'weak pull

of the market permitted an unchanged agriculture' but agriculture was part of the market economy. Scull's mechanistic view expressed in another part of the Chapter, of the relationship between poverty and the attractiveness of the asylum to those poor families with an insane member, flies in the face of extensive research, such as the work of Hartwell and Deane and Cole, done on the improved standards of living which characterized parts of the Victorian era. Nor does Scull investigate the issue of family obligation and size after 1800. And again, one must regret Scull's interpretation of institutionalism reflecting a factory ideology; at his period of study, the factory remained the far less dominant mode of industrial organisation. Outwork was the predominant mode in many areas.

Finally, Scull's general view of the 'Industrial Revolution' raises questions. His insistence on the separation of 'urbanisation' and 'industrialisation' would be questioned by the many historians who see both processes as interrelated and synonymous. Moreover, his determination to treat the social and economic process of industrialisation as the result of capitalism is somewhat laboured. Most historians have long since agreed that the socio-economic experience of both urbanisation and industrialisation were not independent events but were very closely related to the earlier rise of market-capitalist commerce. In sum, then, Scull appears all too willing to impose a model suitable to his own

arguments on the past, without any real attempt to test the accuracy of his position. Much more local historical research is required.

## V

In drawing this study of the historical lineages of madness to a close, it should be recalled that two principal tasks were involved in the effort. Firstly, the antiquity of madness was established in order to point out that the period studied was not the first to witness madness. By whatever name it was known, madness was as familiar to man in the past generally as was war, famine and disease. Moreover, there were a few attempts at institutional and medical care for the insane prior to the modern era. But the incidence of madness clearly increased from the eighteenth century onwards, and in this respect, it was essential to trace the medical and organisational response to this problem. Hence the second part of the enterprise showed, firstly, how earlier eighteenth century methods of physically controlling the mad were challenged by more humane approaches, but that these were later integrated into a total medical system. Finally, in explaining the rise of the asylum, most recent research was consulted, and the view that incarceration was an efficient, capitalist panacea was contrasted with an earlier view of Victorian philanthropy.

In this last respect it is not the task of this thesis to provide solutions to the problems of English social history. Rather, that continuing debate will be looked at in its Scottish dimension. It is towards an examination of the nature of economic and social life in 19th century Scotland that we now turn.

## REFERENCES AND NOTES


1. Foucault, op. cit., passim.

2. Rosen, op. cit., passim.

3. Quoted in Rosen, op.cit., 28.

4. Quoted in Rosen, op.cit., 28

5. Quoted in Rosen, op.cit., 35.

6. Quoted in Rosen, op.cit., 35.

7. Quoted in Rosen, op.cit., 22.

8. ibid., 75.

9. ibid., 77.

10. ibid., 78.

11. ibid., 79.

12. See G.G. Moss, The Mortality & Personality of the Julio-Claudian Emperors in Med. Hist., Vol. VII (April 1963).

13. R. Graves, I Claudius (London, 1976)

14. Quoted in Jones, op. cit., 4.

15. H.D. Tuke, Chapters in the History of the Insane of the British Isles (London, 1882), 56-8.

16. Quoted in Jones, op. cit., 13.

17. W. Shakespeare, King Lear (Oxford, 1978).

18. Howells, (ed.), op. cit., XIII.

19. ibid., XIII.

20. ibid., 388.

21. ibid., 97-99.

22. ibid., 99-101.

23. Rosen, op. cit., 139-140.

24. Jones, op. cit., 12, 13.

25. Is there any evidence of 'extra-institutional' provision at this time. Two classic studies of medieval urban life throw light on this issue. Headlam in Rosen, op. cit. 140, reveals how the municipal accounts of Hildershein from 1384 to 1480 show expenditure for 82 lunatics, while at Nurnberg, from 1377 to 1397, 37 insane persons were in the public charge.

26. Kirchhoff, ibid., 141, explains how the Nurnberg records indicate that, from time to time, articles of clothing were given to the 'madmen' kept in the subterranean prison there. Sometimes direct financial assisstance was made, as in 1427, when a poor woman who was 'out of her mind' came with her child to Frankfurt where the town council donated some money 'because it was feared she might kill her child'.

27. Foucault, op. cit., 7, cites the existence of another extra 'institutional' solution to insanity in the Ship of Fools of the Renaissance. According to Foucault, there were ships carrying madmen, sailing from port to port and unwelcome everywhere:

> Something new appears in the imaginary landscape of the Renaissance, and it will occupy a privileged place there: the Ship of Fools, a strange 'drunken boat' that glides along the calm rivers of the Rhineland and the Flemish canals.

28. Considerable doubt has been cast on this particular aspect of Foucault's work. Perhaps he was being metaphorical but he insists that 'they did exist, these boats that conveyed their insane cargo from town to town.' ibid., 8.

29. Howells (ed), op. cit., VIII.

30. B.L. Gordon, Medicine Throughout Antiquity (Philadelphia, 1949), 115.

31. H. Sigerist, History of Medicine (London, 1951), 175.

32. Alexander & Selesnick, op. cit., 25.

33. C. Humphries, Buddhism (Harmondsworth, 1951).

34. Alexander & Selesnick, op. cit., 27-28.

35. ibid., 43.

36. ibid., 44.

37. St. Augustine, Confessions (London, 1978).

38. Howells (ed), op. cit., 99-101.

39. Quoted in Skultans, op. cit., 18.

40. Jones, op. cit., 7.

41. Quoted in Jones, op. cit., 7.

42. See Ch. 9, pp. 432-435, Ch. 10, pp. 506-508.

43. Skultans, op. cit., 34.

44. Szasz, The Manufacture, 34.

45. Rosen, op. cit., 111.

46. Quoted in Szasz, op. cit., 35.

47. ibid., 35.

48. It should be stressed that the work instigated by the Malleus was by no means a purely Catholic affair. Later Luther urged his followers to hunt and torture the guilty while Calvin advocated mass executions.

49. Rosen, op. cit., 111.

50. T.C. Smout, A History of the Scottish People 1550-1830. (Glasgow, 1969), 189.

51. Quoted in Szasz, op. cit., 194.
The Roman Inquisition however took no cognizance of homosexuality. Throughout Italy indeed, it appears to have been treated with a far greater leniency.

52. Smout, op. cit., 77.

53. Wing, op. cit., 73-75.

54. Quoted in Szasz, op. cit., 36.

55. ibid., 36.

56. Tuke (1882) felt that many who were put to death were victims of cerebral disorder. Snell (1891) identified melancholia, paranoia, epilepsy, manic conditions and hysteria as being seen in witchraft, while Kirchkoff (1888) thought senile dementia and epilepsy as figuring in witch trials. Freud (1923) regarded the phenomenon as being of a schizophrenic nature.

57. Quoted in Szasz, op. cit., 19.

58. ibid., 41.

59. Foucault, op. cit., 13.

60. ibid., 13.

61. ibid., 13.

62. ibid., 13.
Foucault proposes the interesting correlation between the disappearance of leprosy and the rise of insanity. He suggest that the need for someone to persecute was maintained through the insane.

63. ibid., 21.

64. ibid., 35.

65. ibid., 70.

66. Quoted in Skultans, op. cit., 37.

67. Quoted in Skultans, op.cit.,43-44.

68. Quoted in Skultans, op.cit., 45.

69. ibid., 47.

70. Foucault, op. cit., 68.

71. Scull, op. cit., 128.

72. ibid., 65.

73. ibid., 20.
See p. 91.

74. Quoted in Szasz, op. cit., 41.

75. Foucault, op. cit. 43.

76. Quoted in Szasz, op. cit., 43.

77. Rosen, op. cit., 237.

78. Scull, op. cit., 21.

79. ibid., 21.

80. ibid., 24.

81. Quoted in Scull, op.cit., 24.

82. Parry Jones, op. cit., 7-8.

83. Scull, op. cit., 25.
Scull appears to have listed more of these subscription hospitals than Jones.

84. Jones, op. cit., 59.

85. ibid., XI.

86. ibid., XI.

87. ibid., XI.

88. ibid., XI.

89. ibid., XI.

90. ibid., XI.

91. ibid., XI.

92. ibid., 149.

93. Quoted in Scull, op. cit., 27.

94. Quoted in Scull, op.cit., 27.

95. ibid., 29.

96. ibid., 29.

97. ibid., 30.

98. ibid., 30.

99. ibid., 30-31.

100. Quoted in Scull, op.cit., 31.

101. Quoted in Scull, op.cit., 33.

102. ibid., 34.

103. ibid., 34.

104. ibid., 35.

105. Quoted in Scull, op.cit., 37

106. ibid., 37.

107. ibid., 40.

108. St Luke's Hospital, London. Considerations upon the usefulness and necessity of establishing an hospital for a further provision for poor lunatics, (1750-1) quoted in ibid., 41.

109. Quoted in Scull, op.cit., 41.

110. J. Weeks, Coming Out (London, 1977), 2, 11.
An argument developed along similar lines to Scull is contained in Jeffrey Week's recent history of homosexual politics. In this work Week's points out that there were historical eras when homosexuality was tolerated, for example, the restoration and to a limited extent in the eighteenth century. The word 'homosexual' itself was not coined until 1869, and homosexuality only criminalised in 1885. Weeks suggests that this was because of the emergence of a peculiarly homosexual stigma in the nineteenth century. This development can be properly understood as part of the 'restructuring of the family and sexual relations consequent upon the triumph of urbanization and industrial capitalism.'

Weeks points out 'before 1885, the only legislation which directly affected homosexual acts was that referring to sodomy or buggery.' The base was the 1533 Act of Henry VIII, reenacted in 1563. The point here was that it was directed to a series of sexual acts, not a particular type of person. The death penalty for buggery (tacitly abandoned after 1836) was finally abolished in England and Wales in 1861 (Scotland (1899) but this was a prelude to a tightening up of the law. By the 1885 Criminal Law Amendment Act, all male homosexual acts were made illegal.

The tightening up of prostitution during the Victorian era, can also be included in this context.

# CHAPTER 3(A)

## SCOTTISH INDUSTRIALISING SOCIETY

## THE ECONOMY

As the eighteenth century drew to a close, Scotland was still an agrarian, pre-industrial society, although contained within it were some robust commercial and industrial sectors. By the 1840s the economy had altered radically, resulting in the emergence of 'an industrial society based on market economics', as Bruce Lenman put it.[1]

The genesis of Scotland's 'take-off' is an issue of some dispute among economic historians. Professor Henry Hamilton, in his pioneering work, The Industrial Revolution in Scotland, took the cotton industry between 1780 and 1830 and the metal industries from 1830, as the progenitors of growth.[2] More recent research, including the work of Smout[3] and Professor Campbell,[4] has stressed the more generalised and less acute nature of the process. Professor Butt has also reiterated that change was 'slow, evolutionary ... with many antecedents'[5] while Lenman argues that 'change was spread over substantial periods of time and varied in chronology and type from region to region'.[6] In short, a long perspective has to be adopted. What follows is a review of Scottish history both before and during the industrialisation process.

I

The recent, systematic research in Scottish demographic history, undertaken by Professor Flinn and his colleagues, which was based on an exhaustive study of original sources such as parish registers, and the hearth and poll taxes, points to the disappointing conclusion that, prior to 1755, there is no source 'from which it is possible to estimate a total of Scottish population and hence to assess secular growth rates'.[7] Thus, while the material used does shed some light on the nature of contemporary population change, 'we cannot know what the long-run trends of population were in the seventeenth and eighteenth centuries'.[8]

Certainly, scholars writing before Flinn had hazarded a guess. Thus Professor Lythe, while acknowledging that 'virtually no early statistics of direct demographic value have survived', made use of the work of Lord Cooper and Professor J.C. Russell 'for what such calculations are worth'.[9] Smout is equally cautious, stating that 'it remains very uncertain what the population of Scotland was at any point before 1750'.[10] Nevertheless, he was prepared to speculate at a figure of 'just over one million souls at the time of Union'.[11]

There is little doubt that the great majority of Scots prior to industrialisation lived on the land. Mr. Lenman suggests a figure of eight

TABLE 1

ESTIMATES OF THE POPULATION OF SCOTLAND,

c 1100 - 1600

| Period | Cooper | Russell |
|---|---|---|
| Late 11th century | 250,000 | 275,000 |
| Early 14th century | | 550,000 |
| Late 14th century | 400,000 (?+) | |
| Mid 16th century | | 690,000 |
| Late 16th century | 800,000 | |

S.G.E. Lythe and J. Butt, An Economic History of Scotland (1975), 4.

or nine out of ten thus engaged.[12] Nevertheless, a form of urban concentration had a long genealogy. During the medieval epoch, pockets of the population would be clustered around churches and castles, although the burgh was quickly to emerge as an important socio-economic unit in Scottish life. The two burghal communities which, it would appear, can be traced furthest back in time were Berwick and Roxburgh. For example, eighty burgesses were listed at the former in 1291, while Perth, in the same year, had seventy. Among the burghal data which Smout and Lythe refer to are Selkirk, 1426: 110 burghal tenures; Stirling, 1477: 120 burgesses; Arbroath, 1517: 200 hearths (= about 1,000 persons); Aberdeen, 1408 and 1451: 350 family heads

## TABLE 2

## HEARTH RETURNS - 1691

| | |
|---|---|
| Edinburgh (with Leith) | 14,745 * |
| Glasgow (with Barony) | 4,409 † |
| Aberdeen (incl. Old Machar) | 4,500 |
| Dundee | 2,357 |
| Ayr | 1,198 |
| St Andrews | 1,116 |
| Inverness | 1,099 |
| Montrose | 1,027 |
| Stirling | 1,065 |
| Kirkcaldy | 1,008 |
| Perth | 984 |
| Dumfries | 952 |
| Linlithgow | 933 |
| Hamilton | 806 |
| Greenock | 746 |
| Kelso | 730 Φ |

* With 2,165 deficient and 396 poor.

† With 200 deficient and 942 poor from Ireland.

Φ Of these figures, those for Kelso, Perth, Hamilton, Linlithgow and Greenock were for the town only. Others included suburbs.

M. Flinn, (ed.), Scottish Population History, 191.

(= about 2,000 persons).[13] In addition, there were the numerous small burghs which King David and his successors built close to royal castles during the twelfth and thirteenth centuries, among them Dingwall, Inverness, Ayr and Renfrew (although in modern terms, they were little larger than villages).[14]

During the seventeenth century, it has been suggested that Edinburgh's population ranged from 9,000 to 30,000. At the same time, Dundee and Aberdeen each possessed some 10,000 inhabitants, while Perth had about 3,000. Settlements such as Inverness, Stirling, Ayr and Dumfries would have had round about 1,000 - 1,500 people during the first half of that century. At the end of the seventeenth century, more adequate data emerged from the work of Flinn and his colleagues (see Table 2). Glasgow's development, while slow, was to be speeded up extensively during the seventeenth and eighteenth centuries, leading to a population of 12,766, at the beginning of the eighteenth century.[15]

Thus far, then, one has been forced (with the exception of the Flinn data) to speculate on Scottish population prior to the eighteenth century. Mr Slaven has summed up the problem best by saying that between 1250 and 1750, Scotland's population 'perhaps doubled' to a total of 1.2 million by the later date.[16] From the eighteenth century onwards however, one can afford to be more categoric.

The source most frequently quoted for the mid 18th century is Alexander Webster's Account of the People in Scotland. Using the ministers of the Church of Scotland to enumerate the inhabitants of every parish in the country, Webster then checked the returns himself for arithmetical error and finally produced a result, which most scholars agree is reliable, of 1,265,000 for 1755.[17] The figure, taken as valid until recently, for the population at the time of Union, was about one million. Hence one can see perceptible growth setting in by the first half of the eighteenth century.

Other sources are: William Seton of Pitmedden, who in 1700 put the population at 800,000; Sir John Sinclair who offered 1,048,000 for 1707; the retrospective data in the 1801 Census which put the population, in 1710, at 1,270,000[18] and J. Chalmers who suggested 1,093,000 for the start of the century.[19]

Apart from Webster's material, the other data are looked upon with scepticism by Flinn and his coworkers. Hence, in order to achieve greater precision, these researchers took totals of baptisms and burials from the better parish registers, grossed them, and used them for a sketch of natural increase. The results indicated growth of population in the opening years of the century, but at a low level in the period 1720-42. This was followed by marked and sustained growth at the end of the 1740s, which lasted, except for a decline in the early 1760s, until the late 1780s.[20]

However, Webster's material is also of value in indicating the geographical distribution of the population (see Table 3).

By 1755, over half the total population, lived in North Scotland on 72% of the land surface, while the remainder lived in central and southern Scotland. Significantly enough, only one of the six most populous counties was in the West and five of the ten quoted overleaf could be regarded as highland counties. (See Tables 4 and 5).

However, it is during the nineteenth century that our knowledge of demographic trends is deepened as

TABLE 3

REGIONAL DISTRIBUTION OF THE POPULATION, 1755

| Region | Land surface % | 1755 population ('000s) | Total population % |
|---|---|---|---|
| North Scotland | 72 | 652 | 51 |
| Central belt | 14 | 464 | 37 |
| South Scotland* | 14 | 149 | 11 |

* 'Central Scotland' comprised here the counties of Ayr, Dumbarton, Lanark, Renfrew, Clacks, Stirling, Fife, The Lothians and City of Dundee. 'North Scotland' is the area North of the block and 'South Scotland' the rest.

T.C. Smout, A History of the Scottish People (1969) 242.

## TABLE 4

## THE 10 MOST POPULOUS COUNTIES, 1755

| County | Population |
|---|---|
| Perth | 120,116 |
| Aberdeen | 116,168 |
| Midlothian | 90,412 |
| Lanark | 81,726 |
| Fife | 81,570 |
| Angus | 68,883 |
| Argyll | 66,286 |
| Inverness | 59,563 |
| Ayr | 59,009 |
| Ross and Cromarty | 48,084 |

Lythe and Butt, op.cit., 88.

## TABLE 5

## THE URBAN POPULATIONS, 1755

| Town | Population (1,000s) |
|---|---|
| Edinburgh | 57.0 |
| Glasgow | 31.7 |
| Aberdeen | 15.6 |
| Dundee | 12.4 |
| Inverness | 9.7 |
| Perth | 9.0 |
| Dumfermline | 8.5 |
| Paisley | 6.8 |
| Dumfries | 4.5 |
| Kilmarnock | 4.4 |
| Montrose | 4.1 |
| Falkirk | 3.9 |
| Greenock | 3.8* |

* Edinburgh includes Leith, Cannongate and St Cuthberts; Glasgow includes Barony, with Goven and Gorbals; Aberdeen includes Old Aberdeen; and Paisley both the Abbey and Town parishes.

Smout, op.cit., 243.

a result of the censuses and the civil registration of births, marriages and deaths. Moreover, as the nineteenth century is the period being studied in this thesis, a greater degree of attention is called for.

The expansion of population in Scotland, during the nineteenth century is revealed by the figures in Table 6, being a rise from 1,625,002 in 1801, to 4,472,103 in 1901. Within the period being studied the rise was from 2,273,561 in 1831 to 3,360,018 in 1871.

TABLE 6

THE POPULATION OF SCOTLAND DURING THE NINETEENTH CENTURY

| | Census | Total | Rate of Growth (intercensal increase as % of population at last census) |
|---|---|---|---|
| | 1801 | 1,625,002 | |
| | 1811 | 1,824,434 | 12.3 |
| | 1821 | 2,099,945 | 15.1 |
| Period being studied | 1831 | 2,273,561 | 13.0 |
| | 1841 | 2,620,184 | 10.4 |
| | 1851 | 2,888,742 | 10.3 |
| | 1861 | 3,062,294 | 6.0 |
| | 1871 | 3,360,018 | 9.7 |
| | 1881 | 3,735,573 | 11.2 |
| | 1891 | 4,025,647 | 7.8 |
| | 1901 | 4,472,103 | 11.1* |

* The censuses from 1801 to 1831 excluded serving men both at home and abroad and revised totals were published in 1863.

Flinn (ed.), op.cit., 302.

Although numerically the trend reflects the same demographic motif, common to industrialising societies, of sustained growth, nevertheless, the growth rates (determined by the excess of births over deaths and by net emigration) present a slightly different figure. Generally growth was more rapid prior to 1851 when a perceptive fall is noticed, but later decades, the 1870s and 1890s revealed rates close to those of the early century.

The problem of assessing the aggregate growth rate is compounded by the effect of net migration. Until 1855 (when civil registration data became available) it is not easy to assess the extent to which growth rates were attributable to natural increase, or to net migration. Emigration, both overseas and to other parts of the UK, played an important part in Scottish history throughout the nineteenth century, although the figures were always to some extent offset by the return of former emigrants, and by immigration from Ireland, England and parts of Europe.

Flinn and his colleagues made estimates of the increase of Irish-English- and Welsh-born living in Scotland between 1841-1851 and 1851-61.[21] Estimates were also found for the increase of the Scottish-born living outside Scotland and of Scots emigrating overseas in these decades. After allowing for these estimates, the rates of natural increase

of the native population were computed at 10.6% for 1841-51, and 12.4% for 1851-61. Flinn points out that 'the great influx of Irish during the 1840s, about 110,000, was not sufficient to make good the loss of the Scottish-born',[22] while, in the 1850s, 'the great outflow of Scots was so little offset by the incoming Irish that the actual population grew at less than half the rate of the probable natural increase of the Scottish-born population.[23]

TABLE 7

RATES OF ACTUAL AND NATURAL INCREASE OF POPULATION, BY REGIONS, FOR THE PERIOD STUDIED, 1861-70

| Region | Actual % | Natural % |
|---|---|---|
| Far North | 2.2 | 11.1 |
| Highland Counties | 1.9 | 8.9 |
| North East | 7.2 | 16.0 |
| Western Lowlands | 17.1 | 14.8 |
| Eastern Lowlands | 10.1 | 13.0 |
| Borders | 0.1 | 12.9 |
| Scotland | 9.7 | 13.6 |

Flinn (ed.), op.cit., 304.

Finally, in drawing this discussion of the population of Scotland to a conclusion, two issues have to be examined - the geographical distribution of

numbers and the urbanisation rate. In approaching, first of all, the question of the geographical spread, one can be guided firstly by earlier research, before turning again to Flinn. Smout has shown that, by 1821, 873,000, or 41% of the total population, lived in the North, while 1,218,000, or 58%, lived in the Central or Southern parts.[24] Butt has also examined the question and concluded that whereas, in 1755, 37% lived in the Central belt compared with 62% in the Northern and Southern regions, by 1801, 42.5% lived in the centre contrasted with 57.5% elsewhere. By 1871, 61% were to be found in the Central belt and 39% in both the Northern and Southern regions,[25] but a more detailed breakdown can be found from Flinn's data in Table 8.

These data demonstrate that every region, except the West Lowlands (when its population was expressed as a percentage of the total) experienced sustained decline. In some regions, such as the Highlands and the Borders, the contrast was very stark, from 15.2% in 1801 to 6.3% in 1901, for the former, and from 11.5% in 1801 to 5.9% in 1901 for the latter; conversely, in the West Lowlands, their share more than doubled from 20.6% in 1801 to 44.2% in 1901. Moreover, when one expresses these percentages in decennial terms, one sees that whereas, in 1801 the West Lowlands ranked second, by 1901 it clearly ranked not only first, but, apart from the East Lowlands, was about 30% ahead

TABLE 8

POPULATION OF SCOTLAND BY REGION

| Region | Far North | Highland | North East | West Lowlands | East Lowlands | Borders |
|---|---|---|---|---|---|---|
| 1801 Pop. | 69,433 | 245,175 | 220,712 | 331,110 | 557,214 | 184,776 |
| Total % | 4.3 | 15.2 | 13.7 | 20.6 | 34.6 | 11.5 |
| 1831 Pop. | 92,768 | 310,259 | 301,277 | 628,528 | 785,814 | 245,740 |
| Total % | 3.9 | 13.1 | 12.7 | 26.6 | 33.2 | 10.4 |
| 1871 Pop. | 102,874 | 285,459 | 395,102 | 1,241,952 | 1,062,348 | 272,283 |
| Total % | 3.1 | 8.5 | 11.8 | 37.0 | 31.6 | 8.1 |
| 1901 Pop. | 90,735 | 280,423 | 460,941 | 1,976,640 | 1,400,675 | 262,689 |
| Total % | 2.0 | 6.3 | 10.3 | 44.2 | 31.3 | 5.9 |

Flinn (ed.), op.cit., 306.

of its nearest rival, the North East. In numerical terms, the North-East, the West Lowlands and East Lowlands enjoyed sustained growth in all years, whereas the Far North, Highlands and Borders fluctuated. Taken together, in both percentage and numerical terms, the West and East Lowlands, the Central belt - clearly dominated the geographical distribution of Scottish population during the nineteenth century. Flinn's explanation for the 'stagnation or actual decline of the population of the peripheral regions' is succinctly related to 'social and economic developments leading to out-migration'.[26]

Almost inevitably, county ratings also underwent change. Thus according to Butt, the six most populous counties in 1755 were, in descending order, Perth, Aberdeen, Midlothian, Lanark, Fife and Angus, while, by 1871, the ratings were headed by Lanark, followed by Midlothian, Aberdeen, Angus, Renfrew and Ayr.[27] Throughout the nineteenth century, then, there appeared to be a massing of the population in the Central belt, with some spreading to the North-Eastern edge.

Not surprisingly, the relationship between out-migration in the Highlands and North, and in-migration and natural increase in the Lowlands, increasingly expressed itself in urbanisation (see Table 10).

TABLE 9

THE 10 MOST POPULOUS COUNTIES, 1871

| County | Ranking 1755 | Population 1801 | Population 1871 |
|---|---|---|---|
| Lanark | 4 | 147,692 | 765,339 |
| Midlothian | 3 | 122,597 | 328,379 |
| Aberdeen | 2 | 121,065 | 244,603 |
| Angus | 6 | 99,053 | 237,567 |
| Renfrew | | 78,501 | 216,947 |
| Ayr | 9 | 84,207 | 200,809 |
| Fife | 5 | 93,743 | 160,735 |
| Perth | 1 | 125,583 | 127,768 |
| Stirling | | 50,825 | 98,218 |
| Inverness | 8 | 72,672 | 87,531 |

Lythe and Butt, op.cit., 94.

TABLE 10

POPULATION (IN THOUSANDS) OF THE LARGEST SCOTTISH TOWNS

| | 1801 | 1821 | 1831 | 1841 | 1851 | 1861 | 1871 |
|---|---|---|---|---|---|---|---|
| Aberdeen | 27 | 44 | 57 | 63 | 72 | 74 | 88 |
| Dundee | 26 | 31 | 45 | 63 | 79 | 90 | 119 |
| Edinburgh | 83 | 138 | 162 | 166 | 194 | 203 | 242 |
| Glasgow | 77 | 147 | 202 | 275 | 345 | 420 | 522 |

B.R. Mitchell and P. Deane, Abstract of British Historical Statistics (1962), 24.

As Flinn points out, of course, the cities were only the largest urban centres. A similar process of expansion, brought about by a combination of natural increase and in-migration, 'governed' the rest of the urban population in the smaller towns.[28] Flinn, while emphasising that 'no single generalisation will describe the emergence of these towns during the nineteenth centuries',[29] nevertheless adopts a population of 5,000 as his criterion for an urban area. The progress of urbanisation in Scotland was then measured by the proportion of the total population in centres of that size or over.

TABLE 11

URBANISED PROPORTION OF TOTAL POPULATION

| Census | % of total pop. in centres of 5,000 or over | % increase over previous decade |
|---|---|---|
| 1801 | 21.0 | |
| 1811 | 24.2 | 29.4 |
| 1821 | 27.5 | 31.7 |
| 1831 | 31.2 | 28.2 |
| 1841 | 32.7 | 16.2 |
| 1851 | 35.9 | 17.3 |
| 1861 | 39.4 | 16.2 |
| 1871 | 44.4 | 23.6 |
| 1881 | 48.9 | 12.8 |
| 1891 | 53.5 | 17.6 |
| 1901 | 57.6 | 19.7 |

Flinn, (ed.), op.cit., 313.

TABLE 12

URBAN POPULATION, REGIONAL

| | Far North | High-land | North East | West Lowlands | East Lowlands | Borders |
|---|---|---|---|---|---|---|
| 1811 | | | | | | |
| % Urban | 7.3 | 3.9 | 11.4 | 43.4 | 30.6 | 4.5 |
| % total urban | 1.2 | 1.8 | 10.4 | 41.0 | 43.6 | 2.1 |
| 1831 | | | | | | |
| % urban | 10.6 | 4.0 | 21.9 | 51.9 | 37.3 | 7.0 |
| % total urban | 1.3 | 1.3 | 11.1 | 44.2 | 39.7 | 2.3 |
| 1871 | | | | | | |
| % urban | 7.9 | 10.0 | 24.7 | 65.6 | 46.4 | 14.3 |
| % total urban | 0.5 | 1.4 | 7.9 | 54.7 | 32.9 | 2.6 |
| 1901 | | | | | | |
| % urban | 9.8 | 18.8 | 37.5 | 72.5 | 59.6 | 23.3 |
| % total urban | 0.3 | 1.5 | 7.8 | 55.6 | 32.4 | 2.4 |

Flinn (ed.), op.cit., 315-316.

It emerges from Table 12 that most of the urban growth was, inevitably, concentrated in the Lowland belt. Thus the proportion of the whole urban population of Scotland, living in the Lowlands between 1811 and 1901, never fell below 81%. The next highest centre of urban increase was to be found in the North-East, reflecting Aberdeen's growth.

Generally, however, urbanisation proceeded at a marginally decreasing rate throughout the century. The fast rates of the first three decades of the

century raised the proportion of Scots in towns of over 5,000 from about one-fifth to nearly one-third. For the remainder of the century, each decade added only steadily to the urban population at a rate which was likely to have been only marginally in excess of the natural increase. The concentration of half of Scotland's population in towns of this size was not achieved until somewhere between 1881 and 1891.

## II

Emigration out of Scotland, and in-migration from the North and the Highlands to the urban Lowlands, during the eighteenth and nineteenth centuries, would not have taken place without the presence of significant 'push-pull' factors. In looking, first of all, at the 'push' side of the equation, the next few pages will be devoted to a brief summary of the changes taking place on the land.

The importance of the land to Scottish socio-economic life prior to industrialisation has already been noted. Lenman, in referring to the eight or nine Scotsmen out of ten living and working on the land before change, was underlining the fact that 'the foundation of Scotland's economy and life in the late seventeenth century was the land',[30] while Butt pointed out that 'in terms of employment, income and revenue, it (the land) was much the most important sector in the Scot-

tïsh economy'.[31]

As Campbell has argued, Scottish rural life before change was harsh indeed. The roots of the problem were poor climate and soil. Rain fell on two thirds of the days in a year, and inadequate drainage left the soil sour. Moreover, rain, snow and wind destroyed a large percentage of crops, while the extent of cultivable land was limited to areas outside the Highlands. Finally, the methods of cultivation were deficient; implements used were primitive and inefficient such as the large, unwieldy old Scots plough.[32]

There had been three major types of land tenure, although their local application differed in different parts of Scotland. The old medieval 'steel bow' was still occasionally practised whereby the landlord provided much of the capital. There was also the 'tacksman' system whereby a landlord held the land cheaply but was able to sub-let at a much higher rental. Up until the failure of the 1745 rebellion, this method still had shades of the old feudal, military duties attached to it. Finally, the '<u>runrig</u>' system was, by the seventeenth century, the most widely practised method, whereby strips of land were allocated to joint tenants, and had become, by the eighteenth century, virtually the only type of land tenure.

This last is the clue to the basis of

Scottish rural life before change. It was largely co-operative. The basic unit was the ferm toun whose inhabitants acted as joint-tenants of land leased, in most cases, into 'rigs'.

Within the farms, land was divided into arable and common. The arable land was further sub-divided into two fields, the 'in-field' which was under constant cultivation, and a larger 'out-field' part of which was left fallow. The common land was largely used for grazing cattle.

The runrig system was primarily concerned with subsistence farming, providing the basic nutritional needs of the tenants; specifically, barley for beer, oats as the staple diet, and cattle, providing milk, butter, cheese, meat. The contribution of farming surplus to a market, before change, was very limited.

However, extensive changes in this socio-economic structure were to begin in the latter part of the seventeenth century. A series of Acts of 1661, 1669, and 1685 allowed enclosures to be made, and two important acts of 1695 empowered the law to divide both jointly held and common land. Enclosures and the effect of 'improvement' increasingly placed the traditional agriculture under strain.

Among the stimulants of change were, firstly, the eventual returns from afforestation, as the demand for timber expanded for house and ship-

building, and pit-propping. Secondly, pastoral farming was to become important; the returns from cattle farming were eventually to prove healthier than arable. During most of the eighteenth century, but particularly after 1740, cattle prices rose fourfold. This upward price movement increased the pressure for estate consolidation in the pastoral districts, and diverted marginal arable land into cattle production. Butt points out that by the mid-eighteenth century, possibly 80,000 cattle were going south from Scotland, and the trade in sheep, from the Borders especially, was running at about 150,000 per annum.[33] Nevertheless, despite the boom in pastoral farming, mixed farming remained the most commonplace type, with arable production being increasingly influenced by market forces.

A third, and most important factor was the effect of the improving landlords themselves. Thus, for example, Swinton of Swinton enclosed in the 1730s and then proceeded to drain and marl his estate. Dr. Hutton of Duns raised the capital value of his estate sevenfold after employing a Norfolk ploughman in 1754. Dr. John Rutherford began crop improvements, such as sowing turnips by the drill, in 1747. The Earl of Haddington introduced the English fallowing rotation at his estate in 1725, while the Earl of Hopetown ended runrig at his West Lothian estates from 1754-6. In addition the number of land surveyors increased

from the 1740s when there were fifteen to nearly eighty in the 1770s.[34] Indeed, so effective were the improvements that were being wrought during the course of the eighteenth century that even Highland landlords dealing in cattle could be regarded as agricultural capitalists operating in a market economy.

The peak of the enclosure movement can perhaps be put around the 1770s. Prior to 1760, the process had been limited to 'enlightened' landowners but, from the 1760s onwards, with the demand for food and raw materials rising, the main movement began. Certainly, by the early nineteenth century only marginal land was left. Gradually, in Butt's words, 'the social and economic unit of the ferm toun was atomised and replaced by single farms or phased out of existence for sheep-walks, as in Sutherland'.[35] In some parishes, as at Cranstoun, a whole village which housed 200 people in 1781 disappeared, to be replaced by the estate mansion and park. Enclosure was finally completed in several counties by the 1850s and 60s, and 'the concentration of property ownership proceeded'.[36]

Agrarian change contributed powerfully to Scottish economic development. As Butt has shown, a favourable balance of payments was essential to the industrialisation process in Scotland as elsewhere. A favourable balance brought in bullion, improved the cash bases of the credit structure, and allowed banks

to lower interest rates permitting expansion to occur. By changing from subsistence to market farming, by contracting in size but also improving in scope agriculture raised its productivity. This sector then not only contributed directly to improved Scottish balance of payments by trading with England and elsewhere, but contributed indirectly to an improved balance by freeing labour for export-based industry.

The social effects were also very important. The enclosures and the increasing mechanisation of farming spelt the end for the 'self-sufficient' Scottish peasantry. In its place emerged the wage-earning farm labourer. But contraction left many of these redundant as well as landless. For them, the choice was emigration or migration to the towns.

## III

Thus far, evidence has been presented indicating that, during the eighteenth century and carrying on well into Victorian times, the Scottish population was, in a crude numerical sense, certainly increasing and agriculture was both expanding and mechanising. Hence the next question which suggests itself is, as there was surplus labour due to demographic factors, what was happening to it? The immediate answer is that it was being 'pulled' into the industrial towns. Yet it would be totally wrong to assume that industry

and commerce were a novelty during the eighteenth century. Their roots went far back in Scottish history.

No attempt can be made to understand the evolution of commerce in Scotland without, first of all, appreciating the role of the burghs. These were of two types, the Royal Burghs, which were usually, in terms of size, the larger, and the Burghs of Barony, the vast majority of which were very, very small.[37] Both were basically privileged communities, with monopolies granted by the Royal administration to develop internal and external trade, in return for certain services rendered to the Crown. The Royal Burghs, as their name suggests, enjoyed the greater rights, with, for example, a monopoly of overseas trade. Moreover, around every Royal Burgh was an area called 'the liberty' within which a burgess could carry on any trade, although the Burghs of Barony obtained similar liberties over a much smaller surrounding area. Smout has described the Royal Burghs as 'cells of cosmopolitan commerce'.[38]

While the scale of operations of the Royal Burgh merchants[39] was never as great as that of England and Holland, nevertheless, they cast their net wide. From Leith, Dundee and Aberdeen, ships went every year along the trade routes to Scandinavia, the Baltic, the Netherlands, Normandy and Bordeaux, and as far as

Spain, while vessels from such small burghs as Montrose and Dunbar were regularly to be found in European waters. In the West, Glasgow, Ayr and Dumfries traded especially with Ireland and France, although in the later seventeenth century, contacts were opened with the West Indies and North America.

Moreover, the pattern of trading, prior to Union, indicates that Scotland was clearly part of an international (largely European) market. By that time Scottish trade had been consolidated into exports of 'chiefly raw materials or manufactured goods of coarse or inferior quality',[40] while the major imports were 'manufactured goods especially the luxuries'.[41] From the Low Countries came 'velvets, lace, cambrics and imitation Indian goods'. From France came 'wines and brandies'. From the north of Europe came timber, and iron, while England sent a great variety of manufactured goods.[42] Other sundry imports were metalwork, glass, paper, paint and soap. To pay for these imports, Scottish exports included grain to Norway, coal to Ireland and the Low Countries, woollen goods, lead and ore, fish, skins and hides, and, in particular, linen and cattle to England.[43]

Yet it was not only external trade which counted. Internal trade was also extensively developed by the seventeenth century. Trading was commonly carried out in dwelling houses or outbuildings. Peddlars and hawkers also travelled widely. The most

numerous group of retailers were concerned with selling food, drink and clothing, as Butt pointed out, but many shopkeepers were also dealers. The late eighteenth century also saw the development of specialist shops in towns.

In his study of Glasgow and Aberdeen during the Cromwellian interregnum, Dr Devine referred to the Scottish economy of the time as an 'agricultural economy with a limited commercial sector'.[44] However limited the sector may have been, it was clearly market orientated, and, in considering the commercial sector's role in the prelude to industrialisation, a number of factors have to be considered.

An important step in the widening of the commercial sector came in 1672 when the Scots Parliament legislated to free commerce from much of the burghal monopolies referred to earlier. Exporting was made free to everyone, although the Royal Burgesses did retain a monopoly in wine, wax, silk, spices and some dyestuffs. And if wider privileges were partially restored to the burghs, in 1690, many exceptions were written into the amending legislation. Hence, the move towards a free market in trade, unencumbered by burghal monopolies and restrictions, was gradually beginning in the early eighteenth century.

The growing market dynamism of Scottish trade was further enhanced by Scotland's entry into the British colonial system, buttressed by the Corn

Laws and Navigation Acts, through the Act of Union. Thus Article 4 of the Treaty guaranteed complete freedom of trade and navigation to all subjects of the United Kingdom. Article 5 brought all Scottish ships under the navigation laws, while Article 6 and 7 unified the customs and excise services according to English custom. And if the benefits were slow to accrue, the Union was eventually to be of great benefit to Scottish commerce in its gradual transformation from burghal control to market freedom.

Finally, the establishment of the 'common market' with England and the colonies, resulted in such a rapid expansion of certain commercial lines, such as cattle exports to England and linen, that an infant 'factory system' was not long in emerging. The classic progenitor of this last was the development of the Glasgow tobacco trade.

Glasgow was well placed to maximise its comparative advantage in tobacco trading with the American Atlantic seaboard following the granting of access to that market after 1707. Clyde ships had the quickest passage to Virginia and Maryland. Once there, they were able to achieve a quick turn-round thus reducing costs. Moreover, the kind of goods in demand in the colonies were in ready supply in Scotland. By 1755, imports of tobacco amounted to around 15 million pounds. The peak year 1771 saw 47 million pounds imported. This was then largely re-exported constitu-

ting a commercial undertaking which at its peak contributed 36% of the total value of all imports, and 51% of all exports, in Scotland.[45]

The effect of the trade on Glasgow is undisputed. 'Such riches quickly changed the face of Glasgow',[46] states Devine. Landholdings were extended, many manufactories grew up in the area, and urbanisation was developed. 'For the first time, too, the West of Scotland acquired a large-scale infrastructure of banks, warehouses, docks and marine insurance facilities-',[47] while the commercial links forged with North America and East Europe were to prove most fruitful in the Victorian era.

One or two specific examples are of use here. The extensive landholding engaged in by the merchants is indicated by the following table.

TABLE 13

LOCATION OF ESTATES OWNED BY GLASGOW TOBACCO AND WEST INDIA MERCHANTS, c. 1770-1815

| Area | No. of merchant landowners | No. of estates |
|---|---|---|
| Barony of Glasgow | 34 | 40 |
| Lanarkshire | 22 | 37 |
| Renfrewshire | 19 | 36 |
| Dumbartonshire | 11 | 11 |
| Stirlingshire | 6 | 10 |
| Ayrshire | 8 | 11 |

T.M. Devine, The Tobacco Lords (1975), 20.

The extent of merchant investments in industry is embodied in Table 14.

TABLE 14

GROSS TOTAL OF INDUSTRIAL UNITS WITH SOME ELEMENT OF COLONIAL MERCHANT CAPITAL IN STOCK c 1700-1815

| Manufacture | Total No. units | No. outside Glasgow | No.outside W. Scotland |
|---|---|---|---|
| Textiles (silk, linen, wool) | 23 | 2 | - |
| Textiles (cotton-spinning) | 12 | 10 | 1 |
| Textiles (finishing processes) | 9 | 4 | 1 |
| Iron (malleable) | 4 | - | - |
| Iron (pig) | 3 | 3 | - |
| Mining (coal) | 14 | 8 | 1 |
| Mining (other minerals) | 2 | - | 2 |
| Sugarhouses | 7 | 2 | - |
| Rope and sailcloth | 3 | 2 | - |
| Manufactories | | | |
| Leather manufactories | 4 | - | - |
| Glassworks | 3 | 2 | - |
| Breweries | 2 | 2 | - |
| Soapworks | 2 | - | - |
| Tobacco-spinners | 1 | - | - |
| Potteries and delftworks | 1 | - | - |

Devine, op.cit., 47.

Merchant investment in industry is further exemplified by these individual examples. Thus, for example, merchants Hugh Wylie and Francis Hamilton had £2,400, of the capital of the tanning

company Francis Hamilton and Co. The merchant share of the King Street Sugar House between the 1780s and 90s, was 90%, while John Campbell with James Gordon and Henry Riddell acquired 80% of the shares of the Greenock Sugarhouse in 1788. The colonial merchant share at Muirkirk Iron Works was 75% between 1799 -1810, while Messrs Leitch and Smith obtained 50% of the Deanston Cotton Mill Company, c 1795.[48]

Yet if the investment of the Glasgow tobacco lords in land and industry is beyond dispute, Devine is nevertheless very cautious on how responsible the tobacco lords were for basic economic change. He takes the view that it is impossible to measure accurately the share of mercantile profit deriving from America. He states specifically that there is 'no evidence of transfer of resources from commerce to industry in the critical two decades after c. 1780',[49] with 'the relative importance of mercantile investment in West of Scotland industry',[50] actually declining. In contrast, however, the merchants' role in the earlier decades of the century was more important. They, together with landed proprietors, put up funds for such capital-intensive projects as the Monklands Canal. They were heavily implicated in land improvement. But above all, this 'remarkable breed',[51] appear to have been one of the few groups in the western Lowlands, 'with the motivation and resources to develop 'factory' industry at a time when production typically took place in the home and the farmstead'.[52] Hence the

long-run contribution of the Glasgow tobacco lords to Scottish economic development, while being by no means revolutionary, was nevertheless significant.

Thus far in this overview of the Scottish economy, it has been suggested that Scottish society prior to the Union was, at least in essence, a rural one, in which population growth was slow. The burghs however provided an early, although small-scale, urban base, through which economic organisation and social administration was co-ordinated. Industry, with a few exceptions remained domestic, but commerce had already achieved a degree of market sophistication. The next task is to look at the way Scotland evolved from 'an aggregate of a series of local and regional economies'[53] into a capital-intensive, industrial market economy.

## IV

Much debate exists concerning the take-off of the Scottish economy although the timing during the late eighteenth century is generally accepted. But the genesis of that process is still the subject of controversy. Certainly, the freeing of burghal restrictions in the late seventeenth century must have had an effect on commercial expansion. Surveying the late seventeenth century scene, from 'textiles to bell-founding and from soap to pins and needles', Lythe was moved to ask whether or not the dawn was breaking.[54] Such develop-

ments rested on the use of merchant capital but weaknesses were manifold. 'All the evidence suggests high-cost production and a domestic market too small for real economies of scale'.[55] In contrast, protection and privilege remained strong as one moves into the eighteenth century. Lenman states that between 1727 and 1780 there was a complete change in the economic climate:

> ... for by the latter date, it was clear that the Scottish economy was experiencing significant growth and change and that the rate of growth and change was accelerating.[56]

At this early stage, Lenman believes that growth was achieved by the exploitation of low overheads and existing trends. He argues that three industries, grain, cattle exporting and linen were generators of growth. Sources of credit were also being developed. These factors, allied to Scotland's being integrated into the wider British and colonial market after 1707, were the basic foundation upon which growth was built.

But in surveying the industrial scene in Scotland before change, one is impressed by the extent of operations. Although the predominant unit of production was domestic, there are several examples of industries operating on a larger scale. Perhaps the most ancient of Scottish lines was the building industry which had flourished on the medieval demand for castles and churches. It was probably the only pre-industrial line which had attained a measure of capital intensity.

Extractive industries also played a varying

role. Thus, coal mining can be traced as far back as the thirteenth century. Annual output has been put at 40,000 tons in 1540, and expansion, retarded to some extent during the seventeenth century, resumed again after 1660. The annual output in 1670 of the 15 Forth mines, was estimated at 50,000 tons and valued at about £173,000 Scots. The main overseas markets were The Netherlands, France, Scandinavia, Ireland and England.[57] Iron-making appears to have undergone more leisurely development prior to the eighteenth century. Blast furnaces were introduced only very slowly at such places as Letterawe (in Wester Ross) in about 1600 and at Bonave and Furnace, but legal prohibitions generally constrained the industry.[58] But as a contrast, records of lead mining go back to the thirteenth century, in an industry concentrated in the Leadhills of the Southern Uplands and expansion, geared in part to exporting, began during the sixteenth century.

Other pre-industrial revolution activities included glass-making, fishing and, of course, a fairly widespread manufacturing industry, the most significant example of the latter being textiles. In general, however, it can safely be assumed that industry in Scotland, prior to change, was characterised by a domestic and non-capital intensive mode of production. From this pattern there were only a few departures.

It was perhaps this factor allied to a fluctuating commerce and a widespread agriculture, which led

to Scotland's relative poverty in the pre-industrial era. Comparisons with England indicate that England's take-off was fuelled by a more robust commerce and industry. On the other hand Scotland, at the end of the eighteenth century, was in Smout's words:

> ... poorer and more backward even in her pre-industrial economy than the states to which she most frequently compared herself, England - Holland and France - .[59]

War and poverty, allied to famine, seemed to lend Scotland, at the end of the seventeenth century, a dismal economic prospect. Yet it was at roughly this point that the Scots 'first began to consider economic growth as an objective at which society should aim'.[60] The first early expressions of this ideal, Darien and the early years of the Union, were, of course, disasters. Consequently, the eighteenth century began in an 'atmosphere of gloom and despondency',[61] with trade depressed, famine, the loss of the colony and the dawning realisation that Union was as useless a panacea as Darien.

Yet change was at hand. 'The decade before the middle of the century', writes Smout, 'mark an important new beginning in Scottish economic history'.[62] Gradually and unobtrusively at first, the process of change began to accelerate in the 1760s, until, by the outbreak of the American war in 1775 'practically all classes in Scottish society were conscious of a momentum which was carrying them towards a richer society',[63] This momentum was the production of a number of inter-

related factors. Some, such as demographic and agrarian change, have already been looked at. Others such as leading sectors of industry and capital remain to be considered.

In discussing the textile industry, Campbell avoids the mistake of opting for either the linen or cotton lines as the source of growth; rather he shows that both were interrelated. Cotton's rise, he argues, was assisted by 'the favourable environment, already formed by the linen industry',[64] firstly by the special skills and abilities of the West Scotland weavers, and by the success of the merchants organising the linen industry. Throughout the eighteenth century, the linen industry had remained largely domestic, with spinners and weavers scattered throughout the countryside. Their skills, and the coordinating ability of the merchants, led to a more extended process of production. The products were of a 'bewildering variety' and by 1760, total consumption in Great Britain and the colonies was eighty million yards, of which the Scots produced slightly less than twelve million.[65]

From this base, the cotton industry was to grow rapidly. Campbell recounts that Scotland's first cotton mill was built at Penicuik in 1778, and was followed, in 1779, by a more successful one at Rothesay. The first mill in Lanarkshire was founded in 1783, at East Kilbride, which was followed by another at North Woodside, Glasgow, in 1784. Then, after the foundation

of the Deanston mills in 1785, the period of greatest construction began, lasting until the French wars.[66] From a figure of 19 in 1787, the number of mills rose to 91 in 1795, 120 in 1812 and 192 in 1839. Glasgow, by 1839, had 98 mills within its boundaries.[67]

Capital requirements covering spinning, land and powerloom weaving, resulted in a probable fixed capital investment of about £4½ million, by 1840. Although the number of mills had fallen to 168 by 1840, 'the tendencies towards concentration, integration and to bigger units were even more marked'.[68] The labour force also remained large. By 1861, 41,237 people were employed in cotton factories, 27,065 of them being at Lanarkshire, and although the figure dropped after 1861, 34,873 people were still working in 1890.[69] (Some idea of the extent of the industry can be found in the data embodied in Table 15.)

On the other hand the iron industry, despite its long pedigree, experienced its most extensive period of development after the formation of the Carron Company in 1759. The process of industrialisation stimulated relatively rapid growth up to about 1805, which was then followed by a period of stagnation lasting twenty years. But from 1825 to 1840, a second phase of development took place.

Ironmasters began to use the coke-smelting process, instead of charcoal following Carron's success, and from 1779 to 1801, progress was dramatic.

TABLE 15

DISTRIBUTION OF COTTON FIRMS c 1795

| Place | No. of firms | Insurance valuation, or where known, capital (£) | Average (£) |
|---|---|---|---|
| Aberdeenshire | 2 | 15,600 | 7,800 |
| Ayrshire | 2 | 15,600 | 7,800 |
| Bute | 1 | 25,000 | 25,000 |
| Fife | 5 | 28,180 | 5,636 |
| East Lothian | 1 | 8,400 | 8,400 |
| Midlothian | 2 | 10,300 | 5,150 |
| West Lothian | 1 | 400 | 400 |
| Galloway counties | 5 | 20,750 | 4,150 |
| Glasgow | 11 | 35,500 | 3,227 |
| Rest of Lanarkshire | 6 | 30,850 | 5,140 |
| Perthshire | 3 | 26,200 | 8,730 |
| Stirlingshire | 2 | 14,300 | 7,150 |
| Paisley | 11 | 44,300 | 4,027 |
| Rest of Renfrewshire | 12 | 53,550 | 4,462 |
| Sutherland | 1 | 2,300 | 2,300 |

Lythe and Butt, op.cit., 187.

Important ironworks were founded at Wilsontown (1779), Clyde (1786), Omoa (1787), Calder (1800), Shotts (1801), in Lanarkshire, Muirkirk (1787) and Glenbuck (1795) in Ayrshire, Devon (1792) in Clackmannanshire and Markinch

in Fife (1801).[70]

The demand for iron goods grew as a result of agricultural improvements, and through the variety of products required by an industrialising society. However, most firms were small, with a skilled labour force and high costs. Furthermore, since the 'industry was dominated by small, non-specialist firms with skilled labour forces and high costs, - demand - was therefore held back by this industrial structure.'[71] This initial under-capitalisation, moreover, made most firms over-dependent on external finance.

The industry's real expansion came after 1830, partly as a result of the application of Neilson's hot blast. Fuel costs were consequently reduced, cheap Irish and Highland workers kept labour costs down, and capital formation improved as the banks became more sensitive to the profitability of pig-iron production. Hence, after accounting for five per cent of British production, the Scottish iron industry increased its share to twenty-five per cent by the mid-1840s (see Table 16 for the growth of the Scottish iron industry).

An increasing urban population, allied to the needs of an expanding industry meant that demand for coal became very buoyant. Yet the coal industry in Scotland failed to reflect totally the success story of other lines. Legislation by 1800 had effectively brought the 'serf' status of Scottish coalminers to an end, a measure which alongside the importation of

TABLE 16

THE SCOTTISH IRON INDUSTRY OUTPUT 1780-1870

| Year | No. of Furnaces | Output (tons) |
|---|---|---|
| 1780 | 4 | 4,000 |
| 1796 | 21 | 16,086 |
| 1806 | 29 | 23,240 |
| 1828 | 25 | 37,500 |
| 1830 | 27 | 39,500 |
| 1836 | 34 | 110,000 |
| 1840 | 70 | 241,000 |
| 1843 | 98 | 280,000 |
| 1845 | 109 | 475,000 |
| 1850 | 143 | 630,000 |
| 1855 | 157 | 820,000 |
| 1860 | 171 | 1,000,000 |
| 1865 | 165 | 1,164,000 |
| 1870 | 156 | 1,206,000 |

J. Butt, Capital and Enterprise in the Scottish Iron Industry, 1780-1840, in J.Ward & J. Butt (eds), Scottish Themes (1976), 67.
Lythe and Butt, op.cit., 194.

'cheap' Highland and Irish labour, helped to solve the problem of labour in a rapidly expanding industry. Wage rates also rose; thus 'hewer' rates roughly doubled between 1715 and 1785 and doubled again between 1785 and 1808. Moreover, towards the end of the eighteenth century, coal-masters were building

wagonways to link mines to the waterways and expedite supply.[72] The result was that in B.F. Duckham's words 'Scottish coal mining enjoyed a long and only fleetingly interrupted boom from the early 1790s until 1809-10'.[73]

Yet, despite these 'improvements', the industry faced great difficulties in meeting demand. The rise of cities such as Edinburgh and Glasgow simply outgrew the production possibilities of the mines, and the deficiency was often met by importing from England. Moreover Scotland did not fare well in the overseas market with England as a competitor. Also, while it is true that ironworks, for example, consumed much coal, nevertheless, many works had their own coalmines as part of the complex.

Another, and perhaps more successful industry, which expanded during industrialisation, was chemicals. The old Scottish chemical industry based upon the manufacturing of salt, declined, but in doing so, it freed resources and men for the more profitable, and important, line of industrial chemistry. Bleaching was a vitally important part of the process, and by the 1740s, sulphuric acid was being imported from Holland. In 1749, the first Scottish chemical factory of a modern kind was set up at Prestonpans by John Roebuck and Samuel Garbett, to manufacture sulphuric acid, or vitriol as it was called. By 1784, this was the largest acid works in Britain, with a big export trade to the Continent.[74]

Glasgow, with its close links with the textile industry, was well placed to maximise the potential of the chemical industry. By the 1820s, the Port Dundas area of the city had six or seven works producing sulphuric acid. Charles Tennant's patenting of a dry bleaching powder in 1798 was the basis of the early growth of the St Rollox Chemical Works in Springburn.

During 1799-1800, Tennants produced 52 tons of bleaching powder. By 1825, the figure was 9,251 tons. One by-product of bleaching powder production was sodium sulphate which could be used for the production of soap and glass. By the 1830s and 40s St Rollox was reputedly the biggest chemical works in the world, making bleaching powder, soda, soap and a range of sulphites and sulphates.[75]

The success of the chemical industry however must not blind us to other successes. In this respect, one final industry must be considered. Innovations in transport, particularly with canals and roads, had been taking place in the late eighteenth century. Yet of all transport innovations, the railway had the most important effects on the economy and society, as was seen by the interest shown in such early ventures as the Kilmarnock-Troon line (1812), Monkland and Kirkintilloch (1824) and Garnkirk and Glasgow (1826).

Railway investment in several parts of Scotland experiencing urbanisation was the prelude to the promotion of trunk lines in the late 1830s and

early 1840s. But the major period of development came in the thirty years after 1840. The granting of Acts to the Glasgow, Paisley, Kilmarnock and Ayr Railway (1837), Glasgow, Paisley and Greenock (1837) and Edinburgh and Glasgow (1838) was followed by the laying of the Anglo-Scottish route.[76]

The depression of the early 1840s slowed enthusiasm but in the improving economic climate of the following years capital raised by railway companies doubled, and the railway mania spread to Scotland. By December 1845, 115 plans for new railway lines were deposited with the Board of Trade out of which emerged seventy-three Acts. The Caledonian, the North British and the Great North of Scotland Railways were products of this activity while the Glasgow and South-Western and the Highland Railway were founded by amalgamation. By the mid-1860s, the process of horizontal integration was well-advanced. Thus, of the forty-eight railway companies in 1866, all but three were leased or owned by the above companies.[77]

Although the railway mania was followed by a financial crisis, capital accumulation was only temporarily halted. If slower investment was the norm during the 1850s, in the 1860s capital accumulation more than doubled again.[78] By that time, the economic transformation of Scotland had been virtually completed by the formation of a national rail matrix, providing speedy and efficient transport of goods and

people.

TABLE 17

CAPITAL RAISED BY SCOTTISH RAILWAY COMPANIES 1825-70

| Year | Total share and loan capital (thousands £) |
|---|---|
| 1825 | 32 |
| 1826 | 50 |
| 1827 | 86 |
| 1828 | 115 |
| 1829 | 146 |
| 1830 | 204 |
| 1840 | 2,682 |
| 1844 | 5,296 |
| 1845 | 7,345 |
| 1846 | 11,454 |
| 1847 | 17,392 |
| 1850 | 26,628 |
| 1855 | 32,441 |
| 1860 | 38,277 |
| 1865 | 50,206 |
| 1870 | 62,502 |

Lythe and Butt, op.cit., 196.

Finally, we turn to the Scottish credit structure. Badly damaged by the Darien scheme, it was in a 'primitive'state during the late seventeenth and early eighteenth centuries. Credit was elastic, a

drain of bullion to London was constant, and confidence was low. Improvements came with the establishment of the Bank of Scotland in 1695, with a nominal capital of £100,000, followed by the Royal Bank of Scotland, founded in 1727, with nominal capital of £110, 000, and powers to raise another £40,000 if required.[79] These two, along with the British Linen Company of 1746, constituted the three main chartered banks.

Prior to the establishment of the chartered banks, various banking functions had been undertaken by merchants, lawyers and goldsmiths. Failures, however, were frequent, and, because of this, and the inadequacies of the chartered banks, provincial banking firms developed. The first such bank was opened in 1749 in Aberdeen,[80] while banking in Glasgow was heavily influenced by the tobacco trade. The partners of the Ship Bank and Arms Bank (1750) were largely drawn from the ranks of merchants, as was found in the Thistle Bank of 1761.[81] Considerable rivalry developed between the chartered and the provincial banks.

But of course it was not just the spread of banks which contributed to the development of credit structures. Landowners, aristocrats and non-banking merchants also contributed to the financing of commercial and industrial endeavours. Moreover, during the early nineteenth century, trustee saving and insurance policies were widening the market for investment.

Yet, as Butt has written, 'assessment of the

role of capital in industrialisation is fraught with problems'.[82] While it may appear logical to point to gains made in colonial trade or in agriculture, which were then ploughed into industry, it is by no means axiomatic that investment produced economic change. It is possible that it was the other way about, industrialisation creating capital formation.

Certainly, there is little doubt that capital gains made in agriculture aided the development of mining, transport, building, banking and other ventures. Furthermore, foreign traders contributed significantly to the development of industry. Thus, for example, the Oswalds of Glasgow, West India merchants and tobacco importers, invested during the 1740s in the Glasgow bottleworks. Sugar importers were not surprisingly found as parties in sugar houses and in grain dealing. The ropeworks and sailcloth factory at Greenock was owned in 1748 by a partnership headed by three Glasgow foreign merchants. The need for plantation tools and equipment led foreign traders to spread their investment to the iron industry.[83] The extent of the tobacco lords' involvement has already been mentioned.

A possible solution to this problem is that firms, requiring abnormally high quantities of capital by the standards of the time, sought wealthy partners and they were most commonly found among the foreign traders. ' Some businesses were naturally more capital-

intensive than others.'[84] Bleachfields distilleries, breweries, glassworks, blast furnaces, soap-works and paper-mills had, by the late eighteenth century attracted substantial investment. But while there may be doubts over the origins of the source of capital, there is no question about the fact of it; the Scottish 'industrial revolution' suffered from no capital shortages.

## V

All the factors which have been analysed, unprecedented population growth, reform of agriculture, and the rise of a machine-powered manufacturing industry, 'meshed with each other in a complex way and revolutionised the way of life',[85] to use Slaven's arresting phraseology, of Scotland and her people. By the earlier decades of the nineteenth century, a market-orientated industrial society had been created. But the profile is as yet incomplete; the effect of these changes on the people of Scotland has still to be considered.

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2. H. Hamilton, The Industrial Revolution in Scotland, (London, 1932), 1.

3. Smout, op. cit., Chs. X & XI.

4. R.H. Campbell, Scotland since 1707 ( Oxford, 1965).

5. S.G.E. Lythe & J. Butt, An Economic History of Scotland (Glasgow, 1975), 162.

6. Lenman, op. cit., 101.

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8. ibid., 4.

9. Lythe & Butt, op. cit., 3.

10. Smout, op. cit., 240.

11. ibid., 240.

12. Lenman, op. cit., 17.

13. Lythe & Butt, op. cit., 5.

14. Smout, op. cit., 28.

15. Flinn (ed.), op. cit., 191.

16. A. Slaven, The Development of the West of Scotland (London, 1975), 135.

17. Smout, op. cit., 241.

18. Flinn (ed.), op. cit., 241.

19. ibid., 241.

20. ibid., 242.

21. ibid., 301-302.
In every decade, the rate of growth of Scottish population was less that that of the population of England and Wales. In consequence Scotland occupied an ever diminishing proportion of the total population of Great Britain. In 1801, 15.4% of the British population lived in Scotland, while by 1931, Scotland's share had fallen to 10.8%.

22. ibid., 303.

23. ibid., 303.

24. Smout, op. cit., 242.

25. Lythe & Butt, op. cit., 95.

26. Flinn, op. cit., 308.

27. Lythe & Butt, op. cit., 94.

28. Flinn,.(ed.), op. cit., 313.

29. ibid., 313.

30. Lenman, op. cit., 17.

31. Lythe & Butt, op. cit., 108.

32. Campbell, op. cit., 18.

33. Lythe & Butt, op. cit., 113, 118.

34. ibid., 115.

35. ibid., 117.

36. ibid., 125.

37. Smout, op. cit., 146.
Examples of the Royal Burghs are Inverness, Ayr, Stirling, Dumfries, Jedburgh & of the Barony Burghs, Langholm, Kilmaurs, Kilmarnock.

38. ibid., 147.
So extensive was the liberty that the term Landward Pairts were used to describe rural hinterlands.

39. ibid., 148.
In each burgh there was 1 basic division into burgesses and non-burgesses, and another within the burgess group between merchants and craftsmen; to the burgesses alone belonged the privileges, - 'the rest of the inhabitants were mere 'indwellers' with no political or economic rights.

40. Campbell, op. cit., 38.

41. ibid., 38

42. ibid., 38.

43. ibid., 39.

44. T.M. Devine, 'The Cromwellian Union and The Scottish Burghs' in J. Ward & J. Butt (eds.), Scottish Themes (Edinburgh, 1976), 14.

45. Lenman, op. cit., 91.

46. T. M. Devine, The Tobacco Lords (Edinburgh, 1975), 171.

47. ibid., 172.

48. ibid., 35, 36, 41, 45.

49. ibid., 172.

50. ibid., 172.

51. The phrase is Dr Devine's.

52. ibid., 172.

53. T.M. Devine in Ward & Butt (eds)., op. cit., 12.

54. Lythe & Butt, op. cit., 50.

55. ibid., 50.

56. Lenman, op. cit., 67.

57. ibid., 40.

58. Lythe & Butt, op. cit., 42.

59. Smout, op. cit., 224.

60. ibid., 225.

61. ibid., 225.

62. ibid., 226.

63. ibid., 226.

64. Campbell, op. cit., 97.

65. Lythe & Butt, op. cit., 179.

66. Campbell, op. cit., 99.

67. Lythe & Butt, op. cit., 187.

68. ibid., 187.

69. ibid., 187.

70. ibid., 190.

71. ibid., 191.

72. Lenman, op. cit., 132-134.
Some examples of wagonways built are: in 1791, Sir John Henderson of Fordell spent £440 p.a. on his wooden waggonways; the 6th and 7th Earls of Elgin at Charleston, 7th Earl of Wemyss at Methil. In 1781-3, Halbeath Colliery connected with Inverkeithing in Clacks, while the Erskines of Mar opened in Alloa in 1768.

73. B.F. Duckham, A History of the Scottish Coal Industry (Newton Abbot, 1970), 34.

74. Lenman, op. cit., 125.

75. ibid., 126-7.

76. Lythe & Butt, op. cit., 195.

77. ibid., 196-97.

78. ibid., 196.

79. ibid., 150-151.

80. Campbell, op.cit., 71.

81. Lythe & Butt, op.cit., 153.

82. ibid, 163.

83. ibid, 164.

84. ibid, 172.

85. Slaven, op.cit., 5. The phrase was however used to describe the west of Scotland.

# CHAPTER 3(B)

## SCOTTISH INDUSTRIALISING SOCIETY

## THE SOCIAL STRUCTURE

The division within historical research between economic and social history is arbitrary and false. Economic decision-making affected ordinary lives, and conversely, economic organisation, in the nineteenth century at least, was constrained by the size and quality of the labour force. Yet the peculiarities of the social history of industrialisation calls forth the need for specific attention to certain areas. In this respect, three broad but interrelated themes will be considered - housing, health and poverty. The cities of Glasgow and Edinburgh will be singled out for close study, because of their place in the text, but also because of the vast and contrasting urbanising experiences which they underwent.

In considering then the urbanisation process, we must begin by posing the question, what were the motifs which led to urban concentration? Population increase, in itself, is not adequate as an explanation; one has to offer suggestions as to why surplus population moved to towns. Certainly technical innovation in farming 'pushed' labour off the land, but labour would not have been 'pulled' to the towns without some incentive. In this respect, we have to underline the fact

that technological change freed the textile masters from having to site near fast flowing water. They could now set up in an urban area, with all that such a community could offer in terms of communications and contacts with capital-raising institutions. Also the shipbuilder and the iron-master were influenced by the same considerations. Hence the city, and the town, proved the ideal environment for machine-driven heavy industry. And therein the attractions of the new role of skilled, semi-skilled and unskilled factory labour was the principal factor in the demographic change from a rural to an urban society, which took place in the late eighteenth and early nineteenth centuries. But, in any analysis of this transformation, it must be understood that the rise of the factory system was a very gradual process, outwork being a more significant employer of labour until the 1850s.

But the fundamental issue in the whole area of urbanisation concerns the after effects. No doubt need be entertained over the extent of social deprivation in Victorian Britain. Inadequate housing, alcoholism, under-nourishment, and disease were just some of the challenges facing the new urban industrial labour force. Yet the spread of such phenomena was limited. Whole sections of the Victorian middle classes were not touched by the problems mentioned above. Hence, it will not suffice, in explaining the genesis of Victorian urban deprivation, to lump all the

phenomena together and assert that they were all caused by the rise of the city and the mills. Many factors, such as bad housing and poor health, clearly were the immediate consequences of the urban environment. But the crucial determinant is the fact that most who lived in bad houses and endured poor health had little choice in the matter. Low wages limited their options. Poverty left the majority of the Victorian working class within their 'unhealthy, overcrowded ghetto'.[1] Only those with means were not threatened by the slums. And, as will be argued later, poverty, in nineteenth century Britain, was not simply 'caused' by urban industrialisation. It is in order that the different genealogies of urban deprivation be emphasised in this Chapter that separate sections will be devoted to housing, health and poverty. But before that task is commenced, a quick look at Glasgow and Edinburgh's urbanising experience is required.

## I

Despite the differing sources of the two cities' urban growth in the eighteenth century, Edinburgh and Glasgows' urbanisation experience during the nineteenth century were not dissimilar. In the first place, both communities experienced considerable population growth, as can be seen by reference to the following table.

TABLE 18

POPULATION OF EDINBURGH AND GLASGOW DURING THE NINETEENTH CENTURY

| Edinburgh | | Glasgow* | |
|---|---|---|---|
| 1831 | 162,000 | 1831 | 202,000 |
| 1841 | 166,000 | 1841 | 275,000 |
| 1851 | 194,000 | 1851 | 345,000 |
| 1861 | 203,000 | 1861 | 420,000 |
| 1871 | 242,000 | 1871 | 522,000 |

* including environs later added.

Mitchell and Deane, op.cit., 24.

Population pressure was to some extent eased by the second factor, the geographical expansion of both cities. The Edinburgh City Improvement Acts of 1867 and 1871 marked the beginnings of important new developments there. Significant changes were wrought in the Old Town, and extensions of built-up land south through the Meadows and north beyond the New Town added extensively to Edinburgh's suburban middle-class flavour. In Glasgow, the middle classes began to move out of the Old Town towards the end of the eighteenth century. To the west, around the area of George Square, a partnership, the Glasgow Building Company, spent over £120,000 between 1786 and 1796 in building a new town. Further west, the Campbells of Blythswood gradually feued out their estate, creating by 1837 the elegant environment of Blythswood, while to the south of the River Clyde,

close to the village of Gorbals, David Laurie purchased 47 acres in 1801-2 to build Laurieston. This project was however hampered by lack of cash and building did not accelerate until 1815, when the environment was disturbed by neighbouring industrial sites and eventually by the railway.[2]

The third factor common to both cities was that their infrastructure changed. Canals, railway lines, railway stations and factories transformed the type of economic unit the cities were. In Edinburgh, the Union Canal was cut in 1822, while the Edinburgh-Glasgow railway line was completed in 1842, and the Edinburgh to Berwick in 1846. The Edinburgh Railway Access Act of 1853 emphasised the Old Town/New Town split with the building of Waverley Station in a valley between the two towns. By 1850, Glasgow had three railway lines converging on its centre, the G.P.K. and A. and the Glasgow and Paisley into their terminus at Bridge Street; the E. and G coming into Queen Street, and the Caledonian at Buchanan Street.[3] The arrival of the railway added to the increasingly industrial environment of the cities.

Concentration of population then, along with a changing infrastructure and environment, were characteristics common to both Edinburgh and Glasgow during the nineteenth century, the principal difference between the cities being that industrialisation was more thoroughly developed in Glasgow than in Edinburgh.

But when one looks at the genesis of both cities' urban growths, significant differences emerge.

The origins of Edinburgh's urban growth, like that of Bristol and London, were untypical in that, by the early nineteenth century, Edinburgh was by no means a 'new' city, nor was its wealth primarily based on heavy industry. The building of the New Town, during the eighteenth century, provided the city with compensation for its loss of status as a court-capital, following 1603 and 1707. A brilliant cultural and legal elite was established there, determined to show that 'Scotland, as the northern part of Great Britain, could represent Britain before the world with a special kind of brilliance'.[4] Thus was produced the Scottish Enlightenment and 'that galaxy of men of letters and scientists' - 'who made late eighteenth century Edinburgh one of the great cultural centres of Europe.[5]

Nevertheless, despite its cultural pre-eminence, Edinburgh was in no sense lacking in businesses. Business, as Smout suggests, 'thrived as a result of the growing affluence of the inhabitants'.[6] Glass-making, printing, furniture and carpentry, the retail trade and shipping were some of the major lines, yet it is significant that there was never anything like the same concentration of heavy industry in Edinburgh as there was in Glasgow. As Smout points out, the real leaders of Edinburgh society were to be found among professional men and among these professions there were 'none, in

numbers, wealth or prestige, to equal the lawyers'.[7]

Some idea of the social structure of late eighteenth century Edinburgh emerges from this table.

TABLE 19

EDINBURGH OCCUPATIONAL STRUCTURE 1773/4

| | | | |
|---|---|---|---|
| Nobles and Gentry | 5.4 | Retailers of food and drink | 12.3 |
| Professional men | 28.8 | Shipmasters and boatmen | 3.1 |
| Merchants and manufacturers | 12.5 | Room-setters | 4.2 |
| Artisans and craftsmen | 30.5 | Miscellaneous | 3.2 |

Smout, op.cit., 357.

The origins of urbanisation in Edinburgh then like that of Bristol and London, were unique in that one is not dealing here with the total transformation of a very small town into a city over a limited period of time. Edinburgh had a long history as a capital city and although expansion did take place during the eighteenth century, this was due more to professional and commercial rather than industrial success. The contrast with Glasgow is instructive.

For centuries Glasgow was a very small, cathedral and university town, located on the upper reaches of the River Clyde. So pleasant and well ordered was St Mungo's 'dear green place' that Defoe was moved to write in 1727 'tis one of the cleanliest, most beautiful and best cities in Great Britain'.[8]

It had doubled in size between the Union of Crowns in 1603 and the Union of Parliaments in 1707, and by the latter date was among the 'largest and most successful towns in Great Britain'.[9] Her size and status was to be radically changed during the eighteenth century.

Slaven, in discussing the West of Scotland region, identified 'five broad and complementary upheavals',[10] transforming the region and, by imputation, Glasgow. Firstly, 'unprecedented population growth', turned an 'empty region into a congested' one.[11] Glasgow's population rose from approximately 42,000 in 1780 to 275,000 in 1841. Secondly, a set of transport improvements, specifically the deepening of the River Clyde and the opening of the Forth-Clyde canal met some of the needs of the mercantile community.

The tobacco trade, thirdly, was the commercial base on which Glasgow's later industrial success was built, as has already been shown. Although Devine urges caution in discussing the connection between commercial activity and industry, there is ample evidence to show that the tobacco lords did plough back commercially-won profits into land and industry.[12] A fourth factor was that the new agricultural techniques relaxed the farmers' dependence on a harsh environment, and rendered possible an increase in output at a time when the region was beginning to make unprecedented demands for more food and a new labour force.

From these foundations, industrial change began. The linen industry had been improving, in the West of Scotland, during the eighteenth century. But it was cotton which was the real pacemaker. The flourishing cotton industry stimulated the development of related industries such as bleaching, dyeing and fabric printing. The impulse from textiles weakened in the 1830s, to be replaced, in the second stage of growth, by the development of the coal and iron industries. Certainly, by the 1870s, Glasgow and the West of Scotland region had been transformed from a rural and commercial area into one of the leading industrial regions of the world.

The origins and experience of Edinburgh and Glasgows' urbanising process has now been examined. The task now is to look at certain of the social conditions pertaining in the cities and in Scotland generally, beginning with housing.

## II

The principal legislation governing housing policy in nineteenth century Scotland was the Public Health (Scotland) Act of 1867 (29 and 30 Vict., Ch90) although the Dwelling Houses (Scotland) Act of 1855 (18 and 19 Vict., Ch.88); the Artisans and Labourers Dwellings Act, 1868 (31 and 32 Vict., Ch.130), Torren's Act; and the Artisans Dwellings Act 1875 (38 and 39 Vict., Ch.36) Cross' Act; were also involved.[13] The

provisions of the principal Act were to be administered through a Board of Supervision which operated with town councils, police commissioners or trustees and parochial boards. The Act empowered local councils to deal with questions of water supply, the removal of nuisances and the regulation of housing. The definition of a nuisance was the same as that used in the Public Health (England) Act of 1875 (38 and 39 Vict.,Ch.55), being:

> ... any house or part of a house so overcrowded as to be dangerous or injurious to the health of the inmates.[14]

The Act also contained provisions for compelling owners to abate nuisances, the appointment of inspectors, for magistrates to remove nuisances, and for the prohibition of the use of buildings unfit for human habitation.

As a consequence of the Act, Edinburgh's water supply was taken over by a public trust in 1869 and a programme of sewer-laying was completed in the late 1860s. But its first Medical Officer of Health, Dr. H.D. Littlejohn, in his initial report, painted a grim picture of the reality of Edinburgh; he wrote that 'with the possible exception of Liverpool, in no part of the world does there exist greater overcrowding of population'.[15] In 1865, for example, there were 646 people to the acre in the Tron area of the High Street. A contemporary account talked about:

> ...rickety, ill-bred brats growing up to fill their mother's places and act like them, the mothers being sly drinkers, taking on debt, depressed by instalments, deceiving their husbands who were demoralised,

debtridden and dissolute.[16]

According to Daiches, what had happened was that a quarter once inhabited by the city's elite, having been progressively deserted by all with means, first to the new Squares of the South, and then to the New Town 'was left to decay into a festering slum'.[17] Dr Littlejohn and his colleagues worked hard to improve these conditions, with such innovations as the regular inspection of cow byres in the city, the weekly (instead of fortnightly) lifting of manure and the compulsory introduction of water closets into the houses of the poor. He made other recommendations about the supply of water and gas lighting, the cleaning of common stairs, the limitation on the number of persons living in each flat and the demolition of ruinous tenements.

In Glasgow, as Butt states, initiatives were taken prior to the passing of national legislation. By 1850, the municipal authorities acknowledged the existence of a housing problem in the old heart of the city, and took powers through the Dean of Guild Court, to demolish dangerous slum property.[18] A number of factors had forced the city fathers to act. The movement west of the bourgeoisie was followed by an influx into the Old Town of Highlanders and Irish, attracted by cheap rents and the possibility of casual and unskilled labour. But the Old Town's ability to absorb such numbers was very limited by both geographical and political factors, a state of affairs very effectively

explained by one scholar, Stephanie Blackden.[19]

Glasgow shared its site with a number of smaller communities, such as Camlachie to the east, Springburn to the north and Govan to the south. Hence Glasgow's burghal space was limited in the early nineteenth century. Moreover, Glasgow was geographically hemmed in by the Molindinar Burn to the east (immediately followed by a steep hill), by the River Clyde to the south and by Garngad Hill to the north. As a result, once the impact of an expanding population and industrial and commercial prosperity had exhausted available land in the Old Town, 'the direction of growth was inevitably westwards'.[20] Yet, as has been shown, this westward development was predominantly middle class. Hence the confined Old Town took the brunt of working class housing and, as a result, a ghetto emerged.

The solution found to the problem of over-crowding was to build over the open spaces at the rear of existing tenements in a totally random fashion. These 'backlands' tenements were far worse than their earlier models, totally lacking in lighting, ventilation and sanitation. In order to appreciate the extent of such deprivation, the research of Dr Blackden will now be considered more fully.

The location of worst excess appeared to be an area behind the Trongate and Argyle Street stretching as far as the River Clyde, but similar conditions were to be found in the Gallowgate and on High Street.

Particular offenders were the Old Wynd, Jeffry's Close and Lady Young's Close. The entrances to the Wynds, according to Blackden, were often 'no more than a gap four to five feet between the buildings'.[21] These gave access 'to a whole series of smaller lanes, or closes, which led to the courtyards around which the houses were built'.[22] 'A further close gave access to another court behind the first and this frequently led to a third'.[23] Within each courtyard was to be found a dunghill.

Blackden asserts that, in 1851, the population of the Old Wynd was almost twelve thousand 'giving a density per acre of around 1,090'.[24] It was reported to have, in that year, '115 places for the sale of intoxicating liquor and 63 pawnshops within its bounds of less than 11 acres'.[25] In Jeffrey's Close, leading off from the Old Wynd, were to be found numerous common lodging houses. One such was 'Billy Toye's', which had 19 'snoozes' or beds available at 2d per night and which 'in common with many other buildings in the area was haunted with great legions of rats'.[26] According to the Reverend John Smith, there were:

> ...families containing five members in a single apartment nine feet by five feet, paying a rent of £2.-16s per year, of ground floors much below the court-yard level so the liquid of the dungheep ran into them, of a building so over-crowded that a single empty stair gave access to more than forty dwellings housing three hundred and sixty persons.[27]

Not surprisingly, sanitation in such conditions was virtually impossible. As Blackden points

out, 'most closes were too narrow to permit the entry of anything larger than a hand cart'.[28] As a result, dung and 'fulzie' were manually shovelled into such small carts and wheeled from the courts through the closes to the wynds, the contents continually falling by the wayside. Moreover, the length and danger of a trip from an upper storey to the dunghill meant that rubbish and slops were continually being flung out of upper windows.[29] The problem was exacerbated by the fact that local authorities had no right of access. The nuisance bye-laws under the various Glasgow Police Acts could be invoked to force a proprietor to clean up his middenstead, but the police 'hesitated to incur the wrath of the property owners'.[30]

Obtaining water for cooking and cleaning, let alone drinking, was another project so laborious to the majority of the poor 'that they performed it as infrequently as possible'.[31] There were three main sources of water supply. The bulk of the poor queued for their water at public wells, 'most of which being polluted'.[32] Alternatively it could be bought from water carts, or even obtained by the jugful from the local public house, along with their beer. 'The precious supply then had to be carried often some distance and up several flights of stairs before safe arrival at the consumer's house'.[33]

Moreover the water supplies themselves became increasingly injurious to health as the early decades of the century passed. The original settlement had been

well watered by the various streams making their way down to the Clyde from the north. By the 1840s, the purity of these waters was 'no more than a memory',[34] and they constituted a hazard to health; 'collecting on their journey to the city the effluent from the many works and mills and discharge from the growing number of water closets to be found at short distance from the banks. Having received this pollution of their waters, they then flowed past and under domestic housing. At times of heavy rainfall, 'they frequently flooded the cellars and ground floors of houses nearby'.[35]

Another problem which Blackden cites was the lack of building control. Consequently, tenements inhabited by several hundred people might share a court along with 'a private slaughterhouse, a blood works, or small chemical company'.[36] In a situation where a manufacturer set up his works among existing houses, the occupants had first to wait until the industrial operations proved objectionable before they could bring an action of nuisance. Where the factory preceded the housing, there was little that the inhabitants could do.

It was against this background of acute environmental deprivation, combined with serious threats to community health, during the early decades of the nineteenth century, that the City Fathers eventually acted. Under the Corporation Water Works Act of 1855, fresh water was eventually piped to the city from Loch Katrine. As Butt shows, the appointment of an

inspector of cleansing in 1843 'led to a long trail of miscellaneous, small-scale improvements', instituted by the Committee on Nuisances (1857) and its successor, the Sanitary Commission (1862). The first Medical Officer of Health, William J. Gairdner took up office in January 1863. With respect to housing, the most important innovation was the City of Glasgow Improvement Act of 1866 and the 9th Glasgow Police Act of 1866, through which the municipal authorities took powers to intervene in the building market. The resultant City Improvement Trust was originally intended to last for 15 years. Under the 1866 legislation, the Trust was given £1,250,000 to spend on the purchasing and demolishing of 88 acres of congested slum property.[37] Yet, as Slaven stresses, 'none of these measures had made a significant impact on the growing problem by 1870.[38] By the 1860s, densities of over 1,000 persons per acre were still common in the Old Town area. In 1871, over 41% of all families in Glasgow lived in one-roomed houses and 37% in two-roomed houses.

The consequences of living in such an overcrowded environment hardly require stating. And particular attention will now be directed towards one such result: disease.

## III

## The passing of the Poor Law Amendment (Scotland)

Act (8 and 9 Vict., Ch.83) in 1845 introduced 'a new concept into local government',[39] Previously, local government had been built on geographical grounds, with burghs and parishes operating according to the number and extent of population. The innovation was the establishment of directly elected bodies; parochial boards, dealing with a specific problem, pauperism, under the control of an external, central authority, the Board of Supervision. Hence, although the old burghal structures remained, a new one, based on socio-economic factors, emerged. The line of demarcation was to be pauperism with those falling below that line coming under the purview of the parochial boards, and those above having their civic needs, such as water supply, sewerage and lighting, catered for by the burghal institutions.[40]

As far as Edinburgh and Glasgow were concerned, the new, post-1845 parochial boards operated more or less within the geographical context of the pre-1845 parishes. Thus, in Edinburgh, the result was the establishment of the Canongate, St Cuthberts and St Giles parishes, while, in Glasgow, the four traditional parishes of City, Barony, Gorbals and Govan, became the field of operations for four separate parochial boards.[41] The importance of these developments, with respect to 'health care', was that the new parochial boards were instructed, in law, to build poorhouses within their area of jurisdiction. The role of

these poorhouses was not only to provide shelter for paupers, and, in some cases, insane paupers, but also to offer a modicum of medical care. As a result, the range of medical services within the communities was broadened.

In Glasgow, the City Parochial Board was more fortuitously placed than the other parishes in having an already existing poorhouse in the old Towns Hospital in Parliamentary Road (the original home of the Glasgow Royal Asylum until 1843). This institution was to remain the nucleus of the City's parochial operations until late in the Victorian era. The Barony parish eventually opened a poorhouse at Barnhill in 1850. The Gorbals Parochial Board placed all their able-bodied poor in the Govan poorhouse, established temporarily in 1845 and permanently at Merryflats, in 1867.

Taking Glasgow as a precise example, Blackden suggests that the parochial boards were the main vehicles for medical aid to the poor in the City, for the period immediately after 1845, including infectious disease control. Eventually, however, responsibility for the former was devolved upon the municipal authorities 'leaving the parochial boards to concentrate

on the improvement of their general medical and surgical service to sick paupers'.[42] Some examples of the extent of that 'service' were wards for medical and surgical cases in the Towns Hospital and the setting up there of two dispensaries for outdoor relief. The Barony parochial board operated three district dispensaries for the dispensing of medicines to the outdoor sick, at areas far removed from the poorhouse at Barnhill. It should be emphasised however that 'all the parishes made use of the Royal Infirmary, and other charity establishments in the town, to which they paid subscriptions entitling them to a certain number of beds'.[43]

Technically, the only persons qualifying for parochial medical aid were the destitute sick who had acquired residential qualifications. But:

> ... as disease and destitution went hand in hand among the very poor, most natives of Glasgow falling ill of fever came under the care of the parishes.[44]

This observation also applies to Edinburgh. As regards the middle classes, their medical needs were attended to, for a fee, at the numerous charity institutions within both cities, or at the Royal Infirmaries. During the nineteenth century these last amassed golden reputations as centres of medical excellence.

Yet despite the expansion of medical services, especially for the poor, the state of community health in both cities during the Victorian era was very bad indeed. For example, improvements in Edinburgh could

not prevent an outbreak of smallpox in the summer months of 1894, during which seventy-six cases occurred in one week.[45] But the experience of Glasgow was more acute and hence will be referred to here in greater detail. Indeed the years from 1818 to 1870 became known as the fever years as typhus and cholera repeatedly struck. Major typhus epidemics attacked the city on eight occasions between 1818 and 1871. Asiatic cholera swept through Glasgow in 1832, 1848-9 and 1853-4, taking over 3,000 lives on each occasion and recurring briefly in 1866. In 1832, the death rate reached 46 per thousand, and in 1846, 56 per thousand was reached. Between 1821 and 1841, the expectation of life at ten years of age had been reduced by five years.[46]

Between 1836 and 1840 over 13% of all deaths were due to fever, and a similar proportion to a combination of measles, smallpox and scarlet fever. In the 1850s and 1860s, roughly a quarter of all deaths were due to contagious diseases, and over 30% due to lung disease, among which consumption was the major cause. The greatest killers were, however, fever and tuberculosis.[47] Amelioration of these conditions was brought about by the removal of dunghills, the opening up of the congested districts by the pulling down of the worst houses, control over the number of people in houses, and the improved water supply. To these factors has to be added better methods of preventive medicine. Yet, despite these improvements, the state of community

health remained a problem in Glasgow, as well as Edinburgh, until far into the present century.

## VI

Thus far then, in this discussion of the social history of industrialisation, a seemingly simple proposition can be made. A machine-driven manufacturing industry was very gradually established in an urban environment. Thus factory-owners attracted labour with the offer of jobs and low rent housing. But the scale of the influx led to working populations being congested together in geographically limited areas. Housing and sanitary conditions became very inadequate; as a result disease spread. Yet clearly the process was not as simplified as it sounds. What has to be added to this picture is the fact that those who endured the conditions mentioned earlier had little choice but to do so. Poverty limited options, and it is to that vast and complex problem that we now turn.

As Michael Rose has pointed out, one of the major problems involved in any study of poverty is definition. Poverty might be said to consist of a lack of the basic essentials of life, but such minima vary from one society to another. The concept of the poverty line has been widely criticised. Yet, according to Rose, 'British society in the nineteenth century was poor by modern standards'.[48] 'The net national income per head

at 1900 prices has been estimated at £18 in 1855 and £42 in 1900, as compared with £57 in 1938'.[49] And without doubt, most members of the working class including the highest paid skilled artisan, would experience poverty 'at some period in their lives'.[50] Moreover, poverty, as a social problem, was made more problematic by the fact that it was seen, by many, as a functional necessity in society. 'Only by feeling its pinch could the labouring poor be inspired to work',[51] writes Rose, an attitude which informed much Victorian legislation on the subject.

With these generalisations entered, it might be argued that enough had been said, conceptually, for the purposes of this thesis, and attention could now turn to incidence. But the centrality of poverty, both physically and conceptually, to Victorian society, makes further discussion essential.

Dr James Treble, in a recent study of the causes and extent of poverty from the early nineteenth century, suggests that while the reality of poverty was acknowledged then of course, economic factors were not regarded as being responsible; wrongdoing employers were not censured. This middle class attitude did have an intellectual source, derived as it was from the free market ideology, and the 'iron law of wages'. Also, middle class poverty analysts were satisfied that the bulk of the working classes had 'an income sufficient both to guarantee them reasonable standards of housing

and feeding and to enable them to provide cover - for all the ordinary contingencies of life'.[52] 'Rising real wages and shifts from low to better paid jobs'[53] helped speed up the advance, while society in general helped by creating a climate of opinion and institutions conducive to such advance. It was in this mould that the New Poor Law Act of 1834 for England and Wales and the 1845 legislation for Scotland were set. The concept of 'less eligibility' and the workhouse test were designed to deter the able-bodied from reliance on the dole; in its place was put the goal of self-sufficiency.

'True poverty', according to this school of thought, 'was a residual problem',[54] confined to a dwindling group of unskilled workers, and to those who just could not cope through drink, bad housekeeping and the 'celebration of St Monday'. In his analysis of poverty, Treble acknowledges that these ideas had a germ of truth in them. But they are, on the whole, unconvincing. In his view:

> Poverty in urban society was much more a product of specifically economic forces and the social environment which those economic pressures helped to create, and much less the product of moral failings on the part of the individual -. 55

Specifically, he states that urban poverty stemmed from:

> ...low earnings, under employment and unemployment, and those questions of family circumstances, - illness, widowhood, old age, - over which the individual had no control -. 56

And although Treble is specifically concerned with the

later part of the century, much of what he says is of great relevance to the period being studied. One pays particular attention to his assertion that a 'considerable' section of working people were:

> ... unable, even in conditions of full employment, to earn enough to guarantee their families a subsistence diet.[57]

According to this scholar then, poverty, in Victorian times, was only partially to do with individual failings. In a much more concrete way, it was the result of industrial market economics. In specific terms, wages were kept low due to the concept of highest return at lowest cost, while the trade cycles led to sustained periods of unemployment. Thus it is this basic, fundamental deprivation, which lies at the heart of so much of the urban problem. It would of course be far too simplistic and mechanistic to suggest that poverty 'caused' bad housing and hence disease, but clearly all three phenomena are very closely correlated.

With these observations in mind then, can anything of validity be said about the extent of poverty in early nineteenth century Scotland? In the opinion of most scholars, the later decades of the eighteenth century were generally years of improvement. Henry Hamilton has stated that between 1750 and 1790, the price of oatmeal, the staple food of the Scots, rose by little more than 50%, the prices of most other provisions roughly doubled, and the wages of labour rose by two-and-a-half or three times.[58] Contemporary accounts testified to

'abundant coal in the artisans grates, the new furniture in their houses, the linen, the cotton textiles on their backs, and - to the increasing consumption of wheat bread, cheese, butter, bacon, mutton, beef, sugar and tea'.[59]

But, according to Smout, the forty years after 1790 were in no sense as prosperous as the previous thirty years had been. There followed an inflationary period lasting twenty years, at the end of which the 'prices of most foods except oatmeal stood at double what they had been in 1790'.[60] At the same time 'only the luckiest and most skilled'[61] of the journeymen also increased their wages by such a margin. The wages of most workers lagged increasingly.

In the years following the Napoleonic War, an all-round price fall began, but money wages came down, too, after 1812. Smout quotes the example of Journeymen 'who had held their 1790 standard of living in all but the worst years of the war', and who now retained their position over the next two decades, 'but did not markedly improve it'.[62] The less skilled, who had lost ground during the war, also regained some of their position in the 1820s. For both the skilled and unskilled 'the period as a whole represented not an absolute prolonged or catastrophic deterioration in the level of real wages, but rather a sharp setback to the expectations of the previous generation -'.[63]

But the immediate post-war period was exacerbated by a number of factors. Demobilisation, followed

by an expanding stream of migrants from Ireland and the Highlands, and the persistently high level of natural increase among the Lowland Scots 'began to pour labour on to the urban market faster than the expanding economy could mop it up'.[64] Moreover as Smout points out, this was happening at a time of uneven expansion in the economy:

> Some of the worst depressions of the nineteenth century occurred when the chronic problem of oversupply of labour was exacerbated by periodic nation-wide shocks to trade, like those of 1816, 1819 and 1826 when mills stopped work, ships lay idle and banks were besieged by anxious creditors.[65]

Unemployment must also have operated to drive down the wages of those remaining at work. More precise movements can be seen in the table on the following page.

Narrowing the focus down, Gourvish's exhaustive study of the cost of living in Glasgow, during the early nineteenth century, in which use was made of price and real wage data, and comparisons made with London, pointed to pessimistic results. In the twenty years under review, 'Glasgow retail prices fell less than London wholesale prices'.[66] Gourvish's data do not suggest that real wages were less in Glasgow than in London, but that real wage gains were, 'if anything, small'[67] in Glasgow. In sum, 'the experience of Glasgow's working class', writes Gourvish, 'would seem to involve a very modest improvement for the more highly paid, and little or no improvement for the

# TABLE 20

## WAGES AND PRICES, 1790-1833

| Wages | 1790 | 1812 | 1819 | 1831-3 |
|---|---|---|---|---|
| Mason (Glas)*per day | 2/- | 3/- | 2/6 | 2/4 |
| Mason (Arb)†per day | 1/8 | 2/1½ | 1/6 | 1/8½ |
| Carpenter per day G. | 2/- | 3/- | 2/4 | 2/4 |
| Carpenter per day A. | 1/4 | ? | 2/4 | 2/- |
| Blacksmith per day G. | ? | 2/6 | 2/10 | 2/10 |
| Blacksmith per day A. | ? | 2/8 | 3/4 | 2/6 |
| Sawyer per day G. | 2/- | 4/- | 1/3 | 1/6 |
| Labourer per day A. | 1/4 | 1/10 | 1/3 | 1/6 |
| **Prices** | | | | |
| Oatmeal (peck) Glas. | 1/0½ | 1/9 | 1/3 | 1/2 |
| Oatmeal (peck) Arb | 1/1 | ? | 1/4 | 1/- |
| Wheatbread (¼ loaf) G. | ? | 1/4 | 0/11½ | 0/8 |
| Wheatbread (¼ loaf) A | ? | 1/6 | 0/11 | 0/8 |
| Cheese (lb) G | 0/4½ | 1/0 | 0/8½ | 0/6 |
| Cheese (lb) A | 0/3½ | ? | 0/4 | 0/4 |
| Beef (lb) G | 0/4½ | 0/6 | 0/5 | 0/5 |
| Beef (lb) A | 0/4½ | 0/8 | 0/7 | 0/5 |
| House rent G | ? | 100/- | 90/- | 85/- |
| " " A | ? | 60/- | 55/- | 55/- |

* Glasgow

† Arbroath

Smout, op.cit., 374.

unskilled labourer and handloom weaver'.[68]

Further indications of poverty can be gleaned by looking at two related phenomena, diet and drink. Treble has written that the unskilled urban worker in Scotland 'still retained a firm commitment to oatmeal in the first half of the nineteenth century -'.[69] In this respect he was sticking close to the traditional staple diet of the Scottish working class. The staple diet of the eighteenth century rural workers, gudemen, farm servants and cottars was porridge for breakfast and supper, with dinner consisting of 'barley broth with greens and bannocks of barley or pease meal'.[70] Meat was served twice a week, with mutton in the summer and salt beef in winter. During the period 1770 - late 1780s, improvements were noted, with cottars consuming items for the first time such as potatoes, tea, sugar and rice and more of butter, meat and vegetables.

Nevertheless, these additions were still trimmings to the basic diet of oatmeal. This 'everlasting oatcake', along with bread and potatoes, dominated the diet of the poorest elements of society in the pre-1850 era. According to Gourvish, tea was said to be in 'immoderate use'[71] in 1810 by working families. Milk remained a chief drink in Glasgow, but meat remained an expensive commodity' and 'working class consumption rarely exceeded 3/4 lb per head'.[72] In Glasgow, salt herrings and salt ling fish were much more popular than

bacon. As the decades passed, the oatcake gradually lost its central position, to be more or less replaced by the potato. Thus Gourvish argued that in Glasgow at the start of the 1830s, a low paid family of two adults and two children, and spending 9/- per week on necessities, consumed 40 lb of potatoes as against 13 lbs of oatmeal and 4.5 lbs of household bread.[73]

The case of handloom weavers helps to concentrate ideas on diet. As Dr Murray states, 'probably the most revealing feature of the weavers' experience was that meat consumption declined considerably - and by 1810 it had disappeared altogether -'.[74] The essential items of food consumption in such a diet were potatoes, oatmeal, buttermilk and salted fish. Murray reiterates the general view that although dependence upon potatoes among the poorer classes during the nineteenth century increased, 'oatmeal still remained more important in their diet than either bread or potatoes -'.[75] Milk, in the form of buttermilk, was also popular, while fish rather than meat was consumed. The quantities of tea, sugar, butter and milk consumed by the weavers were small.

Treble has clearly brought out how closely correlated diet was with poverty. 'In concrete terms', he writes, 'cyclically generated unemployment led to monotonous and below subsistence diets for many -'.[76] Also family circumstance affected feeding patterns, such as widowhood and sickness of the head of the household. Finally:

> ... old age and declining physical powers meant for the unskilled individual whose limited income during his working life had been barely sufficient to provide the absolute requirements of food, clothing and shelter, a desperately inadequate diet, to which, in the absence of external aid, he was tied until death.[77]

Not surprisingly, in a situation of urban poverty and undernourishment, drink was readily resorted to. 'All the quantitative indicators point to the fact that working-class society was a society heavily addicted to drinking throughout our period'.[78] Beer consumption rose only slowly, from an average of 21.6 gallons per capita per annum during the 1840-4 quinquennium to 22.0 gallons for the 1850-4. But thereafter 'the rate of increase was both sharper and more sustained until the record level of 33.2 gallons per head per year was reached in 1875-9'.[79] The pattern for spirit consumption was less systematic, although 'the 1830s, 1850- 4, 1865-79 and 1890-1904 were all quinquennia when the average annual intake of spirits per head of the United Kingdom's population exceeded one proof gallon'.[80] It was thought that the average working class household in the late 1870s expended between £15 and £70 per annum on drink.[81]

The heaviest drinking, according to Treble, occurred among those living in chronic deprivation. But drinking was very general. The public house played an important part in working class social life. It was used by trade unions for meetings and by employers as a hiring place. Many workers fortified themselves

before work with drink (before changes in the licensing hours). Finally the practice of paying wages in the public house also helped cement the role of that institution in working class culture.

However, widespread though drinking was in Victorian times, recent research points to consumption being greater in Scotland than England. Thus Donnachie asserts that 'drinking and drunkards certainly seem to have been even more widespread in Scotland than in England'.[82] As he shows, the volume of duty charged-beer in Scotland indicates a rise in production from 246 thousand barrels in 1787 to 437 thousand barrels in 1779, after which production averaged around 350 thousand barrels per annum until 1830. According to another source, the annual per capita consumption of spirits in Scotland in 1838 was 23 pints, while the respective figures for England and Ireland were $7\frac{1}{9}$ and 13 pints per head.[83]

Much evidence was submitted to the Commission of Inquiry into the Housing of the Working Classes concerning drink in Scotland:

> There are some of them (the working class) in great distress living with very little money and there are others again that could afford, perfectly well, if they chose to do it, to spend a larger proportion of their earnings on house accommodation, but they prefer to spend it on whisky or something else.[84]

The phenomenon of drinking increasing as wages declined

was noted:

> ... the very class of people that cannot afford to drink at all, drink most. People that have no shoes under their feet, no stockings upon their legs, and very few clothes upon their backs are much more frequently in the dram, shops than those that are well-clothed and comfortably provided for.[85]

This general experience is reinforced when reference is made, once again, to the handloom weavers. The weight of evidence, according to Murray, points to an 'increasing consumption of alcohol by the Scottish handloom weavers over time-',[86] despite the simultaneous downward trend in total family income. However, high consumption of alcohol among the Scottish weavers was not confined to those who lived below the poverty line. And 'although they had never been known for their abstemiousness', writes Murray, 'it seems that what had been an occasional occurrence in the 'Golden Age' had become 'a regular craving' by 1834,' for the handloom weavers.[87]

Certainly, there were plenty of opportunities to indulge. In Glasgow,, 'there was one spirit shop for every ten houses throughout the city in 1838'.[88] It has already been noted that, in 1851, the Old Wynd was reputed to have 115 places for the sale of intoxicating liquor.[89] Donnachie's evidence suggests that the number of dram shops increased markedly over three decades, indicating

the increasing popularity of whisky. In 1834, it was estimated that there were 2,198 spirit dealers, or 1 spirit dealer per 12 families in Glasgow and the suburbs. As late as 1850, when the temperance movement was gaining ground, there was still over 2,000 licensed houses in the area.[90]

Poverty then, whether it was manifested by low wages, unemployment, poor diet or alcoholism, was clearly very much a characteristic of life in Victorian Scotland. When this phenomenon is bracketed with inadequate housing and bad health, one is given a more adequate picture of social conditions in Victorian Scotland.

## V

By the 1830s, Scotland was clearly an industrialised society. By that time, unprecedented population growth, reform of agriculture, and the rise of machine-powered manufacturing industry was creating a mature industrial economy, and the imperatives of such a regime had been partly responsible for the rise of urban living. In environments such as Glasgow and Edinburgh, much of the population experienced the severe deprivation of hopelessly inadequate housing and poor health. But it must be emphasised that this was not the whole story. It was the existence of an earlier 'commercial revolution' which provided the capital for much of heavy industry, and it was poverty which trapped

the working populations in deprivation. Unemployment and low wages prevented the industrial labour force from escaping the harsh realities of their existence. In this respect, Bruce Lenman is quite right to talk of Scotland at this time as 'an industrial society based on market economics'.[91]

## REFERENCES AND NOTES


1. J. Butt, 'Working Class Housing in Glasgow, 1851-1914.' in S.D. Chapman (ed.), History of Working Class Housing (Newton Abbot, 1971), 58.

2. Slaven, op. cit., 148.

3. ibid., 46.
'G.P.K.A.' - The Glasgow, Paisley, Kilmarnock & Ayr Railway Company'; 'E & G' - 'The Edinburgh & Glasgow Railway Company.

4. D. Daiches, Edinburgh (London, 1978), 107.

5. ibid., 107.

6. Smout, op. cit., 348.

7. ibid., 349.

8. Quoted in Smout, op.cit., 356.

9. ibid., 356.

10. Slaven, op. cit., 5.

11. ibid., 5.

12. See Ch. 3 (a), pp. 128-131.

13. Second Report of Her Majesty's Commissioners for Inquiring into the Housing of the Working Classes, Scotland; 1884-5 (C.4409) Vol.XXXXI, I,3.

14. ibid., 3.

15. Daiches, op. cit., 223.

16. Quoted in Daiches, op.cit., 223.

17. ibid., 224.

18. Butt, in Chapman (ed.) op. cit., 58.

19. S. Blackden, Development of Public Health Administration in Glasgow, 1842-72 Univ. of Edinburgh Unpublished Thesis,(1976).
Before 1846, the year in which Glasgow absorbed the suburban burghs which had grown around her, there existed the burghs of Gorbals, Calton, Anderston, Bridgeton, each governed by different constitutions. In addition to the Royal Burgh of Glasgow, there were also villages such as Springburn,

Camlachie, Woodside & Govan. However, this unity was short-lived as the General Police Acts for Scotland of 1850 and 1862 enabled centres with first 1,200 then 700, to become independent police burghs. As a result, a number of small police burghs emerged, Partick (1852), Govan (1864), Maryhill, Hillhead & Kinning Park, beyond the boundaries of the enlarged city, in 1891. However, a further extension of the city brought these back into the municipal area, with the exception of Govan and Partick, independent until 1912.

20. ibid., 5.

21. ibid., 12-13.

22. ibid., 13.

23. ibid., 13.

24. ibid., 14.

25. ibid., 14.

26. ibid., 15.

27. Quoted in Blackden, op.cit., 27.

28. ibid., 18.

29. ibid., 19.
The enterprising occupants of close 90, High St., solved this particular problem by cutting holes in their floorboards and disposing of the dung and rubbish thereby.

30. ibid., 19.

31. ibid., 20.

32. ibid., 20.

33. ibid., 20.

34. ibid., 24.

35. ibid., 25.

36. ibid., 21.

37. Butt, in Chapman (ed.), op. cit., 58.

38. Slaven, op. cit., 152.

39. Blackden, op. cit., 122.

40. ibid., 122-24.
Although the word 'burgh' is retained, from 1846 onwards, one is, in fact, talking about town councils.

41. The geographical extent of these parishes was as follows: the City and Barony lay entirely on the northern bank of the river Clyde. Of the other two, the parish of Gorbals lay to the south of the river, while Govan parish straddled the river on both sides, including the village of Govan & the Burgh of Partick to the north. Barony was by far the largest parish, moving in a wide arc, west to east, over the north of the city and including the villages of Anderston, Woodside, Maryhill, Springburn, Calton & Camlachie. The smaller City parish existed within this arc, in the centre of the city.

42. Blackden, op. cit., 127.

43. ibid., 124.

44. ibid., 124.

45. Daiches, op. cit., 208.

46. Slaven, op. cit., 150.

47. ibid., 151.

48. M. Rose, The Relief of Poverty (London, 1972), 6,7.

49. ibid., 7.

50. ibid., 7.

51. ibid., 7.

52. J.H. Treble, Urban Poverty in Britain, 1830-1914, (London, 1979), 8.

53. ibid., 8.

54. ibid., 9.

55. ibid., 9.

56. ibid., 9.

57. ibid., 10.

58. Smout, op. cit., 373.

59. ibid., 373.

60. ibid., 373.

61. ibid., 373.

62. ibid., 375.

63. ibid., 375.

64. ibid., 375.

65. ibid., 375.

66. T.R. Gourvish, The Cost of Living in Glasgow in the Early Nineteenth Century in Economic History Review IIs, Vol.XXV (1972), 76.

67. ibid., 76.

68. ibid., 78.

69. Treble, op. cit., 149.

70. Smout, op. cit., 284.

71. Gourvish, op. cit., 68-69.

72. ibid., 68-69.

73. Quoted in Treble, op.cit., 157.

74. N. Murray, The Scottish Handloom Weavers (Edinburgh,1978), 99.

75. ibid., 100.

76. Treble, op. cit., 151.

77. ibid., 152.

78. ibid., 113.

79. ibid., 113.

80. ibid., 114.

81. ibid., 117.

82. J. Donnachie, 'Drink and Society, 1750-1850,' in Journal of the Scottish Labour History Society No.13 (May 1979), 9-11.

83. Murray, op. cit., 126.

84. Housing of the Working Classes, Second Report, op. cit., 5.

85. Quoted in Treble, op. cit., 118.

86. Murray, op. cit., 125.

87. ibid., 126.

88. ibid., 126.

89. See p. 163.

90. Donnachie, op. cit., 10-11.

91. Lenman, op.cit., 101.

# PART II

# THE ORGANISATION OF INSANITY IN NINETEENTH CENTURY SCOTLAND

# CHAPTER 4

## THE PREVALENCE OF INSANITY IN SCOTLAND, 1830-70

Until the publication of the Report of the Royal Commission in 1857,[1] firm evidence on the extent and nature of insanity throughout Scotland is lacking. Indeed the data which can be obtained for the early nineteenth century must be treated with extreme care.[2] General sources such as trade directories and the New Statistical Account[3] are of limited utility, offering at best merely passing descriptions, while the Census until 1871, has little of value to offer.[4] The very paucity of the pre-1857 data means that adequate statistical analysis for the whole of Scotland can only be undertaken in the decades which followed publication of the Commission's Report. Moreover,care has to be taken over the use of even the post-1857 data, as these are in many cases, ambiguous. The procedure whereby the Royal Commissioners gathered their data was not rigorous. Furthermore when one looks beyond the Royal Commission to the Annual Reports of the post-1857 General Board of Commissioners in Lunacy for Scotland, one detects there inconsistencies both within the data and between them and the Census for 1871. Finally, in any analysis of insanity during the nineteenth century, it must be clearly understood that no adequate definition of the concept under study exists.

The methodological hazards, then, surrounding this enterprise are great indeed. In attempting to minimize these difficulties, it will be stressed that what follows represents the thinking of Victorian 'lunacy managers' on the arithmetic of insanity in these times. Two principal questions will be tackled in this Chapter. Firstly, to what extent do the data assist us in establishing a profile of the actual extent of insanity in Victorian Scotland? Secondly, can anything of value be stated on the subject of geographical spread, and sex and class ratios? In this respect, the extent of lunacy in the cities of Glasgow and Edinburgh will be compared with national trends.[5]

## I

Before examining the Report of the Royal Commission, evidence presented by two earlier sources must be acknowledged. There is firstly D.H. Tuke's Chapters on the History of the Insane of the British Isles.[6] In his work on Scotland, Tuke quotes from a return, collected by the Ministry, and written under the name of 'H.Hobhouse' for the year 1818. From this source, a figure of 4,628 lunatic persons is obtained, of which sum 2,304 were male and 2,324 female.[7] The other source, which offers limited information prior to 1857, is the Annual Reports of the Board of Supervision for the Relief of the Poor.[8] The figures relate

to the pauper category and are listed in the table below but they very definitely represent only a percentage of the total insane.

TABLE 21

NUMBER OF PAUPER LUNATICS, 1847-55

| | | | |
|---|---|---|---|
| 14th May 1847 | 2,945 | 14th May 1852 | 3,634 |
| 14th May 1848 | 3,480 | 14th May 1853 | 3,787 |
| 14th May 1849 | 3,574 | 14th May 1854 | 3,893 |
| 14th May 1850 | 3,421 | 14th May 1855 | 4,292 * |
| 14th May 1851 | 3,520 | | |

* The figures represent pauper lunatics in asylums, poorhouses and private houses.

Annual Reports of the Board of Supervision for the Relief of the Poor in Scotland Nos. 1, 1847 (767) Vol. XXVII, 405-8; 1854 (1710) Vol. XXIX, 641, Appendices.

But it is to the Report of the Royal Commission that one turns for the most fruitful insights into the pre-1857 trends. The Commissioners, selecting the date 14th of May 1855 as their base, divided the insane into four groups. Firstly, there were those resident in houses officially known to the Sheriff; secondly, they counted those incarcerated in poorhouses, under a board of supervision but not under a Sheriff's warrant; thirdly, there were all those insane individuals living with relatives, or strangers or living alone, and, finally, there was that small group which consisted of those placed in institutions not licensed according to

the law.

Obtaining results for the first of these groups presented no great difficulties to the Commissioners as they merely wrote to the Sheriff's clerk of the different counties requesting details of all houses under their jurisdiction. But information regarding the other categories was not so easily obtained. With respect to the poorhouse data, the Commissioners initially approached the Board of Supervision for the Relief of the Poor. It soon became clear however that the Board of Supervision's results were seriously flawed.[9] To resolve this problem, the Commissioners finally enlisted the help of the constabulary who were to be used to gather information on the third and fourth categories.[10] The results are appended in the table below.

TABLE 22

NUMBER OF INSANE IN SCOTLAND

14th MAY, 1855

| | M | F | T |
|---|---|---|---|
| Under special protection of the law | 1,637 | 1,691 | 3,328 |
| In poorhouses, but not under sheriff's warrant | 90 | 163 | 253 |
| With relatives, or strangers or living alone | 2,003 | 1,795 | 3,798 |
| In unlicensed establishments | 6 | 18 | 24 |
| TOTAL | 3,736 | 3,667 | 7,403 |

Report by Her Majesty's Commissioners appointed to inquire into the state of Lunatic Asylums in Scotland 1857, (1) (2148) Vol.V, I. pp.35.

The grand total of 7,403 insane persons in Scotland, on the 14th May 1855, remains the first systematically researched, official figure on the extent of insanity in Scotland. As such, the data serve as a very useful starting point for detailed investigation.

A longer view can be obtained by looking beyond the Report of the Royal Commission to the Annual Reports of the General Board of Commissioners in Lunacy for Scotland, the national body set up after the passing of the 1857 legislation to co-ordinate insanity administration. Every year the Board published returns of the number of insane coming within its purview, and from this source a much more comprehensive picture can be painted.

TABLE 23

NUMBER OF INSANE IN SCOTLAND

1858-70

(At 1st January each year)

| | | | |
|---|---|---|---|
| 1858 | 5,748 | 1865 | 6,468 |
| 1859 | 7,878 | 1866 | 6,616 |
| 1860 | 8,084 | 1867 | 6,762 |
| 1861 | 8,136 | 1868 | 7,055 |
| 1862 | 6,341 | 1869 | 7,310 |
| 1863 | 6,327 | 1870 | 7,571 |
| 1864 | 6,359 | | |

Annual Reports of the General Board of Commissioners in Lunacy for Scotland, Nos. 1; 1859 (2489), Vol IX, 81-13, 1871 (c.363), Vol XXVI, 615. pp.2-3.

These figures represent patients admitted to Royal and District asylums, private institutions, parochial asylums and lunatic wards of poorhouses, and those officially known to be in private dwellings.[11,12]

Thus far then, crude national aggregates have been presented. What provisional conclusions can be drawn, bearing in mind that the data represent those incarcerated, and those known to be cared for domestically, in specific years? If to the figures were to be added data for the last two decades of the nineteenth century, then the profile for the century would be one of a gradual rise, although increasing in numerical strength towards the end of the series. Hence, one starts at 4,628 in 1818, rising to 7,403 in 1857, 7, 729 in 1871, 10,355 in 1881 and 12,799 in 1891.[13] The terminal figures, for the nineteenth century, then, are 4,628 in 1818 and 12,799 in 1891, an increase in those incarcerated, and of those known to be cared for at home, of 8,171.

But no illusions must be entertained over those figures displaying crude numerical growth. In the first place, all the figures are in a sense artificial in that they represent only those known by the authorities to be insane; no margin of error was built into the material to take account of all those insane unknown to the authorities. Secondly, apart from the Royal Commissioners, little attempt was made by the officials to categorize the insane. Hence the term has

to be understood very loosely here.

Thirdly, it must be clearly appreciated that crude admission rates to Victorian social institutions can partly be explained by an increase in both the number and size of the houses, and by improvements in the quality of service offered. This was certainly the case with lunacy care in nineteenth century Scotland with respect to number and size of asylums, and partially so regarding the efficacy of service. At the beginning of the statistical series, 1818, the 'service' offered consisted of four Chartered Asylums, a few poorhouses and a number of private licensed houses. By 1857 the number of Royal Asylums had grown to seven, and that of both the poor-houses and private licensed houses to twenty-three respectively. Although the role of the private mad-houses was to diminish after reform in 1857, they were to be supplanted and improved upon by the new District Asylums. At the end of the series, 1891, there were seven Chartered and nineteen District asylums in operation. Hence, whereas improvements in the quality of care and treatment for paupers was not great, the service offered to the private patients did expand throughout the century.

Finally, although the crude numbers of insane known to the authorities increased throughout the century, when these figures are placed against general demographic trends they lose some of their force, as is seen by reference to the table overleaf.

TABLE 24

PREVALENCE OF INSANITY IN

NINETEENTH CENTURY SCOTLAND

| Census | Population of Scotland | Number of insane | % | Prevalence per thousand |
|---|---|---|---|---|
| 1811 | 1,824,434 | 4,628[1] | 0.25 | 2.5 |
| 1851 | 2,888,742 | 7,403[2] | 0.26 | 2.6 |
| 1861 | 3,062,294 | 8,136 | 0.26 | 2.6 |
| 1871 | 3,360,018 | 7,729 | 0.23 | 2.3 |
| 1881 | 3,735,573 | 10,355 | 0.28 | 2.8 |
| 1891 | 4,025,647 | 12,799 | 0.32 | 3.2 |

1. 1818 figure — See Table 5; Tuke, op.cit., 331-2; Table 22;
2. 1857 figure — Commissioners in Lunacy Annual Reports, op.cit., No.4 1862 (2974), Vol. XXIII, 255, No. 14 1872 (C.556), Vol. XXVII, 483; No. 24 1882 (C. 3357), Vol. XXXII, 599, No.34, 1892 (c. 6756), Vol. XL, 549;pp.2-3.

Between the years 1811 and 1891, then, the percentage of the population of Scotland known to be insane increased from 0.25% to 0.32% while, within the same time-scale, the number of insane per thousand of the population increased from 2.5 to 3.2. Although the crude national, annual aggregates of insane persons institutionalised or known to be cared for domestically increased by 8,171 between 1818 and 1891, these figures represented only those known by the authorities to be lunatic, and have to be seen within the context of expanding institutional support for the insane. Expressed in this fashion, the extent of the known in-

sane during the nineteenth century was clearly not statistically significant.

II

Having established a profile of the extent of insanity in Scotland generally throughout the nineteenth century, a number of more specific questions now require attention.

In considering, first of all, the relationship between the lunacy rates in different counties, a reminder of general population changes is called for. Summarised very briefly, there was, during the nineteenth century, a drift away from the Northern and Southern regions to the Central belt. Indeed, with the exception of the West Lowlands, every region, when its population was expressed as a percentage of the total, experienced sustained decline. In numerical terms, the West Lowlands, with the East Lowlands and the North East, experienced growth, while the Far North, Highlands and Borders fluctuated. The important characteristic to recall here is the urbanisation rate. Dividing the counties of Scotland into six regions, the percentage of the urbanised population changed between the years 1831 and 1871 in the following way: Far North (10.6% to 7.9%), Highland (4.0% to 10.0%), North-East (21.9% to 24.7%), West Lowlands (47.5% to 65.6%), East Lowlands (37.3% to 46.4%) and Borders (7.0% to 14.3%).[14]

By 1871, approximately half of the Lowlands population and one quarter of the North East's was urbanised while the degree of urbanisation in the Far North, Highlands and Borders was very small indeed. With respect to geographical distribution, two questions appear relevant; firstly was the level of insanity greater in urban centres with large populations, than in rural, demographically small, counties, or vice versa? Or, do the data prohibit us from making any assertions on urban/rural correlations in this respect? Secondly, what factors if any, might explain any tendencies?

Fortunately, in exploring this area, the Census, for 1871, becomes of use, this being the first Census to tabulate effectively the number of insane in Scotland. In the exercise, data from the Census are used to establish the geographical spread of insanity in 1871. They are presented on page 202 in such order.

Essentially, there is a positive correlation between these figures for county population size and county number of insane. The four demographically largest counties had the four largest numbers of insane, while the eight demographically smallest counties had the eight smallest rates for the insane. However, on close inspection, an element of randomness is detected. Thus, of the counties already referred to, Edinburgh, with a population 436,960 smaller than Lanark, nevertheless, had 604 more insane than Lanark. Forfar had

a smaller population than Aberdeen, yet more lunatics than the latter. In the eight demographically smaller counties, the relationship between the number of insane and the general population is totally arbitrary and fluctuating. A similar lack of uniformity is detected within the middle counties in the series from Renfrew to Dumfries. The latter county, although twelfth smallest in the population rank order, nevertheless had only 9 less insane than the heavily populated Aberdeen county, while Perth, with a population smaller than that of Fife, Ayr or Renfrew, nevertheless had more insane than each of the last three counties. This lack of uniformity is emphasised when the data are considered in percentage and prevalence rate form. Hence, the evidence contained within the Census for 1871, concerning the relationship between insanity and general population by county, suggests that whereas there is an essentially positive relationship between counties with large populations having high lunacy rates, and vice-versa for counties with low populations, nevertheless, there is an element of randomness in the series.

However, any temptation to attach too much significance to these crude statistical returns must be firmly resisted. Indeed, an unquestioning reliance on such basic material constitutes one of the flaws of Scull's work on England. For what in fact the randomness of the 1871 data faithfully reflect is precisely the geographical spread of institutionalism

TABLE 25

PREVALENCE OF INSANITY IN SCOTLAND BY COUNTY, 1871

| County | Population | Number of insane | % | Preval. per 1,000 | County | Population | Number of insane | % | Preval. per 1,000 |
|---|---|---|---|---|---|---|---|---|---|
| Lanark | 765,339 | 916 | 0.12 | 1.2 | Argyle | 75,679 | 172 | 0.23 | 2.3 |
| Edinburgh | 328,379 | 1,520 | 0.46 | 4.6 | Dumfries | 74,808 | 550 | 0.73 | 7.3 |
| Aberdeen | 244,603 | 559 | 0.23 | 2.3 | Banff | 62,023 | 98 | 0.16 | 1.6 |
| Forfar | 237,567 | 725 | 0.30 | 3.0 | Dumbarton | 58,857 | 39 | 0.07 | 0.7 |
| Renfrew | 216,947 | 206 | 0.094 | 0.94 | Elgin | 43,612 | 77 | 0.18 | 1.8 |
| Ayr | 200,809 | 239 | 0.12 | 1.2 | Linlithgow | 40,965 | 26 | 0.06 | 0.6 |
| Fife | 160,735 | 253 | 0.16 | 1.6 | Wigton | 38,830 | 10 | 0.02 | 0.2 |
| Perth | 127,768 | 418 | 0.33 | 3.3 | Haddington | 37,771 | 73 | 0.19 | 1.9 |
| Stirling | 98,218 | 281 | 0.29 | 2.9 | Kincardine | 34,630 | 17 | 0.05 | 0.5 |
| Inverness | 87,531 | 264 | 0.30 | 3.0 | Selkirk | 14,005 | 7 | 0.05 | 0.5 |

Census for Scotland 1871, Vol.II; 1872 (c 592), Vol. LXVIII; 1. pp. 1 & 173.

as explained in Chapter Five. Thus, Edinburgh's 'comparative advantage' in numbers of insane over Glasgow's can be partly explained by the more numerous private madhouses in the capital. The fact that the counties of Forfar and Perth could boast between them three Chartered Asylums is the reason why these counties' insanity rates were greater than those for demographically larger counties. Finally, the very high number of the insane, 550, in Dumfries, a county where population ranking was twelfth, resulted from the existence there of two large institutions, the Southern Counties and the prestigious Crichton Royal Asylum.[15] Institutional provision, then, explains the random element in a series of statistics which otherwise point to a positive relationship between general population figures and lunacy rates.

A second exercise, in this discussion of geographical spread of lunacy, is to set these findings within an urban/rural context.

In this respect the counties listed in Table 25 have been classified according to the six regions referred to by Flinn. Figures for total population and total number of insane were found from Table 25 and placed against the urbanisation percentage supplied by Flinn. Finally, a new regional percentage of the population insane was found, from these data. In this context, the term 'urban' can safely be used as a synonym for 'non-rural'.

## TABLE 26

## INSANITY & URBANISATION

## SCOTLAND BY REGION 1871

| Region | Population | Number of insane | % of pop. urbanised | % of pop. insane |
|---|---|---|---|---|
| Far North | 87,531 | 264 | 7.9 | 0.30 |
| Highland | 301,665 | 871 | 10.0 | 0.29 |
| North East | 783,170 | 1,729 | 24.7 | 0.22 |
| West Lowland | 1,241,952 | 1,400 | 65.6 | 0.11 |
| East Lowland | 407,115 | 1,619 | 46.4 | 0.40 |
| Borders* | 127,643 | 567 | 14.3 | 0.44 |

* Far North (Inverness)
Highland (Argyle, Perth, Stirling)
North East (Aberdeen, Banff, Elgin, Forfar, Fife, Kincardine)
West Lowland (Lanark, Renfrew, Ayr, Dumbarton)
East Lowland (Edinburgh, Haddington, Linlithgow)
Borders (Dumfries, Selkirk, Wigtown)

See Tables 12 and 25.

It emerges, then, from these data for 1871, that there was a diverse relationship between the rate of urbanisation and the rate of insanity in five out of the six cases. Thus the three areas with the smallest urbanisation percentages, the North East, Highlands and Borders, also had the highest lunacy percentages, while the North East and the West Lowlands, with larger percentages of their populations urbanised, nevertheless had lower percentages of populations insane. The one exception

to this trend is, of course, the East Lowlands, with both the second highest urbanisation percentage in the run, and the second highest percentage of insane.

At this point, in a discussion of the relationship between urbanisation and lunacy, it would appear fruitful to attempt finally some analysis of the extent of lunacy within the cities of Edinburgh and Glasgow, partly as a comparison with national rates, but also because those two cities will be studied in detail later. As has been shown, the number of persons living in the two communities increased markedly during the period under study. The population of Edinburgh increased from 162,000 in 1831 to 242,000 in 1871, while that of Glasgow increased from 202,000 in 1831 to 522,000 in 1871.[16]

Data on the numbers of insane incarcerated on 31st December of each year in the Royal Asylums in Edinburgh and Glasgow are included in the Appendix. These reveal that the numbers housed in Edinburgh increased from 39 in 1840 (the first year in which records are maintained) to 720 in 1870, and in Glasgow from 123 in 1830 to 561 in 1870. However, study of the series reveal that this was not a sustained increase. At Edinburgh, the figures continued to rise steadily from 1840 to 1853. There was then a brief, two year downward trend, followed by renewed annual increases from 1856 to 1858. This was then followed by a period of fluctuations, 1859 to 1864, and then by continual

annual increases to 1869. Glasgow's figures are even more erratic. Between 1830 and 1841, they fluctuated with a band between 123 and 170. Then, within the next three years, the figures rose dramatically to 202 (1842), 344 (1843) and 405 (1844) settling at 539 in 1846. For the next twenty-four years, the numbers fluctuated within a band between 412 and 589.[17] Thus, in both cities, although the numbers annually increased during the period under study, this was not a sustained increase; there was much fluctuation, and some decreases.

TABLE 27

PREVALENCE OF INSANITY IN EDINBURGH & GLASGOW DURING NINETEENTH CENTURY

| Date | Population of Edinburgh | No. of insane$_{\Phi}$ | % | Preval. per 1,000 | Population of Glasgow | Number of insane$^{\Phi}$ | % | Preval. per 1,000 |
|---|---|---|---|---|---|---|---|---|
| 1831 | 162,000 | 0* | | | 202,000 | 137 | 0.068 | 0.68 |
| 1841 | 166,000 | 59 | 0.035 | 0.3 | 275,000 | 170 | 0.062 | 0.62 |
| 1851 | 194,000 | 516 | 0.26 | 2.6 | 345,000 | 428 | 0.12 | 1.2 |
| 1861 | 203,000 | 679 | 0.33 | 3.3 | 420,000 | 488 | 0.12 | 1.2 |
| 1871 | 242,000 | 720† | 0.30 | 3.0 | 522,000 | 561† | 0.11 | 1.1 |

* Not recorded

† 1870 figures

$\Phi$ Admissions to Royal Asylums only

See Table 18 and Appendices I & II.

Similarities between the cities emerge when the data are considered in percentage and prevalence rate

form. Thus the percentage of Edinburgh's population admitted to the Royal Asylum increased from 1841 to 1861, and then decreased marginally from 1861 to 1871. The same pattern emerges when the number of insane admitted is expressed per one thousand of the population. In Glasgow, the percentage of the population admitted to the Royal Asylum there also continued to increase from 1831 to 1861, followed by a marginal decline, a relationship further reflected in the prevalence rate.

In summing up this discussion of geographical spread of insanity, then, what conclusions emerge? Firstly, with respect to the relationship between the number of insane, and the general population in a county, the statistics do suggest that there was essentially a positive correlation between those two factors. Hence, one did tend to get counties with large populations 'throwing up' larger numbers of insane than counties with smaller populations. But there were numerous exceptions to this rule. Secondly, the prevalence of insanity was, on balance, less in counties with high urbanisation. Thirdly, the percentage of both Glasgow's and Edinburgh's population admitted to the respective Royal Asylums increased to 1861, then declined marginally.

Yet, very great care has to be exercised in the interpretation of these data. The statistics,

however helpful, have to be related to developments in lunacy policy. When this factor is taken into account, a slightly different profile emerges. Firstly, as will be shown later, 'exporting' of patients between counties did take place, The managers of the Royal Asylums did not restrict their private patient intake to any specific geographical area, while the small number of poorhouses admitting lunatics meant that many parishes had to 'contract' with others to receive their insane paupers. In this respect, then, the extent to which one can trust a county figure representing the actual number of insane living in that county is limited. Secondly, the discrepancy between counties can be partly explained by the extent of institutional support offered; in some circumstances, rural areas of low population had high levels of the insane because of the nature of the insanity organisation within the area.

The peripatetic nature of the insanity 'service' in nineteenth century Scotland then renders assertions hazardous. But while allowing for this factor, one can detect a definite relationship between the levels of insanity within a specific area and the levels of population density and urbanisation.

## III

The basic relationship between insanity rates and general population figures having been established,

the objective of the remainder of this Chapter will be to look at the data relating to two specific factors, namely sex and class relationships. In doing so, valuable material lodged in the Glasgow Royal Asylum's Annual Reports will be used to supplement these national perspectives.

Firstly, what can be said about the sex ratio of the insane during the period studied? In perusing the data on this topic, one is quickly made aware of the consistently higher ratio of women to men admitted, with one exception, during the series. Nevertheless, this should come as no great surprise as, throughout the nineteenth century, there were consistently more females in Scotland's population. Indeed, as Flinn pointed out 'in some areas at some times, they (females) have severely outnumbered men'.[18] This is clearly shown in the data overleaf.

In this area of sex ratio, then, it is clear that lunacy rates reflected general population trends. During the years under study, with one exception, the number of females admitted annually per one thousand males was always greater than that number, while the number of females in the population generally, during the same period of study, per one thousand males was always greater than that figure. The greater number of females in the insane population reflected a similar trend within the population at large.

## TABLE 28

## INSANE IN SCOTLAND, SEX RATIO

## 1858-70

| Year | M | F | Ratio of females per 1,000 males | Year | M | F | Ratio of females per 1,000 males |
|---|---|---|---|---|---|---|---|
| 1857 | 3736 | 3667 | 981.5 | 1864 | 2942 | 3417 | 1161.4 |
| 1858 | 2718 | 3030 | 1114.7 | 1865 | 3005 | 3463 | 1152.4 |
| 1859 | 3829 | 4049 | 1057.4 | 1866 | 3084 | 3532 | 1145.2 |
| 1860 | 3922 | 4162 | 1061.1 | 1867 | 3178 | 3584 | 1127.7 |
| 1861 | 3914 | 4222 | 1078.6 | 1868 | 3293 | 3762 | 1142.4 |
| 1862 | 2912 | 3429 | 1177.5 | 1869 | 3438 | 3872 | 1266.2 |
| 1863 | 2931 | 3396 | 1158.6 | 1870 | 3561 | 4010 | 1126.0 |

Commissioners in Lunacy Annual Reports, op.cit., Nos.1, 1859 -13, 1871, pp.2-3.

## TABLE 29

## SCOTTISH SEX RATIO

## 1858-70

(in thousands)

| Year | M | F | Ratio of females per 1,000 males | Year | M | F | Ratio of females per 1,000 males |
|---|---|---|---|---|---|---|---|
| 1857 | 1431 | 1581 | 1104.8 | 1864 | 1498 | 1658 | 1106.8 |
| 1858 | 1437 | 1590 | 1106.4 | 1865 | 1513 | 1672 | 1105.0 |
| 1859 | 1443 | 1599 | 1108.1 | 1866 | 1528 | 1687 | 1104.0 |
| 1860 | 1488 | 1607 | 1079.9 | 1867 | 1544 | 1701 | 1101.6 |
| 1861 | 1454 | 1616 | 1111.4 | 1868 | 1559 | 1716 | 1100.7 |
| 1862 | 1468 | 1630 | 1110.3 | 1869 | 1575 | 1731 | 1099.0 |
| 1863 | 1483 | 1644 | 1108.5 | 1870 | 1591 | 1746 | 1097.4 |

Mitchell & Deane, op. cit., 9.

One can be equally categorical about the topic of class. If there is one generalisation which can be safely made about the social organisation of the insane during the nineteenth century, it is that it was class based. By this is meant three things. Firstly, at all times during the period under review, a rigid division was maintained, within lunacy organisation, between the private, fee-paying patient and the pauper. Secondly, that this division extended to such factors as different institutions, conditions, treatment and diet for the two social groups. Finally, in numerical terms, the pauper insane constituted by far the greater 'burden on the community', to borrow Professor Carstair's term.

It is this last factor which concerns us here. Of the 7,403 persons in Scotland recorded as insane by the Royal Commissioners on the 14th May 1855, well over a half, 4,642 were paupers.[19] From 1858, the year when the Commissioners in Lunacy Reports began publishing data, until 1870, the end of the period studied, the difference between the number of paupers admitted annually, and the number of private patients incarcerated was, on only four occasions less than four thousand. The precise relationship between the two social groups is shown in the table on the following page.

## TABLE 30

## INSANE IN SCOTLAND

## PRIVATE-PAUPER RATIO

## 1855 & 1858-70

| Year | Pr | Pa | Ratio of paupers per 1,000 private patients | Year | Pr | Pa | Ratio of paupers per 1,000 private patients |
|---|---|---|---|---|---|---|---|
| 1855 | 2732 | 4642* | 1699.1 | 1865 | 1076 | 5392 | 5001.1 |
| 1858 | 1011 | 4737 | 4685.4 | 1866 | 1126 | 5490 | 4875.6 |
| 1859 | 2898 | 4980 | 1718.4 | 1867 | 1168 | 5594 | 4789.3 |
| 1860 | 2858 | 5226 | 1828.5 | 1868 | 1241 | 5814 | 4684.9 |
| 1861 | 2879 | 5257 | 1825.9 | 1869 | 1240 | 6070 | 4895.1 |
| 1862 | 1052 | 5289 | 5027.5 | 1870 | 1295 | 6276 | 4846.3 |
| 1863 | 1044 | 5283 | 5060.3 | | | | |
| 1864 | 1039 | 5320 | 5120.3 | | | | |

* This figure excludes 29 criminally insane.

Commissioners in Lunacy Annual Reports, op.cit., Nos.1, 1859-13, 1871, pp.2-3.

The data clearly illustrate the extent to which the pauper constituted, numerically, the greater problem for the lunacy managers. During the years 1855-70, in 1862, 1863, 1864 and 1865, for every private patient admitted, five paupers were incarcerated.

Having established then that the pauper population constituted the bulk of the known insane, one can develop a deeper perspective on this issue by looking at a specific set of local statistics.

From 1850 onwards, the Physicians-Superintendent at Glasgow began recording the 'trades, occupations and professions of the patients'. (It is to be regretted that the Edinburgh Royal's doctors discontinued the practice after five years and hence that material is not very useful as a comparison). In approaching this material, the occupations listed will be ranked according to the divisions used in the Census. In so doing, one not only achieves a more accurate description of the type of jobs of the patient, but one is also establishing further indicators of the class divisions within the patient body. Moreover, it was decided not to correlate asylum data and Censal data for just one year (i.e. the Censal year), but to obtain a larger perspective by using the asylum data over a fifty year period. The results thus achieved will be looked at, first of all, sectorally, and then as a whole. Finally, bearing in mind that we are dealing with a fifty year period, a criterion of significance will have to be adopted, and in this case will be represented by the occurrence of an occupation in the admission lists on twenty or more occasions.

A grand total of 10,107 different occupational categories were found relative to the patients admitted to the Glasgow Royal Asylum from 1850-1900.[20] The 1861 Censal demarcation of occupations into professional, domestic, commercial, agricultural, industrial and indefinite 'orders' was then applied to the above

figure with the following results. The numerically most significant order was the 'industrial' one, with 2,853 or 28.23% patients admitted being so employed. This was then followed by 2,304 cases of, or 22.80% for domestic occupations and 2,268 or 22.44% for the indefinite category. The relatively less significant returns were 1,261, or 12.48% for the commercial sector, 1,037 or 10.26% for the professional group and 384 or 3.80% for the agricultural.[21]

In looking first of all at the industrial order, the highest was clearly for weavers, with 244 or 8.55% admitted. These were then followed by miners, 184 (6.45%); seamstresses, 149 (5.22%), shoemakers, 147 (5.15%), engineers, 142 (4.98%), and joiners, 103 (3.61%) as the numerically highest occupations. The ranking then proceeds as follows, millworkers 93 (3.26%), masons, 83 (2.91%), dressmakers and blacksmiths, 63 (2.21%), bakers, 58 (2.03%), sewers, 57 (2.00%), drapers 54 (1.89%), carpenters, 48 (1.68%), 'factory workers', 44 (1.54%), fleshers, 37 (1.30%), painters and washer-women, 36 (1.26%), plumbers, 33 (1.16%), milliners, 29 (1.02%), machine workers, and printers, 21 (0.74%), and coopers 20 (0.70%).[22]

Hence, using this technique, it emerges that the industrial occupations most 'at risk' were weavers (although unfortunately we are not told which type), followed by miners, seamstresses, shoemakers and engineers. Among the tasks which earned low scores

were boilermakers 15, bricklayers 14, calico-printers 10, cotton spinners 6, firemen 12, forgeman 1, glass-beveller 1,millers 8, millwrights 7, plasterers 13, potters 9, shipbuilders 2, ships carpenters 7, bleachers 18, clippers 7 and waitress 1.[23]

The highest figure for the domestic sector, and also, significantly, (apart from the position cited as 'no occupation') the highest figure for all separate occupations was for domestic occupations where a total of 855, or (37.11%) of the domestic sector was recorded. This was then followed by housewives at 588 (25.52%), domestic servants 322 (13.97%) and domestics at 187 (8.12%). These family based 'occupations' took the lion's share of this order, as the remainder were numerically far less significant, among them being housekeepers 91 (3.95%), law students, 39 (1.69%), servants, 38 (1.65%), unmarried gentlewomen, 33 (1.43%), students, 25 (1.08%), and governesses 21 (0.91%).[24]

A similar pattern emerged from the indefinite order, in the sense that one is dealing with a numerically large order nevertheless dominated by only a few constituent members. It should be noted that by 'indefinite', the Census referred to labourers, persons of rank or property and persons supported by the community. Under this head then were to be found 977 persons of no occupation, or 43.07% of this sector's total; 722 labourers, or 31.83%, 266 'ladies' (11.73%), 122 unknowns (5.38%), 108 'gentlemen' (4.76%) and 26

'unascertained' cases (1.15%).[25]

Merchants constituted the highest category for the fourth, commercial order. There were 192 such persons admitted,(or 15.23%). This was then followed by 131 saleswomen,(or 10.39%), 81 hawkers (6.42%), 77 grocers (6.11%), 71 shopkeepers (5.63%), 70 travellers (5.55%), 59 warehousemen (4.68%), 53 coal agents (4.20%), 43 spirit dealers (3.40%), 42 salesmen (3.33%), 28 porters, (2.22%), 22 manufacturers (1.74%), and 20 dealers (1.59%). It would be worth noting that among the non-significant commercial occupations were 2 draymen, 2 ex-West India merchants, 1 master mariner, 1 master of works, 2 retired steamship officers, 9 ships steward and 2 tea dealers.[26]

460 clerks were the highest of the professional category,(or 44.36%), close on one half of the sectoral total. These were then followed by 146 teachers (14.08%), 52 soldiers (5.01%), 49 sailors (4.72%), 46 clergymen (4.43%), 26 doctors (2.50%) and 24 ministers (2.31%). But, bearing in mind the 'middle class' nature of this section, it should be noted that among the inmates were the following 'professionals', 7 accountants, 2 advocates,5 surgeons, 8 bankers, 2 barristers, 9 lawyers, one major, 16 physicians, 10 policemen, 6 preachers, one priest, one sheriff clerk depute, one stockbroker, and one superintendent of police.[27]

Finally, within the agricultural sector

were to be found 162 farmers (42.18%) and 107 farm servants (27.86%) and 22 gardeners (5.73%). Mention could also be made of 16 fishermen, 4 gamekeepers and 11 shepherds.[28]

Taking the occupational categories as a whole, the twenty numerically most significant of them, ranked in descending order appear in this table.

TABLE 31

RANK ORDER OF 20 NUMERICALLY MOST SIGNIFICANT PATIENT OCCUPATIONS GLASGOW 1850-1900

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | No occupation | 977 | 9.67% | 11 | Miners | 184 | 1.82% |
| 2 | Domestic occupations | 855 | 8.46% | 12 | Farmers | 162 | 1.60 |
| 3 | Labourers | 722 | 7.14% | 13 | Seamstresses | 149 | 1.47 |
| 4 | Housewives | 588 | 5.82% | 14 | Shoemakers | 147 | 1.45 |
| 5 | Clerks | 460 | 4.55 | 15 | Teachers | 146 | 1.44 |
| 6 | Domestic servants | 322 | 3.18 | 16 | Engineers | 142 | 1.40 |
| 7 | Ladies | 266 | 2.63 | 17 | Saleswomen | 131 | 1.30 |
| 8 | Weavers | 244 | 2.41 | 18 | Gentlemen | 108 | 1.07 |
| 9 | Merchants | 192 | 1.89 | 19 | Farm Servants | 107 | 1.06 |
| 10 | Domestics | 187 | 1.85 | 20 | Joiner | 103 | 1.02 |

Appendix XXIII

The significant factor which emerges from this analysis of the twenty most numerically significant occupations is that they were by no means monopolised

by what we would traditionally define as working class occupations, whether it be those trades belonging to the 'aristocracy of labour' or general labouring. Within this category would be included labourers, domestic servants, weavers, domestics, farm servants, seamstresses, shoemakers, engineers and saleswomen, and joiners, a total of ten. In contrast, however, there were also five clear middle class occupations, namely domestic occupations (which we must assume included nannies), clerks, merchants, farmers and teachers. While the highest figure of all, for 'no occupation', should come as no surprise, bearing in mind the pauper population, what is most worthy of note is the fact that high scores were recorded for those who in fact were not occupied in the correct sense, namely 'housewives', 'ladies' and 'gentlemen'. Whereas the first of these three would include working class wives, the other two categories were, in Victorian times, decidedly 'middle class'.

Hence, in summing up this discussion of the class divisions within the insane at this time, although both the national data statistically, and this local material on occupations, establish that 'working class' patients were clearly more numerous, than 'middle' or 'upper' class, the Glasgow occupational data clearly reveal the extent to which such persons were incarcerated. Perhaps the most poignant factor to emerge from this data was the fate awaiting so many, presumably single, governesses and nannies.

# I V

It emerges from this study of the prevalence of insanity in Scotland from 1830-70 that the insane were not a statistically significant factor in Scottish demographic trends. While allowing for the fact that the data used represented only those known to the authorities to be insane, and that such material clearly indicated a substantial numerical increase in the numbers admitted, nevertheless, when the figures are expressed as a percentage, and in prevalence rates terms, of the general population, they lose much of their force. The insane were clearly a very very small percentage of the population as a whole. But lest this should lead scholars to disregard insanity as a significant social phenomenon, it should also be noted that, in three crucial areas, the data for known insanity admissions did reflect important general developments. In this respect, one could cite, firstly, the fact that on balance densely populated areas did 'throw up' more insane than less populated areas. Secondly, that the number of female insane admitted almost always exceeded the number of males, and, finally, that the number of pauper insane far outweighed the private lunatics. Nevertheless, as far as local data reveal, 'middle'class occupations were by no means insignificant where patient job backgrounds were concerned.

## REFERENCES AND NOTES

1. Report by Her Majesty's Commissioners appointed to inquire into the state of Lunatic Asylums in Scotland and the existing law in reference to Lunatics & Lunatic Asylums in that part of the United Kingdom
   1857, (i) (2148), Vol.V, 1.
   Appendix 1857, (i) (2148-1) Vol.V, 297.

2. S.R.O., General Register of Patients admitted to Lunatic Asylums, MC 7/1 (1859)
   The claim made here that only 349 patients were admitted to Scottish institutions during the years 1814-43 appears to be palpably false.

3. New Statistical Account of Scotland (Edinburgh, 1842)
   See, for ex. Vols.1, p.732-33; 6, p.209-13 & 12, p.91-3.

4. Census for 1831; 1833 (149),Vols. XXXVI - XXXVIII, 1.
   Census for 1841; 1841 (2) (52),Vol. II, 277.
   Census for 1851 Vol. II; 1852-3 (1632),Vol.LXXXVI, I.
   Census for Scotland, 1861 Vol. II; 1864 (3275), Vol. L 1, 49.
   The last item has a figure of 4,485 persons insane, housed in 28 institutions.

5. The author is aware that the word 'incidence' has a precise statistical meaning, ie. 'incidence rate.' But in this Chapter, the term is used loosely to describe merely the general extent of insanity.

6. Tuke, op. cit., 331-2.

7. ibid., 331-2.
   Tuke's data, like the others, must be treated with caution, for, as Tuke himself points out, fifty parishes failed to send returns. To take account of this remission, a figure of 187 patients, Tuke thought, should be added to Hobhouse's total.

8. Annual Reports of the Board of Supervision for the Relief of the Poor in Scotland
   Nos. 1; 1847 (767), Vol. XXVII, 405-No.8; 1854 (1710), Vol. XXIX, 64.

9. Royal Commission Report, op. cit., 31-2.
   The problem with the Board of Supervision's figures was firstly that there were a number of insane paupers in poorhouses who were neither

under Sheriff's order nor yet included in the returns of the Board of Supervision.
Secondly, it became clear that there were a considerable number of insane persons, living with relatives, who either were not in receipt of parochial aid, and of whom no record was kept, or who were in receipt of parochial aid but who were returned as sane! Thirdly, it became clear that there were a very considerable number of insane and fatuous persons, not in receipt of parochial relief, living with relatives, or boarded with strangers, of whom there was no official record of any kind.

10. ibid., 33.
The Commission approached the Superintendents of Constabulary in the different countries and they were asked to instruct constables to make returns of all insane and fatuous persons resident within their area, under the following schedule:

> 'County, parish, name, age, with whom resident, how long fatuous or lunatic, whether or not in receipt of parochial relief, whether or not ever in confinement in an asylum, remarks'.

The constable was directed to make particularly sure that the lunatic or fatuous person was, or was not in receipt of parochial aid, or whether or not he was well cared for.

Other persons enlisted in support of this enterprise were governors of poorhouses, procurators fiscal & the Ministers of various denominations.

11. There is a discrepancy between these annual returns, and the retrospective data lodged in each succeeding year's Annual Report. The difference is explained by the fact that until 1868, the annual returns did not include data referring to lunatics lodged in the Central Prison at Perth and in idiot schools. In contrast the retrospective data included the former but not the latter. Consequently, while these annual figures do not tell the whole story until at least 1868, it was nevertheless deemed prudent to consult each Annual Reports' figures rather than the 13th, for 1871, and merely look backwards.

12. No explanation is offered in the Annual Reports for the inflated figures from 1859-62.

13. Annual Reports of the General Board of Commissioners in Lunacy for Scotland
Nos. 1; 1859 (2489), Vol.IX, 81- No.34, 1892 (c.6756), vol. XL, 549. pp. 2-3.
As Table 23 shows, there were of course years in which reductions were recorded.

14. See Ch.3(A), pp. 112-118.

15. See Ch.5, pp. 239-240.

16. See Table 18.

17. See Appendices I & II.

18. Flinn, op. cit.,317.

19. See Ch. 5, p. 239.

20. See Appendix XXIII.

21. See Appendix XXIII.

22. See Appendix XXIII.

23. See Appendix XXIII.

24. See Appendix XXIII.

25. See Appendix XXIII.

26. See Appendix XXIII.

27. See Appendix XXIII.

28. See Appendix XXIII.

# CHAPTER 5

## THE ORGANISATION OF INSANITY IN SCOTLAND BEFORE REFORM

The genesis of the 'great confinement of the insane' has already been considered. To scholars such as Andrew Scull, Michel Foucault and Thomas Szasz, the solution is a functional one; Continental absolutisms, because of their greater vulnerability to external attack, moved quickly to the 'great confinement' in France and Prussia during the seventeenth and eighteenth centuries. In England and Wales, less vulnerable to external assault because of its island status, the royal administration adopted a 'less repressive' policy towards its 'problem populations.' It was not until the early nineteenth century, with the very gradual spread of industrialisation, that the British state began to appreciate the value of an efficient, utilitarian, institutional solution to lunacy as well as pauperism. Kathleen Jones, however, projects a somewhat different viewpoint. While she agrees that the spur to action was the problems being experienced in industrial society, nevertheless, she feels that the motives were less Benthamite efficiency and more Shaftesburyite philanthropy. However problematic the debates concerning incarceration are, there is no dispute over the event. In England and Wales, the process was tentatively begun

in 1808, and consolidated in 1845, when a national co-ordinated asylum organisation was set up. The slow growth of the county asylums prior to that date, meant that the only alternatives the English and Welsh had were the 'trade in lunacy', poorhouses, and the few (relative to the population) subscription hospitals which existed there.[1] The paradox of the Scottish experience was, that although the creation of a national, rationalised structure for the organisation of insanity in Scotland came twelve years after a similar body was instituted in England and Wales, (and indeed fifty years after the state's role was first enacted in England and Wales), Scotland was unique in having, from the early nineteenth century onwards, a far better developed, public charitable-subscription sector than that which existed south of the border. In contrast, operations in the private, commercial area, the 'trade in lunacy' as Parry-Jones called it, was far less extensive in Scotland than elsewhere in the British Isles, while the poorhouses played as limited a role in Scottish lunacy organisation as they did in the English and Welsh. Moreover, although the full entry of the state into Scottish lunacy care took place in 1857, at a time when Scotland had clearly become an advanced industrial nation, nevertheless, it was precisely the existence of the Royal Asylums in the late-eighteenth,

early-nineteenth centuries, which powerfully demonstrates that the beginnings of Scottish improvements went hand-in-hand with, rather than as an 'effect of', (Scull's term) industrialisation.

In developing this particular theme, the role, function and structures of the public, charitable-subscription operations, The Royal Asylums as they were called, will be examined in detail, and their status as pioneering institutions for the insane critically assessed. In addition, however attention will also be drawn to the 'competitors' in the 'market' for lunatics. In proceeding them, an understanding of the state of affairs existing in Scotland prior to the nineteenth century must, firstly, be obtained.

## I

A distinction is readily perceived, when looking at pre-nineteenth century procedures, between early legal codes designed primarily for the protection of property, and later measures instituted to provide economic relief to those who required it. Beneath this division, lay a common principle which

permeated Scots law in this particular area until 1857, namely, that as long as the insane constituted no threat to the public. and were independent of parish support, then, no special cognizance of their needs was required. While being subject to the general provisions of the common law enjoyed by all citizens, the mad were otherwise left to their own resources or those of their kin. In situations, however, where deprivation of freedom became necessary, or financial assistance was needed, a number of processes was over time, evolved.

The wardship, and in particular, the custody of the property, of persons of 'furious mind',[2] was, as a result of a statute passed during the reign of King Robert I in the early fourteenth century, devolved upon the relatives or, in their absence, judicial agents. Such guardianship could assume three forms. Where possible, the next agnate (nearest male relative on the father's side) was appointed tutor-at-law.[3] This arrangement was, however, qualified in two respects; that is, where a married woman, and a child were involved. In the first case, the husband, and, in the second, the father, was preferred for the office of guardian.[4] Where no agnate existed, or, where he declined to enter into office, either a tutor-dative with powers and responsibilities similar to the tutor-at-law, or a judicial agent known as the curator bonis was appointed.

The procedure establishing these offices was known as cognition, and took two forms. When the existence of a lunatic requiring protection was identified (usually through the intervention of relatives) then, in the case of tutiory appointments, brieves were issued from either the Court of Chancery (at-law) or Exchequer (-dative) addressed to the Sheriff of the area involved, ordering him to summon a jury to enquire into the case. The alleged lunatic had to be made a party to the brieve, so that, if of sound mind, he could successfully oppose it.[5] On the brieve being returned positively, the Crown proceeded to nominate either tutors-at-law or dative. In the event of a judicial factor being desired, then a petition was presented to the Court of Session, accompanied by two medical certificates of insanity. These were then served on the alleged lunatic, who had the opportunity of objecting. Once the Court was satisified by the evidence, a judicial factor was named.[6]

There were however certain grey areas in this little known field of Scots law. In the first place, what powers did the guardians have? The Report of the Royal Commission (1857) argued that:

> a tutor... was charged with the care of the lunatic's person and property. [7]

Again, referring in this case to tutors-at-law, it was

commented that:

> The powers of tutors-at-law to lunatics embrace both the person and the property of the lunatic and are precisely analogous to those of the tutors-at-law to minors. 8

However, this view appears to be contradicted by a later submission, where it was asserted that:

> The primary object of the appointment of guardians appears always to have been the due management of the lunatic's <u>property</u>. 9

The role of the judicial factor appears to be more categorically defined. His powers were said to be strictly administrative and confined to what was required for the collection of revenues and management of the lunatic's property, it being generally understood that 'they (the powers) do not extend to the custody and control of his person.'[10] Nevertheless, even here, the situation was modified by the fact that notwithstanding his remit, the factor appears to have increasingly assumed the role of guardian of the person as well as his property.[11] The ambiguities were not satisfactorily resolved by the <u>Report</u>, but it seems likely that whereas the letter of the law was concerned, more with the wider issue of the lunatic's estate and property, and their upkeep following his loss of freedom, in practice, attention was also given to the custody of the person as well. What can be inferred, with greater accuracy, however, was the fact that within the context of the lunatic's estate and property, the guardian possessed full legal power. As one source expressed it:

> ....all deeds executed by the lunatic after the date of the verdict were held to be null and void. 12

Moreover, it appeared that the stewardship over a lunatic ceased, apart from death, only after he had been radically cured; a mere lucid period was not enough.[13]

A second question which arises is the nature of demarcation, if any, between the three types of guardianship. It would appear that, at the height of this system's operation, which, one would surmise, was from the mid-sixteenth to late-eighteenth centuries, the tutors-dative and judicial factors occupied an inferior status, vis-a-vis the tutors at law. It was pointed out that:

> ....the functions of judicial factors, in common with those of tutors-dative, are understood to cease wherever a tutor-at-law is appointed.[14]

Applications for tutors-dative and factors were made only if no agnate existed or came forward. This state of affairs had definitely changed by the early nineteenth century, when the post of tutor-at-law, 'the oldest and most constitutional form of depriving a lunatic of the management of his person or property' had been 'comparatively seldom resorted to,'[15] while it would appear, that the post of tutor-dative had become obsolete by this time. In the ten years for example prior to January 1st 1856, only eight Chancery and no Exchequer brieves were issued, whereas 430 judicial factors were appointed.[16] Clearly, the latter had emerged as the most significant means of guardianship.

It was upon the relatives then, or judicial agents that responsibility was placed for the wellbeing

of the lunatic's property and person prior to the nineteenth century. One must infer that such costs as were entailed were met by the family. In relation, however, to the destitute insane, one can afford to be more categorical, as financial support for this particular group formed the second major theme in pre-institutional times. The former, along with the sick poor, were provided with relief according to the principle, established by Acts passed in 1574, 1579 and 1597, and continued until 1845, that the parish assumed responsibility for the 'poor, aged and impotent.'[17] The sixteenth century legislation empowered the Kirk session to draw up precise details of the poor within their areas of jurisdiction, to 'stent' their parishioners to this end, and following inspection by an elder, to give relief. This was distributed on a purely ad hoc and outdoor basis either to the family of the insane or sick, or directly to the itinerant, although incarceration in such pre-Reformation hospitals as existed was an alternative.[18]

However, a number of qualifications must be entered in this context. In the first place, the meaning of the word 'hospital' in pre-industrial times must be understood. Pre-Knoxian Scotland did boast a number of 'hospitals', usually an appendage of the larger religious houses and financed from abroad. But their geographical distribution was, in the first place, limited either to the burghs or the zones immediately outside the burgh boundary. Again their numbers, according to Shead,

never got above fifty in the 'twelfth and thirteenth centuries.'[19] Moreover, they were very small, with many houses only having two or three patients.[20] The ecclesiastical nature of the institutions was important, many regimes serving as much as a place of succour for the inmates of the monastery or abbey to which it was attached as a place of refuge for the traveller. Moreover, this last category of person did not need to be ill to gain admission; he could merely require a place to rest. Finally, it must be understood that, as far as medical treatment was concerned, these early houses only offered rest and care to the chronic and incurably ill. The treatment of acute cases was almost unknown. Nevertheless, despite the pressure exerted on these houses both prior to the Reformation by malversation of funds and during that event, through reforming zeal, the early 'hospitals' must be accorded their place in this context. As Shead says, there was no separate provision for the insane 'who may have been admitted to hospitals for the sick.'[21]

The second qualification regarding pre-institutional provision for the insane in Scotland must be an appreciation of the limits of the parochial regime envisaged by the Protestant social reformers. As Smout suggests 'in practice very little of the whole corpus of legislation was workable. Scotland remained as full of idle vagrants as ever'.[22] This was largely due to the ineffectiveness of the system designed by the

Reformers. Structured for a static rural society, the legislation did not take into account the large population which could not be easily assigned to any one parish, because of the inadequacy of the parish registration system. Moreover, imposition of the system was lax. Many local communities resisted the Kirk's revenue-raising attempts.[23] Political contingencies such as the 'normal'[24] disturbances of the seventeenth century, the truculence of the nobility, and the failure of pacification in the Highlands also contributed to the underdeveloped nature of much of the system. Mrs Mitchison has brought out the peripatetic style of many to whom the regime attempted to minister at this time. with the registers showing 'a stream of vagrants passing through the countryside at all times of the year, receiving aid.'[25] She also stressed the extent to which many paupers were outwith the parish structure, referring to Fletcher of Saltoun's comment that 'normally one hundred thousand people lived in the hills and on waste ground.':[26]

> In years of Plenty, many thousands of them meet together - and riot for many days, and at country Weddings, Markets, Burials and other like public occasions, they are to be seen both Men and Women perpetually drunk. 27

Pre-institutional provision for the insane in Scotland then assumed the form firstly of a legal structure, designed primarily to protect the property of the lunatic, but also having some regard for his person: secondly, of a system of parochial relief giving the minimum of

economic support to the pauper insane, and in certain rare cases, providing an early, very rudimentary, type of institutionalised care. But the inadequacies of the latter regime resulted in a large, unquantifiable number of that group remaining outside the state programme of socio-economic aid.

It is hardly surprising to discover then, that during the eighteenth century, the beginnings of a relatively more organised response both to insanity and physical illnesses, should be detected. Firstly, a number of buildings, invariably called 'Town's hospitals' were established, in which lunatics, as well as the sick and destitute poor, were given medical treatment. However, caution must be exercised in discussing this issue, as these were places of refuge for the poor, according to the old Scottish understanding of the word, 'hospital' rather than an institute where medical policies were evolved. They were, in fact, early poorhouses. Moreover, the limited geographical scale of these operations meant that they catered for only a minority of the pauper class. Examples of these houses were the Glasgow Town's Hospital, opened in 1733,[28] and the Edinburgh Bedlam.[29]

Secondly, and more significantly, the eighteenth century voluntary hospital movement resulted in the establishment of a number of 'infirmaries' in which research into, and the treatment and care of, acute cases of illnesses became the norm. The pre-Reformation

'hospitals' alluded to earlier, had suffered a decline in both numbers and effectiveness following the events of the seventeenth century. Consequently, they had been very deficient as regards surgery and medical care. Almost the only services of such a nature existing at the time, apart from private medical practice, were the dispensaries,[30] operated by the Royal College of Physicians in Edinburgh and the Faculty of Physicians and Surgeons in Glasgow. The University of Edinburgh along with the capital's Town Council had, towards the end of the century, established a medical school, and from it, and the Royal College, sprang eventually the first and most distinguished of the voluntary hospitals, the Royal Infirmary of Edinburgh, opened on the 6th of August, 1729. This was followed by Aberdeen (1748) Dumfries and Galloway (1776). Montrose (1782), Glasgow (1794) Dundee (1798), Inverness (1804), Paisley (1805), Greenock (1809), Elgin (1819) and Perth (1834).

The significance of this movement for lunacy care, was twofold. Firstly, there is evidence to suggest that certain of the Royal Infirmaries, to a very limited extent, admitted lunatic patients. Thus, Comrie in his description of the 'Royals' said of Dumfries that:

> 1 room in the hospital was set aside and divided into 4 cells for the treatment of lunatics, for whom a separate building was erected in 1790 31

and of Inverness that:

> It undertook the care of both physical and mental disease, the number of beds available to the former being about 25, and for the latter about 12. 32

The Montrose Royal Infirmary was housed, in the beginning, in the same building as the Royal Asylum there, while at Edinburgh it was clear that:

> By 1778, when a new appeal was issued, it had been found that the original 12 cells for mad people were unnecessary. 33

Logan Turner, also indicated that:

> ....the ground or first floor (of the Edinburgh Royal Infirmary) which contained the administrative departments, was also fitted with 12 cells for accommodating insane patients. 34

As these examples illustrate, the ratio of lunatic patients to 'general' was small. Moreover, one can only speculate as to the extent to which this policy was manifest in all the Royal Infirmaries. Nevertheless, this is evidence of an awareness during the eighteenth century of the need for institutional care for the insane.

Furthermore, the Royal Infirmaries were the first instances of actual 'institutions' for the sick, incorporated by Royal Charter, with a positive medical policy of treating, and where possible, curing the acutely ill.[35] As such, they served as a model for the later development of the Royal Asylums. Indeed, as Comrie has argued:

> The movement to erect asylums for the humane treatment of the insane followed upon the movement to establish hospitals for physical disease. 36

Finally, in this review of the eighteenth century situation, attention should be drawn to the fact that, by the end of the century at least, there must have been a number of private madhouses in existence.

Taken as a whole, this 'system', designed to meet the needs of a predominantly static agrarian society, was hopelessly inadequate for the kind of mobile, industrial society which was emerging in early nineteenth century Scotland. The provision made by the pre-industrial agents in this field - outdoor relief, the early hospitals, the later 'Town's hospitals' and the infirmaries was very limited, both in terms of geographical spread, and the accommodation they actually offered; the great majority of the insane population, both pauper and otherwise, remained outside the regime. This state of affairs was altered as definite 'institutions' for the insane began to emerge in the early nineteenth century. As a result, the need arose for fresh legislation, since the old law, concerned as it was with the lunatics' property and the role of the relative as guardian, made no provision for institutional incarceration. Above all, as the extent of the phenomenon of insanity began to manifest itself in the early nineteenth century, it became clear that the pre-industrial policy for lunatics was only coping with the problem; it was in no way trying to solve it. Thus increasingly calls were made for the evolution of policies and structures through which the care, treatment, and hopefully, ultimately the cure of the insane could be effected. Change was in the air.

## II

By the time the Royal Commission was established in 1855, a number of significant changes had taken place in the organisation of insanity. In common with England and Wales, a commercial 'trade in lunacy' and a parochial system of lunacy care had emerged. But what distinguished the labours of the Scottish reforms ~~ers~~ from those of their English equivalents was that the Scots had to work within the context of a much more effectively organised and numerically more significant public charitable-subscription sector. Quite unlike England, all five Scottish cities, and two major towns had their own Royal Asylum incorporated by Royal Charter, long before the reform process began.

There were in fact six types of institution into which the insane could be placed in Scotland prior to 1857. In most cases, both private (fee-paying) and public (parish supported) patients could be placed in one of the seven Chartered Asylums. In addition, there was one non-incorporated public asylum. A certain proportion of poorhouses also offered refuge, either in wards established specifically for the paupers or as part of their wider service. Both the fee-paying and in some cases, the parish supported patients would also seek help in one of the private institutions which existed. Finally, prisons accepted both the dangerous and criminally insane, while there were also a number of 'schools' for 'idiots'.

How were numbers distributed within this 'system'? The geographical distribution of the insane in Scotland during the mid-nineteenth century has already been analysed. What requires to be established now is an internal breakdown of these figures, and the external distribution of the institutions themselves. D.H. Tuke's figure of 4,628 lunatic persons recorded for the year 1818 was broken down into the following categories: 258 were cared for in public asylums, 158 in private madhouses, 1357 by friends, while the remaining 2,855 were 'at large.'[37] Thus it appears, that a very large number of the received aggregate of the insane in Scotland, for the year 1818, 4212, were still being cared for outwith such institutional structures as had evolved by that time. Only a very small remainder, 416 were in asylums.

The Royal Commission, with its figure of 7,403 persons known to be insane in 1857, revealed a generally similar pattern. Of the total, more than half, 4075 were 'at large' while the remainder, 3,328 were institutional cases. A clear majority of this last category, 2,163 persons, were being cared for in the public asylums while a further 657 were placed in private institutions, 423 in poorhouses, 41 in what were called 'reported houses', 29 in prisons and 15 in schools for idiots.[38]

The data can be further categorised. Firstly, well over a half of all the insane persons known to the Commission, at a national level, were in receipt of parochial aid. Expressed in another form, there were

4,642 paupers against 2,732 private patients.[39] Furthermore of those 'at large', 3,798 were calculated as being cared for domestically, while the remainder were in unlicensed establishments or in poorhouses (253) without Sheriffs' warrant. Again, there were 1,511 paupers in the public asylums as against 652 private patients.[40] In the three remaining types of institution, - the private 'madhouse', the poorhouse and the school for idiots, the ratio was 426 paupers to 231 private in the first case, 667 pauper to 9 private in the second, and in the third, highly significant exception, 12 private to 3 pauper patients.[41]

In turning now to look at the geographical distribution of the organisation, it can be seen that the institutional system which emerged prior to 1857 was primarily a lowland and East Coast phenomenon. The seven Chartered Asylums with their opening dates were situated at Aberdeen (1800), Dumfries (1839), Dundee (1820), Edinburgh (1813), Glasgow (1814), Montrose (1781), and Perth (1827), while the single non-incorporated asylum was at Elgin.[42]

The twenty-three poorhouses which, at the 14th of May, 1855, provided for the pauper insane were to be found at Aberdeen, Ayr (two), Dalkeith Combination, Dunfermline, Dumfries, Easter Ross Combination, Edinburgh (two), Falkirk, Glasgow (three), Greenock, Inverness, Jedburgh Combination, Kelso Combination, Kirkaldy Combination, Kirkpatrick-Fleming Combination, Paisley (two), Rhins of Galloway Combination and South Leith.[43]

There were also twenty-three private 'madhouses' existing at Aberdeen, Ayr, Bothwell, Edinburgh (three), Glasgow (three), Greenock, Inveresk by Musselburgh (two), Leith, Musselburgh (nine) and Tranent.[44] Finally, the General Prison at Perth received the criminally insane, while the Commissioners were able to locate two schools for idiots at Baldovan in Dundee and at Gayfield Square in Edinburgh.[45]

Thus, of the three major types of institution only one, the Royal Asylums, was to be found in greater concentration above rather than below the River Tay, namely at Perth, Dundee, Montrose and Aberdeen. Conversely, only four poorhouses and a single private madhouse were operating north of the River Tay,[46] the remaining nineteen poorhouses and twenty-two private madhouses being south of the river. Moreover, although the geographical spread of the Royal institutions was greater to the north of the Tay, their numerical strength lay in the south, with room for 1,288 patients in the 3 southern asylums, in contrast to accommodation for 835 in the four northern institutions.[47]

The urban basis of the system also emerges clearly. All the Chartered Asylums, 20 of the 23 private houses, and 15 of the 23 poorhouses were situated in urban areas. Aberdeen had four institutions, a Royal Asylum, a private madhouse, and two poorhouses. Dundee could boast a Royal Asylum, and a school for idiots while Perth had a Royal Asylum and the General Prison.

Glasgow had seven buildings, wholly or in part for the insane at this time, - a Royal Asylum, three poorhouses, and three private madhouses. Paisley had two poorhouses, Greenock a poorhouse and private madhouse, Dumfries a Chartered Asylum and poorhouse, Montrose a Royal institution and Inverness a poorhouse. However, the greatest concentration of institutions took place in the Edinburgh area, with one Royal Asylum, three poorhouses, 15 private madhouses, and the school for idiots. Of the remaining institutions in rural or small-town situations, there were private madhouses at Ayr, Bothwell and Tranent, and poorhouses at Rhins of Galloway, Kirkpatrick-Fleming, Ayr, Dalkeith, Kelso, Jedburgh, Kirkcaldy, Easter Ross.[48]

There is, of course, nothing surprising about the lowland and urban concentration as it reflected the parallel demographic change which has been clearly documented in Chapter Three.

Finally, can any light be shed on the 'catchment area' of these institutions? Although the Chartered Asylums were envisaged by all as large public institutions for the district, there is evidence to indicate that the directors looked further afield for their patients. For example, the Royal Asylum at Edinburgh contracted to receive the insane of the Orkney Islands, although this must be seen within the context of Edinburgh's claims to function as the national institution for the insane in

Scotland.[49, 50] But, as far as private patients were concerned, the directors were not too concerned about place of origin. One can afford, however, to be more categorical about the pauper intake. In the first place, it was not tied to the immediate parish. For example, the Royal Commission found that on the 14th May, 1855, the Highland counties of Caithness, Sutherland, Ross and Cromarty and Inverness, with a total pauper insane population of 373 had placed 70 of that number in a Chartered Asylum. As there was no such institution in any of these counties, clearly a certain amount of exporting was taking place.[51]

To cite another case, reference to the Annual Reports of the Royal Glasgow Asylum for Lunatics shows that this institution, prior to the 8 and 9 Vict, Ch.83, applied a threefold classification to its pauper lunatics. Admission was granted firstly, to those of the city of Glasgow parish, secondly, to those belonging to the particular group known as the 'contributing parishes', which by reason of their contributing £50 for every 1,500 of their inhabitants, earned the right of admission at the same rate as the city authorities, and finally, to a third group known as the 'non-contributory' parishes who paid a higher rate for having their patients admitted. These records demonstrate that parishes as far away from Glasgow as Ayr, Greenock, Houston, and Kilallen, Kilsyth, Kippen, Lanark, Lesmahagow, Monkton and Prestwick, Port Glasgow, Renfrew, Rothesay, New Monkland, Campbeltown were at some point making use

of its facilities.[52]

A similar pattern emerges in relation to pauper lunatics in private madhouses. The Royal Commission noted that there were a great number of lunatic paupers in private houses outwith the patients' own country of origin than within them. In pursuing this line of enquiry, the Commissioners investigated four of the Musselburgh houses, and two houses in the west, Langdale and Hillend. It found that counties as distant from both areas as Aberdeen, Argyle, Ayr, Bute, Caithness, Dumfries, Inverness, Kinross, Ross and Cromarty, Roxburgh, Selkirk, Sutherland and Shetland were sending some of the insane to these institutions.[53] It is difficult to be certain whether or not the private madhouses adopted any standard policy concerning fee-paying patients, but, in the light of their attitude to the parochial patients, standardisation would appear to be highly unlikely.

As both the Royal Asylums and private licensed houses were clearly heavily implicated in the provision for the pauper lunatics, the question then arises as to the geographical spread of the poorhouse charges. As elucidation of this point, however, requires an understanding of the provisions of the 8 and 9 Vict, Ch.83 discussion will be deferred to later in the Chapter. Data on the 'catchment area' of the non-chartered public asylum at Elgin, and the schools for idiots are difficult to obtain, but an informed guess would be that the Elgin

institution catered primarily for the insane of that area, while the schools for idiots, being the only examples of their kind in Scotland, would have a wider remit. One can however be more positive about the role of the General Prison at Perth; it received the criminal insane from all over Scotland.

A number of institutions established either specifically, or in part, for the care and in some cases, the treatment of the insane had emerged in Scotland prior to 1857. In their spread, a lowland and urban tendency is clearly detected, with the largest number being sited in the east. The Highlands and Islands were almost entirely without such institutional provision, although this did not necessarily mean neglect of the lunatic since patient mobility appeared a distinctive hallmark of this period. There appeared few, if any, guidelines as to what constituted a specific institution's sphere of operations. It is clear that, towards the end of the period, at least, the needs of the pauper lunatic constituted the major challenge to lunacy administrators. It is also clear that it was the Royal Asylums which bore the full brunt of the entire lunacy problem with the private licensed houses and the poorhouses offering only a measure of support. In prosecuting the enquiry then, the non-chartered public asylum at Elgin, the two schools for idiots and the General Prison will henceforth be ignored, partly because they were only marginally significant, and also as the data relating to their operations

are so limited. Attention will now be focused on the Royal Asylums, the poorhouses and the private madhouses. It must always be borne in mind, however, that in this pre-1857 situation, the majority of the insane remained outside the institutions.

## III

Although the concept of the public charitable-subscription sector of insanity organisation was by no means peculiar to Scotland, the seven Royal Lunatic Asylums were. There was no parallel to them in England and Wales. While the latter could boast a number of charitable subscription asylums, such as at St.Lukes and Manchester, they were, relative to the population, smaller than their Scottish counterparts, and were not incorporated by Royal Charter. Although both regimes earned some prestige, the rest were regarded as secondary to the county asylums and, in some cases, the private madhouses. In Scotland, the free trade in lunacy was never practised on such a scale as in England and Wales and the district asylums (the Scottish equivalent to the English county asylums) belong esentially to the last quarter of the nineteenth century. Hence it is clear that until 1857, the 'Royals', with their Charter, their greater resources and more efficient organisation were in a far stronger position to 'monopolise' the lunacy

market than their less well-endowed commercial and parochial 'competitors'. Not surprisingly, the 'Royals' were already regarded as the elite of the Scottish insanity organisation by the time the Royal Commissioners began their work, and their Physicians Superintendent jealously guarded their status.

The Royal Asylums were charitable institutions owing their origins to philanthropic effort of diverse sources, medical, civic, mercantile and lay. With one single exception, being the public money which went into Edinburgh's founding, the institutions were founded on private capital. Subscriptions from that source, and patients' fees, were the major sources of operating finance, while legal status was conferred by incorporation through Royal Charter. No central or local government statutes (apart from general legislation) directed their endeavours. Thus, although their financial resources were in the most part, private, all seven Royal Asylums were regarded as 'public' institutions in law.

Great care must be exercised over the Chartered Asylums' precise role. As charitable institutions, it might be correct to see them as providing succour mainly or solely for 'the needy' of the middle-class, and non-pauper poor. In practice, this was far from being the case. It should be recalled that, in early nineteenth century Scotland, there were very few poorhouses. Hence the philanthropic initiative was, in most cases, quickly taken up by providing for the pauper insane. This was

done through local agreement with parishes. However, this provision for the insane was neither lucrative nor glamorous and it is clear that, perhaps for both reasons, the planners quickly appreciated the need to diversify also into the much more rewarding upper-class 'end' of the market. The Report of the Royal Commission defined the Chartered Asylums as being:

> ....not only for the reception of pauper patients but also of those whose means enable them to defray the expense of care and treatment suitable to a higher station in life. 54

In fact, from the outset, the managements of most of the Asylums offered a dual, class-demarcated service. On the one had, there was the 'private' fee-paying service, which was itself rigorously divided into expensive provision for the upper classes and a much less costly option for the 'middling sort', and on the other, the pauper service. The quality and type of service differed with the fee. But, despite the financial gains of pauper contracting, and notwithstanding great protestations to the contrary by managements, there is evidence to suggest that those with power in the Royal Asylums, in most cases, heartily detested their 'poorhouse' role. It detracted from the elitist image, and the issue was made more problematic by the fact that, as time went on, this parochial function of the Royals was more and more taken for granted by outsiders. Indeed, as will be shown later, one asylum managed to avoid a pauper intake at its inception, and had to be coerced into such provision at a

later date.

The roots of the Chartered Asylums are to be found in the late eighteenth century. In 1769, Mrs Susan Carnegie of Charleston conceived the notion of building an asylum in the Montrose district. She gave two reasons for her action:

> My view in this undertaking was merely to rid the town of Montrose of a nuisance - that of mad people being kept in prison in the middle of the street, and the hope that by providing a quiet and convenient Asylum for them, some of these unfortunate persons might be restored to Society. 55

In the furtherance of her project, Mrs Carnegie was assisted by a number of other prominent citizens, among them Mrs Craigie of Pitarrow and Provost Alexander Christie. The original subscription list shows that the proposal evoked a positive response from the community and gentry:

> ....the names of the ancestors of many of our district landed proprietors figuring for respectable sums. 56

Contributions were also received from most of the towns and parishes in the counties of Forfar and Kincardine, Dundee heading the list with a donation of £1,649.0.0. Thirteen years after the proposal was first mooted, a sum of £5,574 had been raised, and the first building, a plain two storey structure, was erected in 1781, at the cost of about £500.0.0, which in fact housed both the asylum and the Montrose Infirmary.[57] The first inmates were admitted in June 1782. In 1794, a separate building was erected for the Infirmary, and from that date until 1840, the original edifice housed only the asylum. The Royal

Charter was granted in 1811, and in 1840, the entire structure was rebuilt, although this again proved inadequate to meet the rising demand. Finally, in 1859, the entirely new and larger house at Sunnyside was opened. At 14th May 1855, Montrose housed 216 patients.[58]

It would appear that Mrs Carnegie[59] was not without influence along the North East Coast as eighteen years after Montrose, Aberdeen followed her lead and opened a Royal Asylum. That city's Royal Infirmary, opened in 1741, had from the start contained a few cells for 'those deprived of the use of their reason.' A few years later, an out-building was utilised for the care of 'Bedlamites'. Eventually a committee of the Infirmary sought a suitable site for a separate asylum. Grounds at Clerkseat were bought for £365 and a one-storeyed building built and opened in 1800 at a cost of £2,576.0.0. Aberdeen's shaky start was helped by John Forbes (1743-1801) who had made his fortune as a merchant and banker in India. He was a friend and contemporary of Mrs Carnegie, and Dr Henderson believes it was her influence which led to his interest in the care of the insane.[60] His money helped to build the new asylum, opened in 1820 at a cost of £11,529.0.0. Six extensions were made to Aberdeen costing approximately £37,775.0.0, between 1820 and 1855. At 14th May, 1855, there were 273 patients in Aberdeen.[61]

The next two cities to build asylums were Edinburgh and Glasgow. However, as these two institutions'

histories will be dealt with later in detail, only an outline will be mentioned here. The Edinburgh Royal Asylum was opened in 1813. Between the years 1840-47, three separate expansion projects were undertaken costing in total £62,000.0.0. In 1855, Edinburgh offered refuge to 557 souls.[62]

There was a number of factors which distinguished Edinburgh from the other Royal Asylums. In the first place, it was planned, at least, not only as Edinburgh's asylum but as the Scottish national institution for the insane at the time. This partially explains the high patient load, although in practice, the role of national institution proved more of an ideal than a reality. Secondly, the Edinburgh asylum appears to have suffered initially from more serious financial difficulties than the other institutions, primarily because of the tardiness of the citizens of Edinburgh in supporting the scheme. Thirdly, the only national legislative involvement in, and public funds granted to, the Chartered Asylums related to Edinburgh. Finally, unlike the other houses, the managers at Edinburgh so successfully diversified into the upper end of the private market that they ignored the pauper insane until they were forced to take action thirty years after opening. All these issues will be discussed later.[63]

Plans to build an asylum at Glasgow were mooted in 1805 and completed nine years later. The Royal Charter was granted in 1824, and when overcrowding and the

encroachment of the city exposed the inadequacy of the original building, the regime was transferred to a new plot at Gartnavel in 1843. In 1855, 417 patients were housed in the Glasgow Royal Asylum.[64]

The proposal to establish the Royal Dundee Asylum originated from the governors of the Royal Infirmary there. They had long reconciled themselves to the need for such a separate institution, and in 1805, appointed a committee to procure funds. The foundation stone was laid on 3rd September 1812, but the institution was not opened for the reception of patients until 1st April 1820. Financial constraints however meant that the entire plan was not executed and accommodation for only forty patients was at first provided. Important additions were made to both the building and grounds in 1825, 1830, 1837 and 1839. There were 213 patients in Dundee in 1855.[65]

The Perth Royal Asylum, the Murray Royal, was erected by the trustees of James Murray. Born in 1781, he was the younger son of James and Helen Murray of Moredun, and following the death of a step-brother, William Hope, who had prospered in the Madras Presidency, had inherited unexpected wealth.[66] During 1813-14, Murray completed a will, conveying his entire estate to David Beaton, a Perth merchant and Baillie of the city, and to Robert Peddie, town clerk of Perth, as trustees and executors:[67]

> ....particularly for the purpose of applying a certain part of the Trust Estate in the purchase of ground for and the erection of an Asylum for the reception of lunatic persons in the said city of Perth and its neighbourhood. 68

Following James' death on 5th October 1814, the legacy passed to the two trustees.

The legacy was not to be touched for another seven years. It was not until 1821 that plans for the Murray institution were finalised. By that time, £32,000.0.0 had been realised, and the Trustees purchased a field of 12 acres on the northern slopes of Kinnoull Hill outside the city, at a cost of £2,500.0.0. Mr Burn of Edinburgh was appointed architect, and a building was raised to accommodate 80-100 patients, at an outlay of approximately £20,000.0.0. Peddie died within a few weeks of the opening, which took place on 1st July, 1827, but Beaton continued in his endeavours, being elected chairman of the Board of Directors, and remaining in that capacity until his death in December 1838. By 1834, the increasing number of patients meant that additional accommodation was necessary, and in that year two wings, calculated to receive 60 additional patients, were erected at a cost of around £9,063.0.0. The 'Murray Royal' which always remained the smallest of the Chartered Asylums, had 133 patients in 1855.[69]

The last of the Chartered Asylums to be established was at Dumfries, known as the Crichton Royal, and regarded not only as the cream of the Scottish Royal

institutions, but as very much an international pioneer. For that reason, relatively greater attention will be given to that house.

The Crichtons of Crichton Hall, Sanquhar, were an old Dumfriesshire family connected to the Crichton Lairds of Carco, and a cadet branch of the Crichton family of the Marquess of Bute. The founder of the family's prosperity was James Crichton,[70] dyster and clothier of Sanquhar, who succeeded his father as Town Clerk in 1758, and Provost in 1765. He acquired, through his wife, (Margaret Orr) his father-in-law's house, situated near Sanquhar Town Hall, which was henceforth known as Crichton Hall. James, who died in 1793 (and his widow in 1814) was thus the first Crichton of Crichton Hall. He left two sons, and a daughter.[71]

James Crichton, the second son, was born at Crichton Hall, on 21st April 1765. He adopted the medical profession, and entering the service of the East India Company early in life, eventually rose to become Physician to the Governor-General of India. Through his professional and commercial enterprise, both in India and China, James amassed a large fortune, and in 1808, he returned home to purchase the estate of Friars Carse, in the following year.[72] On the 14th of November, 1810, he married Elizabeth Grierson, the fourth daughter of Sir Robert Grierson, 5th Baronet of Lag and Rockall.[73] Dr and Mrs. Crichton had thirteen years of married life at Friars Carse before James' death on 3rd May 1823, aged 58.

Under the will, Mrs Crichton was life rented at Friars Carse, and she died there, thirty-nine years later, on 11th October 1862, aged 83. There was no family.

On 12th November, 1821, Dr Crichton signed his 'Trust Disposition and Deed of Settlement' to which he added Codicils on 20th November, 1821, and on the 7th and 8th April 1827.[74] The family needs were attended to and the remainder put aside for charitable purposes, at a sum of well over £100,000.0.0. Five years after his death, Dr Crichton's widow submitted the first plan for the utilization of resources. This was to be 'the founding and endowing of a College at Dumfries, or in the neighbourhood thereto'.[75] However, opposition to what would be in effect Scotland's fifth university was quickly mounted by the Scottish universities. The strength of this reaction, and opposition from the Lord Chancellor, Lord Brougham, effectively killed any hope of realising this proposal.

Finally, on 31st October, 1833, Mrs Crichton submitted to the other Trustees her final scheme, to supply the available residuary funds towards the 'Founding and Endowing of a Lunatic Asylum in the neighbourhood of Dumfries upon the most approved plan...'[76] These proposals were unanimously agreed upon by the Trustees.

At this point, it should be acknowledged that Mrs Crichton's proposals, expansive and innovatory as they were, were not breaking any new ground for Dumfriesshire and the South West, as accommodation for lunatics in the Dumfries Royal Infirmary had been provided since 1776.

Originally, four cells were set aside for the purpose in the first Infirmary building proper, opened in 1778. At a very early stage, pressures of numbers rendered this provision inadequate, with the result that, as early as 1790, an actual separate wing for the insane, known as the 'north block' was opened, complete with 'keeper' and garden, and admitting some private patients, in addition to the pauper inmates. Two years before Mrs Crichton made her intentions known, a committee of the Governors of the Infirmary offered £1,000.0.0 to be relieved of their lunatic charges and, as a result, a scheme was launched in the area for the building of a separate asylum.[77]

This plan was quickly superseded by Mrs Crichton's but it is possible to argue that this tradition of pre-Royal Asylum care in Dumfriesshire (more extensive than in any of the other six areas) partly explains the uniqueness of the Crichton Royal. The other factor was, of course, the extent of the commitment of the Crichton Family and the Trustees. On 5th February, 1834, they purchased forty acres of freehold land in Hillhead, on the estate of Mountainhill, south of Dumfries, for the erection of the institution, at a cost of £4,999.0.0. Mr William Burn, the architect of the 'Murray Royal' at Perth was selected and work on the construction was started early in 1835. In March, 1838, Mrs Crichton was commissioned to make the necessary enquiries, and on her recommendation, Dr William Francis Browne, formerly of Montrose Royal Asylum,

was appointed to the post of Medical Superintendent and Sir Andrew Halliday, M.D. to that of Consulting Physician. The two men entered into their posts on 1st July, 1838. Finally, on Monday, June 3rd, 1839, the Crichton Royal Institution was opened. Accommodation was at first offered for 120 patients, that figure rising to 314 by 1855.[78] On the closing of Dr Crichton's will in 1840, it was found that the large sums expended on the purchase of land and the erection of the building, along with the endowment fund handed over by the managers amounted, with accumulated interest, to £94,479.7.2.[79]

At least a decade then before the York retreat was opened and before Pinel struck the chains from his inmates in Paris, a small town on the east coast of Scotland had its own public lunatic asylum built by private capital. By 1827, at a time when the English insane, apart from the lucky ones who found their way into into the few County Asylums and subscription hospitals, were at the mercy of the madhouse proprietors, all five Scottish cities (and one other large town) had their own privately endowed but publicly operating asylums. As has been shown, many strands went into the making of these Royal Asylums. At Edinburgh, Aberdeen and Dundee, medical initiatives were paramount, whereas the Glasgow, Perth and Montrose, and later Dumfries regimes owe their existence originally to mercantile vision, and capital. To these two original sources have to be added civic endeavour and much lay enthusiasm. In their development lies the paradox of Scottish lunacy care. The state entered into the

field twelve years after effectively doing so in England and Wales, (and fifty years after an ineffective, permissive start) precisely because of the long tradition of the public asylum in Scotland. But despite this tradition, the state did eventually intervene because even the Royals could no longer cope. This watershed in the development of insanity organisation in Scotland cannot however be approached without reference, first of all, to the other structures in the pre-1857 regime, the poorhouses and the private madhouses.

## IV

In looking at the role of the poor law system in pre 1857 lunacy care, it is essential to take into account the working and effect of 8 and 9 Victoria, ch.83, the Poor Law Amendment (Scotland) Act of 1845. The limited nature and application of the 'old' Scottish Poor Law has already been referred to,[80] but the one innovation which had taken place before 1845 was the gradual spread of a limited number of poorhouses.

The 1844 Report of the Poor Law Enquiry was able to cite seventeen instances of such places 'into which persons of that classification (aged and helpless individuals) might be removed and put under proper care and treatment.' Invariably called workhouses, town's hospitals or poorhouses, they were located at Edinburgh (three),

Glasgow, Paisley, Ayr, Aberdeen (two), Lanark, Forfar, Dunfermline, Montrose, Dumfries, Cupar, Perth, Castle Douglas, Campbeltown (in the planning stage).[81]

The extent to which these poorhouses catered for the insane is difficult to gauge. Certainly, the Report cites only three houses, so doing, namely the Edinburgh Charity Workhouse in 1844, and the Glasgow and Paisley 'town's hospitals', although reference was made to the fact that St Cuthbert's in Edinburgh was involved in insanity care until 1842.[82] One would have assumed that, had the other houses taken in lunatics, this fact would have been at least commented upon. Specifically, the Report refers to the way in which the Charity Workhouse at Edinburgh was divided into three institutions at the time of the Commissioners' visit, namely the Poorhouse proper, the Hospital for children, and the 'Bedlam' or lunatic asylum, which accommodated 100 patients. At the Glasgow Town's Hospital, there were 27 lunatics at the time of the Commissioners' visit, while Paisley had a separate lunatic ward where numbers were not known. Clearly then, if the Report of the Poor Law Inquiry is to be trusted, the extent of Poor Law institutional support for the insane prior to 1845 was very limited.[83]

This state of affairs was marginally changed in 1845 by the passing of the Poor Law Amendment (Scotland) Act, although outdoor relief remained the predominant type of relief. This statute took responsibility for the care of the paupers out of the hands of town councils and

individual parishes, and placed them with parochial boards established specifically for that purpose; and accountable to a new Board of Supervision at Edinburgh. As far as the administration of the Poor Law was concerned, parishes were designated either burghal or country. In both cases, if assessment[84] did not take place, the new parochial boards would continue to consist of 'the parties who, if the recent Act had not been passed, would have been entitled to administer the laws for the relief of the Poor'.[85] But separate constitutions were introduced for the two parochial types once assessment had been decided upon. Thus, in the burghal parishes, the board was to be elected from the qualified rate-payers to a maximum of thirty members. In addition, there were to be included ex-officio members of the town council and kirk session. In country situations however, the ratepayers could vote for up to thirty members of the board, but all heritors possessing land to the parochial value of £20 upwards were entitled to be members of the board by virtue of their property.[86]

Perhaps the most significant organisational change, however, was contained in section sixty, which stipulated that in every parish or combination of parishes of more than five thousand inhabitants, the board should proceed to the erection of a poorhouse. Thus would be provided the nucleus, within the community, of a new

poor law system, although it must be stressed that, in practice, the spread of the poorhouses was a slow affair. In 1854, the Board of Supervision reported the existence of 26 poorhouses providing accommodation, in July of that year, for 9,504 inmates.[87]

Notwithstanding the limitations of the new Poor Law regime, compared to the situation prior to 1845, it is clear that, 'a new concept'[88] had been introduced into local government, namely that of authorities elected locally for the specific purpose of controlling pauperism and building institutions for that end. To what extent this new framework served as a model for the later development of the post-1857 insanity organisation will be discussed later. What has to be tackled now, is what effect, if any, the new poor law structure had on the pauper lunatic.

Section fifty-nine of the 8 and 9 Vict. ch. 83, provided that, whenever a person known to be insane or fatuous became chargeable to a parish, the Parochial Board was, within fourteen days of declaration, to ensure that he or she 'be conveyed to and lodged in, an asylum or establishment legally authorised to receive lunatic patients'.[89] The Inspector of the Poor within the Parish was to notify the Board of Supervision of all such lunatic cases in his parish, and the Board was itself empowered to order the removal to a lunatic establishment if the local Parochial Board failed to act. Finally, and significantly, a provision was added that 'under

special circumstances, it would be lawful to dispense with the Removal of insane or fatuous poor persons to a Lunatic Asylum or establishment', and to 'provide for them in such other Manner and under such Regulations as to Inspection and otherwise as shall be sanctioned by the Board of Supervision'.[90]

The impact of these 'lunacy' sections of the 8 and 9 Vict. ch. 83 must be handled with some care. Firstly, it should be borne in mind that, in the pre-1845 situation, the pauper lunatic was actually better off than his non-insane fellow pauper, at least, as far as institutional care was involved. Apart from outdoor relief, the only place where the 'general' pauper could find relief was in one of the very few 'toun's hospitals'. But the lunatic pauper, apart from seeking outdoor relief, could turn to one of four institutions which, in their varying way, offered support, namely the Royal Asylums, certain of the Royal Infirmaries, the private 'madhouses', and the toun's hospitals. Moreover, Parliament had already legislated for the pauper lunatic, albeit in a limited fashion, before the Poor Law Amendment Act was passed. Sections seven and eight of the 4 and 5 Vict. ch. 60 directed the Sheriff 'in regard to the confinement of pauper lunatics, to send such to public asylums',[91] giving him discretionary powers to order, in special circumstances, confinement within private licensed houses. The existence then of institutional support and legal provision for the lunatic pauper prior to 1845 renders this part of the 1845 legislation less radical than it may appear to be.

What was new was, firstly, a transferring of part of the responsibility for the pauper insane procedure from the Sheriff to the parochial system, and secondly, through the spread of the new, post-1845 poor-houses, the creation of a potentially wider system of institutional support. In the framing of the law, legislators had taken into account the fact that the somewhat sparse early Victorian code on the subject, which was primarily concerned with the role of the Sheriff in sanctioning public endeavour on behalf of the insane, had not had a very wide application. Lunatics (pauper or otherwise) were being confined in unlicensed 'madhouses', while care by relatives was, it was thought, open to abuse. Hence, there were the definite provisions, within the Act, regarding incarceration of the pauper lunatic; the conveyancing, within a specific time period, to a legally authorised establishment, the channel of communication opened between parochial and central authority on the issue, the granting of reserve powers to the central executive in the event of the parochial sector's failure to act, and the special powers granted to the Board of Supervision 'under special circumstances', 'to provide for them (the lunatic paupers) in such other Manner ---' (than the Royal asylums or private madhouses), as it thought fit.[92]

This last clause constituted the second 'effect' of the fifty-ninth section of the Act, namely the bringing of the new, planned poorhouses into the range of institutional options for the insane, and requires some elucidation.

Clearly, the Act did not provide for the transferring of the entire pauper patient load from the Royal Asylums and private madhouses to the new, putative poorhouses. Indeed, a 'dividing' of the institutions for the insane along private/pauper lines was never intended. The Act simply put on a firmer footing the existing transference procedure to the Chartered Asylums and private madhouses. In a word, the same institutions would continue to be used following the Act as before its passage, but where change did come about, was in the clause permitting the Board of Supervision to dispense with removal to a 'lunatic asylum or establishment' 'under special circumstances' in favour of an alternative 'sanctioned by the Board of Supervision.' There has been evidence already presented in this thesis that poorhouses were used for just such an alternative.[93]

Having established that the poorhouses envisaged by the Poor Law Amendment (Scotland) Act were given a role in lunacy administration, it is necessary to enquire as to how far that role was fulfilled. It has already been shown that in 1854, the Board of Supervision reported the existence of 26 poorhouses operating in various parts of the country. In 1855, it was estimated that 676 lunatics (9 of whom were not paupers) were being cared for in 23 poorhouses. The type of service differed however. 170 of the total number of inmates in 1855 were cared for in 14 buildings which, with three exceptions, placed the insane alongside their 'ordinary'

paupers, making no special provision for the lunatics. But, of the majority of pauper lunatics, 506 were incarcerated in 12 poorhouses, 9 of which had separate wards for the insane. The remaining three possessed separate wards although some mixing still took place.[94]

When these data are taken into account, it is clear that the new poorhouses created by the Poor Law Amendment (Scotland) Act did not play a statistically significant role in lunacy care, at least in the years prior to 1855. Only 8 of the 23 poorhouses receiving lunatics in 1855 were doing so in any large numbers, the load of most of the houses for that year being below twenty.[95] Not surprisingly, the bulk of the pauper insane population was shouldered by the Royal Asylums.[96]

In drawing this discussion of the role of the poorhouses in lunacy care prior to 1857 to a close, it would be fruitful to look finally at an issue already touched upon in the other institutions for the insane at this time, namely that of 'catchment area.' In resolving this question, a close scrutiny of the 8 and 9 Vict. ch. 83 is required. Firstly, it is safe to assume that 'exporting' of pauper lunatics from one parish to others was being carried on, as section sixty-five of the Act, provided that the Parochial Board of any parish with a poorhouse established within its boundaries should 'receive and accommodate in such poorhouses poor Persons belonging to any other Parish.'[97] This was an important

provision since it introduced an element of flexibility into the structure. Moreover, by introducing this principle of transferring paupers, the new structure was being freed from one of the shackles of the old Poor Law, namely the basing of so much of the services available around the pauper's place of origin. As far as the lunatic paupers were concerned, there is evidence of large parishes having a very small pauper lunatic intake for one year. In 1855, for example, Ayr had 6, Dalkeith 8, Dumfries 6, Easter Ross 3, Govan, Glasgow 4, Inverness 3, Jedburgh 1, and Kelso 3 pauper lunatics.[98] It is inconceivable that such small numbers would constitute the total number of pauper lunatics for these parishes in one year. Clearly, all these regimes were engaging in some degree of 'exporting.'

But greater clarity can be brought to this question by referring again to section fifty-nine of the Act. As we have seen, the first paragraph of this section provided for the insane and fatuous persons to be conveyed and lodged 'in an Asylum or Establishment legally authorised to receive lunatic patients.'[99] There is no mention of poorhouses here. Moreover, the actual wording of the final paragraph of this section, that the Board of Supervision be permitted to dispense 'with removal to a lunatic asylum or establishment' 'under special circumstances' 'in favour of an alternative'[100] strongly suggests that the use of lunatic asylums, was the rule, to be departed from only under certain contingencies.

Again, the data support the view that, until 1855 at least, the poorhouses were far from being the largest recipients of the pauper insane. Thus for the year 1855, 1,511 pauper lunatics were incarcerated in Chartered Asylums as against 667 in poorhouses, and a further 426 pauper insane in the private 'madhouses.' In short, since there was no hard and fast ruling as to the dimensions of the 'catchment area' which the poorhouses serviced, geographical mobility remained a feature of the new Poor Law.

The Poor Law Amendment (Scotland) Act did bring about some changes in the care and treatment of pauper lunatics in Scotland between the years 1846 and 1857. The admission procedure, much open to abuse, was tightened up. Moreover, the new poorhouses established by the Act were, in most cases, opened to the pauper lunatic. Caution, however, must be exercised in this evaluation. The introduction of the poorhouses into lunacy administration merely meant that the range of institutional options was being broadened. Furthermore, it must be emphasised that the Act did not envisage the wholesale transfer of the entire pauper lunatic population from these pre-existing institutions (the Chartered Asylums, the private 'madhouses') into the new, planned poorhouses. Rather the poorhouses were seen as an alternative to the existing service, and, in the working out of that role, until 1855 at least, the evidence points to the poorhouses catering for only a small proportion of the pauper insane.

V

Finally, it is necessary to examine the role of the 'private sector' here - the private licensed houses. In pursuing this objective, it should be appreciated that data on this topic are very limited indeed. Unlike the Chartered Asylums, where one can rely on a number of sources other than the Report of the Royal Commission (such as each individual asylum's report) and the poor-houses (where the Poor Law Reports are most helpful) there is no reliable material on the specific houses themselves and one is forced to base one's conclusions on the work of the Royal Commission. A search of the Statistical Account[101] and the New Statistical Account[102] produced nothing but the most passing references and a similar result emerged from an analysis of Pigot and Co's Directory of Scotland for 1825-6.[103] However, there are other ways of approaching the problem which can shed a little light.

W. Parry-Jones, in his extensive work on England and Wales, defined private madhouses as 'privately owned establishments for the reception and care of insane persons, conducted as a business proposition for the personal profit of the proprietor or proprietors.'[104] In England and Wales, the extensive spread of these houses can primarily be explained by the slow growth of public institutional support for the insane. Only nine counties built asylums in the first twenty years of operation of the 48 Geo.III. ch.96, the County Asylums Act of 1808, while the

'subscription hospitals' had only limited application. Thus, as Parry-Jones points out, 'the private madhouse made an important contribution until the middle of the nineteenth century, particularly with regard to pauper lunatics'[105] - 'the number of houses rising from 45 in 1807 to 123 in 1841.'[106] In Scotland, even allowing for the smaller demographic and geographical scale of operations, the evidence points to there being a much more circumscribed pattern of development. In 1857, for example, the Royal Commissioners could trace only 23 such houses, 12 of them admitting less than 20 patients in that year.[107] Moreover, as we have seen there was relatively greater development of public institutional support for the insane in Scotland through the Chartered Asylums: in 1857, there were 2,163 persons being cared for in the Chartered Asylums as against 657 in the private houses.[108] Clearly there was a demand for the smaller, profit-making 'madhouse' in England and Wales which was not manifested to the same degree in Scotland.

Can any specific role be ascribed, then, to the private madhouses in Scotland, or were they merely adjuncts to the Chartered Asylums? Two factors must be borne in mind in this context. Firstly, Asylum reports consistently referred to a dislike, on the part of many of the patients, for their large, impersonal surroundings. In this context, care at home

by family or friends was seen as the best palliative. Where this was impracticable, the very small scale of some of the private madhouses (9 out of the 23 houses in 1857 with less than 10 patients) suggests that they may have been more attractive than the asylum. Providing care for those who were more used to intimate, familial surroundings might be interpreted as one of the private madhouse's roles, although later evidence suggests that such an ideal was largely lost. Secondly, and more significantly, the Report of the Royal Commision indicated that 'of late years'[109] the number of licensed houses receiving pauper patients had considerably increased in number. This was borne out by the evidence presented to the Commission in 1855. There were 426 paupers against 231 private patients in the private 'madhouses'.[110] The reasons which the Commissioners gave for this state of affairs were 'partly the want of accommodation for pauper patients in the Chartered Asylums and partly the higher rate of payment which are there exacted.'[111] In what ways the private madhouses can be compared with the Chartered Asylums as far as accommodation and finance are concerned will be discussed later. Nevertheless, the evidence does seen to indicate that the private madhouses were by 1857, serving as a limited alternative to the Chartered Asylums.

What can be decided with greater precision, on this issue, is the extent of the private madhouse system as it operated in Scotland during the mid-nineteenth century. According to the Royal Commission, a total of

657 persons were incarcerated in the private houses in May 1855 in a total of 23 houses.[112] Of these, one, Aberdeen, was situated north of the Tay, while only three, at Ayr, Bothwell and Tranent were sited outside urban areas, with concentration most marked in Edinburgh and Glasgow. All the houses were small, with none housing over one hundred patients, and with twelve with less than twenty inmates.[113]

One is tempted to speculate on the clustering of private madhouses around Musselburgh. A total of thirteen out of the twenty-three existing in 1855 were found there, or in the immediate vicinity of Leith and Inveresk. A search of the Statistical Account[114] and the New Statistical Account[115] offered no fresh insights, nor did Pigot's and Co's Directory of Scotland for 1825-6.[116] Some light on the problem is however thrown by the Abridged Statistical History of Scotland, for 1854, which, having stated that there were 'some private asylums for lunatics' in the Musselburgh area, went on to explain that this was because of:

> ....the purity of the air, the mildness of the climate and the beauty of the scenery, equally adapting the place for the residence of the persons so afflicted. 117

Perhaps a more convincing explanation is that which was presented by the Royal Commissioners, who wrote that:

> ....the reasons why so large a proportion of these establishments have been opened at Musselburgh may be accounted for by the great facility with which licenses can be obtained in Midlothian. 118

Clearly then the private madhouses did not constitute a major area in the pre-reform institutional system for the insane. There were very few of them; such as existed were small, while there was little development outside the Glasgow and Edinburgh areas. While it is true that the private houses did constitute a limited alternative to the Chartered Asylums, it is clear that such a potential was not maximised. Until 1857 at least, the Chartered Asylums remained the major source of institutional support for the insane in Scotland, and it is with this in mind that the legal aspects of this 'system' will now be analysed.

## VI

One effect of the spread of institutions for the reception and care of lunatics was a demand for fresh legislation. As has been shown, the pre-institutional code was concerned primarily with the protection of the lunatic's property, and, if necessary, with the distribution of parochial aid. While these were still in force during the early nineteenth century, there were however, no laws either for admission procedure or institutional government. The three statutes which effected change, in this area, and which formed the pre-1857 code on the subject, were the 55 Geo. III. ch.69,[119] the 9 Geo.IV. ch.34[120] and the 4 and 5 Vict.ch.60.[121] In this

code, the concept of non-interference by the law, unless necessary or requested, and of individual guardianship, if possible, was upheld. What was new was the establishment of procedures governing incarceration and administration in certain of the new regimes being evolved. In this context, the Sheriff, who had previously only played a secondary part in lunacy administration now assumed a role of major importance.[122]

Under the terms of the 55 Geo.III.c.69, no person could be lawfully received as a lunatic into any house kept for the reception and confinement of lunatics, whether it was a private madhouse, public asylum or hospital, without first a warrant or order from the Sheriff of the county in which such establishment was situated. In this process all orders, warrants and medical certificates were to be signed by a 'competent' medical man.[123]The warrant stated that the physician had seen the patient and considered him a subject fit for detention,[124] but there were no formal guidelines directing either the medical or legal opinions.[125] Moreover, it was laid down that, in the absence of professional advice, the Sheriff himself could make a temporary order detaining a patient for fourteen days.[126]

There were three areas in which this general procedure was particularised. Firstly, the 4 and 5 Vict. ch.60 provided that if any lunatic was found to be in any way a danger to the community, then the Sheriff, acting on direction from the Procurator Fiscal, and having been

furnished with a medical report, was required to commit the insane person, in the first instance, to a place of safe keeping. The next of kin were then notified where possible and, on being satisfied that the person in question was both lunatic and dangerous, the Sheriff than committed the insane person to whatever asylum or madhouse was willing to take him.[127]

Secondly, special provision was made for the criminally insane. The penal codes 2 and 3 Vict, Ch.42 and 7 and 8 Vict. Ch. 34 provided for the proper custody, treatment and maintenance of criminal prisoners, who, because of their insanity, were found to be unfit for trial, or who were, on their trial, either found to be insane or to have been so when the offence was committed. Under the terms of the Acts then, the General Board of Directors of Prisons was empowered to contract with the directors or managers of any institution for the insane, for the transferral there of any lunatic prisoner. Provision was also made for the transference to the General Prison at Perth of any criminally insane person whose conduct within a lunatic asylum, or, for that matter, temporarily within a prison, was regarded as harmful to the rest of the inmates.[128]

Finally, attention has already been drawn to the special provision written into the 8 and 9 Vict. Ch.83 (the Poor Law Amendment Act) for pauper lunatics. Here it is sufficient to point out, that the legislation

reflected the view, enacted in the lunacy codes, that proper supervision and control should be maintained in all matters relating to the admission and maintenance of lunatics in institutions, be they private madhouses or poorhouses. The only significant change in the Poor Law code was that responsibility for pauper insane procedure was vested in the parochial authorities themselves (the parochial Board and the Board of Supervision in Edinburgh).[129]

In addition to admission procedure, the legislation also took into its purview the administration of the institutions involved. Thus the Sheriffs were empowered, under the terms of the 55 Geo.III.Ch.69 to make regulations for the management of the private madhouses within their counties, although no such powers were granted in respect of the public (ie. Royal) Asylums.[130] Provision was also written into the act for the inspection at least twice a year of all houses kept for the insane once by the Sheriff involved and once by his substitute. In addition, the 9 Geo.IV.Ch.34 permitted J.P.s in each county, and ministers of the established church, to inspect local houses.

Other legal requirements which were pertinent to lunacy administration were that accurate details were to be maintained regarding name, date of admission, discharge and/or death of all patients in a house. Again, all cases of restraint and coercion had to be recorded daily, including the nature and course of such treatment.[131]

Moreover, the Sheriff had the power once he had gained the concurrence of the Procurator Fiscal and two medical men to order the removal of any patients confined in any institution which the Sheriff thought unfit, and was permitted to transfer a lunatic to an institution in another county if there was none in his own. The law further required that, where a house contained one hundred patients, there should be a resident physician or surgeon, but, where the number exceeded one but was below one hundred, then the institution was to be visited twice a week by a 'competent' medical man.

This body of legislation[132] came into effect as a result of the early Victorians' fear of the growing number of insane in their midst, and the need, for some measure of control over them, but it was clearly a very limited piece of work. The fact that the internal government of the Royal Asylums (although not admission procedure) remained untouched by these codes, meant that the application of the Acts was confined primarily to the private madhouses. Clearly the spread of small, profit-making regimes for the care of the insane was a source of worry to legislators. The need for some control both of admission procedure and of internal administration was essential. A similar concern informed the framers of the lunacy sections of the Poor Law Amendment (Scotland) Act. But however real the dangers of the buccaneering private madhouse proprietors may appear to have been in the 1820's, it has already been shown that in terms of houses built

and numbers admitted, this sector remained one of the smallest of the pre-reform institutions.[133] Moreover, the evidence presented to the Royal Commission on the number of houses not reported to the Sheriffs and the anxiety felt by the architects of the Poor Law Amendment (Scotland) Act that admission procedure and internal administration laws required tightening up, indicate that the provisions of the statutes which had been discussed were either loosely applied or easily avoided. While it is true then that the 'Charters' which were granted to the Royal Asylums gave these institutions legal existence, nevertheless, the fact remains that, as a result of this legislation, the Chartered Asylums enjoyed great freedom until 1857.

A second, and more serious, criticism of this early nineteenth century legislation (and one which can also be levelled against the 1857 Act) was that it represented what Kathleen Jones called 'the triumph of legalism'.[134] In other words the burden of legislation, in England as well as Scotland, turned on custodial procedure rather than remedial care and treatment. In developing this argument it should be recalled that the field of nineteenth century lunacy organisation was split between two competing orthodoxies, the legal and the medical. The latter were concerned with the need for swift incarceration, so that 'cures' might be effected. In contrast, what excited concern in the legal profession was the possibility that a sane person might possibly be committed to a lunatic

asylum by mistake. As Jones put it:

> ....lunacy reform came to connote the protection of the sane against conditions which were considered suitable for the insane. 135

Hence the emphasis in the legislation on procedure, the Sheriff's warrant, the countersigning by a medical man, the granting of licenses for the establishment of institutions, and so on.

Now however laudable this concern for the liberty of the subject may have been, its perpetuation, within the code, meant that a fundamental flaw persisted in the care and treatment of the insane. A specific problem was that there was no definition of insanity within the statutes. Hence the Sheriff, governed by this need to protect the 'innocent', certified only those who were in the most advanced state of lunacy. But, as any study of the asylum reports will show, the medical orthodoxy of the time emphasised the need for early treatment of insanity. For example Dr Hutcheson of Glasgow wrote in 1841, 'without this (speedy removal) the most skilful and well conducted treatment will, in most cases, prove unsuccessful.'[136] The post-reform Commissioners in Lunacy summed up that position well when they wrote:

> .. It cannot be too often repeated that in the treatment of insanity, loss of time is unfavourable to recovery, & that every impediment that is thrown in the way of immediate treatment acts most prejudicially upon the patient [137]

The possiblity of early admission into an asylum, indeed any hope of developing a practice of preventive medicine,

was not high under a law which required hard, objective evidence of insanity, usually only possible, in this circumstance, in advanced cases.

## VII

There was much which required changing in the organisation of insanity in Scotland by the time the Royal Commissioners began their work in 1855. As has been shown, the Royal Asylums bore the brunt of the care and treatment of insanity prior to 1857. The private commercial sector was undeveloped, and the poorhouses, even after 1857, played no great role. Hence, it was to the 'Royals' that many turned for guidance. In some respects, this was precisely what their founders wanted, for they saw their institutions in elitist terms. What they did not forsee was the gradual but sustained increase in numbers, particularly of the pauper insane. Large scale receptacles for the pauper lunatics was not what tha Chartered Asylums were originally designed for. Forced into that role by circumstance, the 'Royals' had become disastrously over-burdened by 1855, and, if they managed to preserve some semblance of 'service' for their private patients, the paupers had become as badly off there as in the poorhouses and private madhouses.[138] Hence the need for reform. However undesirable it may

have been to Scots working in the area, it was clear that the entry of the state into Scottish lunacy organisation was imminent.

## REFERENCES AND NOTES

1. See Introduction and Ch.2.

2. The medical difference between 'fatuity' and 'furiosity' led eventually to the issuing of separate brieves along those lines. Both types of brieve were issued where there was doubt.

3. The preferment of the agnate for the role was enacted in 1585.

4. Legal experts have suggested that a third exception existed in the case of a tutor appointed by a father to look after his lunatic child after his (the father's death). Doubts were also expressed as to the expediency of entrusting the care of a lunatic to a tutor-at-law, where, as next agnate, he was heir to the lunatic's property.

5. It was the duty of the inquest to examine the alleged lunatic and their failure to do so was made a ground for nullity. Where there was any valid objection to the inquest taking place before the Sheriff of the county, it could be heard before the Sheriff of Edinburgh.

6. In this case, no evidence beyond the certification was necessary, but where any doubt was raised, additional evidence was taken and, on occasion, the court remitted the case to the Sheriff of the District to investigate and report. The certificates were not required to be in any particular form, but they had to be such as to satisfy the court of the existence of insanity and unfitness of the person to manage his own affairs.

7. Royal Commission Report, op. cit., 4.

8. ibid., 6.

9. ibid., 11.

10. ibid., 10.

11. ibid., 10.
This was done at his (the factors) own responsibility.

12. ibid., 4.

13. ibid., 6.
The usual procedure ending a tutiory, on the lunatic's complete recovery, was by an action of declaration of convalescence in the Supreme Court. If a relapse occurred, the cessation of the tutiory could not be reversed and a fresh cognition began.

14. ibid., 9.

15. ibid., 7.

16. ibid., 8.

17. R. Mitchison 'The Making of the Old Scottish Poor Law' in Past and Present, 63 (May 1974), 59-60.
'The Scottish Statute that matters is not usually that quoted in lawyers texts, 1579, but the temporary act of 1574, which the act of 1579 perpetuated.' There was also a pre-reformation statute of 1535 emphasising parish role.

18. In Scotland, the word 'hospital' indicated a place where the patients were guests, and the doctors and nurses hosts, while the later 'infirmaries' emphasised sickness and the relief of suffering. Thus the poor law institutions tended to be called hospitals, whereas the 'voluntary hospitals' were actually infirmaries.

19. N.F. Shead, 'Hospitals in the twelfth and thirteenth centuries,' in Macneel & Nicholson (eds.) Scottish Medieval Historical Atlas. (Edinburgh, 1975).

20. ibid., 47-48.
For example, at Horndea, Shead records there were 2 'poor folk' in the hospitals there, 6 at Newburgh, 13 at Turriff, and 7 at Rathven. Edinburgh examples of these 'hospitals' were Soutra (1164), Trinity, Maison Dieu in Bell's Wynd, the Virgin Mary in St Mary's Wynd (1479), Our Lady's in Leith Wynd (1479), the Magdalen in the Cowgate (1537) and St Thomas (1541). Glasgow's most famous early hospital was St Nicholas', founded in 1471. Others were St Ninians for lepers, one at Cambuslang (1491) and St Johns at Polmadie (1319).

21. Shead, ibid., 47, 48.

22. Smout, op. cit., 86.

23. Smout instances a case in 1623 when following a crop failure, the Privy Council commanded Justices to raise a temporary poor-rate from the people, receiving in Smout's words 'a remarkably dusty answer from several counties,' and especially from the Justices of East Lothian who threatened to go on strike if they were obliged to levy the rate.

24. The adjective is Mrs. Mitchison's.

25. Mitchison, op. cit., 64.

26. Andrew Fletcher of Saltoun, Second Discourse. Concerning the Affairs of Scotland, in ibid., 65.

27. ibid., 65.

28. See Ch. 8, p. 375.

29. Despite its name, this was a poorhouse, and not an early asylum. Se Ch. 8, pp. 375, 378, Note 14.

30. This meant the doling out of medicines on a purely ad hoc outdoor basis.

31. J.D. Comrie History of Scottish Medicine, 1st Edn. (London, 1932), 463. The separate 1790 building continued in use until 1839, when the Crichton Royal was built. See pp. 254-255.

32. ibid., 464.

33. ibid., 452.

34. W. Logan Turner, History of a Great Hospital, Royal Infirmary of Edinburgh, 1729-1929 (London, 1937), 83.

35. In Scotland, that is. England compares favourably in this respect, with Guys and St. Bart's Hospitals, fully organised and with a positive medical policy, going back into medieval times.

36. Comrie, op. cit., 464.

37. Tuke, op. cit., 331-2.
See Ch. 4, Note 7, for a reference to the methodological problems.

38. Royal Commission Report, op. cit., 45-47.
The only other valid source for this time are the Reports of individual Royal Asylums within their own particular area.

39. ibid., 35.
This figure does not include the 29 incarcerated on the 14th of May in the General Prison at Perth.

40. ibid., 46-47.
This figure includes the 40 pauper patients incarcerated in the public asylum at Elgin on 14th of May, 1855.

41. ibid., 46 - 47.

42. ibid., 50.

43. ibid., 51-52.

44. ibid., 50-54.

45. ibid., 51, 54-55.

46. The River Tay has been used here to correspond with Smout's distinctions, used in Scottish People Ch. XI, Table 1, p.242, of North, Central and South Scotland.

47. Royal Commission Report, op. cit., 50.

48. ibid., 50-54.

49. At a later stage, it seems that Shetland patients were sent to Montrose Royal Asylum. Thus George Mackay Brown, writing in the Orcadian 18th August, 1977, writes of a Shetlander who, at the age of thirty (around the turn of the century) suffered a severe mental breakdown.' 'He was taken,' Mackay Brown writes, 'as a patient to the mental hospital in Montrose, to which all Shetland patients went in those days.'

50. Henderson, op.cit., 149 also refers to these - rate supported Orcadian patients who were brought by ship from Kirkwall and who were bound and closely guarded during the journey.

51. Royal Commission Report, op. cit., 55.

52. M.L. Annual Reports of the Directors of the Glasgow Royal Asylum for Lunatics Nos. 16-57 (1830-71), passim.

53. Royal Commission Report, op. cit., 57-58.

54. ibid., 60.

55. Quoted in Checkland op.cit.,169.

56. Montrose Standard and Angus Mearns Register, 7 July, 1882, 2.

57. ibid., 2.

58. Royal Commission Report, op. cit., 50 and Appendix, 81.

59. Henderson, op. cit., 45.
Mrs. Carnegie (nee Scott) had originally married a Montrose merchant, George Carnegie, who joined Bonnie Prince Charlie's forces, served as a captain in the Life Guards, and took part in Culloden. After the battle, he escaped to Sweden where in 19 years he amassed a fortune. In 1769, he returned to Montrose and married Miss Scott. The largest individual donations to the appeal came from individual members of the Carnegie family and other Scots settled in Sweden.

60. Henderson, op. cit., 50.

61. Royal Commission Report, op. cit., 50.

62. ibid., 50.

63. See Ch. 8.

64. Royal Commission Report, op. cit., 50 and see Ch. 8.

65. ibid., 50.

66. Henderson, op.cit., 70. William Hope went to India and became prosperous. In 1809, for reasons of health,he made plans to return home. Before undertaking the long voyage, Hope made a will providing that if anything dangerous happened to him, his estate would go to his mother and her two sons, John and James Murray. William Hope and his wife and family sailed from Madras on 30th January, 1809, but on 16th March, all aboard the Duchess of Gordon drowned in a hurricane.The Murray family came to

inherit great and unexpected wealth which enabled James Murray to found and endow the institution forever associated with his name.

67. ibid., 71,Henderson believes that James Murray was influenced in his direction by a brother who had researched insanity.

68. ibid., 71.

69. ibid., 50.

70. Son of John Crichton, Dyster and Clothier of Sanquhar and Provost there from 1734 to 1742, and again from 1744 to 1765, and Violet Lorimer.

71. C.A. Easterbrook, Chronicle of Crichton Royal (Dumfries, 1940), 4-5.
The elder son, John Crichton of Crichton Hall, was born on 29th May, 1763, and succeeded in the family 'line' of Town Clerk of Sauquhar from 1789 to 1807. He married Barbara Kennedy and had an only child, Margaret, who died, unmarried in 1826. He died intestate on 8th February, 1834 & his widow on 9th March, 1842. Margaret Crichton, the sister of John and James, was born on 19th May, 1776, became the first wife of James Otto of Newark and died without issue on 18th June, 1839.

72. ibid., 6.

73. This particular family claimed descent from the Highland chief, Malcolm, Lord of Macgregor, friend and ally of Robert the Bruce.
Sir Robert Grierson, the first Baronet, was a persecutor of the Covenanters.

74. The trustees were his wife, Captain William Grierson (brother-in-law), John Crichton of Crichton Hall (brother), Captain Charles Johnson, R.N., and Thomas Manners (Writer to the Signet).

75. Easterbrook, op. cit., 10.

76. ibid., 10.

77. ibid., 14, 15.
See also pages 234-5.This is further evidence of support the correlation suggested there, between the Royal Infirmaries, and the evolution of the Royal Asylums.

78. Royal Commission Report, op. cit., 50.

79. Easterbrook, op. cit., 79.

80. See pp. 231-3.

81. Report from Her Majesty's Commissioners for Inquiring into the Administration and Practical Operation of the Poor Law in Scotland 1844 (557), Vol.XXI, 8-10.

82. ibid., 8-9.

83. ibid., 9.

84. The raising of funds for the poor by an assessment on the parochial rates as opposed to merely voluntary contributions.

85. 8 and 9 Vict, Ch.83, Section VII.

86. Board of Supervision Annual Reports,No.1, op.cit., pp. 9-10.
Other significant clauses permitted the combination of two or more parishes for the better management of the Poor Laws; emphasised that proper and sufficient arrangements were to be made for the dispensing and supplying of the medicines to the sick poor; and made arrangements for the appointment of a doctor to be in regular attendence in each poorhouse. Furthermore, parochial boards were permitted to contribute financially to any medical institution (for example, infirmary or asylum) which, in the opinion of the board, was helping to alleviate pauperism. Finally, each parochial board was to appoint an Inspector of the Poor, a full-time official to supervise the working of the scheme within the parish.

87. ibid., No.9, 1854-55, (1877) Vol. XXIV, 159, Appendix,340.

88. Stephanie Blackden, op. cit., 122.

89. Board of Supervision Annual Reports, No.1, op. cit., 17.

90. ibid., 17.

91. 4 and 5 Vict., Ch.60. Sections VII & VIII.

92. It must be stressed that the Sheriff did retain a residual role in pauper lunacy administration after 1845 in that the parochial authorities still had to apply to that officer for the original order of declaration of insanity before they (the authorities) could convey.

93. See pp. 238, 239.

94. Royal Commission Report, op. cit., 51-52.
The actual spread of the poorhouses involved in 1855, with a number of insane in them, was as follows. Firstly, those poorhouses with separate wards, Abbey, Paisley (57), Aberdeen (26), Edinburgh (98), Falkirk (24), Greenock (47), South Leith (16), Old Machar (Aberdeen, 10), Paisley (20) and Rhins of Galloway (5). Secondly, the mixed houses, Ayr (6), Dalkeith (8), Dumfries (6), Easter Ross (3), Govan, Glasgow (4), Inverness (3), Jedburgh (1), Kelso (3), Kirkaldy (36), Kirkpatrick-Fleming (3), and St. Cuthberts, Edinburgh (43), and finally, those poor-houses with both separate wards and some mixing were Barony, Glasgow (151), Dunfermline (17), and City, Glasgow (89).

95. See above.

96. See p.239.

97. Board of Supervision Annual Reports, No.1, op. cit., Appendix, 11.

98. See Note 94, above.

99. See p. 260.

100. See p. 261.

101. Sir John Sinclair (ed.) The Statistical Account of Scotland (Edinburgh, 1791-8), passim.

102. The New Statistical Account of Scotland, op. cit., passim.

103. Pigot and Co's New Commercial Directory of Scotland for 1825-6 (London, 1825), passim.
The towns looked at in all three sources were Ayr, Aberdeen, Edinburgh, Haddington, Lanark, Renfrew, with particular attention paid to Musselburgh.

104. Parry Jones, op.cit., 1.
The history of the private madhouses in England and Wales can be traced for the period from the early seventeenth century onwards. They have been known by a number of names.

105. ibid., 2.

106. ibid., 30.

107. See p. 240.

108. See p. 238.

109. Royal Commission Report, op. cit., 100.

110. ibid., 46 - 47.

111. ibid., 100.

112. ibid., 45.

113. Full details of the houses, with their proprietors and numbers attending, are as follows; 'Middlefield', Old Machar (Aberdeen), Dr Richard Poole, proprietor, with nine private patients;'Eastfield,' near Joppa, Edinburgh, Miss Mary Wotherspoon, proprietor with one private patient; 'Eastport House', Musselburgh, John Scott, proprietor, with two private and nineteen pauper patients;'Hallcross House,' Musselburgh, Mr G. and Miss L. Reid, proprietors, with twelve private and seventy one pauper inmates; 'Hawkfield House,' Leith, with Dr Chapman, with thirty private patients; 'Lilybank,' Musselburgh, Robert Aikenhead, seventy-three inmates; Miss Campbell's house at Market St., Musselburgh, with one private patient; Mrs Munro's house in the same street in Musselburgh with one private and two pauper patients; 'Hillholme House,' Musselburgh, with Peter Mackay as proprietor with twelve private and forty-seven pauper patients; 'Newbigging House,' Musselburgh, under the charge of Abram Moffat, with thirteen private and sixty-eight pauper patients; Mrs Emilia Brownlee's

house at Newbigging, Musselburgh, with eleven private and one pauper patient; 'Pennywell House,' Grange Loan, Musselburgh, with Mrs Janet Hewitts as proprietor with three private patients; Drs. Smith and Low's establishment at Saughtonhall, Slateford with forty private patients; 'Seabank House,' Musselburgh, with Alex Moffat, with one private patient; 'Shepherd House,' Inveresk, with Thomas Thomson, proprietor, with one patient; 'Whitehouse,' Inveresk, with Mrs. Catherine Thomson, with forty-one inmates; 'the Tranent Lunatic Asylum; Haddington, proprietor George Davie, with one private and twelve pauper patients; 'Langdale House,' Bothwell, owned by Dr. Henry Muirhead, with eight private and seventy-eight pauper patients, the largest private house at that time; 'Garngad House,' Glasgow, under the supervision of Dr. James Hill with eighteen private patients; Misses Mary Barry and Margaret Anderson's 'Springbank Retreat for Insane Ladies in Glasgow, with seven private patients, 'Blackfauld private lunatic asylum' in Rutherglen, with Miss Elizabeth Anderson as proprietor with four private inmates; and 'Hillend House' Greenock, with fifteen private and fifty-five pauper patients under Robert and James Thomson's care. (Ayr, with no patients, excluded).

114. The Old Statistical Account of Scotland, op. cit., passim.

115. The New Statistical Account of Scotland, op. cit., passim.

116. Pigot and Co's New Commercial Directory of Scotland for 1825-6, op. cit., passim.

117. J.Dawson, The Abridged Statistical History of Scotland (Edinburgh, 1854), 354.

118. Royal Commission Report, op. cit., 100 & see Ch.6,pp.304-305.

119. An 'Act regulating madhouses in Scotland,' introduced by the Lord Advocate (Mr. Colquhoun) supported by Mr. W. Dundas and General Wemyss, which, after several amendments, received the Royal Assent on June 7, 1815.

120. An 'Act to Regulate Madhouses in Scotland,' introduced by the Lord Advocate, and supported by Mr.H. Drummond and Mr. Robert Gordon, received the Royal Assent, June 27th, 1828.

121. 'An 'Act to alter and amend certain Acts regulating mad-houses in Scotland, and to provide for the custody of dangerous lunatics; received the Royal Assent in June, 1841.

122. In addition to the legislation referred to above, it should be noted that there were a number of unsuccessful legislative attempts, such as the bill introduced in February, 1818, for the erecting of district lunatic asylums, which failed, and the move made in 1848 to introduce a general legislative programme for the lunacy problem in Scotland, which also had to be withdrawn.
See Chapter 6, p.294.

123. By 'competent' was understood a physician with a diploma from the Royal College of Surgeons of Edinburgh and London, or from the Faculty of Physicians and Surgeons in Glasgow, or one who had acquired the right to practice from having served in the Army or Navy.

124. Any person receiving a lunatic without a Sheriff's order was liable to a penalty of £200, or in lieu to be imprisoned for a period not exceeding three months.

125. It was however, stipulated that if any medical man signed any relevant order, without having carefully visited and examined the person to whom it related, and properly testified as to his insanity, then he was fined £50 with expenses.

126. The expenses of this procedure were paid for, in the first instance, out of the rogue money of the county, later to be recovered from the lunatics funds or his estate.

127. Royal Commission Report, op. cit., 22.

128. ibid., 26.
The expense of these operations was defrayed from the individuals own estate or that of his parish.

129. ibid., 24-25.
Two other categories should be mentioned. Although the law did not extend to single lunatics living alone, it did require the recipient to obtain an order from two competent medical men legitimising the move. No provision was made for foreign

pauper lunatics without settlement in Scotland. They would be treated as Scottish unless, if English or Irish, there place of settlement could be found in which case they were removed there under English and Irish legislation.

130. ibid., 15.

'No such power appears to be given in reference to public lunatic asylums or hospitals.'
Any person keeping a private house for the above purpose without a license was liable to a penalty of £200, or to be jailed for a period not exceeding three calendar months.

131. ibid., 17. In all cases of restraint or coercion, an entry was was to be made in the institution's day book, on the day the policy commenced, setting forth the reasons and extent of the restraint. An entry was to be made on each succeeding day of treatment. This book had to be presented to the inspectors on their visits. The register had to be transferred every year to the Sheriff-clerk of the county, on or before the 5th January every year. After examination by the Sheriff, it was then sealed and deposited in the Sheriff-clerk's office where it could be inspected unless on the Sheriff's authority. Any person so involved disregarding these procedures was fined £20.

132. ibid., 18,19. All expenses incurred were, in the first instance, defrayed from the Rogue Money of the county involved. Most of the monies were however eventually redeemed and returned to that source. In individual committal cases, the sum was called in either from the patients own estate, or from the parish. Also, all licenses issued to houses carried with them a fee to be paid into the Sheriff-clerks office. The annual sum collected from this source, which, along with such fines as were amassed during the year, were returned to the country after deducting expenses. The price of the licence was tied to the number of lunatics incarcerated, the original sum being two guineas per patient, but this was eventually reduced to 10/6. The work of the Sheriff in the counties, as far as any central administration was concerned,

was regarded as being very much at his own discretion, although he was bound to keep the central authorities informed of his initiatives. Thus he had to submit annually to the Commissioners of Supply an account of all expenses incurred in the carrying out of his duty and of all monies received and disbursed. In addition, the President of the Royal College of Physicians, and the Clerk of the High Court of Justiciary were to be furnished annually with a copy of the accounts, a list of all the houses under his supervision, and a description of those thus confined, and a general statement of the Sheriff's work for the year.

133. See pp. 238 and 240.

134. Jones, op. cit., 153.

135. ibid., 154.

136. Glasgow Annual Report, op. cit., No.28 (1842), 41.

137. Board of Commissioners in Lunacy Annual Reports, No.1, op.cit.,10.

138. See Chs. 9 & 10 for a discussion of internal conditions in the asylums.

# CHAPTER 6

## REFORM

The Royal Commission inquiring into the state of of lunatic asylums in Scotland, which was appointed in 1855, and reported in 1857, clearly marks a watershed in the history of lunacy organisation. Again, the contrast with England and Wales is instructive. Throughout the nineteenth century, there were numerous select committees and enactments on English lunacy organisation, which had varying degrees of success. In Scotland, there was only one such major undertaking, but its effect was far-reaching. As a result of the 1857 Act, based on many of the Royal Commission's findings, a major shift of emphasis took place. Previously the state played a minimal role in lunacy organisation in Scotland, confining itself to the Sheriff's function as guardian of the individual's rights, and to inspecting institutions. Care of the lunatic was left to humanitarians and 'businessmen', although it is true that after 1845, the state's role, vis-a-vis the pauper lunatic expanded. Following the legislation of 1857 the state moved into Scottish lunacy organisation with despatch. A national, co-ordinating body was established, a network of district institutions set up and a general tightening up of the existing law took place. It should be emphasised that the major task which the resulting legislation set itself was to minister to the needs of

paupers prior to 1857. The conclusions of the Royal Commission, and the major legislative changes will be discussed, but the burden of this Chapter will explain the mechanics of reform.

## I

While it is true that change came to this aspect of the Scottish social scene more stealthily than elsewhere in the United Kingdom, principally because of the effectiveness of the Chartered Asylums, nevertheless, as has been demonstrated, even these relatively well appointed regimes were experiencing problems long before the Royal Commission was appointed. For this reason, it is essential to look elsewhere for a more full explanation for the tardiness involved. In developing this argument, it should, first of all, be recalled that there were three attempts at legislation which failed. Unlike the successful enactments, which were mainly concerned with improving existing procedures, the unsuccessful bills were far more radical in content. Thus the Bill presented in 1818 planned four lunacy districts for Scotland, each with its own district asylums, while Lord Rutherford's Bill of 1848 was comprehensive in its details.[1] The failure, particularly of legislation initiated by the Lord Advocate, forcibly suggests a strong current of opposition. Before proceeding with this line of enquiry, it is essential to introduce at this point the name of Miss Dorothea Lynde Dix.

Very little research has been undertaken on the life of Dorothea Lynde Dix (1802-1887),[2] but it would appear that she was a nineteenth century social reformer par excellence in the tradition of Lord Shaftesbury, Florence Nightingale and Octavia Hill. Precise judgement of the overall role of Miss Dix is difficult to arrive at because of the paucity of material. One has to rely, in building up a picture of her life, on contemporary statements and medical memoirs. In this respect, Dr. Sir David Henderson's valedictory Evolution of Psychiatry in Scotland[3] will be used as a guide.

Miss Lynde Dix was born on 4th March, 1802. It appears that her childhood was not happy. Both her parents had emotional difficulties, and, as a result, the girl, aged 12, moved to aunts in Worcester, Massachusetts, where, at the early age of 14, she was considered sufficiently serious and mature to open a school for infants. Later she went to Harvard, studied literature and, when 21, opened another school.

Despite the shortcomings of her own parents, Dorothea had been born into a relatively wealthy New England family, but the rigour of her early life had left her both a stern disciplinarian and a victim of tuberculosis. Her ill health interfered with her school-work, and she eventually turned to voluntary social work. It was in March 1841, at the East Cambridge jail in Massachusetts, that her commitments were to be given a new drive and direction. Miss

Dix had been asked to give Sunday School instruction to twenty women in jail. She was appalled by the conditions she found there and determined to investigate the extent of such squalor throughout the state. In time, Miss Dix presented a memorial to the legislature of Massachusetts,[4] which was accepted, and an Act for the immediate relief of prison habitations duly passed. According to Sir David Henderson, Miss Dix's original success in Massachusetts led to similar Acts being passed in 'practically all of the States of the Union,'[5] and her influence extended to Canada, although how far credit must go solely to Miss Dix for these reforms is not easily assessed.

The significance of these American developments, for Scottish lunacy care, was, it appears, great. Fresh from her achievements in the United States, and with a growing reputation, Miss Dix arrived in Edinburgh to visit friends in February 1855.

While she was in Edinburgh, she was entertained by distinguished citizens, but her pleasure was marred by her acquaintance with a few of the 'public institutions of the city and neighbourhood which are pre-eminently bad.'[6] Of these, 'none

are so much needing quick reform as the private establishments for the insane.'[7] It appears that it was the private nursing homes in and around Musselburgh, which she found particularly ill-managed. As a result of her investigations, Miss Dix informed the Lord Provost of Edinburgh, - Dr. Traill, Fellow and President of the Royal College of Surgeons and the Sheriff of Midlothian of the state of the asylums.

At this point, the American reformer appears to have come up against the vested interests of the law, the city fathers and the legislators. The Sheriff seemed particularly obstructive, Miss Dix described him as 'trifling, jesting and prevaricating.'[8] She was in turn pictured as an 'interfering busybody' and the 'American invader.'[9] When she got no satisfaction from the Scottish officials, she made plans to journey to London to wait upon the Government, despite an attempt, so Miss Dix claims, by the Lord Provost to forestall her.

In London, Miss Dix successfully approached such leading politicians as Lord Shaftesbury, the Duke of Argyle and Sir George Grey, the Secretary of State for the Home Department. Her next obstacle, however, appeared to be judicial precedent. During her first evening in the capital, the American reformer was told that Sir George Grey 'doubted his

authority to order a commission for Scotland', and that the Lord Advocate had to be consulted.[10] This last initiative was not welcome as, in the reformer's words, she knew 'social and political interests would hinder the right action of Lord Moncrieff' (the Lord Advocate ).[11] On learning that the Scottish law officer had in fact been consulted by the Home Office, the philanthropist sought an interview with Sir George Grey. At the meeting, the opinion of the Lord Chancellor was cited, confirming that, indeed, the Secretary of State for the Home Department could not issue warrants for Scotland without the concurrence of the Lord Advocate.

At this point, the hopes of reform seemed under real threat, but a change, at least, must have taken place in Edinburgh, because, on the Lord Advocate's arrival in London, all opposition, all objections were swept aside. Lord Moncrieff promised that 'the Commission of reform for all Scotland should at once be formed.'[12] Sir George Grey took orders to that effect with the con-concurrence of the Lord Chancellor. Miss Dix completed her work by lobbying Members of Parliament and then returned to Edinburgh.

The story of how the Royal Commission was established has been told in some detail, partly because it throws some light on the nature of the opposition to reform.

The problem, of course, is how much of Miss Dix's bizarre, cloak-and-dagger story is to be believed. We are told that an American woman arrived in Edinburgh, saw the conditions in the asylums, and alone, within two months, (the Royal Commission was announced in April, 1855) had toppled, what was in her opinion, formidable opposition, and got a Royal Commission!

Certainly, the Hansard report on the debate on the Royal Commission, held on the 29th May, 1857, does provide proof of Miss Dix's account. Then, the Member for St Andrews, before confirming Miss Dix's own story of her journey, stated that the Royal Commission:

> ....was entirely due to the exertion of a lady who was not a native of England, Scotland or Ireland but of the United States. 13

But despite an opinion to the contrary on the part of Miss Dix and also of Sir David Henderson, she did not act alone. Without disparaging her reputation, it is axiomatic that such a fundamental reform would not have been achieved, in the world of Victorian politics, in two months, by one person, American or otherwise. On the contrary, the very speed with which events happened at this point, suggests that Miss Dix, on arriving in Edinburgh, had encountered a particularly 'marketable' cause. Her success suggests that a considerable body of opinion was anxious for change and was looking for the right moment and the right person to initiate it. The fact that there had been an attempt at reform, only seven years previously, tends to reinforce this view of the climate of opinion.

Moreover, Miss Dix was clearly given powerful support in London, as she states in her own account. The Duke of Argyle was an early supporter, while both Sir George Grey and Lord Moncrieff, despite their legal anxieties, helped. The Secretary of State for the Home Department summed up his position in the House of Commons:

> That lady (Miss Dix) went to Scotland, and on her behalf an application was made to me to enable her to get access to all establishments for the reception of lunatics. The Duke of Argyle and Lord Shaftesbury were aware of her wishes and represented them to me and I most cordially agreed to give her every facility in visiting these establishments. 14

The Lord Advocate, while he 'felt a difficulty about giving a permission of that kind (to visit asylums) to a non-official person', nevertheless, when asked for his opinion on the subject by the Secretary of State (at the Home Office) replied that:

> ....the whole system with regard to the treatment of lunacy in Scotland was utterly disgraceful and that the evil would only be reached by a Commission of Inquiry. 15

Hansard also indicates that a number of M.P.s gave their support while Miss Dix's cause would have been given tremendous prestige by the patronage of Lord Shaftesbury, who by this time, had added to his long list of social reforms the cause of the English insane. Hence while Miss Dix's contribution to Scottish social reform is beyond doubt, nevertheless, she received the backing of a considerable and powerful body of opinion.

The nature of the opposition is more difficult to decipher. It is clear, that, just as Miss Dix made

powerful friends, she also encountered enemies. According to her account, she was opposed by legal, medical and political interests in Edinburgh, with the Lord Provost being particularly active against her. Mr Ellice, the Member for St Andrews, again confirms this interpretation. In a speech to the House, he stated that Miss Dix had:

> ....her suspicions aroused by the great difficulty she experienced in penetrating into the lunatic asylums of Scotland. 16

If we broaden the issue, and look at the opposition to Lord Rutherford's Bill in 1848, several interesting facts emerge. Speaking in the Debate on the Royal Commission's findings, Mr Drummond, the Member for West Surrey, had this to say, he argued that both he and the Lord Advocate had been beaten, in their attempts to legislate, in 1848, 'by the systemic opposition of every single person who was connected with the administration of the system in Scotland.'[17] The reasons for the opposition, according to this source, 'was the dread of the dirty expense which might be involved.'[18] In any attempt at reform, it would appear that 'the object of care in Scotland was property not persons.'[19] Grey, Secretary of State for the Home Department was to endorse Drummond's analysis, when in the same debate, he pointed to:

> ....the opposition raised to it in Scotland on the miserable ground of the expense it would incur proved fatal to the measure. 20

Hence, while allowing for Mr Drummond's dramatic licence, it appears from this parliamentary evidence that many involved in lunacy organisation were opposed to change.

Stating that the 'opposers of a lunacy and poor law reform in Scotland seem to be utterly confounded and silenced,' an editorial in the Scotsman went on to identify the 'guilty' parties by stating that:

> The grumbling and carping of some Sheriffs of the Poor Law Board of Supervision, of the Edinburgh Town Council and of parsimonious lairds is, we admit, in some quarters rather noisy, but it is so thoroughly out of date and out of place that it is powerless of evil. 21

There can be little doubt then as to who would appear to be the transgressors, but how accurate are these accusations? Why should the Sheriffs, the Poor Law authorities and civic and landed interests be so pilloried? We already have discussed one aspect of this question in Chapter Five, where it was suggested that Scottish insanity organisation before reform was seen as a natural outgrowth of 'laissez-faire' ideas. Private initiative, either of a commercial or a charitable kind, was uppermost in an area where the state's role was minimal. In addition, however, parochial authorities had a vested interest in the fate of their pauper lunatics while, in the relatively closed world of mid-nineteenth century Scotland, landed and civic interests were influential. Given this state of affairs, many people were able to carve out niches of power, influence and remuneration for themselves, in a field where few checks of abuses were made.

In prosecuting this enquiry then, two questions have to be posed. Firstly, who stood to lose most power by the ending of the status quo? Secondly, who was most vulnerable to an investigation? In attempting to answer these questions, one could begin by considering those whose omission from the Scotsman's editorial appears surprising, - the Royal Asylum managers and the private madhouse proprietors.

With respect to the first of these, it is the case that the managers were concerned about loss of status following the state's 'entry into the field.' No doubt there were some aspects of the "Royals" which could be criticised, but the managements threw open their houses to the Commissioners and were given a generally positive profile in the Report. Any doubts as to whether this sector was opposed to reform are dispelled however by the fact that the Royals management saw reform as a means of transferring their pauper burden, to the District Asylum. Hence it is highly likely that the authorities in the Royal Asylums were supporters of reform.[22]

On the other hand, one would have thought that the private madhouse proprietors above all, were most vulnerable on both counts. One might have anticipated opposition from them, but it should be recalled that, in the early nineteenth century, the private madhouse profession, while lucrative, was hardly respectable. It had an unsavoury air about it, and one can be sure that those involved would be in no position

to organise politically and exercise an influence in society. While rightly fearing the Royal Commission, there is little the free traders in lunacy could do about it.

However, as has been described, the Sheriff, prior to 1857, exercised considerable power in this area through his responsibility for the granting of licenses. He stood to lose that power if reforms were passed sweeping away the madhouses. In addition, as the Royal Commission pointed out, the Sheriffs were not entirely innocent of malpractice.

Any doubt in the matter is dispelled, when one reads the veritable litany of protest which flowed into the Lord Advocate's office, and the Scotsman, from the Sheriffs following publication of the Report. The correspondence between the Sheriff of Midlothian and the Royal Commissioners is illuminating, bearing in mind that this area was singled out by the Report for attack because of the very large number of private madhouses there.

In his original letter, Sheriff Gordon attempted to refute three important charges made against himself in the Report. First of all, he claimed that 'the number of licenses in Midlothian has not increased under me.'[23] The Royal Commissioners, in reply, merely cited the Sheriff-Clerk of the County's evidence, which showed that in 1848, when Gordon became Sheriff, there were 265 inmates in 12 houses and in 1855, when the Royal Commission started work, 460 inmates in 17 houses. Gordon's second thrust was that

there was not 'a tittle of proof'[24] behind the Report's arguments that the insane in the number of such houses in Midlothian, reflected 'the great facility with which licenses could be granted there.'[25] The Royal Commissioners quick response to this plea was to refer to the testimony of Dr Renton, Gordon's medical officer. Renton asserted that his opinion was not asked as to the character of those who applied for licences, and he concluded:

> I think that is left to the Sheriff; it lies with the Sheriff to grant the licences. I don't recollect the Sheriff consulting me as to whether a party was fit to be entrusted with the charge of lunatics. 26

However, having been proved wrong on two points, Sheriff Gordon then went on to make a statement which required no refutation from the Royal Commissioners. His third protest was against the charge that he had conceded licenses to unfit persons, such as victual dealers, unsuccessful bakers, gardeners and publicans. Gordon first of all stressed that there was 'not to be found throughout the statutes a single word which restricts the choice of Sheriff to any particular class of persons.'[27] He went on to justify such appointments by stating that he was:

> ....equally ignorant of 'any law, even of common law which rules that anyone who has been a victual dealer or gardener or baker or keeper of a public house shall ipso facto be disqualified to be manager of a lunatic asylum. 28

In addition to this correspondence, letters, in a similar vein, were despatched by eleven other Sheriffs to whose objections the Royal Commissioners produced

answers. The student need hardly go beyond Gordon's letter, and the reply, for they are eloquent testimony, not only to the abuses being practised, but to the woeful ignorance of this particular executive. It is clear that the Sheriffs, in the exercise of their duty over the private madhouses, were vulnerable. They would have known that they stood to lose their power if these abuses ever came to light. There can be no doubt that this was one potent source of opposition to reform.

It is essential, now, to look at the third organ of Scottish insanity organisation before 1857, - the Poor Law Authorities. In the Report, considerable concern was expressed about lunatics being placed in the charge of a body whose major concern was with the non-insane pauper. Moreover, the Royal Commisioners were able to identify specific abuses in the poorhouses. Hence the Board of Supervision was vulnerable. Moreover, as a new body, intent on consolidating its share of the Scottish social scene, it is doubtful if the Board of Supervision would have welcomed a change which would have diminished its role, however tedious that task may have been. Again, voluminous letter-writing on the subject, undertaken by the Board after 1857, confirms this view.

On the 22nd May 1857, very shortly after the Report was published, Sir George Grey at the Home Office wrote to the Charman of the Board of Supervision, Sir John McNeil, referring to the Report and enclosing a copy. In his letter, Sir George referred to those parts of the

document which related to the care and treatment of pauper lunatics, and 'to the allegations, contained in the Report, of gross neglect and cruelty in the administration of the law with regard to this class of patient.'[29] Sir John hurriedly replied on the 27th, indicating that the allegations:

> ....must affect the whole of the parochial authorities in Scotland, including nearly every proprietor in the country, every parochial minister, and a large proportion of the magistrates of burghs. 30

Sir John then went on to elaborate a case against the Royal Commission.

Considerable space is devoted, in the Twelfth Report, to a refutation of the Royal Commissioner's comments on the 'poor law provision for the insane.' Each of the cases referred to in the Report was examined by the Board, who concluded, that the Commissioners had 'misrepresented the circumstances.'[31] The Board also cited numerous errors in the Constable's returns to the Royal Commission, to which the Commissioners replied, that they only resorted to the police when the returns by parochial inspectors were found to be "exceedingly incomplete."[32] Moreover, the Board took exception to the fact, that, the Royal Commissioners objected to treatment in poorhouses being accorded to what they (the Commissioners) termed the pauper insane. The poorhouse managers felt that many so labelled were merely 'feeble-minded,' and thus had to be judged differently. Yet, while the Board's arguments were no doubt, in some cases justified, the basis of their

case against the Royal Commission was weak. There is no reason to expect that a body, as authoritative as the Royal Commission would wilfully invent cases of abuse. Instead, what this correspondence indicates, is that the Board of Supervision was vulnerable to this attack. Hence the Scotsman was quite justified in counting this body among the opponents of reform.

Having considered the three organs of the pre-reform organisation, it is finally necessary to assess the role of the civic and landed interest. There is no doubt that in the localised world of early nineteenth century Scotland, town councils and lairds would have taken an interest in a 'madhouse' in their area. Moreover, being institutions and persons jealous of their own power, it is not difficult to appreciate that resentment against London interference would be one factor in their judgement of the desirability or otherwise of lunacy reform. Hence, from the practical point of view of their involvement in lunacy organisation, and the general perspective of the conservatism of an entrenched elite, these groups could be seen as opponents of change.

To support this thesis, we would refer to Miss Dix's claim, that the Lord Provost of Edinburgh tried to forestall her arrival in London. It is inconceivable that he would have acted thus, without the concurrence of at least some sections of the Town Council. With respect to the landed opposition, a statement made by the Lord Advocate in the debate on May 29th, 1857, concerning

Lord Rutherford's proposals is significant. He stated that:

> ....not a single petition was presented in its favour while on the other hand twelve of the largest and most important counties of Scotland petitioned against it.[33]

It is highly improbable that this nation-wide demonstration would have succeeded, without the support of part of the landed interest. Moreover, specific identification of that sector is made by the Scotsman in discussing Lord Rutherford's abortive reform:

> The Lord Advocate, remembering the manner in which the country gentlemen of some parts of Scotland thwarted Lord Rutherford in his attempts to pass a similar bill feared opposition from the same quarter.[34]

From an analysis of these diverse sources, it becomes clear that the Scotsman's conviction that the Sheriffs, the Poor Law authorities, Edinburgh Town Council and 'parsimonious lairds' were opposed to reform, was largely correct. The previous failed legislation had promised 'district boards' and national co-ordination. To many in the Scotland of 1855, this was seen in a genuine way, as outside 'Benthamite' intervention in a sensitive area, but it must be equally understood, that many were opposed because they feared loss of power, and felt vulnerable to investigation. Clearly, lunacy reform was an issue of some controversy in the Scotland of 1857.

II

On the 3rd April 1855, the Crown appointed the Royal Commission. There were four members, - William Gaskell, William George Campbell, Alexander Earle Monteith and James Coxe. The Secretary of the Commission was John Burn Murdoch, junior.[35]

The first meeting was held in Edinburgh on 1st May, 1855. Plans were quickly drawn up to enable the Commissioners to visit the various establishments for the insane. Requisitions were issued to several public bodies, calling for information on all matters requiring investigation, and the relevant persons summoned to appear before the Commission. As the investigations proceeded, data were eventually collated under six heads. Firstly, an abstract of the existing law was made, to which was added, a statistical breakdown of the numbers of insane involved. To this basic information was then included an analysis of the accomodation provided in institutions, and an account of those insane not confined in asylums. A further dissertation on legal themes and finally the recommendation and appendix completed the process.

The Commissioners finished their work in the spring of 1857, and presented their Report to Parliament in May of that year.

With respect to the institutions for the insane, the Royal Commission had nothing negative to say about the Royal Asylums. In contrast, the comments on both the private houses and the poorhouses were damning. With reference to the former, the Commissioners wrote that 'the premises are,

in most cases totally unsuited for the purpose of asylums and are crowded in an extreme degree.'[36] The patients were 'scarcely ever allowed to walk beyond small yards surrounded by high walls.'[37] They were generally 'scantily fed and clothed'[38] and provided with a meagre amount of the worst kind of bedding. The patients were 'frequently subjected to mechanical restraint and seclusion'[39] and were 'occasionally stripped naked and placed to sleep together on loose straw cast into rudely-constructed bed-frames.'[40] There were few, if any, means of recreation, and the number of attendants and nurses was palpably insufficient.

In those houses 'where profit is the principal object of the proprietors'[41] there were few safeguards against abuse. There were no independent medical visitations, there were no restrictions preventing interested parties from signing documents of admission, 'entries and returns were not made in a 'satisfactory manner,'[42] and no records were kept of mechanical restraint and seclusion. The Justices of the Peace and Minister of the Parish 'rarely if ever'[43] availed themselves of their powers of visitation. Finally, the Commissioners concluded:

> Proprietors of licensed houses endeavour to fill their premises by offering to take patients on low terms; gross deceptions are practised by them, with a view to screening defects, abuses and mismanagement, and these patients also, who by reason of their malady, are rendered incapable of making complaints, endure much deprivation and oppression. 44

The Commissioners' comments on the poorhouses were only marginally less severe. The wards for lunatics it was noted, 'do not afford proper means of treatment, either as respects apartments, attendance, diet, exercise or occupation.'[45] The powers of the Board of Supervision, and of the Sheriff were so complex in this area, that different views were taken as to which of the two was legally responsible. 'In nearly all of the poorhouses' stated the Report 'accommodation and arrangements are so very defective, that there is a reason to fear serious accidents will from time to time occur to patients, so badly provided for.'[46] 'In none of the poorhouses' the Commissioners continue, 'have the inmates sufficient curative appliances, nor is there any sufficient check on mismanagement.'[47] There was also severe reservation expressed over the power exercised by the inspectorate of the poor. It was felt that this body enjoyed almost plenary powers as to where the pauper lunatic should be lodged.

The Commissioners also had much to say about the law. Several important provisions and positive requirements of the Statutes were 'not carried out,'[48] nor did the persons properly authorised 'avail themselves of the powers of inspection granted them by law.'[49] Legal enactments were 'variously interpreted by officials who adopt different courses, in conformity with their respective views.'[50] The Report went on to stress, that where the statutory language was vague, 'practices

obviously wrong in principle are pursued.'[51] Alternatively, the authorities seemed quick to assume a discretionary power where no course had been marked out.

In addition, the Sheriff 'the only functionary specially entrusted with the care of guardianship of insane persons,'[52] came in for considerable criticism. While the Commissioners acknowledged that some Sheriffs, prior to granting licences, caused inspection and enquiries to be made of the houses and their proprietors, others did not. "In no case,' averred the Commissioners 'has a Sheriff exercised his power of recalling such licenses on account of mismanagement or abuse.'[53] Moreover, no penalties, it would appear, had been exacted 'for infringements of the Act.'[54] Some Sheriffs required two medical certificates, others only one. Most Sheriffs made their visits accompanied by a competent medical officer, but, in one case, a Sheriff visited alone, without a medical colleague. Finally, whereas some Sheriffs differentiated between types of insanity in their warrants, others made no such effort.

Summing up, the Commissioners also made reference to criminal lunatics, the single insane, the role of the procurator fiscal, and the general non-enforcement of penalties. Not surprisingly, the Report argued:

> ....that the system now in use in Scotland, in respect to the insane, is most unsatisfactory and that it does not afford sufficient protection to the lunatic. 55

Accordingly:

> ....all the existing statutes relating to the insane in Scotland should be repealed, and a new and comprehensive code framed to meet the many pressing wants of the community. [56]

The Commissioners concluded with nineteen 'suggested remedies.' Among other things, the creation of a competent Board, 'to whom the general superintendence of the insane in Scotland shall be entrusted'[57] was called for. This board would have powers to licence houses for the reception of the insane, to visit all institutions concerned with lunacy, to order removal of patients and to report to the Secretary of State for the Home Department. Within the general purview of the board, district or county asylums should be erected for pauper lunatics and those of the labouring classes who were not strictly paupers. These individual asylums would be administered by local boards acting in conjunction with the General Board.

In addition, the Report called for the closing of those houses opened for paupers once public asylums were opened, and a general tightening up of licensing for any future house for the insane. Also regulations were called for to enable all pauper lunatics, not in asylums, to be brought under proper visitation.

The Report sought an accurate definition of the powers and duties of Sheriffs, 'in reference to the insane,'[58] and rules for the guidance of the Board of Supervision and its satellites on all aspects of the management of the insane. More complete regulations, in

reference to medical certificates, 'to prevent interested parties signing them'[59] were called for, along with the formation of a complete system of schedules and returns, together with full records of all admissions, discharges, deaths and accidents. In addition, comprehensive regulations should be adopted, applicable to those licensed houses and poorhouses continuing to receive lunatics, 'for securing to the patients sufficient medical and other attendance.'[60, 61]

III

On the 29th May 1857, the House of Commons debated the findings of the Report. Leave was given on 9th June, and a Bill 'to alter and amend the Laws respecting lunatics in Scotland' was ordered to be brought in by the Lord Advocate. The debate on the first reading tood place on 18th June and the second reading on 9th July. The Committee stages were completed on 16th and 17th July. Finally, on the 25th August 1857, the Royal Assent was given to an Act for the Regulation of the Care and Treatment of Lunatics, and for the Provision, Maintenance and Regulation of Lunatic Asylums in Scotland, the shortened title of which was the Lunacy (Scotland) Act, 20 and 21 Victoria, Ch. 71.

This statute repealed all previous relevant Acts. All officers serving in the previous regimes were

to continue to function until new provisions were made. The same held true of all orders, licenses and fees made prior to the Act's passage.[62] The various institutions within lunacy organisation were defined, although not very adequately. Hence, a 'Public Asylum' became the term covering any hospital, madhouse or asylum established for the custody of lunatics by Act of Parliament, or Royal Charter or - Deed of Mortification - without any View to any pecuniary Gain or Profit, arising to the Establishment.'[63] A Private Asylum was understood to be all licensed madhouses or asylums established for the reception of more than one lunatic under the Provisions of the Act, and 'kept for the pecuniary gain or Profit of the Proprietors and Superintendents thereof - '[64] while a District Asylum implied 'an Asylum, in Terms of this Act, of One of the Districts described' in the statute.[65] The Act's definition of the term 'lunatic' was very ambiguous, and was to give rise to considerable difficulty.[66]

One of the most important sections was the fourth which set up a General Board of Commissioners in Lunacy for Scotland, consisting of not more than three Commissioners, two of whom were to be paid, and the other unpaid. The unpaid Commissioner would also serve as Chairman of the Board. A salaried secretary was to be appointed, and made responsible for an annual return to both Houses of Parliament covering all aspects of the Board's work. A Clerk was also to assist the Secretary. This officer

was also to be held responsible for the daily administrative and financial aspects of the Board's work.[67]

The Board, established at Edinburgh, was to have two general meetings each year, in March and November, but its more day-to-day work would be handled by a Committee of two. The Commissioners were not to derive any profits or emoluments in the conduct of their business.[68]

It appears, from a reading of the Act, that the Board was to have general, supervisory powers over all aspects of lunacy administration, including 'Public, Private and District Asylums, and to every House in which a Lunatic is kept or detained -.[69] It was given the responsibility of granting or refusing licenses to the proprietors of Private Asylums, to alter them at any time, and to 'make and establish such Rules and Regulations as they may deem necessary towards the good Order and Management of all Private and District Asylums -.[70] Power of special investigation was also devolved although all executive powers granted to the Commission were subject to the ultimate sanction of the Secretary of State for the Home Department and both Houses of Parliament. It would appear then, that the Commissioners' remit did cover the Royal ( Public) Asylum as far as general supervisory matters were concerned.[71]

Another important section covering the Board's work was the seventeenth, appointing two of the Commiss-

ioners as Inspectors General, charged with the inspection and visitation of Public, Private and District Asylums twice in each year. These powers covered all aspects of an asylum regime - care and treatment, health of the patients, practice of restraint and seclusion, management and upkeep of the house. In addition, the Commissioners were granted rights of inspection to all prisons and poor-houses holding lunatics. Finally, in order to ensure that the Commissioners received competent medical opinion the appointment of not more than two deputy commisioners (medical) was arranged.[72]

These sections provided for the first major innovation of the Act, the establishment of a national, State-directed body staffed by civil servants, to co-ordinate all aspects of lunacy organisation in Scotland.[73] A second, and equally important set of sections provided for the establishment of local lunacy organisations, under the guidance of the national Board, to be responsible for the pauper lunatic.

It would appear, according to section fifty, that the new District Boards were to be modelled geographically and administratively on the county Prison Boards. Indeed, it was the members of the Prison Boards who took charge of the establishment of the District Board, choosing 'out of the Commissioners of Supply and Magistrates of Burghs in each County respectively'[74] the initial membership which was also to include members elected by the Prison Board. The running costs of the

District Board were to be met by 'the Real Rent' of the respective landward parts (of counties) and burghs.[75]

The Board's first task would be to investigate the number and needs of the pauper lunatics in the 'district', and to consider what accomodation already existed for them. In the light of these data, the Boards were then to determine whether the existing provision was sufficient, or 'that a District Asylum for Pauper Lunatics shall be provided -'.[76] A positive decision to build had to be communicated to the General Board who would then vet the plans which had been formulated by the District Board. Once plans were approved, the Board was to move to the planning and building of an asylum within a period of two years. All lands, funds and property were to be vested in the District Board. Finally sections sixty-one to sixty-seven covered the District Board's borrowing rights.[77]

In furtherance of the District Board's powers, it is very important to note that section fifty-nine gave the new regimes the right, having inspected the existing accomodation and deemed it adequate, to have part or the whole of such an institution brought within its administrative purview.[78]

These sections constituted the second major

thrust of the legislation - the establishment of District Boards throughout the nation entrusted with a responsibility to build, if need existed, a pauper District Asylum.

The third major area of the legislation concerned a reiteration and redefinement of the Sheriff's role, in relation to the process of confinement. In this respect, the 1857 legislation was not breaking new ground, but was amending previous practice.

Firstly, in addition to the powers of inspection accorded to the Board in Edinburgh, each Sheriff and Justice of the Peace retained the right to inspect (or send delegates to inspect) every 'Public, Private and District Asylum and House' within their jurisdiction.[79]

Secondly, the Sheriff retained the power to grant Orders for the reception of lunatics into any Public, Private or District Asylum or House. However, no such Order would be granted unless a Petition 'subscribed by the Party applying for the same,' accompanied by a statement of particulars, verified by two medical persons, had been received.[80] Every medical person signing any Certificate was to specify the facts upon which his opinion had been formed.

The section further provided that no superintendent of any house kept for the insane could receive and detain a person as lunatic, unless a Sheriff's order was left with the official fourteen days prior to the admission of such lunatic.

Thirdly, it should be added that penalties were to be handed out for any failure to comply with a falsification of the process. Moreover special provison was made for the Sheriff to investigate single lunatics cared for domestically if the need arose.

A fourth major area concerned the property of the lunatic. According to section eighty-one, when the Board suspected that the property of a lunatic was not being duly protected, it was given leave to report the case to the Lord Advocate. It would then be open for this officer, having satisfied himself as to the validity of the charge, to make application to the Court of Session for the appointment of a Judicial Factor to such Lunatic with a view to 'the proper Care and Protection of his Property-'.[81] Section eighty-two permitted a similar procedure to take place if a Judicial Factor was already appointed who was reneging in his duties.[82]

Finally the Act had some things to say about the pauper lunatic. According to section seventy-five, every pauper lunatic, detained in any District Asylum under the Act, was held to belong, and made chargeable, to the Parish of legal settlement of such lunatic, at the time when the Order for his Reception in the Asylum was granted. Expense of his maintenance in the District

Asylum was to be defrayed from the Parish accordingly.[83] Moreover, it was deemed that if a lunatic had neither estate, nor relatives, he would be treated as a pauper lunatic and expense defrayed from the relevant parish.[84,85]

## IV

The future course of the organisation of insanity in Scotland was finally established in 1857. The predominantly 'laissez-faire' world gave way to state supervision. A national Board would now superintend the general direction of lunacy care, and the random nature of the 'ancien regime' would be replaced, it was hoped, by an increasingly rationalised structure. Specifically, districts would be established through which the remit of the national administration would run. Within these districts, the ambition, so fondly desired by the English reformers, of splitting insanity organisation into a private, elite, therapeutic regime through the Royal Asylums, and a public depository 'psychiatry for the poor' was hopefully to be realised. This overall direction of the state was to remain intact until the establishment of the National Health Service in 1948, but in the context of this thesis, the crucial question as to how successful the reformers were in carrying out their ideals remains to be answered. This theme will form the subject of the next Chapter.

## REFERENCES AND NOTES


1. For providing proper places for fatuous and furious paupers in Scotland, 1817; For erecting district asylums in Scotland, 1818; To amend the law of Scotland relative to the care and custody of lunatics, and for the better regulation of lunatic asylums in Scotland, and for the establishment of asylums for pauper lunatics, 1847/8.

2. C.O. Cheney, Dorothea Lynde Dix, American Journal of Psychiatry 100,(1944), 61, F. Tiffany, Dorothea Lynde Dix (Boston, 1890), Henderson, op. cit., 87-94.

3. ibid., 87 - 94.

4. ibid., 89, Miss Dix addressed the legislature thus, 'I proceed, gentlemen, briefly to call your attention to the present state of insane persons confined within this Commonwealth, in cages, closets, cellars, stalls, pens, chained, naked, beaten with rods and lashed into obedience.

5. ibid., 90.

6. Based on a letter by Miss Dix to a friend, quoted in ibid., 91-93. Unfortunately, dates are not included.

7. ibid., 91.

8. ibid., 91.

9. ibid., 91.

10. ibid., 92.

11. ibid., 92.

12. ibid., 92.

13. 145, Parliamentary Debates 3S, Col. 1025, (29 May, 1857).

14. ibid., Col. 1039.

15. ibid., Col. 1038.

16. ibid., Col. 1025.

17. ibid., Col. 1043.

18. ibid., Col. 1043.

19. ibid., Col. 1043.

20. ibid., Col. 1045.

21. Scotsman, 15 July, 1857, 2.

22. Glasgow Annual Reports, op. cit., No 42,(1856), 15. An idea of the management's attitude can be gained by this account of a director's statement, 'Our members of Parliament - will take care that the interests of the Glasgow institution do not suffer from any change which is contemplated in the law.

23. Scotsman, 26 Aug. 1857, 3.

24. ibid., 3.

25. ibid., 3.

26. ibid., 3.

27. ibid., 3.

28. ibid., 3.

29. Board of Supervision Annual Reports, op. cit., No. 12; 1857-58 (2323),Vol. XXVII, 527, Appendix A, 83.

30. ibid., 83.

31. ibid., 51.

32. ibid., 85.

33. Parliamentary Debates, op. cit., Col. 1043.

34. Scotsman, 15 July, op.cit., 2.

35. There seems to be some doubt surrounding the professional status of two of the Commissioners, as two sources, Henderson and Hansard have conflicting occupations. Both agree that Gaskell was a fellow of the Royal College of Surgeons and Coxe a Doctor but whereas Henderson puts Campbell as Sheriff of Fife and Monteith as a barrister, Sir George Grey, speaking in the debate on May 29, 1857, names Campbell as a barrister and member of the English Lunacy Commission and Monteith as Sheriff. Without prejudice to Sir David Henderson, it is more likely that Sir George Grey's account is more reliable.

36. Royal Commission Report, op. cit., 248.

37. ibid., 248.

38. ibid., 248.

39. ibid., 248.

40. ibid., 248.

41. ibid., 248.

42. ibid., 249.

43. ibid., 251.

44. ibid., 249.

45. ibid., 249.

46. ibid., 250.

47. ibid., 250.

48. ibid., 251.

49. ibid., 251.

50. ibid., 251.

51. ibid., 251.

52. ibid., 253.

53. ibid., 252.

54. ibid., 252.

55. ibid., 254.

56. ibid., 255.

57. ibid., 255.

58. ibid., 256.

59. ibid., 256.

60. ibid., 256.

61. Finally, the Report suggested improvements in a number of general areas, such as discharge by a medical attendant, restrictions on the removal of pauper patients, better regulations regarding dangerous and criminal

patients, and the transportation of aliens. Also, new measures concerned with voluntary incarceration were called for as were special provisions for prolonging control over cases of insanity arising from intoxication. Enactments for extending further protection to the property of lunatics were suggested, along with the imposition of suitable penalties for infringement of the law and powers to raise sufficient funds for the purposes of the Act.

62. 20 and 21 Vict., Ch. 71, Sects. 1, 11.

63. ibid., Sect. III.

64. ibid., Sect. III.

65. ibid., Sect. III.

66. See Ch.7, p. 333.

67. 20 and 21 Vict., op. cit., Sects.IV,XIII, XVI.
The paid Commissioners to receive £1,200 p.a.

68. ibid., Sects. V, VI & VIII.

69. ibid., Sect. IX.

70. ibid., Sect. IX.

71. ibid., Sect. IX.

72. ibid., Sects. XVII & XXI.

73. Curiously it was stated in Section XXII that the Board of Commissioners in lunacy would cease after five years operations and its powers taken over by two paid Commissioners acting as Inspectors General in Lunacy. However, the 27 and 28 Vict., Ch. 60 extended the Board's work indefinitely.

74. 20 and 21 Vict., op. cit., Sect. L.

75. ibid., Sect. LIV.

76. ibid., Sect. LI.

77. ibid., Sects. LI, LII, LIII, LXI-LXVII.

78. ibid., Sect. LIX.

79. ibid., Sect. XXV.

80. ibid., Sect. XXXIV.

81. ibid., Sect. LXXXI.

82. ibid., Sect. LXXXII.

83. ibid., Sect. LXXV.

84. ibid., Sect. LXXVII.

85. Among the other sections were: provisions for the transferral of patients; for visitation by friends, relatives and Ministers; for the appointment of medical men in houses with 100 or more patients; for the disallowance of non-medical men to practice; for the keeping of a register in every house, plus a register of deaths; for the keeping of a general register by the Board of Commissioners, for the punishment of maltreatment of lunatics, and for the criminally insane.

# CHAPTER 7

## THE ORGANISATION OF INSANITY IN SCOTLAND FOLLOWING REFORM 1857-70

It would appear that the reforms in this particular area of Scottish social life came at a critical moment. As we approach the later decades of the century, the optimism of the early years, with regard to insanity and its care and treatment, rapidly evaporated. We have already seen how the English reforms of 1845 soon proved themselves hopelessly inadequate. In accounting for this state of affairs, we should recall firstly, that the pressure of admissions was, by the later decades of the century, becoming serious, but compounding this administrative problem was the fact that medicine was proposing an increasingly pessimistic prognosis of insanity. Research into what was beginning to be known as psychiatry, particularly in Germany, was to identify more and more an organic aetiology for 'mental illnesses.' Hence the prospect of growing numbers of incurably insane having to be deposited for life in institutions, haunted the more perceptive late Victorian lunacy managers. Against this melancholy backcloth, we turn to the 'brave new world' of the Scottish Commissioners in Lunacy in 1858. This Chapter is generally devoted to analysing the success of the reforms within the period studied, but subsumed beneath that general

remit are three further questions. Firstly, what were the major, immediate problems facing the new Board? Secondly, what relationship was to be established between the 'old' Chartered Asylums and the 'new' District institutions, and finally, looking ahead to the end of the century, what were the long term effects of change?

## I

The national administrative structure, envisaged by the legislation,[1] was brought quickly into operation. A co-ordinating General Board of Commissioners in Lunacy for Scotland, composed of five members, was established and held its first meeting in Edinburgh,[2] on 4th November 1857. The provisions of the Act became operative on 1st January 1858.

In keeping with one of the chief objects of the legislation, namely:

> ... that a District Asylum for pauper lunatics shall be provided for the district. [3]

the Board moved speedily, but not without some dispute, towards the designation of statutory districts. At first, the Board divided Scotland into eight districts - Edinburgh, Inverness, Aberdeen, Perth, Dumfries, Glasgow, Stirling and Renfrew.[4]

The original designation, however, was to prove merely temporary, as a result of amending powers built into the Act. Section One Hundred and Ten

empowered the Prison Board of any county to sever itself from any of the putative districts, and to erect itself into a separate one, if, within six months of the passing of the Act, it considered such action expedient. Even more significantly, Section Forty-nine gave the Board of Lunacy power, at any time, to alter or vary the districts on application from the Prison Board of any county so interested. Indeed, the Prison Boards made hurried, and extensive use of them, to such an extent that, by the end of 1858, the original eight districts had been transformed into twenty-one much smaller units. These were at Aberdeen, Argyle, Ayr, Banff, Bute, Caithness, Dumfries (including Kirkudbright and Wigtown), Edinburgh (and Peebles), Elgin, Fife (and Kinross), Forfar, Glasgow, Haddington, Inverness (and including Nairn, Ross and Cromarty, and Sutherland), Kincardine, Orkney, Perth, Renfrew, Roxburgh (and Selkirk and Berwick), Shetland and Stirling (and including Clackmannan, Dumbarton, Linlithgow).[5]

This ultimate solution to the designation issue, virtually along county lines, has to be questioned. The original structure was, with the possible exception of the Stirling district, in accord with the most geographically logical administrative division of Scotland.[6] The bunching of a number of counties under one head would have led to greater co-ordination and rationalisation. Instead much smaller units were preferred, with scant attention being paid to the demographic

logic of such a move.[7] The possibility of evolving a national policy for lunacy care, was retarded, while the opportunity for wasteful competition was enlarged. Specifically, it meant that certain counties became isolated, as a result of their larger (and more powerful) county partners, in the old districts 'erecting themselves'[8] into single districts; the remaining counties experienced rejection when they attempted to join a new 'combination'. As the members of the Board themselves expressed it 'the districts thus constituted are very unequal as regards population, extent and wealth, and several of them are perhaps too small to support efficient asylums.'[9]

Thus, early in its life, the General Board, in seeking to impose a national, rational and efficient solution to a social problem, encountered, as did so many other Victorian institutions, defeat at the hands of local, vested interests. In extenuation, one would pay particular attention to the words used by the Commissioners in explaining the remodelling of the original districts, 'partly by the larger counties erecting themselves into separate districts - '[10] It would appear, in this instance, the Commissioners moved too quickly for local taste.

But the labours of the General Board were to prove more successful in solving some important questions arising from ambiguities in the interpretation of the 20 and 21 Victoria, Ch. 71. An early

problem which emerged was over the question of pauper lunatic accommodation. Prior to the passing of the 1857 legislation, parochial boards (and individual poorhouses before 1845) had the right of lunatic admission under sections seven and eight of the 4 and 5 Vict. Ch. 60. By this legislation, the Sheriffs of counties,[11] could grant licences to poorhouses to admit lunatic paupers. The consolidation of these statutes by the 20 and 21 Victoria, Ch. 71 resulted in secretaries of parochial boards, after 1857, writing to the General Board applying for licences for their poorhouses under the new statute.

In the early days of their work, the Commissioners took the view that they possessed powers adequate to grant such licences, but, on further inspection, the wording of the statute appeared ambiguous, in this particular area of policy. By section Fifty-nine of the Act, it seemed that only public (ie Royal) institutions or the putative district regimes, could be recognised or licensed as asylums. The role of the poorhouse, in the whole area of lunacy care, was ostensibly downgraded to a merely temporary one.[12,13]

The interpretation of the statute, notwithstanding, the evidence suggests that the poorhouses were to continue to shoulder a heavy responsibility for lunacy care well beyond 1857.

Hence, early in its working life, the General Board was faced with an urgent problem. If,

in law, the poorhouses were no longer to be regarded as adequate 'asylums' where were the pauper patients to be housed, the district asylums not yet being in operation?

This problem was quickly solved by the passing of a short Amendment Act, the 21 and 22 Victoria, Ch. 89 enacted on 2nd August 1858 which empowered the General Board to grant licences for the accommodation of pauper lunatics into poorhouses, for a period of five years, from the 1st January 1858 'until the district asylums are ready for their reception.'[14] Although the Act itself was only a small measure, it was, nevertheless, in the long run, of great importance in classifying the definition of 'existing accommodation' for the insane.

A second, and more serious, long term problem, which the General Board had to face, was the continuing effects of the perennial Victorian debate, between the medical and legal professions, over the 'liberty of the subject'. This issue had, of course, emerged before 1857, as the spread of institutions gave rise to the possibility of an individual losing his freedom without due cause. One problem which existed then, was that the pre-1857 statutes contained no definition of lunacy. But the framers of the reforming legislation, while including such a statement, failed to clear up ambiguities.

According to the 20 and 21 Victoria, Ch. 71, the word 'lunatic' meant:

> ... any mad or fatuous person, or persons so diseased or affected in mind as to render him unfit in the opinion of competent medical persons, to be at large, either as regards his own personal safety and conduct, or the safety of the persons and property of others or of the public.[15]

Certain questions arise from this definition. Firstly, the terminology used, such as 'mad' or 'fatuous' begs the question as to their meaning. Secondly, the definition is not at all clear whether every 'mad' or 'fatuous' person, is accordingly a 'lunatic', or whether such persons have, first of all, to be unfit to be at large, where their own safety, and that of others, are at risk. Finally, the architects of the 20 and 21 Victoria, Ch. 71 definitely clashed with members of the Board of Supervision for the Poor Law, who took the view, that no pauper 'of unsound mind' was, in a statutory sense a lunatic unless the individual was dangerous.[16] Hence parochial boards, and, in some cases, Sheriffs, took decisions on the basis that 'fatuous' paupers, although totally incapable of caring for themselves, were not, in law, lunatics, a view shared by counsel.

In the short run, therefore, the architects of the 20 and 21 Victoria, Ch. 71 failed to clear up the long-standing ambiguity over the meaning of the word 'lunatic'. The danger inherent in this lack of clarity was, that medical men, confronted with ambiguity, were constrained from giving a positive opinion. Of equal importance, is the fact that the definition, in citing

as evidence of lunacy 'the opinion of competent medical persons'[17] curiously omitted reference to the role of the Sheriff. This is not to suggest that a clearer definition of lunacy would have emerged, if the term 'opinion of competent medical persons and Sheriff' had been used. What was anomalous was that the process of defining, and, if need be, incarcerating a 'lunatic' according to the 20 and 21 Victoria, Ch. 71, could not take place without the Sheriff's consent.[18]

Thus, the General Board was presented with a serious difficulty over the reforming legislaton's definition of lunacy. In the first place, although the Commissioners took the view that the cases of medical men refusing certificates 'were not very numerous'[19] nevertheless the precedent was certainly there. In particular, a problem arose over pauper cases who were acknowledged as being of unsound mind, but not a proper person to be detained under care and treatment in an asylum. In situations such as these, the General Board, on being refused a medical certificate, was powerless to act.

The second case, that of the legal sanction required, was however more serious than the medical. As the Commissioners wrote:

> The law, in its jealousy for the liberty of the subject, refuses to sanction the reception of a lunatic into an asylum without an order from the Sheriff.[20]

This power which existed prior to 1857, was validated

in the 1857 Act.[21] The law resulted in a considerable time-lag developing between a request for the Sheriff's order, and eventual incarceration, bearing in mind that, after the inevitable administrative delays, fourteen days then had to elapse from the granting of the order before incarceration, could take place.

But the delay in obtaining a Sheriff's warrant was not the major problem arising out of the law. What was crucial was the Sheriff's powers of refusal. It frequently happened, according to the Commissioners,[22] that, having obtained a medical warrant, and having spent time waiting on the Sheriff's order, the General Board was then confronted with a refusal, by the Sheriff, to accept the medical certificates. Once this happened, the individual concerned was free of any threat of incarceration. The basis for a Sheriff taking such action lay merely in the fact that, in his opinion, the circumstances stated in the medical certificates did not afford sufficient evidence of insanity. The definition of insanity, however, being ambiguous, doubts arose immediately as to what criteria the Sheriffs used. The Commissioners' view, succinctly put, was that 'the refusal of the Sheriffs' order is as little a proof of the patient's sanity, as is the granting of it a proof of his insanity.'[23,24]

Unfortunately, the criteria which most Sheriffs tended to employ were that only dangerous

persons were lunatic in terms of the Act. Thus it followed, that orders would be granted only in those cases in which the medical certificate indicated danger, resulting in many persons, in need of care, being refused merely because they had not shown themselves to be dangerous, to a doctor.[25]

Hence, faced with this dilemma, the General Board embarked on a campaign to amend the statute's definition of lunacy. The Second, Third and Fourth Reports draw attention to the issue; numerous cases were cited, and legal and political help enlisted to bring pressure on the legislature. Specifically, the Commissioners took great care to repudiate any notion that what they wanted was a 'carte blanche' to send anyone they thought 'fit' into an asylum. Rather, they desired a tightening up of the statutory definition of lunacy. They wanted the definition moved away from the concept of a person, merely being unfit to be at large 'either as regards his own personal safety and conduct, or the safety of the persons and property of others, or the public,'[26] before he could be legally placed under treatment, to a more taut definition. This was to be along the lines of the English code, where a lunatic was defined to 'mean and include every person of unsound mind, and every person being an idiot.'[27]

After some delay, the Commissioners obtained success in their campaign, during the 1862 Parliamentary session, when the 25 and 26 Victoria, Ch. 54, an 'Act

to make further provision respecting lunacy in Scotland' was passed, modifying the original Lunacy Act, the 20 and 21 Victoria, Ch. 71. Specifically, the statutes extended the definition of the term 'lunatic', so that it now declared the meaning to embrace every person certified by two medical men to be 'a lunatic, an insane person, or idiot, or a person of unsound mind.'[28] Although this legislation apparently satisfied the Commissioners, the problem of depriving a citizen of his freedom, ostensibly because of insanity, was to remain a sensitive one until well into the present century.

However, settlement of the problem, as the Commissioners viewed the amendment, was to bring to an end the immediate administrative problems emerging from the 20 and 21 Vict. Ch. 71. Although further legislation was to be passed during the decade under review, in 1861, 1864, 1866 and 1867, these dealt with essentially peripheral matters, such as the licensing of certain poorhouses as parochial asylums, and for the payment of Commissioners' salaries. Hence attention can now be shifted away from the problems encountered in establishing a national lunacy care structure, to the effects.

## II

When they were conducting their enquiry into the state of lunacy care in Scotland during 1855 -7, the Royal Commissioners were impressed by the haphazard, wholly unco-ordinated state of affairs which existed. In particular, they noted that despite their many qualities, the Chartered Asylums were unable to cope with the kind of numerical pressure which was being exerted upon them. In addition, the poorhouses and private madhouses had obvious drawbacks.

In seeking a solution to this problem, the Royal Commissioners decided to recommend a variation of the 1845 English reforms for Scotland.[29] Within one piece of legislation, a national co-ordinating body would administer a network of ostensibly pauper 'district' asylums.

However, in pursuit of that objective, a number of problems emerged. As we have seen, the Royal Commission of 1857 upset many who had vested interests in the pre-reform regime. Many Sheriffs, poor law overseers, and civic and landed interests were, on principle, opposed to this outside 'Benthamite' interference.

But, more significantly, it must be recalled that, unlike their English counterparts, the Scottish reformers had to work within the context of an already

well established 'sector', namely the Chartered Asylums. Emphasis should be placed on the fact that, although, prior to 1857, the 'Royals' management were subject to the Sheriffs where admissions were concerned, otherwise their legal status was derived from their own Charter and not from general legislation. Moreover, as shall be made clear later, the 'service' which they offered was generally of a far better quality than their 'competitors'. Hence it is difficult to see how these prestigious institutions, with their independent Physicians Superintendent, were merely to be absorbed into a national, state organisation. Ironically, however, despite this major problem, opposition to the 1857 reforms from this sector was muted.[30] The reason for this was that the Royal Commissioners and the Act held out the hope that the pauper patient load, which, as the experience of Edinburgh, Dumfries, and Perth, at various times, shows,[31] was so offensive to Physicians Superintendent, would be removed.

However, it would appear that the 1857 Act was a more powerful piece of legislation than its critics gave it credit. In order to understand this argument, we must look at this issue in more detail.

It must be appreciated, in the first place, that the Chartered Asylums were not immediately or directly affected by the legislation. They continued to be seven in number (excluding Elgin); their financial resources, that is, donations, patients' fees

and poor law subventions remained the same, and their role as large public institutions, offering more professional care and treatment than elsewhere, was also, in the short run, unmodified. The virtual monopoly of 'specialised' lunacy care, enjoyed by the Royal Asylum before 1857, seemed intact.

There also appeared to be no great panic on the part of the Boards of Management, in anticipation of change. Most Boards, on learning that legislation was intended, sent deputations to the Lord Advocate, the result of which was that 'several important amendments',[32] were made to Moncreith's original Bill. Certainly, the Board of Management of Glasgow Royal Asylum was not happy with the Act, but confined itself to commenting that:

> ...this Act has obliged them (the Directors) to engage a Clerk to attend to its requirements, and that in other respects it had been the means of adding to the expense of the establishment.[33]

It would appear then that the Boards of Managements felt that they would retain complete control over their institutions, and that as far as their charges were concerned, the changes were minor. It is this relative success on the part of the Physicians Superintendent, acting as a pressure group, which partly explains the subtleties of the 1857 legislation on this issue.

It should first of all be recalled that by

Section Nine of the Act, the new General Board of Commissioners in Lunacy were to enjoy 'the Superintendence, Management, Direction and Regulation of all matters arising under this Act in relation to lunatics and to Public, Private and District Asylums -'.[34] Clearly then, it was the intention of the legislators that the General Board should assume overall responsibility for the entire lunacy care regime, including the Royal Asylums.

But while these general supervisory powers were being established, it would appear that, within the new national regime, the reformers initially envisaged a 'dual mandate' between a private, curative sector (i.e., the Royals) and a public, depository one (i.e. the District Asylums). In this respect, the Report of the Royal Commission explicitly called for the establishment of

> district or county asylums for pauper lunatics including accommodation for the insane belonging to the labouring classes who are not strictly paupers.[35]

Moreover, as has been shown, the wording of the 1857 Act clearly distinguished between a 'Public Asylum' as established by Royal Charter, and a 'District Asylum' for pauper lunatics.[36] Hence one is tempted then to see the 1857 legislation as providing pauper District Asylums leaving the Royals, as their Physicians Superintendents wanted, free to develop their private patient initiatives. And indeed, the experience of the Perth Royal after 1857 intensifies speculation on

this issue. But a closer reading of the Act suggests that more was involved.

It is essential to understand that, according to Section Fifty-one of the Act, a District Board, on appointment, was to carry out an investigation into such accommodation for pauper lunatics as already existed in the 'District'. On completion of that study, the Board was then to decide either that the existing arrangements were satisfactory, or to proceed to the establishment of a District Asylum.[37] What is fundamental to this issue is that the Act conferred not inconsiderable powers on the putative district boards if they decided that no extra accommodation was required.

By Section Fifty-nine, it was enacted that, if an asylum already existed in the District when it was set up, or was close by, which had or could have accommodation for pauper lunatics:

> ... the District Boards of such Districts shall, before proceeding to assess for or erect any District Asylum, contract with the Proprietors or Parties interested in any such Asylum for the Use of the whole or any Part of the same, for the Reception and Maintenance of the Pauper Lunatics of such District.[38]

Hence a reading of this section suggests that the District Boards acquired the rights in certain circumstances, to interfere extensively in another institution's affairs, including the Royal Asylums.

However, even more thorough powers were devolved. Section Fifty-nine further provided that

in the event of any differences arising between the District Boards and interested parties, 'such difference shall be subject to the decision of the Board', and moreover:

> ...where any such agreement shall be completed with a public Asylum, the portion of such Asylum which shall, in terms thereof, be appropriated to the reception of such pauper lunatics, shall be equivalent to a District Asylum for pauper lunatics. [39]

Clearly these were crucial arrangements. As a result of them, the District Boards emerge as being capable, in law, not only of interference in other institutions business, but also with powers of conveyance.

What in fact these contrasts within the Act indicate is, firstly, that the legislators of 1857 were well aware of and had to make provision for, the vested interests involved in this area of Scottish social life. The Physicians Superintendent, and others involved in lunacy care, had to be assured that their power was not being taken away from them. Moreover, it is difficult to be sure precisely where the sympathies of the Commissioners lay, bearing in mind the Royal Commission's call for pauper district asylums. However, what a reading of Section Fifty-nine clearly indicates is that the legislators, while being aware of the need to pacify vested interests, were equally conscious of the need for economy. In other words, the law shows that the legislators saw no reason for building a District

Asylum as long as a detailed investigation into the existing accommodation within the stipulated area revealed that such provision was sufficient.

Moreover, it emerges, from the summary of their work submitted to the General Board, that the District Boards quickly began to exercise these powers. Thus, for example, the First Report, in its comments on the Aberdeen District, stated that 'the existing accommodation in the district consists of the Royal Asylum at Aberdeen', and that, owing to the existence of the Royal Asylum, 'the District Board do not contemplate erecting a new district asylum'.[40] Instead they entered into negotiations with the Managers of the Royal Asylum:

> ...which have for their object the provision of the required additional accommodation and the reception of the pauper lunatics of the district on certain fixed terms.[41]

Again, at Edinburgh, the District Board stated that 'the existing accommodation consists of the Royal Asylum at Morningside' and that 'they (the District Board) had not yet entered into any arrangements with the Directors of the Royal Asylum for the accommodation of the pauper lunatics of the district'[42] while the Forfar Board wrote, that 'the existing accommodation consists of the asylums of Dundee and Montrose'.[43]

Furthermore, the Glasgow Board expressed the view that 'the existing accommodation, consists of the Royal Asylum at Gartnavel'.[44] They then added:

> There is, however, in the district

> extensive accommodation in poorhouses, which, if taken into permanent account, will, in conjunction with the Royal Asylum, amply suffice for the present wants of the district.[45]

The Board averred that if the poorhouse accommodation for lunatics was to be permanently recognised, 'no increase of accommodation would at present be called for'.[46] But, pointing out that power to place lunatics in poorhouses would expire on 31st December 1863, the Board concluded:

> ... the only accommodation in the district that can be permanently relied upon is that offered by the Royal Asylum. The District Board have hitherto taken no steps to provide a district asylum.[47]

This view of the Royal Asylum functioning as a 'District Asylum' is, however, contrasted with the case of Perth. The Board there stated that:

> ... existing accommodation within the district consists of James Murray's Royal Asylum at Perth.[48]

As the Directors had resolved that the Murray Royal continue to fulfil its original purpose of being a 'public institution for charitable purposes,' reserving accommodation for 'the private indigent insane and of patients belonging to the higher classes,'[49] it therefore became:

> ... incumbent on the District Board to take steps for providing a separate district asylum, and they have accordingly - acquired a site of 60 acres contiguous to the Murthly Station -[50]

However, it should be recalled that the Murray Royal was a very small asylum, and this factor would have made the institution unacceptable to the District

Board.

Finally, it should be noticed that, prior to 1857, the pauper patients at Dumfries had been housed in a building separate from the Crichton Royal, namely the Southern Counties Asylum. The latter duly began to function as the equivalent of a 'District Asylum'.

It emerges, then, that the view held by the majority of District Boards (with a Royal Asylum in their midst) was that the Chartered institutions were part of their overall responsibility.

Some assistance in settling this issue of the administrative demarcation between the two types of institution, is gained by looking at terminology. Prior to 1857, the words 'Royal' or 'Chartered' were used, jointly, to describe the seven large institutions; however, the word 'public' was also occasionally employed before reform.[51] After the Act's passage, one detects a much fuller use of the term 'public'. 'Royal' is of course retained, as the official prefix to each institution's name, but the term 'Chartered' is referred to less and less. Certainly, by the time the District Asylums started operating after 1864, the classification used by the General Board, to identify the various areas of operations, was, in ascending order, 'Poorhouses', 'Licensed Houses' and 'Public and District Asylums'.[52] The fact that the Royal Asylums were included, without question on the lists and summaries of the General Board is testament enough to the Board's intention,

that the Royal Asylums should be integrated into the state system, the views of their Boards of Management notwithstanding.

In bringing this analysis to a conclusion, one final question can be fruitfully asked. If it were the intention of the architects of the 1857 legislation that, firstly, the new District Asylums should emerge as large, pauper institutions, and secondly that the Royal Asylums should 'shrink' in size to become specialist, private institutions, would this relationship not be reflected in the statistics? If this were the case, we should expect to see the District Asylums emerging as larger than the 'Royals' and the latter being divested of its pauper patients. The data reveal no such tendencies.

The years 1864-70 (1864 being the first in which any district regime operated) were taken, and the annual aggregates of all patients admitted, male and female, private and pauper, summed, and a rank order found as expressed in the following table.

## TABLE 32

## ANNUAL AGGREGATE OF PATIENTS ADMITTED TO ROYAL AND DISTRICT ASYLUMS 1864-1870

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | EDINBURGH | ROYAL | 4879 | 9 | ARGYLE DISTRICT | 839 |
| 2 | GLASGOW | ROYAL | 3692 | 10 | FIFE DISTRICT | 658 |
| 3 | MONTROSE | ROYAL | 2931 | 11 | PERTH ROYAL | 585 |
| 4 | DUMFRIES | ROYAL | 2745 | 12 | ELGIN 'PUBLIC' | 505 |
| 5 | ABERDEEN | ROYAL | 2724 | 13 | BANFF DISTRICT | 365 |
| 6 | INVERNESS | DISTRICT | 1431 | 14 | ROXBURGH DISTRICT | 269 |
| 7 | PERTH | DISTRICT | 1284 | 15 | HADDINGTON DISTRICT | 269 |
| 8 | DUNDEE | ROYAL | 1252 | 16 | STIRLING DISTRICT | 207* |

* These figures are eight year aggregates of the annual admissions over dismissals.

Commissioners in Lunacy Annual Reports, op.cit., No.7, 1865 (3506). Vol. XXI, 239, -No. 13, 1871 (c 363) Vol. XXVI, 615. Appendix B.

From these statistics, it is clear that five of the Royal or public asylums, Edinburgh, Glasgow, Montrose, Aberdeen, and Dumfries, remained throughout the decade larger in patient terms than any of the District Asylums. However, Inverness and Perth District Asylums, opened in 1865, quickly overtook both the Perth and Dundee Royals in this respect, but it should be noted, that Perth Royal so quickly contracted in size as a result of the Board of Management's anxiety to be rid of

its pauper load. With the exception of Perth and Dundee, the remaining Chartered Asylums, in terms of aggregate patient size, remained far larger than the District Asylums during the period studied.

Moreover, the data further reveal that, with the exception of Perth, the number of pauper patients cared for by the 'Royals' after reform actually increased.

TABLE 33

NUMBER OF PRIVATE AND PAUPER PATIENTS

ADMITTED TO ROYAL AND DISTRICT ASYLUMS 1864-1870

| Royal Asylums | | | | District Asylums | |
|---|---|---|---|---|---|
| Pr. | Pa. | Ratio of pr. per 1000 pa. patients | | Pr. | Pa. |
| 1865 | 811 | 1789 | 453.32 | 15 | 510 |
| 1866 | 819 | 1737 | 471.50 | 34 | 617 |
| 1867 | 865 | 1735 | 498.58 | 47 | 872 |
| 1868 | 858 | 1874 | 457.84 | 66 | 1076 |
| 1869 | 819 | 1985 | 412.60 | 59 | 1178 |
| 1870 | 860 | 1975 | 435.44 | 54* | 1572 |

* This is a margin of administrative error to cover transfers from one house to another.

Commissioners in Lunacy Annual Reports, op.cit., No. 8, 1866 (3659) Vol. XXXII 213- No.13, 1871 (c 363), Vol. XXVI 615. Appendix B.

No further doubts need be entertained on this score. As intended, the District Asylums were clearly reserved for paupers. In contrast, however, the data show that the objectives of transferring the pauper patient load out of the Royals, which had been envisaged by certain of the 1857 reformers, was not realized during the period under study. Indeed, the number of private patients expressed as a ratio of 1,000 paupers declined in the Royals during the decade.

This analysis of the development of the post-1857 national lunacy organisation has shown that whereas a distinction between private Royal and pauper District Asylums had been in the minds of persons associated with the 1857 reforms, nevertheless, the legislators granted powers to the putative District Boards which, if utilized, would prevent such a division. Six of seven District Boards merely availed themselves of sections in the 1857 Act and avoided building a District Asylum because of the proximity of a Royal institution. We must assume that the Boards in question, in reaching their decision, acted fully in accordance with the provisions of the Act requiring a thorough investigation of the needs of the area before this decision was taken. However, when we consider the general nature of the patient admission figures, and, in particular, the fact that five of these Districts were in urban areas, their

policy appears highly suspect. It should finally be stressed that although the 'dual mandate' did not operate nationally, it continued to be applied within individual Royal Asylums as a very thorough internal division was maintained between private and pauper patients.

## III

The decision by six Boards merely to integrate Royal Asylums was not the only major factor involved in the post-1857 developments. It would appear that, in addition, these Boards, without a Royal Asylum in their midst, were very tardy in going about the business of building a District institution. Despite the fact that twenty-one District Boards had been designated by 1858, only nine had shouldered their responsibilities in the terms of the Act, of building an asylum by 1870. These were at Argyle (1863), Inverness and Perth (1864), Banff (1865), Fife and Haddington (1866), Roxburgh (1868) and Ayr and Stirling (1870). In addition, the former non-Chartered Public Asylum at Elgin had by that time become a District Asylum.

A study of the Annual Reports of the General Board reveals various reasons for this delay. Thus for example at Banff, a legal battle with the major landowners of the area held up operations. A site was acquired in 1860, but it was five years before

building was completed.[53] Inverness purchased 100 acres near the town in 1858, yet it took six years before that District was ready for action.[54] Both Fife and Haddington took six years to complete their plans.[55] A study of the Annual Report for 1870 suggested that there was little hope of asylums being built at the remaining Districts of Bute, Caithness, Kinross, Orkney, Renfrew and Shetland.[56]

Two very important consequences emerge from this gradual development of the District Asylums. Firstly, both the poorhouses and the private madhouses, so heavily criticised in the 1857 Report, continued to play a role in lunacy care. The Commissioners in Lunacy had no doubts about the necessity of removing both institutions from their sphere of action. Thus, in their First Report, the Commissioners in Lunacy had this to say about the poorhouses:

> ... the Legislature draws no distinction between the different classes of lunatics, and does not, in the remotest manner, countenance the view that poorhouses are to be considered, and licensed, as proper places for the reception of incurable or harmless lunatics. The only reason assigned for conferring (on the District Board) the power to license these wards at all is, that they may be available for the reception of patients until the district asylums are erected.[57]

The General Board entertained the very firm conviction, founded on experience, that the extension of this form of accommodation 'was very far from being'[58] desirable. Accordingly, it refused to grant licences to any poorhouse in an area, where sufficient

accommodation for the lunatic poor existed, (for example, Dundee 1858) and only conceded, in these areas where extra accommodation was required, with extreme reluctance.

This zeal, on the part of the General Board, proved fruitless. As we have seen, legislation had to be passed permitting the continued role of poorhouses in lunacy care on a temporary basis until 1863, but, although the number of poorhouses operating within Scottish lunacy care initially declined from twenty-seven in 1858 to fifteen in 1870,[59] this was still a significant figure for a sector which was supposed to cease operations in 1863. In fact, the Act passed in 1862 to amend the definition of lunacy (the 25 and 26 Vict. ch. 54) also included within it a eleventh section granting the General Board powers 'to license lunatic wards in poorhouses for the reception and detention of lunatics only who are not dangerous and do not require curative treatment'.[60] Thus, despite the strong words and intentions of the Legislature and General Board, the poorhouses retained their place in lunacy care in Scotland following reform.

Evidence of the General Board's total failure to remove the parochial element from lunacy care is contained in these figures.

## TABLE 34

## ANNUAL ADMISSION RATE FOR POORHOUSES AND PAROCHIAL ASYLUMS

## 1858-70

| Yr. | P/H | % of total | Yr. | P/H | % of total |
|---|---|---|---|---|---|
| 1858 | 840 | 14.61 | 1866 | 1008 | 15.23 |
| 1859 | 797 | 10.12 | 1867 | 998 | 14.75 |
| 1860 | 866 | 10.71 | 1868 | 1007 | 14.27 |
| 1861 | 843 | 10.36 | 1869 | 1024 | 14.00 |
| 1862 | 838 | 13.21 | 1870 | 1127 | 14.88 * |
| 1863 | 878 | 13.87 | | | |
| 1864 | 910 | 14.31 | | | |
| 1865 | 925 | 14.30 * | | | |

* See Table 23.

Commissioners in Lunacy Annual Reports. op.cit., Nos. 1, 1859 (2489), Vol. IX, 81-13. 1871 (c363), Vol.XXVI, 615. Appendix B.

More significantly, as the Eighteen Sixties wore on, and the pressure of admissions continued, the General Board was eventually forced to compromise even on the ideal, as well as the practice of the no-poor-house policy. While not revising their view as to the drawbacks of poorhouses, within lunacy care, the Commissioners, in the light of the admissions' situation, agreed to license certain poorhouses as parochial asylums. In 1866 legislation allowed the Abbey and

Burgh poorhouses in Paisley, the Barony and the City poorhouses in Glasgow, and the Falkirk and Greenock poorhouses to be licensed as Parochial Asylums.

By the end of our period of study, then, it is clear that the reformers had failed to remove poorhouses from Scottish lunacy organisation. Their ambitions for the private trade in lunacy were only marginally more successful. It has already been shown that the role played by the private licensed houses in Scotland, prior to 1857 appeared far smaller than the comparable English sector. Moreover, it has been asserted that the contribution, made by the private sector, to Scottish lunacy care after 1857, in terms of numbers of institutions at least, declined markedly. There were twenty-four such private madhouses in 1858 and ten in 1870.[61]

Moreover, whereas the poorhouse annual admission rate was generally rising (with three exceptions), the pattern in the private sector was more complex. From 1858 to 1863 the trend was upwards from 745 to 927. It then falls away sharply to 788 by 1865. From 1866 to 1869, there were fluctuations within a band of 557-812, and finally a major drop to 303 in 1870.[62]

Clearly then, the General Board were marginally more successful in contracting the role of the private madhouses, than they were with the poorhouses. 303 patients, throughout Scotland, in 1870 is a small figure, and it was a declining total. Yet the

Commissioners in their Reports expressed considerable concern about the sector, during the years 1858-70.

Since overcrowding remained a problem in most of these houses, the principal objective of the Commissioners was simply to limit the number of patients. However, the deficiency of asylum accommodation throughout the country made it impossible to remove surplus numbers. The General Board had to content itself with refusing to grant licences for the reception of new cases, until the numbers were reduced by removals or deaths, or, until additional accommodation had been provided. But the disclosure, that licences were being granted, however reluctantly, shows that, despite the decline, the private sector was still being utilized. As the Commissioners reported:

> Several proprietors did not hesitate to take immediate steps to increase their accommodation, either by building, or acquiring possession of adjoining houses, and the alacrity which they showed in thus extending their premises, notwithstanding the probability of their early extinction through the erection of district asylums, affords a strong proof of the profitable nature of their business.[63]

Despite the Commissioners' foreboding about the continuance of the private sector, there were some signs that improvements were taking place. Seclusion rooms had been provided, in most houses, and patches of land capable of being worked by the patients had been acquired. Moreover, the problems resulting from placing intractable patients in houses not designed

for their treatment, had been partially removed by their transfer, on the Commissioners' recommendations to other asylums.[64]

The Commissioners, however, also drew attention to the fact that, in many houses, proper attention had not been paid to cleanliness. Moreover, the pressure on accommodation had led many proprietors to maximise their opportunity by raising the lowest rate of maintenance in some cases as high as £27 per annum as at Glasgow.[65] Finally, the Commissioners in Lunacy were gravely concerned about the situation whereby, with the exception of Millholn, Garngad & Langdale, the licensed houses receiving paupers were under the medical superintendance of non-resident practitioners.[66]

The second important factor here was the development of the boarding out scheme. Henderson has explained how Scotland was unique in the United Kingdom in that it developed an early method of family care for lunatics.[67] The origins of the concept can be traced to Gheel in Belgium, and it was to be practised in Scotland as well as elsewhere in Europe and the United States.

Recent research might give grounds for seeing in the boarding out method a reason for the slow growth of the District Asylums. Thus Mc Candless quotes from Dr W. Lauder Lindsay's submission to the Royal Commission to the effect that there should not be built

'Colney Hatches in Scotland, huge, overgrown, unmanageable establishments'.[68] Lindsay's reference was, of course, to one of the largest of the English county asylums. Instead, he advocated the practice of 'boarding out' patients.

Mc Candless, perhaps, overstates his case when he writes that in 1858, there was 'very little' accommodation for the insane poor'.[69] But, as we have seen, the District Asylums did develop slowly, and, in order to maximise resources, the Scottish Lunacy Commissioners, according to Mc Candless, 'frequently urged the parish officers to try to improve the conditions of a pauper lunatic's existence so as to avoid the necessity of immediate removal'.[70]

Following a visit by Lunacy and Poor Law Commissioners in 1860 to Gheel, a decision was taken to adopt a similar plan in Scotland. The eventual Scottish system differed from the Belgian one in that the lunatics were not centered in one village colony but 'scattered throughout the kingdom'. In fact, the majority remained with their own families, only about one-fourth being 'farmed out' to persons unrelated to them. All the patients were supported wholly or in part by a grant from the parish.

McCandless states that in 1867, as many as 28.5% of the pauper lunatic population were living at home or with families 'a proportion nearly twice as great as that in England'.[71] In data referred to later

in this thesis, it is noted that in 1901, 17.57% of all the Scottish insane population were being cared for outside institutions.[72] These are not insignificant percentages. The practice of boarding out was to become well established in Scotland, and was one of the unique features of Scottish lunacy care.

However, it is essential not to over-emphasize the importance of this innovation. It is not an explanation for the slow growth of the District Asylums. The boarding out concept was started early in the 1860s by which time the District Boards had either begun building their asylums, or given reasons for not doing so. As has been shown, none cited boarding out as a reason. Moreover, while this expedient was to become widely practised, nevertheless it still only ministered to a minority of the entire insane population.

## IV

The reformers of 1857 had ambitious intentions. The previously random and haphazard methods were to be replaced by a national, rationalised structure. The poorhouses and private madhouses were to be phased out of lunacy organisation, and the Royal Asylums apparently divested of their pauper patients and allowed to develop their private elite service. The bulk of the patient load, the pauper insane, would be shouldered

by the District Asylums.

By the end of the period under study, this project had largely failed. For a variety of practical reasons, the application of the District Asylum concept was slow. As a result, the poorhouses and private madhouses continued to play a part, in lunacy organisation, and apart from the Perth Royal, the Chartered Asylums not only continued to grow, but any pretensions towards removal of the paupers were quickly quashed.

In drawing both this Chapter, and the entire issue of national organisational developments to a conclusion, it would be fruitful to look beyond 1870, and consider the state of Scottish lunacy care at the end of the nineteenth century. In doing so, a number of significant factors emerge.

As we have seen, when Pinel struck the chains from the mad during the French Revolution, he initiated an optimistic era in the history of the insane, in which it was felt that a 'cure' could be found. That optimism gave way to reservations by the middle of the nineteenth century and to a feeling of despair by the end of Victoria's reign. We have already seen how the 1845 English reforms rapidly failed in their practical applications, and this Chapter has clearly brought out the failures of the Scottish legislation.

There were two basic reasons for this pessimism. In the first place, a clinical doubt as to the

possibility of cure became generalised towards the end of the nineteenth century, particularly as a result of German neurological research. The Quaker ideal of the asylum as a therapeutic retreat had long since gone; in its place was the grim realisation that these houses had become mere depositories for the insane. In this respect, Scull's use of the metaphor 'museums of madness' is apt.

To add to the problem of long-term incarcerations was the associated issue of the large numbers of such cases involved. Throughout this thesis, the theme of numerical pressure on the institutions involved has been continuously referred to, either specifically in Chapter Four, or generally throughout the text, and the end of Victoria's reign saw no reprieve for lunacy managers on this score. In their Forty-Third Annual Report for 1901, the General Board noted that there were 15,899 incarcerated at that time, representing an increase, since the Board began its work in 1858, of 10,075, the 1858 figure being 5,824.[73] The mode of distribution is shown in this table.

# TABLE 35

## MODE IN WHICH LUNATICS WERE PROVIDED

## 1858-1901

| | At 1st Jan, 1858 | At 1st Jan, 1901 | Difference |
|---|---|---|---|
| Royal or Public asylums | 2,380 | 4,161 | +1,781 |
| District asylums | | 6,806 | +6,806 |
| Private asylums | 745 | 126 | - 619 |
| Parochial asylums | 576 | 544 | - 32 |
| Lunatic wards of poorhouses | 264 | 1,045 | + 781 |
| Private dwellings | 1,804 | 2,793 | + 989 |
| H.M. General Prison | 26 | 46 | + 20 |
| Training Schools for idiots | 29* | 378 | + 349 |

* The difference between these figures and those in Table 23, is explained by the inclusion here of prison and idiot school inmates.

Commissioners in Lunacy Annual Reports, op.cit., No.43, 1901 (c 755), Vol. XXVIII, 817. pp.4.

These clearly are highly significant data. From them we learn firstly, that, whereas the Royals were still experiencing numerical increases in admissions, the District Asylums had clearly replaced them as the numerically largest sector in lunacy administra-

tion. The ten District Asylums of 1870 had been joined by a further six by 1901, at Govan, Woodilee and Gartcosh in Glasgow, and at Lanark, Midlothian and Kirklands.[74] Secondly, while it is clear that the Board had succeeded in virtually eradicating the 'trade in lunacy' by the end of the century, with only three private madhouses left as compared with ten in 1870, they had failed utterly in their ambition of removing the parochial element of lunacy care.[75] All that can be said, on this score, is that the Board reduced the number of Parochial Asylums to four during the years 1865-1901. In contrast, a total of sixteen poorhouses operating with lunatic wards was recorded in 1901.[76] Finally, it should be noted that the number of insane cared for domestically still remained high, being numerically the third highest category, or 17.57% of the total in 1901.[77]

Several other questions arise from these trends. Firstly, does the emergence of the District Asylum, by the end of century, give us any grounds for thinking that the 'dual mandate' had been achieved by that time? The answer is finally in the negative. Of the 4,161 patients within the Royals on January 1st, 1901, 2,402, or 57.73% were paupers, and 1,759, or 42.27% were private, while only 205 of the District Asylums 6,806 patients were private. All the private asylums' 126 patients were by this time private, and all the parochial institution's patients were, not

surprisingly, paupers.[78] Hence, whereas one of the major thrusts of the 1857 legislation, the designation of pauper District Asylums had been virtually achieved, the idea of preserving the Royals as elitist, therapeutic institutions for the private insane failed. In fact, the desire of the Royal managements to be rid of their pauper insane, so keenly felt both at the time of the Royals' inception, and in 1857, was never realised.

Secondly, taking discharge as a criteria of recovery, how successful were the institutions in this respect? By the end of the century, the idea of care was distinctly unfashionable and the extent to which the Scottish asylums, particularly the poorhouse wards, had become mere receptacles, is powerfully borne out in these data. In the Royal and District Asylums, the number of recoveries expressed as a percentage of admissions declined from 39% in 1890-94, to 37% in 1895-1899 and 38% in 1900. There was a marginally more successful rate for the small, remaining private asylums, moving from 38% in 1890-99 to 44% in 1900. Moreover, the four parochial asylums, having had their recovery rate decline from 43% to 42% from 1890-99, saw it jump to 60% in 1900. But the lunatic wards in the poor-houses could only send back into society 7% of the lunatic admissions in 1890-94, 5% in 1895-99 and 4% in 1901.[79] From these figures, one would speculate that the relatively successful recovery rate for the private and parochial asylums was due, in the first instance,

to the private nature of the patients and, in the second, because these institutions would probably take in the less severe pauper cases. On the other hand, there is little doubt that what kept the Royals and District Asylums' recovery rate relatively low, and the poorhouses figures disastrously low, was the extent to which these houses were operating as depositories for the incurably insane pauper. Indeed, it is possible to infer that, as we approach the beginning of this century, perhaps a majority of the houses built partly, or in whole, for the insane in Scotland were functioning as 'last refuges' for the general paretic.

In looking back over the entire century, one final and vital question remains to be posed. Despite the growth of institutions, the data suggest that, until the end of the century at least, many of the Scottish insane remained outside the institutional network. Both figures for 1818 and the Royal Commissions for 1855 showed that more than half the lunatic population were being cared for in this way. Although this proportion had dropped to just over a quarter by 1901, the numbers so cared for remained significant. Moreover, as has been shown, the boarding out concept gave official sanction to this non-institutional trend. Bearing these factors in mind, then, when we look at the rise of the Chartered and District Asylums, we might with credit ask, was this the great incarceration of the Scottish insane? At a time when the Germans

and central Europeans were building their massive castellated state institutions, and England her Colney Hatches, Scotland appeared to prefer smaller asylums ministering to only a proportion of her known insane population. The administrators appeared content to allow at least a quarter of the lunatic population to be boarded out in 1901.

But the very large mass of the remainder were incarcerated, and moreover, there is evidence to suggest that certain of the later District Boards built large asylums on the Colney Hatch model, such as at Woodilee and Midlothian. Again, the relative lowness of the cure rate within the lunacy care system as a whole suggests that incarceration was the end of many.

Hence, although it is possible to detect another distinctive aspect of Scottish lunacy organisation, nevertheless the point must not be overstressed. Scotland did not, perhaps, practise a 'great incarceration' but incarceration there undoubtedly was. Moreover, in trying to cope with the problems thrown up by the process, the Scottish reformers failed almost as much as did the English in 1845. Although the District Asylums for paupers were established nationally by the end of the century, the Royal Asylums, originally planned as elite middle class institutions, were as wedded to the pauper insane after 1857 as before. The private licensed houses were eventually all but weeded out

but the parochial role, in patient numbers at least, expanded considerably. Admissions in all sectors of Scottish lunacy organisation expanded dramatically towards the end of the century and the recovery rate was generally low. Hence the only solution, in Scotland as elsewhere, was larger and larger 'museums of madness'. It would appear that the Commissioners in Lunacy for Scotland were no nearer to finding a solution to the organisation of insanity in 1901 than the pioneers of the Royal Asylums were in 1801.

## REFERENCES AND NOTES

1. The 20 and 21 Vict., op. cit., Sect. IV.

2. The five members of the Board on inception, were the Earl of Minto (Chairman), George Young, George Moir, James Coxe, & Dr. W.A.F. Browne.

3. The 20 and 21 Vict., op. cit., Sect. L I.

4. The actual divisions were Edinburgh (City, Haddington, Peebles, Berwick, Linlithgow, Roxburgh, Selkirk and Orkney), Inverness (Sutherland, Ross, Inverness, Elgin and Nairn), Aberdeen (City, Caithness, Banff, Kincardine, Shetland), Perth (City, Forfar, Fife, Clacks, Kinross), Dumfries (Dumfires, Kirkcudbright & Wigtown), Glasgow (Lanark), Stirling (Argyle, Bute, Dumbarton & Stirling) & Renfrew (Renfrew & Ayr).

5. The basis behind the Prison's Board's powers are to be found in section L of the 1857 Act. By these provisions the Prison Board were given certain responsibilities in relation to establishment of the District Boards, particularly with reference to appointments. Also the relatively more serious nature of the prison's lunatic population gave the Prison Board an interest in the new lunacy developments.

6. A model used frequently in Scottish administration.

7. For example, according to the new plan, there was one district only for the cities of Aberdeen, Edinburgh (and Peebles) and Glasgow (and Lanarkshire) and also for the counties of Argyll, Caithness, Orkney and Shetland.

8. Board of Commissioners in Lunacy Annual Reports, No.1, op.cit., 97.

9. ibid., 98.

10. ibid., 97.

11. See Ch. 5, p.261.

12. In their final interpretation of this section, the Commissioners were guided by Counsel.

13. See pp. 352-355.

14. Board of Commissioners in Lunacy, Annual Report, No.1, op.cit., 8.

15. 20 and 21 Vict., op. cit., Sect. II.

16. Board of Commissioners in Lunacy Annual Report, No. 1, op. cit., passim.

17. See Note 15 above.

18. See Ch. 6, p.320.

19. Board of Commissioners in Lunacy Annual Report, No. 1, op. cit., 30.

> The case of Miss McD, pauper, of Boleskine. The woman was visited by one of the Deputy Commissioners, and was reported as subject to frequent and severe fits of epilepsy. Her mental powers were permanently impaired by the disease, with her clothes on fire once. She was under the sole charge of her mother, an old woman, also a pauper, who was quite unfit to take proper care of her. She slept on straw, and had only a bit of carpet covering her. As a result, the Commissioners desired the woman removed. Yet, J.J. Ross, M.D., of Inverness wrote on 8 Sept. 1858 - 'The repeated invasions of her disease may no doubt have somewhat impaired the strength of her intellect and memory, but I have failed to observe for myself, or to ascertain from others, any facts indicating what would amount to insanity - I do not consider it necessary that she should be committed to and detained in an asylum - ' The other medical person upheld this view, yet only two weeks after the doctor's report, the woman spilled the contents of a teapot on her abdomen and was severely scalded.

20. ibid., 32.

21. ibid., 32.

> 'No superintendent of any public, private or district asylum or house shall receive or detain any person as a lunatic therein, unless there shall be produced to and left with the supt. such order by the Sheriff dated within fourteen days prior to the reception of such lunatic (section XXXIV).

22. ibid., 33.

23. ibid., 34.

24. ibid., 33 -34.
Some examples of the exercise of the judicial function follow,
Medical certificates refused by the Sheriff - 'the patient is of unsound mind - he talks much of the guilt of his past life, exaggerates this, and expects much severe punishment, is restless and much altered in his general demeanour, and is liable to sudden bursts of despair.'
'The patient's appearance, wandering conversation, and inability to fix his attention on one subject,-'
'The patient could not tell her age, and gave very stupid answers to our questions.'
'The person is evidently imbecile.'
'He is decidedly of unsound mind (not in a condition to be left to the freedom of his own will).
'The patient will not work to support himself, and seems otherwise weakminded, - he refuses to answer questions, and although in possession of good health, does nothing towards maintaining himself, he also appears a simple weak-minded person.'

25. ibid., 35-38.
The case of Miss McC., pauper, of Inverness, returned to the Board as a lunatic or fatuous person on 1st Jan.. 1858. Application was accordingly made to the Sheriff for his order which was refused, on the grounds that the medical opinion suggested that she was a harmless idiot. The opinion of the Board on inspection of the patient was that she was 'an imbecile from birth, is not naturally mischievous, but when interfered with becomes violent, rude and demonstrative. - She refused me admission, piled huge stones behind the door - threw water out of the window, howled, screamed, swore and conducted herself in the most boisterous manner. She is a big, strong, vigourous woman, in good health and full flesh. She is clothed in rags - she formerly resisted an effort to put her into the poorhouse, tore off the door, and went her way. - She lives alone in the most wretched hovel, which I saw while she was absent. It contains neither chair, table nor bed, and is filthy and disorderly - the roof threatens to fall in and is not watertight. The window

is bordered up. - '

The case of D. McD, pauper, of Lochcarron in Rossshire. In a report to the Board, the Commissioners wrote, 'he is aged 39, a congenital idiot, ineducable, living with his parents - the patient was found in rags, wild-looking and very dirty. He is reported troublesome, and not to be trusted in the village, and is sometimes offensive to public decency. He is of dirty habits, and sleeps in the dark closet on the clay floor, which is wet, apparently, from urine - his bedding consists of a little straw 'covered by a blanket.- ' Removal was recommended, but the Sheriff refused so to grant giving at Dingwall on 16 November, 1858, his reasons - 'in respect D McD, therein mentioned, is represented by the petitioner to be an idiot, and is not dangerous, and there is no evidence or averment that his mental condition renders him unfit to be at large, either as regards his own personal safety and conduct, or the safety of the persons and property of others, or of the public.' The Sheriff substitute 'refuses to grant the prayer of the petition.'

It appears however, that the facts of the case were not fully brought out in the application. When the Commissioners, on receipt of the decision, wrote back to the Sheriff, with the full facts, the Sheriff then replied, 22 Nov. 1858, stating that the new facts 'will warrant removal of the idiot to an asylum, and that an application or order to that effect, based on the new and additional ground of his being offensive to public decency' may be - granted.

26. Board of Commissioners in Lunacy Annual Reports, op. cit., No. 4, 1862 (2974), Vol. XXIII, 255, pp.5.

27. ibid., 5.

28. ibid., 1-2.

29. Jones, op. cit., 145.

30. See pp. 303 and 324, Note 22.

31. See pp. 345-6; Ch.9, pp. 408-413; Ch.10, p.449.

32. Glasgow Annual Reports, op.cit., No.44 (1858), 10.

33. ibid., No. 45 (1859), 12.

34. 20 and 21 Vict. op. cit., Sect.IX.

35. Royal Commission Report, op. cit., 255.

36. See Ch. 6, pp. 316 and 319.

37. 20 and 21 Vict, op.cit., Sect. L I.

38. 20 and 21 Vict., op. cit., Sect. LIX.

39. ibid., Sect. LVII.

40. Board of Commissioners in Lunacy Annual Reports, No. 1, op. cit., 13.

41. ibid., 13.

42. ibid., 17.

43. ibid., 18.

44. ibid., 19.

45. ibid., 19.

46. ibid., 19.

47. ibid., 19.

48. ibid., 23.

49. ibid., 23.

50. ibid., 23.

51. Royal Commission Report,op.cit., passim.

52. Board of Commissioners in Lunacy Annual Reports,op.cit., passim.

53. ibid., No.7; 1865 (3506), Vol. XXI, 239, pp.18.

54. ibid., 20.

55. ibid., No. 9; 1867 (3876) Vol. XVIII, 569, pp.49.

56. ibid., No. 13; 1871 (c. 363) Vol. XXVI, 615, pp.27-34.

57. ibid., No. 1, op. cit., 64.

58. ibid., 65.

59. ibid., passim, Appendix B.

60. ibid., No. 5; 1863 (3140), Vol. XX, 715, pp.1-2.

61. ibid., passim, Appendix B.

62. ibid., passim, Appendix B.

63. ibid., No. 1., op. cit., 57.

64. ibid., 58.

65. ibid., 58.

66. ibid., 59.

67. Henderson, op. cit., 95-98.

68. McCandless, op. cit., 558.

69. ibid., 558.

70. ibid., 559.

71. ibid., 559.

72. See p. 362, Table 35 and p.361.

73. Board of Commissioners in Lunacy Annual Reports, op. cit., No. 43, 1901,(c755), Vol. XXVIII, 317, pp.4.

74. ibid., 20.

75. ibid., 20.

76. ibid., 20.

77. See P. 361.

78. Board of Commissioners in Lunacy, Annual Reports, No. 43, op. cit., 13.

79. ibid., 17.

# CHAPTER 8

# TWO COMMUNITIES' ORGANISATION OF INSANITY DURING THE NINETEENTH CENTURY: THE GLASGOW AND EDINBURGH ROYAL ASYLUMS

Having analysed the emergence and consolidation of an organisation of insanity in nineteenth century Scotland as a whole, this Chapter will be devoted to a study of two constituent members of that regime, the Royal Asylums of Edinburgh and Glasgow. As such, what follows should be seen both as an exercise in local history, bringing greater detail to an otherwise national picture, and as an extention of the previous three Chapters. Accordingly, two themes which were not explored elsewhere in the Section, namely the administration and financing of the Royal Asylums, will now be studied within the context of the way in which two of these institutions functioned in these areas. In looking at these houses, their origins and growth during the period under review will first be considered.

## I

Despite the opening of the Edinburgh and Glasgow Royal Infirmaries in 1729, and 1794 respectively, provision for the insane of both cities remained inadequate until well into the nineteenth century.[1] It is

safe to assume that there were some private licensed houses offering a rudimentary service in both cities towards the end of the eighteenth century. But, apart from the 'trade in lunacy', the only other receptacles for the insane were the lunatic wards of the early poorhouses. In Edinburgh, this was the city Bedlam in Teviot Row, opened in 1748, while in Glasgow, the Towns Hospital in Clyde Street, opened in 1732, served in this capacity.[2,3] It was, in fact, principally because of the conditions pertaining in both institutions that the Glasgow and Edinburgh Royal Asylums came into existence.

In common with most of the Chartered institutions, one individual was active in promoting the cause of the Glasgow Royal Asylum. In this instance, the person involved was Robert McNair, a member of the Glasgow mercantile community, who had prospered in the sugar trade. He had been elected Bailie in 1805, in which capacity he served as a director of the Town's Hospital.[4] On his appointment, McNair was forcibly struck by the contrast between conditions in the Hospital and those in certain English institutions which he had previously visited, being particularly impressed by the fact that, when the River Clyde was at high tide, cells were not infrequently under water.[5]

Confronted by the state of affairs, McNair decided to work for reform. It was proposed, at the

outset, merely to renovate the existing Town's Hospital, but when it was discovered that the original appeal launched by McNair had realised approximately £7,000, the first proposals were dropped, and plans were drawn up for the construction of a separate lunatic asylum. A full general committee was appointed to co-ordinate planning.

Three principal tasks confronted the General Committee. A most important immediate objective was the acquisition of sufficient funds. In meeting this challenge, subscriptions were sought from leading inhabitants of the city. Contributions were also obtained from the various public bodies there, from congregations and parishes, and from the noblemen and gentry of adjacent counties, the total amount received at 18th February, 1814, being £15,541.18.11.[6]

Financial backing having been received, the General Committee then turned to the construction of the asylum building. In choosing a site, the managers adhered to the criterion that the lands purchased should be retired from the city centre yet at no great distance from it. Three acres of the lands of Mrs Rae Crawford, immediately west of where Parliamentary Road and Dobbies Lane now intersect, were secured (1808-09). The total cost was £754.9.0.[7]

Finally, the architect commissioned was William Stark.[8,9] The fruit of his labours was a building constructed in the form of a central complex,

from which projected diagonally four divisions of wards, each three storeys in height. Walls continued outward from the termination of each wing to the surrounding walls, within which were the grounds. Each storey of every wing formed a ward, consisting of a row of chambers along one side and a long gallery on the other. In these last, converging to the centre, were the keepers' rooms and patient's day rooms. There were also four wards, housed in one storey, for disorderly patients. The gardens were divided into eight quadrants for the patients' exercise and relaxation. The total construction costs, to the 18th February, 1814, was £16,916.18.11.[10]

The foundation stone was laid on 2nd August 1810, and on the 1st December 1814, the formal opening took place. Eleven days later, all the patients who qualified transferred from the Town's Hospital. It would appear that the Asylum quickly became a widely respected institution. Architecturally, one critic said that Stark had 'given the Asylum a character of blended dignity and elegance'.[11] In 1827, Dr Sutherland of St Luke's Hospital wrote in the visitors' book:

> ... the Glasgow Asylum ... in my opinion arrived at as great a degree of perfection as any other similar Establishment with which I am acquainted.[12]

while the Edinburgh Review described Glasgow as possessing:

> the best establishment, beyond comparison in Britain (and elsewhere in Europe).[13]

The relative speed and financial success with which Glaswegians established their Chartered Asylum was not matched by the citizens of Edinburgh, where delays and penury were associated with the venture. As far as can be ascertained, the idea of a lunatic asylum for the city of Edinburgh was first canvassed in 1792, by Dr Andrew Duncan, the President of the Royal College of Physicians.[14,15] On his initiative, an informal body of trustees comprising the Lord Provost, and other civic leaders was appointed, and the proposal widely circulated throughout the city. Funds were, however, slow in accumulating, and between the years 1795 and 1805, the project, with only £223.11.0 to its name, was held in abeyance.[16]

After a number of fruitless attempts to raise capital, revenue suddenly came the way of the trustees from an original source. In 1806, Henry Erskine, the Lord Advocate, piloted an Act through Parliament allowing £2,000 to be allocated to the project from the funds of Scottish estates forfeited after the 1745 Rebellion, thus making Edinburgh the only Royal Asylum to have utilised public funds. This injection of public money revived the project.

In the same year, £1,450 was paid for lands at Morningside, and an architect, Robert Reid, was

appointed. A new appeal for funds, launched in February 1807, amounted to £2,000. In June of the same year, the Royal Charter was granted, and in January of the following year, the Governors and Managers appointed by the Charter took office. During 1808-09, further fund-raising took place, as a result of which the foundation stone was laid on 8th June 1809.[17]

Yet finance was to place heavy constraints upon the ambitions and energies of the Managers. The unsystematic process by which capital was raised resulted in the asylum being built in a haphazard manner, with the north-east wing begun in 1808 and the north and south wings not tackled until 1810. More seriously, a total of only £7,500.0.0[18] raised from all sources by 1813 meant that only a very small-scale operation could be contemplated. The result was a long, thin building, consisting in effect of a central corridor surrounded by rooms on either side. The complex was elevated to two storeys in the centre, and to one at the ends, but between the two there was only a ground floor. Most of the rooms off the central corridor were cells, plus some parlours, keepers' rooms and toilets. The central elevation contained the administrative unit. To the front of the building were to be found grounds and airing courts.[19] It was into this structure that fourteen patients were admitted on the 9th July 1813.

A number of contrasts can thus be detected between Glasgow and Edinburgh in this survey of the origins of their Royal Asylums. In the first place, Glasgow was clearly more efficient, taking only six years from conception to completion of the project whereas Edinburgh took twenty-one years. Secondly, in economic terms, Glasgow was also more successful, raising £15,541.18.11 in half the time it took Edinburgh to raise £7,500.0.0, £2,000 of which was public money. Thirdly, it follows that the Glasgow regime was both larger, and better equipped than its Edinburgh counterpart. Finally, although medical and civic interests piloted both schemes, the plan for a Royal Asylum at Glasgow originated in mercantile initiatives. These early contrasts will be borne in mind as the organisation of the institutions during the period under review is now considered.

II

No differences of any real significance can be detected in the organisational structure of the two regimes. In both cases, there were two distinct groups, the Directorate, and the Officers, although in Edinburgh the former were called 'Managers' and in Glasgow 'Directors'. However, the one pertinent distinction which should be made between the two houses as regards their mode of government was that whereas in Glasgow,

ultimate executive authority lay with the Directors, in Edinburgh the Managers were subject to a higher authority, known as the Guardians.[20] These gentlemen, holding, according to the words of the Charter, 'the most important offices of state about Edinburgh' exercised a general superintendence over the whole operation, although, judging from the material consulted, this did not seriously detract from the Managers' power.[21] Apart from this distinction, the decision-making process in both houses was similar.

The Directors in Glasgow and the Managers in Edinburgh included representatives of civic and mercantile interests, medical professionals and representatives of the subscribers.[22] The chairman of both groups was the Lord Provost of the day, and in Glasgow, the Directors met quarterly while the Edinburgh Managers met monthly. At these meetings, the annual election of office-bearers and sub-committees was discharged, rules enacted for the government of the institutions, appointments satisfied and the general business attended to. But in Glasgow, because of the pattern of quarterly meetings of the Directorate, a sub-committee, known as the 'weekly committee' attended to day-to-day affairs. Early each year, both institutions held their annual general meeting at which most contributors could attend and to which an annual report was presented.

The officers, in both houses, were the Physician, the Superintendent, the Matron, the Surgeon, the Secretary, the Treasurer and the Chaplain. The roles of the last three are self-explanatory; it is sufficient to point out that the secretary served as the chief clerical officer.[23] As the scale of the asylums' operations grew during the century, so also did the number of medical assistants and the usual ancillary staff associated with such institutions, keepers, porters, cooks, technicians, housemaids and laundresses.

The roles of the Physicians and the Superintendents have to be understood more clearly. At the beginning of the period studied, 1830, both Asylums utilized the resources of only a part-time Physician. This however is not to imply that this officer's task was an easy one. Among his remits were the admission, examination, treatment and discharge of the patients, the supervision of staff responsible for them, and the writing and maintenance of a number of reports. But during the early years, it was the Superintendent[24] and Matron, who actually cared for the inmates, subject to the Physician's guidance. To his role as male nurse, however, the Superintendent added extensive administrative functions. All non-medical staff were under his charge, he had responsibility for all matters relating to household expenditure and he was in overall charge of the ancillary services.

This strongly suggests that, during the early years of the Asylums, the Superintendent was the principal officer of the institution, combining an administrative, nursing and quasi-medical role in conjunction with a part-time medical man. However, in 1839 in Edinburgh and in 1841 in Glasgow, a major organisational reshuffle took place. The Superintendent's nursing functions were hived off to a new officer, the Steward, and his administrative tasks were transferred to the Physician, creating the new full-time medical-administrative post of Physician Superintendent. The first occupant of the post at Edinburgh was Dr William McKinnon, while Dr William Hutcheson was the first Physician Superintendent at Glasgow serving from 1841 until 1849.[25]

Having described the organisational structure of the regimes, it is essential to inquire into the precise nature of the service that they offered. The Royal Asylums of Edinburgh and Glasgow were, like the five other Chartered Asylums, public, charitable subscription institutions, although with the sole exception of Edinburgh, they were built and sustained on private capital, and were strictly non-profit-making. As charitable foundations, all seven Royal Asylums had as an early ideal the provision of succour to the needy and less well-off. In practice, all seven, it would appear, gladly diversified into providing, as part of their function, elite service for the middle class

insane. With less enthusiasm, however, most of the Chartered Asylums also contracted with the local parochial authorities to receive many of their pauper insane. Hence the Royal Asylums soon found themselves in the dual role of providing an elite middle-class service and 'psychiatry for the poor'.

This duality was clearly seen in the operation of the Edinburgh and Glasgow Royal Asylums although the former dragged its feet over the less prosperous fee-paying and pauper patients. With respect to Glasgow, its dual role was soon established. The Directors there quickly made a very firm distinction both between their private and pauper patients, and within their private intake. In relation to the private category, any person in the City of Glasgow or its surrounding settlements, who fulfilled the necessary legal and medical criteria, could be admitted. But once there, the private patient (or his kin) was confronted with as many as eight different fees. In their submissions to the Royal Commission of Inquiry of 1857, the directors quoted eight weekly rates for their private patients, 9/-, 15/-, £1.1.0, £1.11.6, £2.2.0, £3.3.0, £4.4.0 and £6.6.0.[26] As will be shown, elsewhere, the quality of the service offered clearly differed with the price. A similar tight categorization applied to the pauper intake. Admission was granted firstly to City parish paupers at a rate, to the parish of

8/6 per week per pauper (1857). Secondly, provision was made for the paupers of contributing parishes, which, by virtue of their contributing £50 for every 1,500 of their inhabitants, acquired the right of admission for their paupers at the same rate as City paupers.[27] Finally, the pauper insane of non-contributory parishes could, if the Guardians so desired, be admitted at a charge of 9/- per week.[28]

Glasgow then established a clear demarcation in the service it offered. Furthermore, as a result of its 'contracting parish policy', Glasgow's 'catchment area' grew ever wider. This firmness of action contrasts sharply with Edinburgh. In the original proposal setting out a plan for the asylum in 1792, it was stated not only that the institution would provide for those who could 'pay for their maintenance and treatment in the Asylum',[29] but also that 'poor patients should be received into the Asylum'.[30] Later, the view was reiterated that the proposed Asylum receive 'both the higher and lower classes of society',[31] and a triple fee structure was proposed. 7/- per week was to be charged for paupers supported by their parish, one guinea a week for a second group, and finally three guineas for a third category attended by servants.[32]

Clearly, then, in its conception, the Edinburgh Royal Asylum envisaged fulfilling the dual purpose of providing for both the middle class and

the labouring/pauper patient. But there was also an element of uniqueness about the mooted regime, for unlike the other Chartered institutions, it had ambitions towards functioning as a type of Scottish national institution for the insane. 'Patients may be received from every part of Scotland',[33] the Managers wrote in 1811 to their potential subscribers. However, a long time was to elapse before both ideals were put into practice. At the Asylum's opening in 1813, the Managers wrote that 'because of lack of funds, they had been unable to extend the blessings of the Institution to the Indigent'.[34] Instead, middle class patients were admitted at three guineas a week. On a number of occasions after this, the Managers expressed their concern at the exclusive nature of their service. It was in fact not until 1828 that the lower class of private patient, the two guinea a week payer, was admitted, while the pauper insane had to wait until 1842 before they were admitted following the opening of west house. Hence, while it was certainly not the sole responsibility of the Managers (this issue will be examined later), nevertheless, despite early intentions, the Edinburgh Royal Asylum, during the first thirty years of its existence, was partly, and at times exclusively a middle-class institution catering for the local community's needs.[35]

It emerges then that the Edinburgh and Glasgow Royal Asylums were most decidedly not species

of these 'fly-by night' jerry built affairs so firmly embedded in Victorian imagination. On the contrary, these institutions were classic examples of Victorian respectability. The patronage of the local medical and legal professions, the mercantile community, and the civic leadership was gladly given, and in Edinburgh's case, the edifice was 'crowned' with Royal approbation. Moreover, there existed in both houses a distinct organisational hierarchy. Each sector was defined and administered, and each related to a central governmental complex, the rights and powers of which were clearly demarcated, and, finally, the institutions were a legal body. In addition to the relevant legislative enactments both Asylums, through their incorporation by Royal Charter, assumed their own legal identity, with their own internal powers and limitations recognised at law. Unfortunately, in their work, the Asylums appeared to have failed to meet the criteria of those other Victorian ideals, efficiency and utility. There is much evidence to suggest that the two institutions opened with lofty ambitions, but that Edinburgh in particular, experienced great difficulty in living up to the early ideals. A more precise understanding of what some of these problems were will serve as the basis of the last parts of this Chapter.

## III

During the forty years being studied, the Directors of the Glasgow, and the Managers of the Edinburgh Royal Asylums were obviously confronted by many administrative problems. Time and space clearly dictate the exercise of prudence in discussing this problem, but any analysis of the issues at stake points clearly to the fact that a number of problems, clearly interrelated, were uppermost in the minds of the management. Pressure of numbers and the changing environment induced physical expansion of the buildings. But this initiative created in itself serious financial problems for the institutions which in turn curtailed many of their efforts. In considering these issues it is necessary to begin by looking at the economics of lunacy management.

There was a considerable element of risk involved in this particular kind of financial venture. Costs were to increase dramatically during the middle decades of the nineteenth century, yet the Royal Asylums as charitable institutions, were forced to rely on their own resources to meet these demands. The major source of revenue was of course patients' board; the only recurring supplement being independent contributions which fluctuated dramatically. Hence, from a financial point of view, management was not well placed to meet escalating operating costs.

A closer look at the two institutions' finances will help to illustrate the problem more clearly. Revenue from the inmates' board would be made up of the fees of the private patients, paid directly by relatives or friends and of subventions from the parochial authorities. Payments for both groups were made quarterly in advance.

The pattern for annual totals from this source over the forty year period is one of gradual, although not consistent increase, reflecting the numbers admitted. In Glasgow, the figure rose from £3,787.11.2 in 1830 to £4,533.6.5. in 1833 but thereafter fell. Upward movement was re-established between 1835 and 1837, reaching £5,264.10.10 in the latter year only to be followed by another downturn. But 1839 saw the start of a continuous and, at times, spectacular series of annual increases, from £5,326.9.5½ to £19,764.18.2 in 1847. Once more, however, an equally uniform if less spectacular decline set in between that date and 1852, bringing the aggregate back down in the last year to £12,258.14.2. An unstable period then supervened lasting from 1853 to 1862, after which a period of relative growth occurred until 1869, when £24,118.6.3. was logged.[36] A relatively more stable profile is noted in Edinburgh. Proper financial records at Edinburgh date only from 1837. In that year, £2,098.0.11½ was realised from this source, and following a decline to £1,868.5.7. in 1840, there

was, for the next decade, a run of consecutive annual increases, taking the income from this source from the previously mentioned 1840 figure to £13,388.18.4½ in 1851. Another run of consecutive annual increases were registered from the following decade, moving from £13,129.7.2. in 1852 to £22,059.9.5 in 1862. There was a short decline from 1862 to 1865, followed by an increase from £20,773.6.5 in that year to £23,516.5.11 in 1869.[37]

In order to establish the relationship between this source of finance and overall revenue, the percentage contribution of patients' board to the financial wellbeing of the two institutions will be found for specific time-scales. In doing so, however, it should be stressed that a 'total' figure for incoming moneys over a period of time would include in some years specific, individual items, the effect of which is artificially to inflate the total revenue sum for any given period. With this qualification in mind, the results are embodied in the following tables.

## TABLE 36

## CONTRIBUTION OF PATIENT'S BOARD TO TOTAL REVENUE, GLASGOW

| | Board | Total Revenue | % |
|---|---|---|---|
| 1830-43* | 72,920.11.7 | 134,382.15.4½ | 54.26 |
| 1844-50 | 110,064.18.9. | 179,455.3.10½ | 61.33 |
| 1851-60 | 146,340.17.3. | 163,058.1.1 | 89.75 |
| 1861-70 | 201,833.11.11. | 248,757.13.8½ | 81.14† |

* The division is made in 1843 because of the vastly expanded financial operations involved in the new building.

† These percentages have been found by 'rounding up' the 'shillings and pence' to one pound in all cases.

Appendices XI & IX

## TABLE 37

## CONTRIBUTION OF PATIENT'S BOARD TO TOTAL REVENUE, EDINBURGH

| | Board | Total Revenue | % |
|---|---|---|---|
| 1837-50* | 91,876.14.11½ | 163,956.12.3½ | 56.04 |
| 1851-60 | 146,675.19.9 | 206,974.6.0 | 70.87 |
| 1861-70 | 221,040.16.0 | 275,512.19.5½ | 80.23† |

* it was only in 1837 that Edinburgh began keeping proper financial data.

† See Table 36 , note †

Appendices V & III.

The dependence of both houses on their charges board is powerfully reflected in these data. With one exception, the contributions to both institutions were well above fifty per cent, while in one instance, in Glasgow during 1851-60, the percentage was closer to ninety.

The management were fortunate in having such a major source of income as the only continuing source in addition to patients' board was independent contributions, made up of subscriptions, donations and legacies. Significant contrasts between the cities are brought out when we look at annual totals.

It would appear that the Managers of the Edinburgh Royal were to some extent justified in criticising the city's lack of generosity at the outset of their operations. Analysis of early data prior to 1815 yielded a total figure of only £7,500.0.0 from the beginning of records kept in 1792.[38] Thereafter a slightly different picture emerges. During the remaining thirty-seven years being studied, the range of annual subscriptions to Edinburgh varied from as low as £6.1.0 in 1838 to £2,150.0.0. in 1852. £3,078. 11.11. in 1842, £5,670.1.6 in 1850, £6,552.12.10 in 1841, £8,092.4.0 in 1846 and £19,228.0.11 in 1855.[39]

A very different trend is discovered when one looks at Glasgow's record. In contrast with Edinburgh the pioneering times produced many people willing to

contribute to the new venture. As has been shown total contributions over a ten year period to 1814 realised £15,541.18.11.[40] Yet, turning to the later years, the highest annual figure which was detected was for £2,500.0.0. in 1857. This was then followed in descending order by £2,008.11.0 in 1842, £1,336.16.9 in 1843 and £1,063.3.0 in 1849. Beneath these figures, there was to be found one year in which the sum offered was above £800, three years in which it was above £700, four above £500, two above £400, five above £300, eight above £200 and eight below £100, including the paltry sums of £9.7.0 and £2.2.0 in 1864 and 1866 respectively.[41]

In other words, whereas the idea of financing the Glasgow regime appeared attractive to many Glaswegians at its inception in 1814, much of this appeal had been lost by the 1830s. In contrast, while the citizens of Edinburgh proved tardy in supporting their project in the beginning, they were relatively more forthcoming than Glaswegians once the operation was underway. But even the sums which Edinburgh received were nothing like sufficient for their needs, as is made clear when the relationship between contributions and total revenue is expressed in percentage terms in the following tables.

## TABLE 38

## CONTRIBUTION OF SUBSCRIPTIONS TO TOTAL REVENUE - GLASGOW

| | Subscriptions | Total Revenue | % |
|---|---|---|---|
| 1830-43 | 8,102.16.7½ | 134,382.15.4½ | 6.03 |
| 1844-50 | 3,216. 4. 3. | 179,455. 3.10½ | 1.79 |
| 1851-60 | 5,426. 6. 1. | 163,058. 1. 1. | 3.33 |
| 1861-70 | 2,893.13. 8. | 248,757.13.8½ | 1.16* |

* See Table 36 , Note † .

Appendices XII & IX.

## TABLE 39

## CONTRIBUTION OF SUBSCRIPTIONS TO TOTAL REVENUE - EDINBURGH

| | Subscriptions | Total Revenue | % |
|---|---|---|---|
| 1837-50 | 27,658. 5. 6. | 163,956.12.3½ | 16.87 |
| 1851-61* | 34,548.17.11. | 233,984. 9.4. | 14.76† |

* No further records were kept at Edinburgh on this source.

† See Table 36 , Note † .

Appendices VI & III.

Thus it becomes clear that the Royal Asylums' only recurring supplement to patients' board was not only an unreliable source of revenue, but also played particularly in the case of Glasgow, a minimal role in the institutions' finances.

The limitations of the independent contributions emphasises once again the importance of the patients' board, and the central role of this source of revenue is further illustrated by the fact that, when the entire period is surveyed, there appears little in the way of extra revenues. It is true that diversification into market gardening took place, but only £10,936.16.8. was realised from this initiative at Glasgow, while Edinburgh raised £10,354.6.4. The interests or deposit accounts amounted to £1,039.9.4. at Edinburgh and £89.11.4 in Glasgow. Dividends occurring from stock purchased were £2,884.14.7 in Edinburgh's case and £179.5.4. in Glasgow's, while Glasgow also sold most of its stock in 1842, realising £585.12.4 in the process. Finally, apart from other small items of revenue, such as Glasgow's 'charity box' and Edinburgh's 'sundries', it should be noted that Glasgow's revenue was briefly inflated by £1,194.10.6 received in 1840 as compensation for the Queen Street Railway tunnel passing through the property, and by the much more substantial sum of £17,732.10.0 received by the sale of the old asylum building in 1843.[42]

But these 'extras' notwithstanding, the percentage analysis reveals that Glasgow especially had to find revenue from other sources. Not surprisingly, this was done, as we shall see, by borrowing, and the reason behind this recourse to the banks lay in the fact that the calls on the revenues outlined above were very extensive.

Edinburgh's annual expenditure rose from £2,267.8.9 in 1830 to £30,264.9.10 in 1870. The per annum figure remained either just below or above the £2,000.0.0 mark, until 1840. Then the sum moved up rapidly to £10,123.2.10 in 1843, and from that date onward, although there were year-to-year falls, the figure was never less than the 1843 total. From 1844 to 1854, the annual expense fluctuated between a 'low' of £12,322.4.8 in 1848 and a 'high' of £17,634.1.5 in 1854. Then costs jumped again to £26,603.5.11 in 1855, and remained around the 'mid-twenties' until 1867 when £29,650.7.8 was spent. In the following year the highest annual figure was recorded, £32,712.15.8½.[43]

A similar pattern is detected in Glasgow in that costs were transformed during the 1840s. From 1830 to 1841 annual spending fluctuated between £4,435.15.9 in 1831 and £7,523.19.7½ in 1840. Then it accelerated dramatically to £32,904.14.9 in 1842 and £54,979.9.6½ in 1844. There was a drop back down to £15,043.8.2 in 1845, and then the expenditure pattern

for the remainder of the period fluctuated between a 'low' of £13,950.6.0 in 1852 to a 'high' of £30,792.12.3 in 1850, with the exception of the abnormally high figure of £52,495.5.10 in 1867. Within the forty year period being studied, costs at Glasgow rose from £4,656.10.2½ in 1830 to £25,639.9.10 in 1870.[44]

In order to appreciate more fully the expenses incurred in these Asylums' operations, the relationship between 'total' expenditure and certain items will be expressed in percentage terms. Both institutions itemized their expenses in differing ways, but, in order to bring some order to the exercise, most of the constituent parts will be grouped under three headings, establishments, extra expenditure and salaries and wages.

But, convenient though this procedure may be, it should be stressed that, as with revenue, the 'total' figure would at times be artificially inflated. Specifically, the procedure whereby the two institutions itemized their extra expenditure incurred by new building in the 1840s poses problems. Hence two very important points must be made before embarking on this exercise. In the first place, the Edinburgh accountants, while including the equipment costs of their expanded operations in 1842 in their total sum for expenditure, nevertheless, kept an entirely separate account for the purchase of grounds and building of 'west house'. Hence these figures will not be reflected in Edinburgh's total expenditure patterns as expressed in the following

pages, and will be dealt with elsewhere. In contrast, while the Glasgow accountants included the entire operational cost of the new building at Gartnavel within their total expenditure figure (albeit spread over many years), nevertheless, they only itemized equipment costs in the sectors to be discussed here. The purchase of the grounds, and the building costs, were treated as a distinct unit in themselves, most probably because of the debt involved, before being added to the total figure. Hence, the expense incurred in actually building Gartnavel, while being reflected in Glasgow's overall expenditure, will, apart from equipment costs, not occur in the following sectional analysis and will be considered later. These important accounting distinctions must be borne in mind in the following analysis.

The general upkeep of the building, and the cost of patient care was, with one exception, the most expensive everyday item, as is revealed in these tables.

## TABLE 40

### CONTRIBUTION OF ESTABLISHMENTS TO GENERAL EXPENDITURE: GLASGOW

| | Establishments | General | % |
|---|---|---|---|
| 1830-43 | 34,712. 6. 3½ | 138,989.10. 6. | 24.97 |
| 1844-50 | 47,435.13. 4. | 179,980.16.10½ | 26.36 |
| 1851-60 | 74,748.19.11. | 163,015. 4. 4. | 45.85 |
| 1861-70 | 103,953.14. 4½ | 248,528.11. 2. | 41.83* |

* See Table 36, Note †.

Appendices X. & XIV.

## TABLE 41

### CONTRIBUTION OF ESTABLISHMENTS TO GENERAL EXPENDITURE: EDINBURGH

| | Establishments | General | % |
|---|---|---|---|
| 1837-50 | 78,192.10.11½ | 141,063.17. 1¾ | 55.43 |
| 1851-60 | 116,717. 4. 1¾ | 193,567. 0.11¼ | 60.30 |
| 1861-70 | 192,448. 7. 3½ | 275,518.19. 5½ | 69.85 * |

* See Table 36, Note†.

Appendices IV & VIII.

To the cost of such basic expenditure was added various items which could be placed under the

general heading of extra expenditure, and which would include large-scale repairs and improvements to the fabric, legal dues, printing, insurance and other sundries. (The figure for the 1830-43 period in Glasgow is inflated because the cost of equipping the new building was itemized in this section.)

TABLE 42

CONTRIBUTION OF EXTRA TO GENERAL EXPENDITURE: GLASGOW

| | Extra | General | % |
|---|---|---|---|
| 1830-43 | 42,091.18. 5½ | 138,989.10.6. | 30.28 |
| 1844-50 | 11,907.16.11½ | 179,980.16.10½ | 6.62 |
| 1851-60 | 36,169. 7.10 | 163,015. 4. 4. | 22.19 |
| 1861-70 | 22,938. 6.10 | 248,528.11. 2. | 9.23* |

* See Table 36, Note †.

Appendices X & XIV.

TABLE 43

CONTRIBUTION OF EXTRA TO GENERAL EXPENDITURE: EDINBURGH

| | Extra | General | % |
|---|---|---|---|
| 1837-50 | 42,594.16. 3 | 141,063.17. 1¾ | 30.19 |
| 1851-60 | 42,464.17.10 | 193,567.0 .11¼ | 21.94 |
| 1861-70 | 40,956.16. 3½ | 275,518.19. 5½ | 14.86* |

* See Table 36, Note †.

Appendices IV & VIII.

Finally the cost of the salaries and wages bill is shown in the following table:

TABLE 44

CONTRIBUTION OF SALARIES AND WAGES TO GENERAL EXPENDITURE

GLASGOW

| | Salaries and Wages | General | % |
|---|---|---|---|
| 1830-43 | 14,507.12. 7 | 138,989.10. 6 | 10.44 |
| 1844-50 | 18,125. 3. 6. | 179,980.16.10½ | 10.07 |
| 1851-60 | 31,368.18. 3. | 163,015. 4. 4. | 19.24 |
| 1861-70 | 33,397. 5. 4. | 248,528.11. 2. | 13.44* |

* See Table 36, Note † .

Appendices X & XIV.

TABLE 45

CONTRIBUTION OF SALARIES AND WAGES TO GENERAL EXPENDITURE

EDINBURGH

| | Salaries and Wages | General | % |
|---|---|---|---|
| 1837-50 | 15,377.10. 7¼ | 141,063.17. 1¾ | 10.90 |
| 1851-60 | 28,483. 5. 0¾ | 193,560. 0.11¼ | 14.71 |
| 1861-70 | 22,273. 5. 6½ | 275,518.19. 5½ | 8.08* |

* See Table 36, Note †.

Appendices IV & VIII.

In addition to the above mentioned major recurring items, one would have to include very small scale sundry expenses for Edinburgh. But to complete the Glasgow total expenditure, it should be noted firstly, that the accountants also kept separate accounts for a number of other items, specifically, 'furniture', the upkeep of the gardens and farm, and feu duties. However, as has been explained, hidden from this sectional analysis is the very large outlays for the new building, the full extent of which will form part of the final discussion in this Chapter.

As far as the general operation of the Glasgow and Edinburgh Royal Asylums are concerned then, it is clear that substantial costs were incurred. The vulnerability of the management, in this regard, has already been made clear in considering the erratic nature of the revenue. But a potentially more serious issue was the fact that they had little choice but to incur the inflated expenditure of the 1840s. Most of these extra sums expended stemmed from the physical expansion of their operations. These changes were in turn brought about by two interrelated factors, numerical pressure and particularly in Glasgow's case, urban building development in the area adjacent to the Asylum. Consequently, finance meshed with other problems to create challenges for the Asylum leadership. The contrasts between Glasgow and Edinburgh, in their methods of coping with these tasks, will now

be considered.

IV

As has been shown, the Directors of the Glasgow Royal Asylum entered, from the outset, into a commitment to provide 'psychiatry for the poor' as well as for the financially rewarding middle class. To this end, the original single building was divided into private and pauper sections. But, within five years of opening, pressure was growing on the existing structure. The Directors at first responded to this challenge by extending their existing operation. Three extra acres were bought in 1819, and in 1831, two further acres were purchased. Despite the constraints of the initial debt, and later debts incurred in 1824-30, new building took place in 1821, 1825 and 1838. By the late 1830s, it became clear to the Directors that these modifications were merely reducing the scale of the pressure, not alleviating it. Moreover, the Directors were also very conscious by this time of the city's physical proximity.

As a result, a decision was taken in 1839 to abandon the current site and move the entire institution to a new one. In July of that year, a committee was appointed to survey areas of Glasgow which reported in September. A full meeting of the contributors was then held, and the necessary powers granted to the Directors to dispose of present property and to

acquire new. In December, the Asylum and part of the grounds were disposed of to the Directors of the Towns Hospital at a price as has been noted, of £17,732.10.0. Shortly afterwards, sixty-six acres in the southern part of the lands of Gartnavel close to the Great Western Road, and three miles from the city, were purchased at the cost of £10,485.0.0.[45] In January 1841, Charles Wilson was appointed architect, and the ultimate result was distinct buildings. The west house, reserved for the private patients, was a handsome Tudor Gothic edifice elevated from the much plainer east house, in which the paupers would be placed. Each building was in turn divided internally into two parts, one for the males and one for the females. The airing courts were enclosed within the structure, and ample lands which were put to good farming use, surrounded the complex. The total expenditure on the new buildings at the date of opening in 1843 was £55,497.15.1.[46] On the 12th of June, 1843, all the patients were formally transferred from the old to the new Asylum, which offered shelter for 350.

It would be difficult to dispute, judging from this record, the Directors' speed and efficiency. The dual mandate of a private/pauper service was accepted from the outset, attempts were made to expand the original buildings to meet these commitments, and when these expedients proved, in the end fruitless, the need for an entirely new building was readily acknow-

ledged. The entire operation, from conception to completion took only four years.

Unfortunately, the end-product of such vigour was the incurring of a very heavy debt. Indebtedness itself was not a new experience for the Glasgow management as the same problem had arisen in 1814-21 and 1824-30. In the first case stability was maintained through the utilization of a bond, from the Royal Bank to the sum of £2,000, while in the second period of debt, a total of £5,899.4.4½ had to be borrowed.[47] Ultimately, this liability was relatively easily cleared. The same did not, however, hold true of the financial problems of the post-1842 period.

The source of the major debt was the purchase of the grounds for, and the construction of, the new building. Although £17,732.10.0 had been received as payment for the old establishment in Glasgow, the price paid for the new site was £10,485.0.0., while advances on behalf of the new structure, to 1847, came to a total of £65,814.15.1½.[48] From that moment onwards the Glasgow Royal Asylum was never free of debt.

In order to meet the expense of the new building, the Directors, aware that their own resources were only sufficient to ensure administrative turnover, had to seek outside help. The management which had been borrowing from the Royal Bank from 1838 onwards, raised £20,645.0.0. from that source in 1842. This figure and the expenditure incurred on the new works

for that year helped to raise the debt to £46,565.2.3. in 1844.[49] In the following year, the figure was marginally reduced to £45,291.15.6, but in 1847 it increased again to £44,531.6.8.[50] The Directors managed to reduce that sum, but only very gradually. Thus, in 1849, a reduction of £2,500 was achieved on the principal sum, but even this improvement still left the asylum indebted to the sum of £39,500 in the following year.[51] There was thus, throughout most of the period being studied, an annual debt of between thirty and forty-five thousand pounds to be considered when looking at the Royal Asylum's finances.

The institution only managed to survive in such adverse circumstances through the good graces of the banking community in Glasgow. Fortunately, the Royal Asylum had good collateral in its new building and land but the risks in lending to an asylum, such as the ever present danger of fire, were obvious to the bankers. Hence the eventual result was the spreading of the risk. Shortly after moving to their new home, the Board realised that, after utilising their original 1842 loan from the Royal Bank, £14,02.11.1 was still owing to the contractors. Consequently, it was decided to enter into negotiations with the National Bank, and in May 1843, they agreed to grant a cash credit of £45,000.0.0 The transaction was sanctioned at Gartnavel

at a meeting of the Contributors and Subscribers on 28th June of that year. The sum outstanding to the Royal Bank was then paid off.[52] The National Bank continued to bear the burden of this debt until 1849, when, at their request, the Union Bank stepped in and took up £15,000.0.0.[53]

The Directors for their part, were only too acutely aware of the 'load of debt' which frustrated many of their ambitions. In 1848, for example, they wrote that they entertained 'the hope that the debt will eventually be reduced'.[54] A year later, almost identical sentiments were uttered. Moreover, the Physicians Superintendent in their medical reports, frequently referred to the constraints imposed by debt. Glasgow's achievements are all the more considerable when set against this financial background.

The vigour of the Glasgow Directors in this area contrasts markedly with their Edinburgh counterparts. It has already been shown that, at the outset, the Edinburgh Managers had the interests of the pauper and labouring insane as much in mind as had the Glasgow Directors, but unlike the latter administrators, they had failed to make any provision for this class for some time. The Management got itself involved in a lengthy, time-consuming dispute with the Directors of the Edinburgh Workhouse over the issue, but when the Edinburgh management eventually admitted paupers, the result was the incurring of a debt which, however, was

never as great as Glasgow's.

A careful study of William Scott's Report on the Asylum's history (1792- 1836) and of the Annual Reports from 1836-42 repeatedly reveals the anxiety felt by the Managers on this score. Thus in 1815, Scott reports the Managers as stating that, without additional finance, 'hardly any accommodation can be fitted out for the poorer classes of patients'.[55] In 1823 Dr Duncan, possibly the originator of the Asylum project, is recorded as saying that 'the care of insanity might, with great advantage, be extended to many unfortunate maniacs'[56] to which suggestion the Managers demurred as 'not being thought possible or expedient to adopt entirely'.[57] At the Annual General Meeting of 1825, Baron Clerk Rattrey, a Governor, moved that 'the Ordinary Managers consider of receiving patients at a lower rate of board'[58] but Scott reports that the Managers 'could not yet, with safety' agree with Rattrey's proposal.[59]

As it was, an easing of the financial burden permitted lunatics paying the lowest fee to be admitted in 1828, and a year earlier, the architect, Mr Reid submitted the first plans for a pauper building to accomodate 160 paupers which was promptly dismissed by the Managers as too costly. One looks in vain for any further architects' plans until 1837, when a new architect, Mr Burn submitted his proposals, although refe-
rences to the Managers' ambitions in this direction

continue to adorn the Annual Reports. In that year in fact, negotiations were opened with the Governors of the George Watson College to feu forty acres of land immediately contiguous to the existing building, and after many delays, the new house was opened in August, 1842, taking in 119 paupers. The original building became known as the east house and was reserved for the fee paying patient while the new pauper building was termed the west house, having cost £29,173.2.7½. [60]

This then was the process whereby the Managers of the Edinburgh Royal Asylum eventually solved the problem of the increasing numbers of the insane, most of whom were paupers placed in the Edinburgh Workhouse. Whereas Glasgow entered into its commitment to paupers at the outset and took only four years to plan and complete a new building when the need arose, it took Edinburgh twenty-six years to enter into what it clearly stated was one of its functions.

The question clearly arises as to why the Managers finally took so long to act on what was, after all, a central function of a Chartered Asylum, shouldered by the other six asylums. For instance, were considerations of a financial nature the sole explanation of the delay? In attempting to answer the question, one should recall, first of all, that despite initial financial difficulties, the Edinburgh Royal's finances, by the 1840s, while not entirely sound, were

certainly healthier than debt-ridden Glasgow's. Hence, the Managers' frequent references to penury appear somewhat suspect.

In developing this argument, it would appear fruitful to disregard the financial argument for the moment, and enquire instead into the reports of the uncomfortable relationship which existed between the Managers of the Royal Asylum and the Directors of the Edinburgh Workhouse over the issue of the pauper insane load.

On at least three occasions, in 1819, 1834 and 1836, the Directors of the Workhouse wrote to the Managers requesting that the issue of the pauper insane be discussed between them. The first two letters went unanswered, but the third, which explicitly asked the Managers if they could ''accommodate the boarding patients in Bedlam',[61] was met with the most frosty reply, stating that the Managers 'cannot comply with the request.'[62]

The negative forcefulness of this answer contrasts markedly with the oft-repeated assertions of the Managers recorded in the Reports that the need to shoulder the pauper lunatic load was their responsibility which they would enter into in due course. The ambiguity of management's policy towards paupers becomes manifest when we learn that at a special meeting held on 14th December 1835, one of the Governors, Sir Henry

Jardine, explicitly stated his opposition to pauper patients. While acknowledging the charitable status of the institution, nevertheless, Jardine questioned the propriety, or, indeed, possibility, of having an institution combining the higher ranks along with those of the poorer. Jardine furthermore claimed that the opinion of his medical friends concurred with this view.[63]

However, it would appear that despatch of the 1836 letter brought matters to a head, because at an extraordinary meeting of the Managers, held on the 23rd of January, 1837, the Royal Asylum's function in respect of the pauper lunatic load was resolved.

At this meeting, it was accepted that the existing accommodation for paupers at the workhouse was inadequate and that it was regretted that the Royal Asylum had in the past been unable to help. Although a fund had been accumulated which might have been devoted to providing such accommodation in the past, at that point in time it was insufficient to meet the needs of the city. In these circumstances:

> ... it appeared to the general meeting that the best and speediest mode of attaining the object in view would be to establish such a separate institution at once.[64]

It was further suggested that the Royal Asylum should assist such a scheme financially.

A motion, in effect dissociating the Royal Asylum from its pauper role was then proposed by Sir

William Rae and Sir George Fleck which read:

> That it is the opinion of this meeting that the proposed Lunatic Asylum for the City and County of Edinburgh ought to be under a separate direction and management from the Lunatic Asylum at Morningside and that this last institution should content itself with contributing a portion of its surplus funds towards the proposed City and County establishment.[65]

However, although this resolution was passed, the administration of the Royal Asylum came up against two formidable adversaries. Firstly, the Lord Advocate expressed himself opposed to the plan, unless the Royal Asylum then made room for pauper lunatics from Scotland generally and the criminal insane. The Lord Advocate's objections were significant. As was stated in the Minutes, any attempt to legally by-pass the Lord Advocate could be immediately stopped on his (the Lord Advocate's) full authority. Secondly, a few days before the meeting, the Town Council voted against building a pauper asylum and voted in favour of the paupers going to Morningside. The debate concluded with the Management accepting that they had no alternative:

> ... but to retain the whole funds of the Morningside institution under their own management - and to proceed without further delay - in the execution of additional buildings for the reception and care of pauper lunatics.[66]

The conclusion which emerges from this study, especially of the Board of Management Minutes, is difficult to dispute. Quoting financial troubles, the Managers time and time again excused themselves from

caring for the pauper insane, a role which all the other Chartered institutions, not particularly financially healthier than Edinburgh, shouldered. Despite their protestations, however, we discover that the Management would have no truck with the Edinburgh Workhouse. It was not until what appears to be a show down took place that the Governors and Managers finally backed down in the face of external political pressure and accepted the pauper lunatics. These factors appear to indicate that the management of the Edinburgh Royal Asylum in its early days, simply did not want the pauper insane.

But in fairness to the management their financial anxieties were justified in the long run. The cost of building the pauper wing did lead the asylum into debt. However, although the sum eventually became problematic, it never compared with the Glasgow figure and was initially quite small. The first year in which a deficiency was recorded was 1841, when £4,745.12.4 was involved. It fell to £3,865.4.2 in the following year, although by 1844, the total cost of extending operations had incurred a debt of £11,700.0.0. The enlarged operating costs then kept the management in debt until 1866, the highest annual figure being £33,487.0.11½ in 1859. The good connections, however,which the Asylum enjoyed in the capital city meant that the management had no great difficulty in finding creditors. Throughout this period, the Royal Bank appeared willing to shoulder the institution's debt.[67]

# V

The Royal Asylums of Glasgow and Edinburgh were two leading members of that unique family, the Scottish Chartered Institutions for the insane. As such, they were private, charitable, subscription organisations, by philosophy devoted to the care and treatment of the middle-class, fee-paying lunatic. In practice, the numerical strength of the pauper lunatic population forced both houses, like the five others, into a dual role. Elite and very comfortable havens were created for the middle-class patients, but these had to co-exist with the practice of 'psychiatry for the poor'. Hence the class division already noted in so much of the organisation of insanity in Victorian Scotland was readily seen in both Glasgow and Edinburgh. But a major contrast is detected between the two cities in that whereas Glasgow quickly shouldered its pauper burden, Edinburgh dragged its feet on the matter. But both institutions had to respond to the common problems of extra numbers and environmental pressure. It was their response to these challenges which incurred so many financial difficulties.

## REFERENCES AND NOTES

1. As has been shown, the Edinburgh Royal Infirmary did have a limited number of cells for lunatics, See Ch. 5, p. 235.

2. Royal Commission Report, op. cit., passim. As has been shown, the Royal Commissioners were able to discover private madhouses during their investigations. A large number number of these were situated in Musselburgh. Working on the assumption that some of these houses must have been in operation at the beginning of the nineteenth century, then it can be stated that the Edinburgh area did have some private madhouses at the time. The Report lists four private licensed houses existing in Glasgow during the years 1854-7, namely Blackfauld's in Rutherglen, Langdale in Bothwell & Garngad and Springbank in Glasgow itself. It would appear safe to assume that these four houses had been in operation for some time previous to 1857.

3. The building was situated on the north side of the river Clyde, west of Stockwell Street, and adjoining an area now occupied by St Andrew's Roman Catholic Cathedral.

4. J. Gourlay, A Glasgow Miscellany, 2. Robert McNair belonged to an old Glasgow family that had prospered in sugar. His grandfather, Robert McNair 1, of the 'Eastern Sugar House,' Gallowgate was, when he died in 1779, the largest owner of house property in Glasgow. McNair's father, Robert McNair II, kept the family business going and became a burgess & guild brother in 1764. He died in 1787.

   Robert McNair III (1766-1832) was to preside over the family's greatest success & subsequent fall. He became a burgess & guild brother in 1790. In 1787 he took his brother into partnership and built a large new sugar refinery on the south side of Ingram Street & Queen Street. He married Helen McCall in 1789. In 1791, he purchased the estate of Belvedere from the testamentary trustees of

his brother in law. It was during his period as Bailie (1805-08) that he became involved in the asylum. Having lost his fortune, he retired to Leith where he was appointed inspector of customs in 1812.

5. Glasgow Herald, 19 Dec. 1914.

6. M.L. Report of the General Committee appointed to carry into effect the proposal for a lunatic asylum at Glasgow (1814), 5, and Appendix 2.
The disparate financial sources can be readily illustrated from this source. For example, in addition to single parishes, the synod of Glasgow and Ayr appointed a collection in all the parishes within its boundary; the Marquess of Douglas and Earl of Breadalbane gave a total of £80 between them, £50 came from the incorporation of Maltmen, Gentlemen of the Colony of Demerara subscribed £250, and a circus troupe and Indian jugglers gave benefits of £19.9.5 & £25.9.0 respectively. The highest single sum, to the 27th of December, 1815, was £666.13.4 from the three parishes of Greenock. In addition, in 1812, the Directors were granted a personal bond, on their security to the Royal Bank, of £7,000.

7. ibid., Appendix, 2.
The lands, being entailed, it was necessary to exchange the desired area for one of equal value. More than eight acres of the estate of George Oswald of Auchincruive, in Govan, were purchased as an equivalent.

8. W. Stark, Remarks on the Construction of Public Hospitals for the Cure of Mental Derangement (Glasgow, 1810), 25-27.
In this work, Stark explained how, as a result of visiting a number of English asylums, he formed the opinion that a fundamental defect of many asylums was their inadequate separation according to sex, rank and type of illness. Provision for such a classification was a significant feature of the Glasgow asylum.

9. William Stark was a contemporary of the Adam Brothers & designer of the Old Hunterian Museum & St. George's Tron Church.

10. Report of the General Committee, op. cit., Appendix 2.

11. J. Cleland, Abridgement of the Annals of Glasgow. (Glasgow, 1817), 179.

12. Glasgow Annual Reports, op. cit., No.14 (1828), 14.

13. ibid., No.4 (1818), 23.

14. It has been traditionally held that Dr. Duncan was inspired in his ambition by attending the poet Robert Ferguson (who influenced Burns) and who died in the Bedlam in 1774, at the age of 24. In which case, Dr Duncan took 18 years to act on his inspiration. The "Bedlam' opened in 1748, was part of the Edinburgh Charity Workhouse opened in 1743. The workhouse, situated in Teviot Row, consisted of a workhouse proper, a correction house, children's hospital and 'The Bedlam' with 21 cells for both private and pauper patients. The workhouse was apparently built on the site of an earlier 'Bedlam' opened in the 1680s! This is the only recorded example, to date, of the term 'Bedlam' being officially used in Scotland!

15. The link with the Jacobite rising, and with the poet Robert Ferguson has given certain commentators on the asylum's history the scope for romantic speculation.

16. L.R.H.B., Report of the Lunatic Asylum at Morningside (W. Scott), (1832), 2.

17. ibid., 6, 7.
Some of the more substantial contributions came from the following: Scots working in India raised £1,100 in Madras, £300 in Bombay, £200 in Calcutta and nearly £103 in Ceylon. The Duke of Buccleugh, Ramsay Bonars & Co., and Sir William Forbes & Co. gave £105 each; general collections from the Edinburgh Parishes raised £691.5.9 in 1812 & from country parishes in the same years was amassed £284.18.4.

18. Morningside Report, op. cit., 8.

19. L.R.H.B. Annual Report of the Managers of the Edinburgh Royal Asylum, (1838) Report by Mr Burn, Architect.
Mr Burn had one thing in common with Mr Stark, architect of the Glasgow Royal Asylum. From his study of other asylums he felt it necessary that a complete and effectual separation 'be established between the superior and pauper classes.'

20. One other distinction between the two was that in 1840, Queen Victoria became Patron of Royal Edinburgh Asylum.

21. Examples were the Lord Provost of the Day, the Principal of the University, various medical Professors, and the Duke of Buccleuch, Baron Clerk Rattray, Sir Henry Jardine and the Lord Advocate.

22. Examples in Glasgow of the Directorate were for 1815, first meeting, John Guthrie, Daniel McKenzie (Merchants House) Walter Ferguson, Archibald Newbiggen (Trades Ho.).

23. The posts of Treasurer and Secretary were combined in Glasgow in 1824.

24. The superintendents during the period were; in Glasgow Hugh Galbraith (1824-38) & William Hutcheson (1838-41) & in Edinburgh John Hughes (1813-32) & a Mr Radley (1832-39).

25. The role of the Surgeon was to provide such operations as were necessary & technically feasible.

26. Royal Commission Report, op. cit., Appendix B, 76.

27. Some examples of these contributing parishes were Ayr, Baldernock, Barony, Bonhill, Carmunnock, Cathcart, Cumbernauld, Greenock, Houston & Kilallen, Kilsyth, Kippen, Lanark, Lesmahagow, Monkton & Prestwick, Port Glasgow, Renfrew, Rothesay, Neilston, New Monkland, Larbert & Dunipace & Campbeltown.

28. Royal Commission Report, op. cit., Appendix B, 76.

29. Morningside Report, op. cit., 2.

30. ibid., 2.

31. ibid., 8.

32. ibid., 9.

33. ibid., 8.

34. ibid., 10.

35. Evidence is presented in the Report of the Royal Commission passim, indicating that, by that time, 1857, the national role was to some extent being played in the reception of the insane of Orkney to Morningside.

36. See Appendix XI.

37. See Appendix V.

38. Morningside Report, op. cit., 8.

39. See Appendix VI.

40. See p.376.

41. See Appendix XII.

42. See Appendices VII & XIII.

43. See Appendix IV.

44. See Appendix X.

45. Glasgow Annual Reports, op. cit., No.27 (1841) 8-10.

46. ibid., No.30 (1844), Financial statement.

47. ibid., Nos. 1-8 (1815-22) & 11-17 (1825-31), Financial statements.

48. ibid., No. 34 (1848), Financial statement.

49. ibid., No. 31 (1845) Financial statement.

50. ibid., Nos. 32 and 33 ( 1846 and 1847), Financial statements.

51. ibid., Nos. 36 and 37 (1850 and 1851), Financial statements.

52. ibid., No. 30 (1844), Financial statement.

53. ibid., No. 36 (1850), Finanical statement.

54. ibid., No. 35 (1849), Financial statement.

55. Morningside Report, op. cit., 11.

56. ibid., 15.

57. ibid., 15.

58. ibid., 16.

59. ibid., 16.

60. See Appendix VII.

61. E.R.H. Minutes of the Board of Management of the Royal Asylum Vol. II, RA 1/2 (19 May, 1836), 301.

62. ibid., 301.

63. ibid., (14 Dec., 1835), 294.

64. ibid., (23 Jan, 1837), 310.

65. ibid., 311.

66. ibid., 314.

67. Edinburgh Annual Reports, op. cit., Statement of Accounts, 1841, 1842, 1844, 1859.