

**The experience and representation of disability
in nineteenth-century Scotland**

by

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Abstract

This is a study of the experience and representation of disability in nineteenth-century Scotland. The thesis employs a broad working definition of disability, derived from our modern experience, to include mental, sensory and physical disabilities, and encapsulating circumstances such as congenital impairment, industrial and work-related injuries, and illnesses that caused both permanent and long-term conditions that we would today term as disabling.

The thesis considers the way in which disability was perceived in culture and by the civil and voluntary institutions of the period, examining the difference from contemporary perceptions. In this way, the study focuses on language and disability, and the complex and fluid way in which people with disabilities were categorised in nineteenth-century Scotland. The thesis then considers representation and experience under a series of themes: Literary encounters with people with disabilities, life in the community, a home from home (on custodial institutions), people with disabilities in a 'productive society', and personal relationships.

The thesis looks closely at the experience of disabilities. To obtain first-hand accounts has been difficult, and some have had to be reconstructed from other 'voices', such as those of surgeons, physicians, police officers, and asylum managers. Yet, a number of important and previously unknown sources have been utilised, including manuscript letters. The sources used range in origin and type. The work uses close study of Poor Law records, criminal court cases, precognitions, hospital and asylum records, memoirs and autobiographies. Manuscript sources from Shetland to Galloway have been interrogated for references to people with disabilities.

The study is a first attempt in a field that is largely undeveloped. It is a study that is firmly based in evidence, seeking to provide a solid and extensive empirical groundwork of disability experience and representation upon which further work in concept and theory may be constructed.

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Abbreviations

ABA	Argyll and Bute Archives
ADDI	Aberdeen Deaf and Dumb Institution
ARRLCS	Appendix to the Report of the Royal Lunacy Commissioners for Scotland, (Edinburgh, 1857).
AUA	Aberdeen University Archives
CMB	Correspondence of Marion Brown, Sanquhar, Dumfriesshire, to Dunmore Pennsylvania, 1852-1903, in the private collection of Louise Marsh Richards, unpublished 1994 transcription courtesy of Penny L Richards.
DAMUD	Department of Archives and Manuscripts, University of Dundee
DGHBA	Dumfries and Galloway Health Board Archives
ERIEDDC	Edinburgh Royal Institute for the Education of Deaf and Dumb Children
GGHBA	Greater Glasgow Health Board Archives
GIDD	Glasgow Institution for the Deaf and Dumb
GRI	Glasgow Royal Infirmary
HCA	Highland Council Archives
HMSW	Heatherbank Museum of Social Work, Glasgow Caledonian University
LHCMCE	Local Heritage Centre, Moray Council, Elgin
MLGR	Glasgow Room of the Mitchell Library, Glasgow
MOBGWS	Mission to the Outdoor Blind for Glasgow and the West of Scotland
NHA	North Highland Archives
NLS	National Library of Scotland
NSA	Ministers of the Church of Scotland, <i>New Statistical Account of Scotland</i> , (Edinburgh, 1845).
OLA	Orkney Libraries and Archives
OSA	Sinclair, Sir John (ed.), <i>The Statistical Account of Scotland 1791-1799</i> , (Wakefield, 1983).
PKCA	Perth & Kinross Council Archives
PLM	Poor Law Magazine
PP	Parliamentary Papers
RCPSG	The Royal College of Physicians and Surgeons of Glasgow
REBAS	Royal Edinburgh Blind Asylum and School
SJAC	Scottish Jewish Archive Centre

Chapter 1

Introduction



Unidentified woman carrying peats (Photo: Orkney Libraries)

Chapter 1

Introduction

The nineteenth century was marked by increasing endeavours to identify those people deserving of support from poor law institutions, charities and philanthropists, and those who were not. For a broad cross-section of prosperous society it was not difficult to categorise disadvantaged children as objects of innocence and misfortune. In the eyes of those who paid taxes and rates, and contributed money or other support to charitable causes, adults constituted a more ambiguous group. For adults who were ‘able-bodied,’ solutions to symptoms of poverty were located in useful employment and prudent and temperate living. Inability to secure employment, even during periods of economic depression, was not considered to be a legitimate reason for insolvency and was therefore deemed undeserving of aid. Children, the elderly, the infirm and people with disabilities were considered with slightly greater compassion, but their existence still caused discomfort to many members of ‘respectable society’ and elicited a variety of responses. This section of society that actively expressed its concerned interest in the ‘problem’ of people with disabilities included philanthropists, educationalists, the medical profession, clergy, administrators and politicians, business entrepreneurs and landowners, a group that this thesis collectivises as ‘interventionists.’

The object of this study is to examine people, especially among the poor, who were impeded from ‘normal’ participation in life because of disability. ‘Disability,’ is an all-embracing term that had not gained currency during the nineteenth century. Of course what constituted ‘normal,’ presents its own challenges. But more urgently, perhaps, the perspectives of the ‘disabled’ themselves also require consideration.¹ In respect of insanity in the eighteenth century the Scottish philosopher Adam Smith (1723-1790) recognised that the anguished feelings of the witness to madness might be in stark contrast to those of the madman who ‘laughs and sings perhaps, and is altogether insensible of his own misery.’² During an era when affluent citizens

¹ Michael Oliver contends that societal attitudes towards people with disabilities are unclear ‘because history is silent on the experience of disability’. Michael Oliver, *The Politics of Disablement*, (Basingstoke, 1990), p. 28.

² Adam Smith; Knud Haakonssen (ed), *The Theory of Moral Sentiments*, (Cambridge, 2002), p. 15. *The Theory of Moral Sentiments* was first published in 1759. It underwent major revisions in 1761 and 1790. This edited edition uses the 6th edition of 1790 which is now regarded as the standard text.

frequently expounded their views through self-published pamphlets and monographs, and when numerous charities, societies and institutions aired their sentiments in detailed annual reports, the objects of their attention, people with disabilities, are rarely given voice.

This thesis focuses on those people whose story is rarely told, but who should be centre stage in the investigation of disability history. It will consider how people with disabilities were perceived, not just by affluent members of society who sought to direct their lives, but by 'ordinary' people such as agricultural labourers and coal miners, family members, friends and neighbours. It also seeks to show how people with disabilities perceived themselves, those 'interventionists' who attempted to direct their lives, and other people with impairments. The study will, above all, endeavour to discover and gauge the experience of disability over a century of considerable change and over a diverse national environment.

Historiography

As with women, children, the gay community, 'blacks,' and indigenous populations of colonised lands, the history of disability has only recently attracted the attention of historians. The history of disability over two millennia was addressed by Henri-Jacques Stiker in 1982 with the publication of his *Corps infirmes et sociétés*, but an English-reading audience only gained access to this following publication of William Sayers' translation of the 1997 revision which appeared in 1999 as *A History of Disability*. This was followed in 2001 by *The New Disability History: American Perspectives* edited by Paul Longmore and Lauri Umansky. Longmore states that 'historians have only recently begun the deep excavation necessary to retrieve lives shrouded in religious, then medical, and always deep-seated cultural, misunderstanding,'³ and this collection seeks to open 'disability's hidden history'.⁴ Longmore notes that disability has been a preoccupation of American society and culture, yet the lives of people with disabilities have remained hidden. While institutions and organisations dealing with 'disabled people' have had a high profile within the wider context of social history in recent years, the lives of people with disabilities have been largely ignored. Educational psychologist Elizabeth Bredberg

³ Communication from Paul K Longmore, Professor of History and Director of the Institute on Disability, San Francisco State University, 4 January 2001.

⁴ *Ibid.*

notes that institutions tended to describe processes while “disabled individuals,” the nominal beneficiaries of these processes, are enumerated⁵ and that ‘people’s expressions of their experience(s) of disability have largely been unheard and rarely recorded’.⁶ These observations are true of many parts of the world and Scotland is certainly no exception. Speaking of the deaf, one hundred and fifty years ago, and of the battle between those advocating the legitimacy of sign language and those defending oralism, Laurent Clerc commented upon ‘these hearing benefactors who address the deaf in speech and rejoice not in our true education but in a feeble echo of their own utterances.’⁷ Clerc highlights a nineteenth-century problem which undoubtedly remains valid today, but which has also become an historical problem: understanding the experience of disability.

Disability in Scotland has been given attention by historians through a variety of approaches. Disability as a cause of pauperism forms part of the analyses by Agnes Mure Mackenzie, Ian Levitt, and, most recently, Rosalind Mitchison.⁸ However, people with disabilities represent just one deprived group in a sea of poverty and their presence in such works necessarily becomes submerged among the masses of poor people struggling to survive. Importantly, however, they depict the social and political environment in which people with disabilities had to compete with fellow human beings also struggling to ward off descent into ‘wretchedness,’ and conform with systems over which they had no control.

Study of establishments and organisations intervening in the lives of people with disabilities has been given more direct attention and these histories provide much greater detail. Different approaches are employed. Some studies, such as those by Helen Dunbar, George Montgomery, Edna Robertson and Robert J Smith, examine the institutions and organisations that responded to the needs which they perceived the disabled to have.⁹ Often, they are investigations that have been undertaken in

⁵ Elizabeth Bredberg, ‘The History of Disability: Perspectives and Sources’, *Disability Studies Quarterly*, 17(2), Spring 1997, pp. 111-112.

⁶ *Ibid.*, p. 109.

⁷ Harlan Lane, *When the Mind Hears*, (New York, 1989), p. 67. Laurent Clerc (1785-1859) was a deaf French emigré to USA who was active in deaf education and welfare.

⁸ Agnes Mure Mackenzie, *Scotland in Modern Times 1720-1939*, (Edinburgh, 1947). Ian Levitt (ed.), *Government and Social Conditions in Scotland 1845-1919*, (Edinburgh, 1988). Rosalind Mitchison, *The Old Poor Law in Scotland-the experience of Poverty 1574-1845*, (Edinburgh, 2000).

⁹ Helen Dunbar, *History of the Society for the Blind in Glasgow and the West of Scotland 1858-1989*, (Glasgow, 1989). George Montgomery, *Silent Destiny – a brief history of Donaldson’s College*, (Edinburgh, 1997). Edna Robertson, *The Yorkhill Story*, (Glasgow, 1972). Robert J Smith, *The City Silent: a history of Deaf Connections*, (Gloucestershire, 2001).

association with these institutions or their successors and, by the nature of institutional archival resources, their focus can tend towards the providers rather than the recipients of charitable or institutional care. Indeed their emphasis is generally skewed towards celebrated surgeons and chairmen of charitable boards rather than personnel with broad full-time experience such as ward nurses and lady ‘missionaries’ or, in modern day parlance, field workers. Such works provide valuable insight, but can err towards being both hagiographic and Whiggish in approach. Roy Porter cautions against giving the medical profession a privileged place in history, but accepts that its members should enjoy a prominent profile ‘not because they are “best” or “right” but because they are powerful.’¹⁰

Institutional and charitable provision is examined in broader terms by Olive Checkland, R A Houston, and W L Parry-Jones, while Houston, Parry-Jones and Harriet Sturdy move beyond this sphere through their study of the survival of boarding-out during the ‘age of the institution.’¹¹ Public awareness of mental impairment was present throughout the nineteenth century. This may be thought natural because ‘abnormal’ behaviour had stimulated popular curiosity during earlier centuries and continued to demand interpretation and reaction. Institutionalisation of mentally impaired people also had a long tradition and, when the City parish of Glasgow opened its Town’s Hospital as a workhouse in 1733, it was quite boastful that within a decade it included ‘six vaulted cells for mad people’¹² and that ‘there are also Grass-Walks at the end of the *Infirmary*, inclosed [sic] with Walls, for the Use of these unhappy Persons during their calm Intervals...’¹³ In 1814, Glasgow Asylum, the precursor to the Royal Asylum at Gartnavel, opened its doors. Following the move of the asylum to Gartnavel, the custodial role of the old building on Dobbies Loan was in 1844 adapted to form new premises for the Glasgow Town’s Hospital.¹⁴ By the end of the nineteenth century, 13,194 people were living in asylums and

¹⁰ Roy Porter, *The Greatest Benefit to Mankind: a Medical History of Humanity*, (London, 1997), pp. 12-13.

¹¹ Olive Checkland, *Philanthropy in Victorian Scotland*, (Edinburgh, 1980); R. A. Houston, *Madness and Society in Eighteenth Century Scotland*, (Oxford, 2000); R. A. Houston, ‘Not simple boarding’: care of the mentally incapacitated in Scotland during the long eighteenth century’ in Bartlett, Peter, and David Wright (eds.), *Outside the Walls of the Asylum*, (London, 1999), pp. 19-44; Harriet Sturdy and William Parry-Jones, ‘Boarding out insane patients: the significance of the Scottish system 1857-1913’ in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum*, (London, 1999), pp. 86-114.

¹² *Regulations for the Town’s Hospital of Glasgow: with An Introduction continuing a view of The History of the Hospital and Management of the Poor, 1841*, p. viii. HMSW, Health Care 2 and Mental Health archive FF16.

¹³ RCPSG. *A Short Account of the Towns Hospital in Glasgow*, (Glasgow, 1742), p. 22.

poorhouse lunatic wards in Scotland, including 482 patients in Baldovan, near Dundee, and the National Institution at Larbert.¹⁵ These opened in 1855 and 1862 respectively and were specifically for children. Some towns and cities had more than one institution receiving mentally impaired people and many absorbed large numbers.

Mary Johnson, in her quantitative examination of the patient population of Gartnavel Asylum for the two years 1870 and 1880, constructs a 'typical patient' as 'decently educated and Protestant, with family members living, and is slightly more likely to be single than married, slightly more likely to be in a weakened physical condition upon admission.'¹⁶ Johnson used admission data consisting of twenty-three separate pieces of information recorded for each patient.¹⁷ Patients were individuals with often unique combinations of circumstances and arguably there was no such thing as a 'typical patient.' Allan Beveridge makes this apparent in his examination of the 1873-1908 correspondence consisting of 1,151 letters written by patients of Edinburgh Royal Asylum at Morningside.¹⁸ These letters, written by pauper as well as private patients, demonstrate a whole range of individual concerns and circumstances. Beveridge rightly concludes that 'a history written only with reference to the activities of physicians is seriously incomplete, as it ignores the experience of the great number of men and women who made up the asylum population.'¹⁹

Arguably the single-most influential and certainly controversial twentieth-century theoretician on the nature and treatment of madness was Michel Foucault (1926-1984). Gary Gutting argues that, in his examination of mental impairment, Foucault surmised that, in France, a change took place at the end of the eighteenth century, 'right around the time of the French Revolution [which] initiates a new way of experiencing madness that corresponds to our modern psychological view of madness as "mental illness".'²⁰ Foucault's *l'Age Classique* in France, from the mid-seventeenth century until the end of the eighteenth century, also represented a period when madness was the 'experience of nothingness,' when 'the head that will become

¹⁴ Olive Checkland, *Philanthropy in Victorian Scotland*, p. 154.

¹⁵ Eleventh Decennial Census of Scotland, 1901, Vol. 1, (Glasgow, 1902), pp. 297-298.

¹⁶ Mary Orr Johnson, 'Madness and gender in the nineteenth century: a case study of a Scottish asylum', University of Strathclyde MPhil thesis, 1995, pp. 34-35.

¹⁷ *Ibid.*, p. 28.

¹⁸ Allan Beveridge, 'Life in the Asylum: patients' letters from Morningside, 1873-1908', *History of Psychiatry*, ix (1998), p. 434.

¹⁹ *Ibid.*, p. 461.

²⁰ Gary Gutting, *Michel Foucault's archaeology of scientific reason* (Cambridge, 1989), p. 69.

a skull is already empty.’²¹ The mentally impaired were therefore seen as the ‘living dead,’ but this changed during the Enlightenment²² when deviant groups, including the insane, the physically ill and criminals, became regarded as *déraison* (unreason) in ‘the age of reason’²³ where madness was ‘a species of idleness – like all forms of unreason - ... a violation of the fundamental ethical consciousness of bourgeois society.’²⁴ In the 1746 court case surrounding the marriage of Hugh Blair (c.1708/9-c.1765) of Borgue, Kirkcudbrightshire, his lawyer referred to idiocy as ‘a silent madness [in which] such men are, as it were, asleep all their life.’²⁵ Confinement of deviant groups was already established in France during *l’Age Classique*, but separation of different groups occurred in the nineteenth century, with placement in asylums, hospitals and prisons with the ‘aim of not inflicting the “mad” on the “sane”.’²⁶ For the insane, this coincided with a change in belief that madness resulted from the malign intervention of ‘a god, diabolically possessed’²⁷ to ‘animality’²⁸ that might be corrected through medical intervention. This, according to Foucault, sees the asylum as not so much separating the insane from the human world, but forming a barrier behind which the ‘contagious’ effects of madness may be contained and be corrected through intervention. The asylum became modelled on the hospital with a therapeutic approach where the ‘medical gaze’ and medical treatment ultimately became equated with moral judgement and the imposition of moral values.²⁹ Foucault’s seminal 1961 work *Folie et déraison: Histoire de la folie à l’âge classique*, published in English as *Madness and Civilization*, describes how societal responses to mental impairment changed by ‘the nineteenth century [which] would consent, would even insist that to the mad *and to them alone* [my italics] be transferred these lands on which, a hundred and fifty years before, men had sought to pen the poor, the vagabond, the unemployed.’³⁰ Foucault also argues that ‘the presence of the mad

²¹ *Ibid.*, p. 70.

²² Houston describes the Enlightenment in Scotland as ‘a time of change from ‘civic humanist moralism’ to ‘political economy’.’ R A Houston, *Social Change in the Age of Enlightenment*, (Oxford, 1994), p. 12.

²³ Gary Gutting, *Michel Foucault’s archaeology of scientific reason*, p. 73.

²⁴ *Ibid.*, p. 74

²⁵ Rab Houston and Uta Frith, *Autism in History: The Case of Hugh Blair of Borgue*, (Oxford, 2000), p. 165.

²⁶ Gary Gutting, *Michel Foucault’s archaeology of scientific reason*, pp. 90-91, 110.

²⁷ *Ibid.*, p. 87

²⁸ *Ibid.*, p. 75.

²⁹ *Ibid.*, pp. 89-91.

³⁰ Michel Foucault, *Madness and Civilization*, trans. Richard Howard, (London, 2001), p. 53.

appears as an injustice; but *for others* [original italics].³¹ He believes that by the nineteenth century:

Madness was individualized, strangely twinned with crime, at least linked with it by a proximity which had not yet been called into question. In this confinement drained of a part of its content, these two figures – madness, crime – subsist alone; ...they alone are what henceforth deserves to be confined.³²

How do Foucault's interpretations of nineteenth century developments in France for the insane equate with approaches in Scotland, and how are those approaches replicated with other forms of disability? At the time of the 1861 census in Scotland, there were 1,518 patients in infirmaries, 2,071 prisoners in jails, but 3,638 inmates in lunatic asylums.³³ By the close of the nineteenth century Edward Shorter estimated that:

Psychiatry had reached a dead end. Its practitioners were concentrated for the most part in asylums, and asylums had become mainly warehouses in which any hope of therapy was illusory. Psychiatrists themselves had a rather poor reputation among their medical colleagues as the dull and second-rate, just a step, if that, above the spa-doctors and homeopaths.³⁴

Indeed, John Batty Tuke, from the 1860s one of Scotland's more enlightened asylum superintendents, saw in 'the old treatment of the lunatics in Bedlam, which consisted mainly of alternate flogging and purgation' that 'the idea of demonic possession was by no means quite dissipated.'³⁵ Batty Tuke also expressed concern that by the end of the nineteenth century there were 'grave faults underlying our lunacy system,'³⁶ that 'each patient should be treated on the purest hospital principles for at least a year'³⁷ and that there was an absence 'of systematic inquiry into treatment of [insanity]'³⁸ in asylums. Foucault was cynical about the role of moral therapy stating that 'the absence of constraint in the nineteenth century asylum is not unreason liberated, but madness long since mastered.'³⁹ He observed that 'the physician in the asylum exercises authority and power through his status as a doctor rather than because of an ability to apply medical knowledge.'⁴⁰ Under the regime of moral therapy, the mental asylum patient became his own policeman.

³¹ *Ibid.*, p. 217.

³² *Ibid.*

³³ HMSO, *Seventh Decennial Census of Scotland – Report*, Vol. I, (Edinburgh, 1862), p. xxxiv.

³⁴ Edward Shorter, *A History of Psychiatry* (New York, 1997), p. 65.

³⁵ J Batty Tuke, 'Lunatics as Patients, not Prisoners', *The Nineteenth Century*, 25, April 1889, p. 598.

³⁶ *Ibid.*, p. 596.

³⁷ *Ibid.*, p. 603.

³⁸ *Ibid.*, p. 599.

³⁹ Michel Foucault, *Madness and Civilization*, p. 239.

⁴⁰ *Ibid.*, pp. 259-260.

The work of Sturdy and Parry-Jones suggests that Foucault's depiction of societal attitudes to the insane was not found in Scotland in one context, namely the boarding-out system. Indeed by the 1880s in communities in which it was established 'the number of applications [for boarders] ... exceeded the number of available patients.'⁴¹ Houston has shown that boarding out of insane people with strangers was widely employed during the eighteenth century as one of a number of options for accommodating mentally impaired people, but representative of a recognition that it was required because of a shortage of places in asylums, workhouses, poorhouses and jails.⁴² The asylum system underwent expansion from the early nineteenth century and this was increased with the creation of the General Board of Lunacy in 1858 and the eventual development of a network of district asylums. However, in tandem with asylum expansion, boarding out was both sustained and endorsed by the Board through its steps to appoint guardians with a caring interest in their mentally infirm boarders and the elimination of those with mercenary objectives of financial gain.⁴³

Recognition of blind and deaf people as 'deserving' groups developed from the late eighteenth century. For blind people, institutional provision was not of an overtly restraining nature, many people having them as places of work or training while living in their own homes. The majority of blind people had no affiliation with the blind asylums. Both groups did however fall within the influence of paternalistic 'help,' resulting in the creation of formal records that have received the attention of historians. By their nature, these documents tend to focus more on provision of help than on the individual blind person - who is separate from 'the blind' as the perception of a homogenous group representing common characteristics and 'problems.' Institutionalisation of deaf people was a childhood phenomenon amid a philosophy of preparing the deaf to participate in adult society as 'normal' and specifically as able-bodied, self-supporting members. After 1880 for many deaf people this meant abandoning the core of deaf culture - the use of signing for communication - and imitating the communication mode of 'normal' people, speech. Several deaf historians and historians of deafness have tackled some of the issues arising, aided by specialist publishers such as Gallaudet University Press, British Deaf

⁴¹ Harriet Sturdy and William Parry-Jones, 'Boarding out insane patients' in Peter Bartlett and David Wright (eds), *Outside the Walls of the Asylum*, (London, 1999), pp. 100, 110.

⁴² R A Houston, 'Not simple boarding' in Peter Bartlett and David Wright (eds), *Outside the Walls of the Asylum*, pp. 32-34. Rab Houston and Uta Frith, *Autism in History*, p. 31.

History Society Publications and, in Scotland, Scottish Workshop Publications. Robert Smith has highlighted how the Glasgow Mission to the Deaf and Dumb saw its objectives as expanding from religious evangelism to include the instillation of thrift, toil and temperance among deaf people.⁴⁴ Smith notes this progression from religious evangelism to moral evangelism in 1874:

The Society, through the catalyst of the Missionary, had clearly now been imbued in the Zeitgeist of the Age of Reform, and set about with increasing gusto in tackling the problem of Unemployment amongst the Deaf.⁴⁵

Physically impaired people represent a diverse group in the range of impairments encapsulated, yet they have a considerably lower profile than mentally and sensory impaired people. The extent of physical disability among children was not recognised until the 1872 Education (Scotland) Act became effective, resulting in the opening of East Park Home for Infirm Children in Glasgow by William Mitchell in 1874, Scotland's first residential institution for such children.⁴⁶ The Home signalled a culmination to the nineteenth-century progression wherein all people with disabilities were increasingly classed as 'abnormal' and labelled with a 'problem' requiring fixing to make them 'normal.' This perception increased with the rising stature of the medical profession and therefore placed the status of physically impaired people in the industrial era at the centre of much debate. This centred on whether their marginalisation was directly linked to the 'normalisation' process along with those of urbanisation and increasing public intervention in the private sphere.

Industrialisation and urbanisation have been important contexts for historians of Scotland in studying disability. The nineteenth century was a time during which Scotland underwent fundamental change. The early years of the century were marked by demographic shift in the wake of land enclosure and rapid industrialisation. The welfare system, largely supported by charity and voluntary parish support of its poor by the better-off, came under increasing strain and culminated in the passing of the Poor Law (Scotland) Act in 1845. This legislation arrived in the wake of the disruption of the Church of Scotland in 1843 which resulted in its fragmentation into 'established' and 'dissenting' clergy and adherents and which made secularising of

⁴³ Harriet Sturdy and William Parry-Jones, 'Boarding out insane patients' in Peter Bartlett and David Wright (eds), *Outside the Walls of the Asylum*, p. 106.

⁴⁴ Robert J Smith, *The City Silent*, p. 16.

⁴⁵ *Ibid.*, p. 14.

⁴⁶ Iain Hutchison, 'Child Disability in Scotland c.1872 – c.1914,' BA (Hons) dissertation, University of Strathclyde, 2000, p. 1.

the welfare support system for parishes paramount. Migration to the towns and cities created particular pressures on the poor relief system. While in 1801, 31 percent of the population of 1,608,420 were occupied in agriculture,⁴⁷ manufacturing towns experienced a large influx of migrants from rural hinterlands. Paisley had a 50 percent population increase (of 16,000) between 1801 and 1821 fed by 'rural immigrants from Ayrshire and Renfrewshire'⁴⁸ while 'between 1801 and 1840 ... something like 350,000 people – nearly four times the 1801 population of Glasgow – settled in urban conditions in the Clyde Valley.'⁴⁹

The drift from countryside to town had a particular bearing on people with disabilities. As Rosalind Mitchison has observed, by the 1830s, 'capitalised farming made the farmers selective in their demand for labour: the weak, the old and the handicapped would be last in their choice. If there was no offer of work at a hiring fair, those not chosen knew they had to leave.'⁵⁰ This suggests that less robust people had traditionally been supported by local communities, not just in the provision of charity and poor relief in times of extreme deprivation, but through the provision of paid tasks commensurate to abilities restricted by old age, illness, and disability. Indeed this perspective is suggested by Brendan Gleeson in his study of feudal England where he suggests that there was the 'real possibility that very different ideas of physical capability prevailed in previous historical eras' where people with disabilities had to contribute within their means,⁵¹ and 'peasant households made use of the flexible domestic labour régime to ensure that physically impaired family members had meaningful and productive work.'⁵² Gleeson continues by saying that 'it was not shameful to be poor because the bourgeois notion of 'economic independence' was yet to be born ... physically impaired people were not isolated as social dependants.'⁵³

However there was a hardening of attitudes towards people with disabilities with the changed circumstances brought about by commercial farming and large-scale industrialisation. This interpretation is suggested by Vic Finkelstein, Deborah Stone

⁴⁷ Agnes Mure Mackenzie, *Scotland in Modern Times 1720-1939* (Edinburgh, 1947), p. 107.

⁴⁸ R. A. Houston, 'The Demographic Regime' in T. M. Devine and Rosalind Mitchison (eds.), *People and Society in Scotland, Vol. I* (Edinburgh, 1988), p. 22.

⁴⁹ Agnes Mure Mackenzie, *Scotland in Modern Times*, p. 118.

⁵⁰ Rosalind Mitchison, *The Old Poor Law in Scotland – the experience of poverty 1574-1845* (Edinburgh, 2000), p. 157.

⁵¹ Brendan Gleeson, *Geographies of Disability*, (London, 1999), p. 83.

⁵² *Ibid.*, p. 88.

⁵³ *Ibid.*, p. 97.

and Michael Oliver who see British society being increasingly graded into a class hierarchy which placed the disabled at the bottom of the pecking order.⁵⁴ This occurred because, in the words of Stone, ‘capitalism introduced a new distributive principle – labor – according to which people would receive wages determined by the value and amount of work they performed.’⁵⁵ However, Gleeson suggests in his coverage of feudal England, that this was not new, some physically disabled men in Norwich in 1570 being employed in tasks traditionally for women,⁵⁶ and presumably being paid the lower wages generally given to women. Affirmation of this appears to come from Salisbury in 1635 where physically disabled men who were working were nonetheless on average earning just over half that being paid to the able-bodied.⁵⁷

If the term ‘disability’ was not current in nineteenth century discourse in Scotland, this is perhaps because it was only in the process of ‘construction’ as the Scottish economy and society changed. Finkelstein argues that ‘in industrialised societies ... cripples disappeared and disability was created,’⁵⁸ although it may have been that Scottish society still did not yet fully recognise the reality of such a change as the nineteenth century drew to a close. Cooter observes that ‘a social, economic or even medical concept of disability could have existed in the absence of the word’ and in particular he cites the introduction of compulsory education in Western society during the 1870s as a catalyst for the identification of ‘crippled’ children and their segregation from society.⁵⁹ He also notes that ‘the late nineteenth-century ‘discovery’ of the crippled child ... was not made by medical men, but by philanthropists and social investigators.’⁶⁰ Such identification and ‘discovery’ in Scotland concurs with this sequence and makes Oliver’s observation of the ‘colonisation of disabled peoples lives by a vast army of professionals’⁶¹ in the late twentieth century reflective of a process which was current in the nineteenth century.

⁵⁴ Vic Finkelstein, *Attitudes and Disabled People: issues for discussion* (New York, 1980).

Deborah Stone, *The Disabled State*, (Basingstoke, 1985).

Michael Oliver, *The Politics of Disablement*, (Basingstoke, 1990).

⁵⁵ Deborah Stone, *The Disabled State*, p. 34.

⁵⁶ Brendan Gleeson, *Geographies of Disability*, p. 89.

⁵⁷ *Ibid.*, p. 91.

⁵⁸ Vic Finkelstein, *Attitudes and Disabled People*, p. 11.

⁵⁹ Roger Cooter, ‘The Disabled Body’ in Roger Cooter and John Pickstone (eds.), *Medicine in the Twentieth Century*, (Amsterdam, 2000), p. 370.

⁶⁰ *Ibid.*, p. 378.

⁶¹ Michael Oliver, ‘Defining Impairment and Disability’ in Colin Barnes and G. Mercer (eds.), *Exploding the Divide: Illness and Disability*, (Leeds, 1996), p. 43.

As Scottish industry matured, attitudes became fine-tuned in their identification and categorisation of people with impairments. Finkelstein writes that in laissez-faire society 'at the lower end of the economic ladder "cripples," low-paid workers, the out-of-work and the mentally-ill formed a broad oppressed layer of society in which there was a heavy overlap of roles,'⁶² while Oliver argues that 'there is an underlying logic to the development of capitalism which creates disability as an individual and medical problem.'⁶³ Oliver also maintains that capitalism turned people into labour as a commodity which accorded low value to the disabled as they 'could not meet the demands of individual wage labour and so became controlled through exclusion.'⁶⁴ In agricultural and small scale industrial society, Oliver contends that the disabled were able to participate, their marginalisation coinciding with the shift from communal to individual work.⁶⁵ Finkelstein suggests that the prevalence of an inclusive society during the nineteenth century is demonstrated by beggars who posture as cripples.⁶⁶ This practice was certainly commonplace in Scotland during the first half of the nineteenth century, but whether physically disabled people who begged shared a communal spirit with beggars who feigned disability is debatable.

In her study of Bath Infirmary in the eighteenth century, Anne Borsay sees its disabled patients as 'symbolis[ing] the lower classes at their most acquiescent,'⁶⁷ but she disputes the notion of a cataclysmic change following takeoff of the Industrial Revolution in the 1780s before which 'impaired people were more easily absorbed into employment.' She argues that 'the gradual breakdown of the feudal system was followed by a long transitional period in which the peasant economy was increasingly complimented by waged labour, cottage industries and eventually factory work.'⁶⁸ T M Devine notes that 'Scottish society before the later eighteenth century was far from static,' but that 'from the last quarter of the eighteenth century there was a significant change of gear.' However, he points out that Scottish industrialisation was primarily focussed on textiles, coal and iron and that by 1830 'the process ... was far from complete' and that 'most Scots still laboured on the land, in the home, or in the workshop rather than in the new industrial complexes each employing several

⁶² Roger Cooter, 'The Disabled Body', p. 8.

⁶³ Michael Oliver, *The Politics of Disablement*, p. xiv.

⁶⁴ *Ibid.*, pp. 44-45.

⁶⁵ *Ibid.*, pp. 27-28.

⁶⁶ Vic Finkelstein, *Attitudes and Disabled People*, p. 9.

⁶⁷ Anne Borsay, 'Returning Patients to the Community: disability, medicine and economic rationality before the Industrial Revolution', *Disability and Society*, Vol. 13, no. 5, (1998), p. 659.

hundred people.’⁶⁹ Consequently the role of home working and workshops should also be considered alongside agricultural evolution when discerning the extent of change in attitudes to people with disabilities in the Scottish context en route to the country becoming primarily an industrial and urban society. Large geographical areas of Scotland experienced a diminishing share of the national population and remained highly rural and agricultural in character. Such areas therefore require comparison with the new urban industrial centres in order to establish if disability was both experienced and regarded differently.

Historians define the disability of their studies in different ways. Finkelstein, Stone, Oliver and Borsay look primarily at physically disabled people. Highlighting of this is important because a question also arises on the existence of a hierarchy being imposed upon disability in societal attitudes to its different manifestations, and there is evidence of this in Scotland during the nineteenth century. The belief that there was a hierarchy within disablement by the disabled themselves is also an important issue (see pp. 61-64). Labelling which inferred disability was often rejected by people with impairments, but this was often not done with solidarity, but by a distancing of one group, whose members did not see themselves as disabled, from others whom they were willing to accept as being so. For example Harlan Lane questions why the deaf should be classed disabled ‘like the blind,’ although he does also question why the blind, the polio victim and the person with learning difficulties should be so categorised.⁷⁰

Stiker concurs with the idea that the ethos of economic capitalism has a marginalising effect on the lives of people with disabilities. However he also challenges changes in cultural values and the rising influence of medical science:

The reason for the exclusion can be pinpointed fairly easily: an economic system predicated on profitability; an economic system that can afford the luxury of generously helping its subjects, who are often its victims, but that considers prevention and sociovocational reintegration burdensome; a cultural system that no longer knows how to make difference viable because its schemas are those of identity, of “all the same;” a system of medical power based on the clinic and its history.⁷¹

Stiker questions several forces at play on attitudes expressed towards people with impairments that have particular pertinence to the societal evolution which occurred in Scotland during the nineteenth century. The importance of society’s perceptions of

⁶⁸ *Ibid.*, p. 649.

⁶⁹ T M Devine, *Exploring the Scottish Past* (East Linton, 1995), pp. 107-108.

⁷⁰ Harlan Lane, *When the Mind Hears – a history of the Deaf*, (New York, 1989), p. xiii.

⁷¹ Henri-Jacques Stiker, *A History of Disability*, trans. William Sayers, (Ann Arbor, 1999), p. 15.

‘normal’ is only overshadowed by what it considered ‘abnormal’ and its responses to that ‘abnormality.’ A shift occurred towards the belief that disability should be equated with illness and therefore required to be ‘cured,’ or as Foucault observed, ‘Madness will be punished in the asylum, even if it is innocent outside of it.’⁷² There was irony in the bourgeoisie’s disapproval of those who undermined the ‘wholesomeness’ of society through poverty, which they often equated with idleness and intemperance, ill health, and disability. Yet their presence as objects for philanthropic intervention and beneficence gave the wealthy targets on which they could focus in order to elevate their own self-esteem and public profile. This last point is highlighted by the Board of the Edinburgh Deaf and Dumb Institution when it deliberated on the statutory support which the 1890 Education of Blind and Deaf-Mute Children (Scotland) Act introduced. The Board stressed that the provisions of the Act were intended to ensure a safety net for ‘those who labour under the heaviest of disabilities’ while emphasising that ‘the philanthropist thus can still plentifully enjoy the luxury of doing good.’⁷³ While these words were probably motivated by a concern that there might be a dramatic drop in charitable contributions, the Board knew the language to employ in appealing to the egos of its benefactors.

The concept of residential institutional care for people considered unable to support and care for themselves ranged from incarceration to protection, often simultaneously and understandably with much ambiguity. The variety and multiplicity of roles and images encapsulated by custodial institutions have been subjected to considerable historical appraisal. The sources often readily facilitate the study of such places of containment, their régimes and philosophies. However, their appropriateness was already being challenged in some circles by the end of the nineteenth century with some medical and education professionals holding reservations about the segregation from the rest of society that such institutions tended to entail. Practitioners such as James Kerr Love, a deafness specialist, had concluded by the dawn of the twentieth century that the continued use of institutions, which were generally housed in extremely substantive buildings, was simply because they ‘already exist.’⁷⁴ Institutions did however present a problem that prevailed well into the twentieth century as confirmed by Jock Young. A pupil at the Glasgow Deaf and

⁷² Michel Foucault, *Madness and Civilization*, p. 256.

⁷³ NLS Dep.263/156, 1891, p. 11.

⁷⁴ J Kerr Love, *The Deaf Child* (Bristol, 1911), p. 134.

Dumb Institution during the 1930s, Young recalled that children, when they were deemed to have reached adulthood, were discharged into a world of which they had little experience and for which they were ill-prepared.⁷⁵ The experience of the institution inmate, patient, pupil, or whatever other label was applied to occupants, as opposed to the institution as an inanimate building or a body of administrators, requires to be given greater attention. Indeed, they need to be recognised as human beings and individuals and it is they who should occupy centre stage.

In the field of disability, many people, especially those with mental impairment, having entered an institution may well have found that its walls represented the boundaries of their world, while for some blind people the institution was a place quite separate from their homes, but on which they were totally dependent for employment. For some deaf or physically impaired children, they were places that provided them with security and care for only a limited period before they were cast out into an unfamiliar world from which they had been separated. Of thirteen 12 and 13 year olds discharged by East Park Home for Infirm Children, Glasgow, between 1880 and 1885, three went to Broomhill Home for Incurables in Kirkintilloch, one went to Glasgow City Poorhouse, three went to industrial schools, and six were 'taken by parents' which might suggest that instructions were issued for their removal. Between 1886 and 1900 this trend changed considerably so that discharges mostly resulted in children returning to their parents. The age of departure tended to become lower suggesting that the Home preferred to discharge children before they reached the maximum age at which it would accommodate them.⁷⁶

In order to unravel the experience of people with disabilities, both institutionalised and living at home, it is often necessary to track their lives through indirect or unpublished sources. It is individual *people*, with impairments that might hinder their lives because their environment was constructed without taking cognisance of their needs, or because of a society that was guided by intolerance and prejudices, who need to be heard. Just as it is argued that women's history cannot be told without considering men, and that 'black' history in America cannot be understood without considering the role of American 'whites,' it is necessary, when examining the history

⁷⁵ Jock Young, during an interview about his childhood and youth, described how, upon being discharged, he had no idea how to go about finding employment and was unaware that he could 'sign on' at the 'buroo' (the employment exchange). Scottish Oral History Group and Scottish Sensory Centre Joint Conference, 'Deaf Lives', Edinburgh, 18 November 2000.

⁷⁶ East Park Home for Infirm Children, Annual Reports, 1880-1900.

of disability, not only to consider asylums, institutions, hospitals and poorhouses; or physicians, surgeons, philanthropists, administrators, politicians, clergymen, nurses, policemen, caretakers and all the other people who undertook roles in the fields of caring, restraining, curing, and inculcating with moral values. It is also necessary to consider the experience of the people labelled with the wide range of impairments, that would later be classed under the generic term 'disability,' and also their immediate domestic circle of kith and kin.

Defining disability

Defining what constitutes 'disability' is in itself challenging. As a medical 'problem,' it can potentially affect every person through the occurrence of illness, accident and old age. American professionals in the fields of disability and rehabilitation, Albrecht, Seelman and Bury, note in the modern context that:

Disability is an enigma that we experience but do not necessarily understand. While some people are born with or experience disability as children, most of us become familiar with disability in later life. For the majority, then, what was once deemed as foreign, something outside our bodies and experience, frequently becomes an intimate part of our lives as we age. As our parents reap the blessings of hard work and long lives, disability enters as a companion affecting their cognitive, intellectual, physical, and social functioning.⁷⁷

Very few of us are completely free of some minor degree of disability, imperfection or 'deformity,' manifested in such things as the need to wear spectacles or the presence of scarring from an accident or surgery. Recognition of the characteristics that might be termed 'disabilities' are often dictated by a matter of degree. During the nineteenth century, some conditions resulting in disability were later no longer perceived as disablement because developments in medicine and surgery enabled intervention that could arrest their advance to a state of permanency, or affect at least a partial remedy. In his thesis on four figureheads⁷⁸ of the Scottish Enlightenment, Norbert Waszek links this to the opening of the first six-bed infirmary in Edinburgh in 1729. He argues that it resulted in the beginning of scientific medicine that was to stimulate 'the new belief that man can take his future in his own hands.'⁷⁹ The terminology of disability is in constant flux and the language of the earlier periods has elements which would today be unacceptable – 'dumb' no longer sits beside 'deaf' as

⁷⁷ Gary L Albrecht, Katherine D Seelman and Michael Bury (eds), *Handbook of Disability Studies*, (Thousand Oaks, 2001), p. 1.

⁷⁸ Francis Hutcheson, David Hume, Adam Smith and Adam Ferguson.

⁷⁹ Norbert Waszek, *Man's Social Nature: A Topic of the Scottish Enlightenment in its Historical Setting*, (Frankfurt am Main, 1986), p. 348.

an acceptable label for someone unable to communicate orally, and ‘imbecile’ is no longer an approved categorisation of mental impairment. Mike Oliver points out the offence that the term ‘handicap’ causes to people with disabilities ‘because of its connections to ‘cap in hand’ and the degrading role that charity and charitable institutions play in our lives.’⁸⁰ The word ‘handicap’ also derives from a game of chance in which bets were deposited in a hat. This usage broadened to describe downward equalising of competitors’ attributes at the outset of a race or contest and it was subsequently employed to indicate an impediment or disability beyond a purely sporting context.⁸¹ The association between begging and receipt of alms on the one hand and disability on the other has deep roots that the modern use of the word ‘handicap’ has done nothing to ameliorate, and this can be found in the writing of the nineteenth century. Devlieger, Rusch and Pfeiffer note that in USA ‘handicap’ was only ‘banned as a central professional concept in the mid-1970s to be replaced by “disability”.’⁸² ‘Handicap’ is now an unacceptable term in a society with pretensions to social inclusion and sensitive to compliance with political correctness.

People with disabilities, living in a world that pays lip service to their needs, nonetheless often display, indeed are often forced to display, exceptional versatility and adaptability. Recognition of this should replace ‘disability’ with ‘different ability’ – not in the ‘semantic ingenuity’ which occurs to satisfy ‘linguistic political correctness’ which Anne Digby observes occurring today with the mentally impaired⁸³ – but a genuine recognition of uniquely positive attributes. While such a move may lack substance in a world where rhetoric is backed with inadequate resources, it would be a valid recognition. On the award of an Honorary Doctorate in Law by the University of Melbourne in December 2000 in acknowledgement of his lifelong interest in deaf education, Pierre Gorman, deaf from birth, concurred that ‘the term disability is a broad one and not easy to define. Essentially it involves a deficit or *an excess* [my italics] of one or more of the emotional, physical, mental or sensorial functions usually possessed by most individuals.’⁸⁴

⁸⁰ Mike Oliver, ‘Defining Impairment and Disability’ in Colin Barnes and G. Mercer (eds.), *Exploding the Divide: Illness and Disability*, (Leeds, 1996), p. 44.

⁸¹ *The English Oxford Dictionary*, Second Edition, Volume VI, (Oxford, 1989), pp. 1073-1074.

⁸² Patrick Devlieger, Frank Rusch and David Pfeiffer (eds), *Rethinking Disability: The emergence of New Definitions, Concepts and Communities*, (Antwerp, 2003), p. 9.

⁸³ Anne Digby, ‘Contexts and Perspectives’ in David Wright and Anne Digby (eds.), *From Idiocy to Mental Deficiency*, (London, 1996), p. 3.

⁸⁴ Dr Pierre Gorman speaking at the University of Melbourne, 2 December 2000.

'Idiocy' was considered to be a greater impairment than 'lunacy' in that it was a congenital disability, the afflicted individual never having had any experience of sanity. 'Imbecility' might also be congenital but was less severe, while 'lunacy' was a postnatal event, the lunatic having therefore benefited from some period of 'normality.'⁸⁵ The categorisation of mental impairment became increasingly complex, and obsessive, as the nineteenth century advanced. In 1844, the Metropolitan Commissioners of Lunacy identified nine different categories of lunacy and from the 1860s, the 'feeble-minded' began to be recognised, first in USA and then in England.⁸⁶ In Scotland, the census report for 1871 felt that the categorising of mental impairment required to be clarified and it questioned the accuracy of its own data:

Lunacy differs essentially from Idiocy in this, that it is a disease of adult life, and that by far the greatest number of Lunatics are to be met with between the ages of 30 and 60 years. It may, therefore be fairly doubted whether any of the 52 cases which were returned for Lunatics under 15 years of age ought to have been classified as such, and should not rather have been transferred to the class of Idiots.⁸⁷

The 'feeble-minded,' considered insufficiently impaired to be committed to asylums for the insane, became an area of concern which increased with the proliferation of eugenics thinking, 'being unable to escape either into the ranks of the insane or the sane'⁸⁸ and therefore a danger to 'normal' society due to misbehaviour, criminality, unemployability and promiscuity.

Categorisation of mental impairment was fraught with dangers. Anne Digby argues that deaf and dumb people were initially classed as 'idiots,' the most severe grouping given to the mentally impaired. 'Cretinism,' a term which soon lent itself to one of the most invective terms of abuse, was discovered late in the nineteenth century to be a condition caused by thyroid deficiency. Questioning of a subject as a means of establishing their mental impairment by challenging their awareness of the day of the week and habits of church attendance was not only heavily flawed, but susceptible to abuse and victimisation.⁸⁹ This is illustrated by the 1861 case of Gaelic-speaking Isabella Cannell who had been judged a lunatic because, upon being

⁸⁵ Anne Digby, 'Contexts and Perspectives', p. 2.

⁸⁶ Mark Jackson, *The Borderland of Imbecility*, (Manchester, 2000), p. 1. Anne Digby, 'Contexts and Perspectives', p. 6.

⁸⁷ Eighth Decennial Census of Scotland, Vol.. 2, (Edinburgh, 1874), p. xxii.

⁸⁸ British Medical Journal, December 1894, quoted in Mark Jackson, *The Borderland of Imbecility*, p. 1.

⁸⁹ Anne Digby, 'Contexts and Perspectives', pp. 1-2, 8.

asked how many fingers she had, replied 'twenty'. The Inspector of poor for her parish of Kilninian and Kilmore in Argyll interceded with an explanation:

She can speak English sufficiently to make herself understood in ordinary matters. That the woman in stating that she had 20 fingers is correct, because in Gaelic the word for fingers and toes is the same and the natural and correct answer by the Highlander to the question "how many fingers have you" when put in Gaelic is 20, applying as it does to both fingers and toes, and the mistake may have arisen through an uncorrected interpreter.

The word 'meur' was probably used, meaning 'finger,' but also 'digit' and 'branch' and having a broader application than just the extremities of the hands.⁹⁰

In the twentieth century, 'the disabled' became a catch-all term to describe a gamut of impairments and characteristics which could be used to label people who did not conform to some vague notion of normality. People with disabilities in twenty-first century society quite rightly see themselves in a very different light although acceptance of this in 'normal' society remains an uphill struggle. Indeed, Oliver, in examining definitions of 'disability' and 'impairment' published by the World Health Organisation (WHO) in 1980, and challenged by Disabled Peoples International (DPI) in 1982 because of WHO's failure to recognise that 'disability' is a social phenomenon, highlights DPI's 1994 reappraisal when it declared that, 'a disabled person is an individual in their own right, placed in a disabling situation brought about by environmental, economic and social barriers that the person, because of their impairments(s), cannot overcome in the same way as other citizens.'⁹¹ Devlieger et al, in tracing models of disability from religious, through medical, to the twentieth century social model that attempts to make people with disabilities 'the same, not different,'⁹² argue for a new cultural model which acknowledges disability 'as same and different'.⁹³

'Disability' can be an extremely broad concept and, as stated by Roger Cooter, poor health accompanied the lives of the impoverished with such prevalence, that disability was widespread, was generally accepted as 'normal,' and its degree of severity was the only provision of a vague boundary between ill health and

⁹⁰ Meur – finger, toe, digit, branch. Specific terms are 'corrag' for finger, and 'òrdag' for toe. John Mackenzie's *English-Gaelic Dictionary*, (Glasgow, 1971), based on the earlier Neil MacAlpine's *Pronouncing Gaelic Dictionary*, (1832) has the entry 'Toes – Meùirean nan cas' (p. 240), which literally translates as 'fingers of the feet'.

⁹¹ Michael Oliver, 'Defining Impairment and Disability', pp. 40-42, 47.

⁹² Patrick Devlieger et al, *Rethinking Disability*, p. 9.

⁹³ *Ibid.*, p. 15.

disablement.⁹⁴ This thesis will consider disability in a holistic sense to include temporary as well as permanent disablement. This does not contradict medical and institutional approaches during the period when there were also objectives of removing disability through procedures such as surgery or psychiatric treatment. Disablement was often synonymous with old age and this is highly significant in an era when retirement was not an option for many people. When an elderly person's activities were severely impeded by loss of sight, hearing or mobility, or through the onset of such conditions as senile dementia or crippling rheumatic conditions, they too will be considered within the scope of this study.

Disability within the context of the Scottish poor laws

The Old Poor Law operated in Scotland until replaced by the Poor Law (Scotland) Act of 1845. The old system was not based on entitlement, but was dependent upon the charitable disposition of its supporters.⁹⁵ Until the 1770s, charitable support for the poor was inspired by Christian obligation, but this support was recognised as only partly ameliorating the worst effects of poverty and it was both accepted and expected that recipients would supplement such support with casual employment or begging.⁹⁶ This accommodating approach by the donors of charity towards the sustenance of the poor was changing by the dawn of the nineteenth century. Saunders detects this transition after 1815 when increased poverty accompanied the end of the Napoleonic Wars, there was a decline in relief from church and landlords, and there was diminution of poor funds with the growth of dissenting congregations.⁹⁷ The 'ordinary' poor with a (moral) right to public assistance were 'the impotent and infirm – the aged, the orphan, the "fatuous" – all permanently incapable of supporting themselves.'⁹⁸ He later refers to those deserving of relief as 'the exhausted, the sick, the disabled.'⁹⁹ This demonstrates the arbitrary way in which charitable opinion might sway and the Committee for the Relief of the Labouring Classes, set up in

⁹⁴ Roger Cooter comments that 'it could be appropriate to speak of the majority of people being, at best, merely "temporarily abled" over the course of their lives,' while 'persons who were physically handicapped were not unlike other sick, impotent or old persons in their dis-abledness.' Roger Cooter, 'The Disabled Body', pp. 368-369.

⁹⁵ Olive Checkland notes that, prior to the 1845 Act, poor relief and charity were frequently intermingled. *Philanthropy in Victorian Scotland*, p. 13.

⁹⁶ Rosalind Mitchison, *The Old Poor Law in Scotland*, pp. 46-47.

⁹⁷ Laurance James Saunders, *Scottish Democracy 1815-1840*, (Edinburgh, 1950), p 200.

⁹⁸ *Ibid.*, p. 194.

⁹⁹ *Ibid.*, p. 227.

Edinburgh in 1815, was careful to conduct its activities without undermining 'that honourable independence characteristic of the Scot.'¹⁰⁰ The Committee was established to respond to an immediate crisis in the post-Napoleonic Wars period and, as this subsided, it was content to pass responsibilities for permanent war casualties to other bodies.¹⁰¹ Short-term concern for those disabled as a result of a call to arms follows other conflicts where the self-sacrificing heroic soldier is admired, only to become seen, with the passing of comparatively short periods of time, as the idle beggar deserving of scorn. In her examination of the experience of those maimed during the First World War, Joanna Bourke found that attitudinal change, which quickly relegated war hero to street corner waster, persisted a century later and was accentuated because of the large numbers of disabled soldiers.¹⁰²

Mitchison notes that charity was vulnerable to changes in opinion and, by the 1830s, such change was occurring. The 'poor' were no longer just those on the verge of destitution but the whole of the working class, and contemporary middle-class prejudice increasingly differentiated between the able-bodied poor and 'ordinary' or 'disabled poor.' This categorisation was embodied in the 1845 Act which 'gave the "ordinary" poor a legal entitlement to relief which was lacking in the old system, but excluded those who were able-bodied but unable to find employment.'¹⁰³ Agnes Mure Mackenzie argues that, by 1831, the Old Poor Law, administered by Kirk Sessions, was already attempting 'to keep body and souls together in the disabled,' but had to exclude 'able-bodied men who could not earn [and] could only starve till they ceased to be able-bodied.'¹⁰⁴ Like Mitchison, Gordon Phillips, in his examination of the institutions established for the blind in Scotland, found that 'charities had to secure the approval of an increasingly discriminating public whose collective opinion was liable to periodic shift.'¹⁰⁵ The blind asylums therefore chose to portray those whom they aided as able-bodied and self-supporting rather than as

¹⁰⁰ *Ibid.*, p. 227.

¹⁰¹ *Ibid.*, p. 229.

¹⁰² Joanna Bourke, *Dismembering the Male*, (London, 1996).

¹⁰³ Rosalind Mitchison, *The Old Poor Law*, pp. 158-159. M. A. Crowther, 'Poverty, Health and Welfare' in W. Hamish Fraser and R. J. Morris (eds.), *People and Society in Scotland*, Vol. II, (Edinburgh, 1990), pp. 265-289. William Law Mathieson, *Church and Reform in Scotland 1797-1843*, (Glasgow, 1916), p. 247.

¹⁰⁴ Agnes Mure Mackenzie, *Scotland in Modern Times 1720-1939*, (Edinburgh, 1947), pp. 146-147.

¹⁰⁵ Gordon Phillips, 'Scottish and English Institutions for the Blind', *Scottish Historical Review*, LXXIV, 1995, p. 180.

disabled, and made efforts to disassociate themselves from those blind people who did not fall within this ethos.¹⁰⁶

The attitudinal changes regarding dispensing of poor relief might therefore appear to favour the disabled – if it can be argued that being in need of poor relief was improved by the legal and moral acceptance that this was accompanied by some entitlement. Ultimately, changing climate of opinion was influenced by the doctrine of laissez-faire which Mackenzie translated as meaning ‘that the strong oppressed the weak, and no one had any right to interfere.’¹⁰⁷ The evangelical clergyman Thomas Chalmers (1780-1847), who subscribed to the principle of self-help among the poor as well as the capitalist class, believed that ‘the victims of industry and its worn-out veterans, who had failed to provide against the penalties of unemployment and old age, [be] taught to shun the poor-box as a source of contamination and disgrace.’ He conceded those who had become ‘blind or deaf or lunatic or maimed, which no man is wilfully’ should be entitled to relief without their character being tarnished.¹⁰⁸

The blind institutions in Edinburgh, Glasgow and Aberdeen had been highly successful in setting up workshops that provided employment and training in such crafts as mattress-making, basket-making, rope-work and carpentry. These enterprises provided a living for many blind people, and the institutions were anxious that blind people of working age were classified as able-bodied and did not attract stigma that would occur if they were recipients of poor relief. The charity formed to establish the first of these, in 1792, was called the Edinburgh Society for the Indigent Blind.¹⁰⁹ It sought to alleviate their poverty by providing skills and employment that would make them productive and independent; its prime objective might be seen as attacking poverty rather than attacking the marginalising effects of blindness. It found abhorrent the idea of blind people begging and this motivated its approach of providing employment to non-residents of the asylum as well as residents.¹¹⁰

Following the passage of the 1845 Poor Law Act, paupers in the Highlands challenged the level of maintenance being granted. William Smythe, the secretary of the Board of Supervision, expressed the view that an increase in relief ‘would be a moral evil if the poor are suffered to give way to habits of indolence, by the stimulus

¹⁰⁶ *Ibid.*, pp. 191-192, 194, 205.

¹⁰⁷ Agnes Mure Mackenzie, *Scotland in Modern Times*, p. 120.

¹⁰⁸ William Law Mathieson, *Church and Reform*, p. 250. Rosalind Mitchison, *The Old Poor Law*, p. 168.

¹⁰⁹ Gordon Phillips, ‘Scottish and English Institutions for the Blind’, pp. 183-184, 189-190.

to exertion on their own behalf being rendered less urgent than heretofore.’ However Smythe did recommend that ‘in many cases of partial disability an addition of 6d. or 9d. a week is often of the greatest benefit to the pauper, and sufficient to meet those wants which he is unable to supply by his own industry.’¹¹¹ There was often however a reluctance to admit that poverty, frequently produced by unemployment, underemployment and low wages, encouraged ill health which in turn made the unemployed who might be able and willing to work into unemployable and incapable of work. While long-term or permanent disablement might come from a variety of causes, disability was also a severe manifestation of the ill health which was so widely accepted as being endemic among the poor by those who often benefited from the poverty of the labouring classes and were in a position to take a positive approach towards its relief.

Methodology

This research, in focusing on people with disabilities, takes a holistic view of what constitutes ‘disability’. It not only considers mental, physical and sensory disability, but also considers temporary disablement as well as permanent disablement. While the main criteria is assumed to be a physiological circumstance that inhibits participation in day-to-day activities considered as ‘normal’ pursuits by the rest of society, it accepts that the disabling aspect of an individual’s circumstances is often that resulting from the responses of able-bodied society.

Disability history has traditionally focused on the roles of institutions and organisations. This is natural as these bodies kept minutes of meetings, and admission records and case notes of patients and inmates to which historians now have easy access. The work of institutions and organisations was also published for public consumption, particularly as part of their fundraising activities, in annual reports and other publications. However these reports were intended to demonstrate the work of the institutions, organisations, officers and key personnel in the best possible light and not to highlight problems, misdemeanours and difficulties. Contentious issues might be recorded in minute books, but are often in language suggestive that the records narrate sanitised versions of heated debates and bitter

¹¹⁰ *Ibid.*, pp. 199, 203.

¹¹¹ Annual Report of the Board of Supervision 1845-6 (PP Vol.. XXVIII 1847) App. C No. 6, pp. 39-42 in Ian Levitt (ed), *Government and Social Conditions in Scotland 1845-1919*, (Edinburgh, 1988), p. 34.

conflagrations. They do occasionally reveal the desire to place good public image before transparency and this is demonstrated by the Royal Blind Asylum in Edinburgh when, in 1832, the directors took swift action to fumigate the asylum following discovery of a case of cholera. They also ‘enjoined on all connected with the Society the utmost secrecy as to this calamity.’¹¹² This demonstrates that caution must be used with institution records, whether public or private, in that their authors were selective about what was recorded. This was partly because of sensitivity regarding what should be committed to the record, but also was limited to the items that they considered to be important. This latter point meant that the end users of their ‘services,’ ‘clients,’ patients and inmates, were often either marginalised from the records, or were presented from the interventionist perspective and portrayed in a way that suited the aims of the provider.

This might suggest that institution records are not good sources through which to gauge the experience of disability. This research however does make use of such sources, but endeavours to read them from a ‘client’ perspective. Some records are of greater value than others. They range from those that make little mention of their subjects to those that describe exchanges with them, sometimes quoting direct speech. Poor law records exist in some abundance, but often give little detail of applicants. However inspectors of poor did occasionally give additional pieces of insight and add personal comment, all of which help piece together experiences of disability and societal perceptions held of people with disabilities.

Narrative sources give additional perspectives and experiences. They range from the Statistical Accounts compiled by parish ministers in the 1790s and 1830s to memoirs, biographies and learned works. They can broadly be placed into three categories: those written by lay commentators, those written by ‘experts’, and those written by authors who were themselves disabled and are discussed in Chapter 3.

Accounts of a more personal nature can be found, for example, in letters. Archival collections of poor law applications for the Sutherland parish of Tongue and Farr give first hand accounts by people seeking poor relief and detail their circumstances in a way not generally recorded in ledgers of applications compiled by inspectors of poor. Family correspondence gives experience not generally intended to sway officials and experts and can be less subject to self-censorship. Two extensive collections of

¹¹² REBAS. Minute Book 3, 1825-1835, 5 July 1832, pp. 266-268.

personal correspondence used in this research are letters written by Marion Brown (1843-1915) of Sanquhar to relatives in USA (see pp. 63-64, 259-264), and correspondence by and about William Baillie (1789-1869) of Dunain, Inverness-shire (see pp. 43-44, 69-70, 207-208). These are supplemented by other less extensive sources of correspondence that nonetheless add to the overall picture.

First hand testament of people with disabilities is also found in statements and depositions for court cases. These relate both to people with disabilities as victims of crimes and as perpetrators of crimes. As well as giving first hand accounts of experiences, they frequently give candid perceptions of people with disabilities as harboured by people from the communities in which they live. How people with disabilities were perceived and represented is a constituent part of this study as it investigates how the societal view of disability changed over time and the extent to which it was seen as being a problem to be treated, controlled and confined. How people with disabilities were represented is gauged through a variety of sources which enable variations between different groups in society such as the working and middle classes, lay and expert commentators, and not least with people with disabilities themselves to be considered. The research examines the lives of people with disabilities in the contexts of communities, institutionalisation, employment, and in personal relationships. It intentionally sets out to gauge experience across the diverse geography of Scotland, looking at rural and island communities as well as the cities, and considering speakers of Gaelic and Scots as well as English. It also considers the experience of disability by both the wealthy and the poor in an attempt to gauge both common and diverse experience. The prime objective of this investigation is to place people with disabilities centre stage in the history of disability in nineteenth century Scotland.

Chapter 2

Perceptions of 'other'



Thomas Foubister died from tuberculosis in 1902, age 19 (Photo: Orkney Libraries)

Chapter 2

Perceptions of ‘other’

In nineteenth-century documents that make reference to people with sensory, physical or mental impairments the term ‘disability’ is rarely used. People are referred to as ‘disabled,’ but this is a description primarily employed in the implementation of the Poor Law to differentiate those unable to work from the ‘able-bodied.’ People with impairments fell into this category, but they were not alone in being described as ‘disabled’ as the term was also used for people considered unable to support themselves due to frailty or age or those with unaided responsibility for infants. While ‘disability’ as a collective term did not come into common usage until the twentieth century, the identification by ‘normal’ society of people with disabilities, either in descriptive categories such as ‘the blind’ and ‘the insane,’ or collectively as ‘the disabled’ and outwith the mainstream of society, resulted in serious implications for them.

‘Disability’ is a social construction that gained currency in the closing decades of the twentieth century (see Chapter 1) and which carries variable connotations depending upon the context. To the expanding medical profession a disability was something to be ‘fixed,’ exemplified by the surgeon William Macewan (1848-1924) in his work at Glasgow Sick Children’s Hospital in straightening bones deformed by rickets, and in his pioneering work in neurosurgery.¹ Where that was not possible, compensatory action might be promoted, for example through prosthetic provision, and through the development of orthotics in Glasgow first put into practice at the paediatric hospital in 1919.² To a religiously-inclined population, disability could be interpreted as a punishment for moral failing, or a condition deserving pity with religious devotion providing the necessary consolation. In a world where there was acute awareness of an assumed superiority of class and race, disability might be linked to inadequacy and failure because of social position, ethnicity or cultural affiliation. Adherents to the unfettered capitalist society of the period were extremely conscious of those who generated wealth and those who were a drain upon wealth.

¹ David Hamilton and Margaret Lamb, ‘Surgeons and Surgery,’ in Olive Checkland and Margaret Lamb (eds), *Health Care as Social History – The Glasgow Case*, (Aberdeen, 1982), pp. 82-83.

² Royal Hospital for Sick Children Archives. The first entry in the Orthotic Register occurred on 31 October 1919. YH6 3/1.

People with disabilities were therefore easily disapproved as economic liabilities on society.

This chapter will examine how 'normal' society perceived people with disabilities in nineteenth century Scotland and consider how that perspective might have changed during its course. It will consider the manner in which attention was given to identifying and tabulating people with disabilities as an alien group that might be regarded as a 'problem' requiring evaluation and address. It will also look at how people with disabilities saw themselves and other members of this amorphous group. Acceptance or rejection of their classification as 'deviant' sections of society will be discussed, as will their perspectives of other people with disabilities. Finally consideration will be given to how, in turn, people with disabilities felt about 'normal' society.

'Normal' society's perspective

It might be expected that those who intervened in the lives of people with disabilities would have had some empathy with those on whom they focused their endeavours and charity. However, while these 'interventionists' may have thought that their minds were open and compassionate, they nonetheless approached their roles from a perspective where people with disabilities represented a 'problem' that should be fixed, or at least relieved or minimised. This was perhaps influenced by the 'rationalism' advocated by Enlightenment thinkers such as Dugald Stewart (1753-1828) who from 1785, in his lectures to his philosophy students,³ argued the role of language in 'general reasoning' and the value to logic of 'the use of words,'⁴ (which might have had implications for societal perspective of sensory impaired people), and cited imitation as a mode of learning that 'disappears after childhood,' but retains an 'intimate connection' in adulthood with 'the contagious nature of insanity, of convulsions, of hysteric disorders, of panics, and of all the different kinds of enthusiasm.'⁵ The solution to the 'problem' took various paths, such as repair, integration, or removal. Prejudice was sometimes a stronger sentiment than compassion, even if held unconsciously, as witnessed in the language employed by G MacCulloch, superintendent of the Edinburgh Blind Asylum during the 1860s and

³ Stewart held the Chair of Moral Philosophy at the University of Edinburgh for twenty-five years from 1785.

⁴ Dugald Stewart, *Outlines of Moral Philosophy*, first published 1793, (New York, 1976), p. 41.

1870s. MacCulloch's writing suggests that he had a high degree of commitment to aiding the blind people under his care. Yet he nonetheless used language which demonstrates that he saw the inmates of his asylum as being beyond the boundaries of the 'normal' society to which the institution's education and training programmes intended to provide integration. When deploring a general lack of religiosity among his charges, he conceded that they were 'a moral *race*'⁶ [my italics] and 'a gentle and harmless *race*' [my italics].⁷ He felt that 'a blind person – however much he may dislike the thought of it – ever be, to the sighted, but an *object* of commiseration and sympathy'⁸ [my italics]. He took pleasure that 'those of them who have learnt trades,' were 'on the whole, content with their lot in life.'⁹ Yet he resented those with strong wills and strong minds who argued that they were 'a *down-trodden* set of people' [MacCulloch's italics] who were 'treated as the outcasts of civilized society.'¹⁰ MacCulloch believed that, because of 'the expenditure of money, time, and pains'¹¹ laid out in asylum provision, blind people had no right to display a 'defiant air ... and swaggering gait,'¹² nor 'to scout and scorn when named [as 'the blind'] in their hearing.'¹³ In short, he argued, 'Let the blind ... show, by speech and behaviour, that they have due appreciation of what is done for them... let them be respectful in manner – manly, grateful for favours received, and ready to oblige in return.'¹⁴

While MacCulloch might have had strong commitment to those under his superintendence, he clearly, because of their visual impairment, considered them to be of less worth than members of 'normal' society. He saw them as a separate 'species' from those who constituted 'normal' society, and also used terminology that classed them not only as subhuman but as inanimate. He resented any moves by blind people to voice protest at their being treated as objects and considered that they should be compliant, and accept with gratitude and without question the regime provided for them, perhaps not an uncommon view of those intervening in the lives of people with disabilities.

⁵ *Ibid.*, pp. 68-69.

⁶ G MacCulloch, *Story of a Blind Mute who died in The Royal Blind Asylum and School, West Craigmillar, 6th March 1877, in the 16th year of his age*, (Edinburgh, 1881), p. 52.

⁷ *Ibid.*, p. 54.

⁸ *Ibid.*, p. 58.

⁹ *Ibid.*, p. 52.

¹⁰ *Ibid.*, p. 54.

¹¹ *Ibid.*, p. 55.

¹² *Ibid.*, p. 54.

¹³ *Ibid.*, p. 56.

¹⁴ *Ibid.*, p. 59.

MacCulloch's sense of visually impaired people as being less than fellow human beings was perhaps no different from that held by the directors of his asylum three-quarters of a century earlier. A hint of this might be detected in 1796 when the minute secretary wrote:

The secretary wished to have directions, what wages should be given to the blind at Lanark who were there upon trial as Mr Dale was so good as to allow them maintenance and lodging, but some other necessaries were wanted. The Directors appointed them to receive one half of the wages they got in the asylum.¹⁵

The directors of the asylum held the 'good' Mr Dale to be a gentleman, like themselves, deserving reference by name and in language of due appreciation and deference. The workers, on whose behalf the directors were acting and with whom some empathy might have been expected, are accorded no such courtesy. These men are recorded as a collective object - 'the blind' - a description widely resented, and whose resentment MacCulloch found reprehensible. The directors knew who the men were, but were totally impersonal in their discussion of them. The tenor of MacCulloch's rhetoric contrasts with the 1864 ruling in Glasgow Sheriff Court concerning the disputed parish of *foris familiaration*, or parish of five years continuous residence, of Anne Gallagher. She was a blind woman in her mid-twenties. The sheriff contrasted her blindness with lunacy to state that 'Anne, having reached puberty, was an individual with her own identity.'¹⁶ In 1841, an approach was made to the Edinburgh asylum to accept 'a little blind Chinese girl, about eight or ten years old,'¹⁷ where the writer referred to 'thousands of *blind objects* [my italics] crawling on their hands and feet along the crowded streets of the Chinese towns.'¹⁸ This child, 'baptized "Laura,"'¹⁹ was referred to as 'this little present.'²⁰ Benignly as it may have been intended, the writer's inference was that she was little more than a package to be sent to a suitable address, a problem to be solved upon delivery to the appropriate quarter, an aberration of humanity to be categorised by her difference and compartmentalised accordingly. W A F Browne was medical superintendent at the Montrose and Crichton Royal Asylums before becoming Lunacy Commissioner for Scotland in 1870. Yet despite a benevolent demeanour to mentally impaired people to

¹⁵ REBAS, Minute Book 1, p. 112, 2 August 1796.

¹⁶ PLM. June 1864, p. 520.

¹⁷ REBAS, Minute Book 3, p. 165. Letter from Gilbert L Finlay, Edinburgh, to Edinburgh Blind Asylum, 15 December 1841.

¹⁸ *Ibid.*

¹⁹ *Ibid.*

²⁰ *Ibid.*, p. 166.

whom he had dedicated his professional life, he saw them as ‘these rudimentary fellow-men’²¹ so perpetuating a view that people with disabilities were not truly human.

These attitudes, selected across the period of study, hint at rhetoric used in discourse about disability. Similar attitudes can be found in other areas of intervention in the lives of people with disabilities, such as in poor law administration. The 1845 Poor Law (Scotland) Act requirement of *foris familiaration*, through the verification of five years continuous residence in a parish by parochial boards before granting poor relief, resulted in legal wrangling between boards as they endeavoured to evade accepting responsibility in cases of the slightest dubiety. It therefore became easy for people in distressed conditions to become the pawns of competing boards and the legal profession. The events culminating in the death of seventy-seven year old Thomas Fair in 1890 illustrate how the pauper became incidental in such disputes. Known as ‘the Galashiels Case,’ Fair had collapsed in the countryside of the parish of Stow and was taken by cart eight miles to the poorhouse in Galashiels. The inspector refused Fair admission until a doctor had examined him. He was eventually admitted to the poorhouse, but only after remaining in the cart for several hours at the poorhouse door.²²

The inspector’s refusal to accept Fair without medical certification prolonged Fair’s exposure to the elements. Skinner, the inspector, refused to use any compassionate discretion while awaiting the doctor, such as admitting Fair to the poorhouse office for medical examination. Dr Hardesty complained that:

... there was too much red tape, ... the man should be out of the rain. He refused to bring him in. I then endeavoured to get into the cart, but there was dung on it, and my hand slipped off it. I got a chair, and stepped in, and found the man in a very exhausted state. I could not understand why any person with eyes in their head could not see he was running a great risk in the rain at the door of the office, inside of which he might have got shelter. After examining the man I came inside and filled up the usual schedule for admission to the poorhouse.²³

Skinner had argued that he believed Fair might have been a lunatic and it would therefore have been wrong to admit him when he should have been directed to an asylum. Yet Fair appears to have been too debilitated to have been capable of displaying signs of lunacy. His misadventure while travelling on foot from Roxburghshire to Edinburgh was more likely aggravated by dementia, his death being

²¹ W A F Browne, *Stories about Idiots*, (Dumfries, c. 1873), p. 2.

²² PLM, ‘The Galashiels Case’, August 1890, pp. 402-424.

²³ *Ibid.*, p. 411.

ascribed to 'senile decay' with exposure as a secondary cause.²⁴ The doctor was correct in his reference to red tape. Establishing *foris familiaration* was more important to parochial boards than treating people as individuals, and the system of relief created this culture. Dr Hardesty was also accused of delaying admission by his slow arrival at the poorhouse, and furthering this by refusing to examine outside. In this respect, the inspector alleged that Dr Hardesty had 'said something about his health being more valuable than the man's, and that he would not examine him in an open cart.'²⁵ Concern for Fair had been secondary to the more personal concerns of both officials, a point made in the Board of Supervision's investigation on 10 September 1890 when it ruled that 'the object of regulations is to save life and not endanger and destroy it.'²⁶ Ultimately, Fair's need for help had been of secondary importance to the convenience of his 'helpers'. Lying ill and exposed in a handcart, he was little more than a cargo of inconvenience that was obliged to wait until a decision was taken on its eventual place of disposal.

People who were active in providing 'humanitarian' aid, who should have been expected to have greater empathy with people affected by the marginalisation that resulted with an impairment, often seemed to consider their own 'good work' of greater importance for itself than for the benefits that might result to the recipients. This is illustrated by J M Ritchie, a Doctor of Philosophy who published his consideration of 'the mental life of a person born blind' in 1930, when he wrote of two notable contributors to the development of raised letters:

Gall [Edinburgh] and Alston [Glasgow] took a fatherly interest in the schools of their respective towns, but their pet protégé was not so much the blind child as the types they had invented for his use.²⁷

For enthusiastic interventionists, the means could often assume greater importance than end objectives that should have focused on rehabilitation and inclusion. This is conveyed by Alston's own description of an examination of inmates of the Glasgow Blind Asylum before 'a vast assembly of ladies and gentlemen'²⁸ in 1838. Sixty-five were tested on their reading skills using Alston's raised type. However the forum constituted what the Lord Provost described as 'a most interesting exhibition'²⁹ and

²⁴ PLM, 'The Galashiels Case', November 1890, p. 566.

²⁵ PLM, 'The Galashiels Case', August 1890, p. 410.

²⁶ PLM, 'The Galashiels Case', October 1890, p. 526.

²⁷ J M Ritchie, *Concerning the Blind*, (Edinburgh, 1930), pp. 19-20.

²⁸ John Alston, *Statements of the education, employments, and internal arrangements adopted at the Asylum for the Blind, Glasgow*, 7th edition, (London, 1894), p. 7.

²⁹ *Ibid.*, p. 11.

conveyed the impression that this method of measuring learning achievement was conducted with other objectives. It showcased Alston's raised type and was used to raise philanthropic support for the asylum to which he was Honorary Treasurer, rather than for marking the achievements of the readers who the provost called 'our fellow-creatures deprived of one of the greatest blessings.'³⁰ It might be argued that the students of Alston were being treated little better than curiosities through which polite society could briefly confront its sensibilities before retreating to the comfort of their own 'normality.' Indeed, Kudlick and Weygand have argued that similar public demonstrations of 'teaching successes' at the Royal Institution for Blind Youth in Paris also encouraged 'a freak-show aspect that lured the spectators to come and watch the handicapped perform tricks as if in a circus.'³¹ By isolating and pointing out 'the other,' philanthropic society was bathed in a reflected charitable normalcy.

With such a perspective of impairment, marginalisation or exclusion could therefore occur in numerous circumstances. A person with a disabling condition could be the subject of a process while being totally excluded from that process. This happened to Ann McIntyre, a forty-year-old widow who was taken into the custody of Inveraray Prison on 12 May 1854 having been observed to advance into increasing mental impairment during the preceding six months and threatened violence to herself and others.³² She was tried on 26 May and sent to Gartnavel Asylum on 15 June where she remained for a further six months until discharged as 'cured.'³³ Within the scope of the amenities available in Argyll, jail was considered the most suitable for this troubled woman. Statements were taken from four witnesses during the hearing at Inveraray Court House: from Alexander Johnston, innkeeper; Alan McDougall, merchant; Malcolm Thomson, keeper of Inveraray Prison; and Archibald Mackay, sheriff officer. Evidence was not taken from Ann's two known relatives, her seventeen-year-old son who lived with her and whom she had threatened with an axe; and her brother, Duncan McDougall who ran a farm in the parish. There is no evidence to suggest that a medical opinion was sought, while Ann herself, placed at

³⁰ *Ibid.*

³¹ Catherine J Kudlick and Zina Weygand, 'Reflections on a Manuscript, a Life, and a World' in Thérèse-Adèle Husson, *Reflections*, (New York, 2001), p. 114.

³² GGHBA. Petition to the Sheriff Substitute of Argyllshire, 7 May 1854. Gartnavel Royal Asylum Admission documents 1854-1857, ref. 3060. HB13/7/63.

³³ GGHBA. Gartnavel Royal Asylum, House Surgeon's Notes for Physician, Female, Vol. XVIII, pp. 148-149. HB13/5/85.

the bar of the court, was a mere bystander to the proceedings.³⁴ Those taking part in the court case were either part of the legal system, or local business proprietors. McIntyre, as the ‘problem,’ was not part of the solution, nor were her relatives who, because of the nineteenth century obsession that mental impairment had hereditary tendencies, may have been considered likewise.³⁵

In another Argyllshire case, James McFadyen from Scarinish, Tiree, was accused of raping Ann McPhail, a boarded out pauper considered by some of her neighbours, but not all, as an ‘idiot’ (see pp. 124-125). Catherine McKinnon thought her to be an ‘idiot’ and linked this to immorality believing that ‘she was a bastard ... her birth was the result of incestuous connection between her mother and her maternal grandfather.’³⁶ Sub-human condition was averred to by McKinnon who told James McFadyen, the accused, that ‘if he was not a dog he would not go near a woman like McPhail.’³⁷ A similar view was expressed by Alexander Buchanan, the island doctor who had previously served as physician to Millholm Asylum where he had ‘given mental diseases careful study,’ and who thought her ‘altogether the animal nothing mental.’³⁸ Other islanders who also believed her to be an ‘idiot’ conceded that ‘in business she is all right,’³⁹ and that she was ‘sometimes “sharp” enough.’⁴⁰ Alexander Buchanan believed that ‘she could give verbal consent for the gratification of desire but she had no moral idea of the consequence’⁴¹ and it was Archibald Campbell, the Inspector of Poor who alerted the Board of Lunacy of his suspicions that James McFadyen’s liaison with McPhail constituted rape.⁴² Those in official positions, the inspector of poor and the doctor, considered Ann McPhail incapable of making rational decisions. However in this case, her mental impairment did not preclude the procurator fiscal from taking a statement from her, transcribed in clear narrative and considered important in making a case against James McFadyen.

³⁴ GGHBA. Hearing at Inveraray Court House, 26 May 1854. Gartnavel Royal Asylum Admission documents 1854-1857, ref. 3060. HB13/7/63.

³⁵ Family disposition to insanity was a consistent topic of interest and was, for example, regularly recorded in casenotes by Glasgow Asylum from its opening in 1814.

³⁶ ABA. Precognition versus James McFadden, 1869. TPF/1869/12. Statement of Catherine McKinnon, 5 Oct 1869.

³⁷ *Ibid.*

³⁸ *Ibid.*, Statement of Alexander Buchanan, 5 Oct 1869.

³⁹ *Ibid.*, Statement of Sarah McFadyen, sister-in-law of the accused, 5 Oct 1869.

⁴⁰ *Ibid.*, Statement of Archibald Campbell, Inspector of Poor, 5 Oct 1869.

⁴¹ *Ibid.*, Statement of Alexander Buchanan.

⁴² *Ibid.*, Letter Archibald Campbell to Board of Lunacy, 1 Sep 1869.

This case contrasts with that involving Allan McInnes, a deaf and dumb man on the Isle of Iona in 1864. McInnes had been assaulted in the course of an argument about the rights to 'seaware' being collected from the shore. He was accepted as being educated and his statement, and that of his deaf and dumb sister, were an important part of the resolution of the incident (see p. 136).⁴³ These sensory impaired people were full participants in the police investigation and their educated status certainly facilitated their inclusion. Ann McPhail of Tiree was accepted as being harmless and despite being slow-witted she too was invited to give testimony. These cases contrast with that of Ann McIntyre of Inveraray whose furious condition not only excluded herself but appeared to exclude the evidence of her son and her brother during her trial.

While there were no doubt interventionists who had genuine understanding of people faced with a disability, the belief that they were a 'problem' was widespread. It was easy to blame someone who was disabled for being a 'problem,' intervene to minimise the 'problem,' and to expect a demeanour of gratitude for this intervention irrespective of whether it had been sought or welcomed. Commitment to ideals of respectability, religious piety and temperance often coloured their judgement. An example is the inspector of poor for Bonhill who saw forty-seven year old 'wanderer,' Janet Harrison, as 'a drunken pest,'⁴⁴ and Margaret Munro, age thirty-three, who was 'partially [disabled] in her limbs and ... quite unable to walk' yet worked sewing muslin and bonding cloth boots, was sourly recorded as having 'cost this parish a great deal.'⁴⁵ James Smith was a 'wanderer' who sustained himself by begging. Recorded as being 'above 80,' this elderly man was 'wholly disabled' in the street having left Dumbarton poorhouse four days earlier 'unable to manage himself.' Smith was insufficiently coherent to the inspector for him to establish whether he was born in Irvine or Oban. He gave up in some despair, entering, 'I suppose he was born in Ireland (not to be believed)' in the application record.⁴⁶ While some kind of assistance was offered to each of these people, (in the case of Janet Harrison it was the Barony Poorhouse that she refused), the inspector displayed a certain contempt for

⁴³ ABA. Police Report against John McDonald & James McAurthur. TPF/1864/7.

⁴⁴ Dumbarton Local History Archive. Bonhill Parochial Board Applications Book 1855-1861, Ref. 3.2.1.2, No. 9, 26 May 1855.

⁴⁵ Dumbarton Local History Archive. Bonhill Parochial Board Applications Book 1855-1861, Ref. 3.2.1.2, No. 15, 27 Aug 1855.

⁴⁶ Dumbarton Local History Archive. Bonhill Parochial Board Applications Book 1866-1876, Ref. 3.2.1.3, No. 1242, 25 June 1871.

them. Smith in particular was of very advanced years and in a state of collapse yet he was branded as a liar because he was muddled in recalling his origins. These people were treated not as vulnerable members of society needing help, but as nuisances to be grudgingly processed as a matter of duty.

How much of a nuisance people represented was affected by the nature of their disablement. The early establishment of institutions to teach, train and employ people with sensory impairments suggests that the people funding and administering these organisations attributed deaf and blind people with greater justification for intervention than those who were physically or mentally disabled. However the extent of their impairment played a role. Institutions for deaf and blind people were selective in their admission procedures, mentally ill or impaired people were often determined by the certification process, while people with physical impairments were part of the residuum left to fend for themselves with recourse to the poor law when necessary. People who could not be neatly compartmentalised into categories were treated as being particularly problematic by interventionists who found difficulty with those who defied a simplistic classification. The case of Catherine Carrick, where discharge was secured following her admission to Glasgow Asylum in 1818 with delirium resulting from typhus fever, may represent such an instance. Perhaps influenced by her approaching death, the physician recorded that 'she was an improper case for the asylum' and that she was 'dismissed by Desire.'⁴⁷ The physician may have been moved by compassion for Carrick's wish to die at home, but he might equally have been enthusiastic to have this woman removed from his authority because she was terminally ill.

People with more than one form of disability were identified as a greater 'problem' even by bodies that should have displayed an additional understanding towards them. Nine-year-old Robert Edgar was a Wigtownshire orphan who was both blind and deaf. The account of the superintendent of the Edinburgh Blind School gives an indication of the dilemmas to which cases such as Edgar's gave rise, resulting in attempts to evade responsibility where 'difficulties' were perceived:

He appeared strong and healthy, and well-grown for his age, and would have been readily admitted as an inmate of the Institution had he been only blind. But his being stone-deaf as well presented a serious obstacle to his admission into a seminary designed solely for the sightless. It was therefore suggested that he was more a subject for the Deaf and Dumb Institution, where he ought rather to be entered. But on application being made to its directors, it was found that he could not be received there on account of his blindness. He

⁴⁷ GGHBA. Glasgow Asylum, Case Notes, Female, 1818-1821, p. 12. HB13/5/21

was then led back to the Blind School, where it was at last agreed that the poor boy should be taken in upon trial, *and by way of experiment*, [my italics] for a period of three months, on the understanding that if nothing could be made of him in that time, he should thereafter be returned to his native parish in Wigtownshire.⁴⁸

Edgar remained at the Blind Asylum until his death from tuberculosis in 1877 at the age of sixteen. While Edgar's eventual acceptance was aided by his apparent high levels of intelligence and industry, his religious devotion seemed to have particularly struck a cord with the superintendent who considered blind people to be 'not religiously inclined.'⁴⁹

It was all too easy for conclusions to be drawn from the most casual of ill-informed observations as demonstrated by the example of Donald Tirish who had 'a sort of St Vitus' dance.'⁵⁰ Also known as Sydenham's chorea, St Vitus' dance is instigated by rheumatic fever and produces such symptoms as slurred speech and involuntary movements of the limbs. During an era when intemperance among the lower orders was generally cited as being a cause of poverty rather than a refuge from its effects, distaste at insobriety could make a seamless transition to prejudice directed towards other non-conformities with the 'norms' of society. Donald Tirish's mental state, it would appear, was judged from the effects of Sydenham's chorea on his demeanour since, Agnes King, in her memoirs, classed him as one of 'the "fools" for which the district was once famous, before District Asylums were known.'⁵¹ However, she recorded him because of the 'unsteady gait' with which he walked and the remark which it drew from Lady Gordon, whose house Tirish had unsuccessfully visited to beg, that 'the man is drunk.'⁵² King cited the encounter because, having been turned away from Lady Gordon's house, he retorted that 'it would not be on your Ladyship's charity that I would get fu'.⁵³

Impairment was often associated with immorality. For example insobriety was sometimes linked to accidents that could result in their victims becoming crippled - if they survived both the incident and the subsequent surgical intervention. Surgeons frequently recorded in their casenotes instances where intemperance played a role. Elizabeth Belcher, a thirty-six year old Glasgow mill worker, was fortunate to emerge

⁴⁸ G MacCulloch, *Story of a Blind Mute*, p. 9.

⁴⁹ *Ibid.*, p. 52.

⁵⁰ Patrick Gaskell, *Morven Transformed: a Highland parish in the nineteenth century*, (Cambridge, 1968) p. 229. Memoirs of Miss Agnes King (born c. 1844), written c.1902, and referring to the period c.1855 to c.1863

⁵¹ *Ibid.*

⁵² *Ibid.*

with only a scalp wound when in 1873 she fell from a first storey window ‘whilst in a state of intoxication,’⁵⁴ and in 1845, Robert Mclachlan, a twenty year old chimney sweep was extremely lucky to sustain no physical injury when, ‘while engaged in his occupation and under the influence of ardent spirits, he fell to the ground from a height of three storeys.’⁵⁵ It is ironic that escape from serious injury in these cases was aided by the drunken state of the victims. However it was probably because observers assumed that thirty-five year old washerwoman Agnes Mcconachy was drunk that she died in Glasgow Royal Infirmary following severe fractures to her right leg in 1869:

While ... going up an outside stair, she felt fatigued and, thinking to rest herself, she lent against the railing but it happened that the rail at that point was broken and she was precipitated to the ground. She attempted to rise but could not do so, so she dragged herself on the ground to the mouth of a close. There she lay from 11 p.m. on the 15th [October] to 7 a.m. on the 16th. Several individuals of the human race saw her lying there and passed by to there [sic] own houses inside the entrance, one person acting the part of the good Samaritan dragged her into the close and leaving her there went to his house which was only two steps from where he left her. She was taken in here 14 hours after the accident...⁵⁶

These cases highlight the distaste by ‘respectable’ members of society towards intemperance and how this might impinge upon instances that could result in, or were caused by, disablement. However, it should be noted, as shown in the accounts of *Hawkie* in the following chapter, that in the first half of the nineteenth century disability also elicited much compassion to the extent that many beggars feigned impairments to their advantage. Alcoholic consumption was only one trait that could be used accusingly to suggest that people with disabilities were responsible for their disablement because of their moral failings. Ironically, the case of Agnes Mcconachy, which probably did not involve consumption of alcohol, had the most tragic outcome and the casenotes suggest that the surgeon was in full realisation that prejudices resulted in her being denied the help she so desperately needed.

Deafness, because it was frequently attended by absence of articulation, was in the early years of the nineteenth century linked with mental incapacity. It was assumed that if a person could not exchange ideas through speech, the mind could not be stimulated and developed and therefore to be ‘dumb’ was construed as not only being through the absence of articulation, but the absence of intelligence. In the late nineteenth century ‘dumb’ began to be replaced by ‘mute,’ suggesting some

⁵³ *Ibid.*

⁵⁴ GGHBA. Glasgow Royal Infirmary Surgical Ward Journal 1873-1875, HH67/25/1, p. 19.

⁵⁵ GGHBA. Glasgow Royal Infirmary, Surgical Casebook 1845, HH67/11/1, p. 147.

recognition of the prejudice that had arisen through labelling as ‘dumb.’ This link between inability to articulate and mental capacity had been widely held until greater understanding developed in professional circles later in the nineteenth century. Dr Alfred Swaine Taylor (1806-1880), in his *Manual of Medical Jurisprudence*, first published in 1844, wrote that:

It was formerly laid down in the law-books, that a person born deaf and dumb was by presumption of law an idiot, but in modern practice, want of speech and hearing does not imply want of capacity either in the understanding or memory, but only a difficulty in the means of communicating knowledge.⁵⁷

However the term continued to be widely used even by organisations such as the British Deaf and Dumb Association which did not change its name to the British Deaf Association until 1971.⁵⁸ Jeffrey Braden notes that the French philosopher René Descartes (1596-1650) was the first ‘to challenge the conventional wisdom that language and the rational intellect were inextricably one,’⁵⁹ but that ‘confusion has continued well into the twentieth century’ concerning a perceived correlation between ‘the inability to hear and the inability to reason, or speak.’⁶⁰ Those close to different forms of impairment were not immune to stereotypical attitudes, or the insensitive nature that resulted from certain examples of labelling.

This is also illustrated in responses to mental impairment and the conclusions that were sometimes drawn. Lobban notes that Jamieson, who was to devote much of his career to the medical superintendence of Aberdeen Royal Asylum, concurred with such luminaries as Sir Charles Bell that ‘the insane have a distinct physiognomy.’⁶¹ Jamieson himself had lectured that:

Beauty is what you fail to discover in a lunatic hospital, physiognomies are lined by the expression of diseased feelings, which expression is such as to inspire sympathy, and never admiration, the trace of every benevolent emotion is too frequently banished from the countenance, giving place to suspicion, timidity, outrageous passions and unworthy propensities.⁶²

⁵⁶ GGHBA. Glasgow Royal Infirmary Surgical Casebook 1869, HH67/30/2, pp. 94-95.

⁵⁷ Alfred Swaine Taylor, *A Manual of Medical Jurisprudence*, 12th edition, (London, 1891), pp. 798-799. Taylor cited cases in England during the early 1840s of deaf people on trial where communication of the full proceedings and implications was considered the criteria by which the person’s fitness to be tried and sentenced was judged. At one trial the accused ‘could not be made to understand the nature of the ... proceedings against her ... she was discharged, and subsequently confined as a criminal lunatic.’

⁵⁸ Brian Grant, *The Deaf Advance – A History of the British Deaf Association*, (Edinburgh, 1990), p. xiii.

⁵⁹ Jeffery P Braden, *Deafness, deprivation, and IQ*, (New York, 1994), p. 3.

⁶⁰ *Ibid.*, p. 2.

⁶¹ Robert (Seumas) B Lobban, ‘Healing for the Body as Well as the Soul’, p. 140.

⁶² Robert Jamieson, ‘Lectures on the Medical Jurisprudence of Insanity’, 1850, p. 39, quoted in Robert (Seumas) B Lobban, ‘Healing for the Body’, p. 141.

To be the inmate of an asylum and undergo such stereotyping by men of science might arguably have been more alienating than the custodial nature of the institution. However, as pointed out by Rosemarie Garland Thomson, an American professor of English whose work encapsulates disability studies:

The history of disabled people in the western world is in part the history of being on display, of being visually conspicuous while being politically and socially erased... Moreover, medicine has from its beginnings exhibited the disabled body as what Michael Foucault calls the "case," in medical theaters and other clinical settings, in order to pathologize the exceptional and to normalize the ordinary.⁶³

Psychiatrist Gillian Doody notes that 'entries in the Fife [Asylum] records such as, "his general appearance seemed to belong to a masturbator" were common.'⁶⁴ Asylums tried to establish that insanity was a family trait, with the implication being that it was a heredity condition. In Doody's study of Fife District Asylum, she concluded that 'the presence of a positive family history of psychiatric illness in only 17.9% of the population is almost certainly an under-representation.' This, she felt, was due to the presence of such record entries as 'no familial predisposition *admitted to*'⁶⁵ [my italics]. Yet, the possibility must be accepted that there often was no previous family experience of mental impairment rather than a concerted strategy of covering up such information.

If a disabling condition resulted in the marginalisation of people perceived as 'different' by 'normal' society, its potential for exaggeration arose when disablement occurred among the members of minority groups. While Jews from central and eastern Europe were known to have settled in Scotland from the late eighteenth century, it was only in the closing years of the nineteenth century that their numbers, swollen by transmigrants whose eventual settlement was intended to be USA, became significant (see pp. 114-117). Historian Kenneth Collins points out that, following the opening of the immigrant reception centre on Ellis Island, there was a tendency, particularly among subscribers to the theories of eugenics, for Jews to be stigmatised as bearers of trachoma. Collins argues that it was the 1905 Aliens Act, which he considers to have had anti-Semitism among its motivations, that aided the removal of this perception of the inferior 'eye healthiness' which the eugenicists Pearson and

⁶³ Rosemarie Garland Thomson, 'Seeing the Disabled' in Paul K Longmore and Lauri Umansky (eds), *The New Disability History*, (New York, 2001), p. 348.

⁶⁴ Gillian Doody, 'A Study of Fife and Kinross District Asylum', p. 63.

⁶⁵ *Ibid.*, pp. 63-64.

Moul still claimed of the 'alien Jew' in the 1920s.⁶⁶ It was the medical inspections of new arrivals to Britain introduced by the Act,⁶⁷ and Glasgow's making of trachoma a notifiable disease in 1914 following outbreaks in 'certain city schools and not related to Jewish immigration,' which countered attempts from some quarters to associate this potentially blinding eye defect with perceived racial defects.⁶⁸ Collins points out that Jewish immigrants may have faced greater exposure to mental health problems because of the additional pressures that may have resulted from family separation and cultural uncertainty following arrival in an alien environment. While Jewish community support mechanisms endeavoured to cope with these problems, some Jews who suffered mental disablement inevitably were admitted to mental asylums. The delusions concerning religion and important personages highlighted in the cases of some Jewish patients⁶⁹ are paralleled by those demonstrated by the wider patient population in institutions such as Gartnavel. Physicians obviously experienced considerable frustrations in the language barriers that they encountered as this impeded their attempts to compile a mental health history which often directed formulation of their diagnoses.⁷⁰ Frustrated by their inability to adequately interrogate admissions or their relatives, physicians were often restricted to visual assessment of the cases before them. This resulted in observations that betrayed the anti-Semitic prejudices of some physicians, examples cited by Collins including 'she has the features of a Jewess,' '[she is an] ape faced little woman ... A most excited specimen of the race of Israel,' and 'Patient is ... as ill behaved as only a Jew can be.'⁷¹

Government administration took a growing interest in disablement as the nineteenth century progressed. This was a pattern found elsewhere. In the USA 'beginning in 1830, counts were taken of deaf and blind persons, and in 1840, the census began counting people labelled "idiotic" and "insane".'⁷² In 1851 the census in Scotland began to record members of households who were 'Blind or Deaf and

⁶⁶ Kenneth E Collins, *Be Well – Jewish Immigrant Health and Welfare in Glasgow, 1860-1914*, (East Linton, 2001), p. 99.

⁶⁷ *Ibid.*, p. 108.

⁶⁸ *Ibid.*, p. 110.

⁶⁹ *Ibid.*, p. 126.

⁷⁰ *Ibid.*, p. 121.

⁷¹ *Ibid.*, p. 125.

⁷² David L Braddock and Susan L Parish, 'An Institutional History of Disability', in Gary L Albrecht, Katherine D Seelman and Michael Bury (eds), *Handbook of Disability Studies*, (Thousand Oaks, 2001), p. 35.

Dumb.’ At least one enumerator had a broad concept of the meaning of this. When the Franciscan Convent in Glasgow was enumerated in 1851, all twenty-six occupants, including lay boarders and a servant, were annotated under this category.⁷³ This order was neither silent nor reclusive, but because conversation was a tool to be used for a purpose and not for idle chatter, it seems that they were assumed to be voluntarily ‘dumb.’ In the Presbyterian-dominated city of Glasgow, a Catholic order consisting of nuns from France, Ireland and the northeast Highlands offering little if any verbal communication may well have appeared ‘alien’ to the enumerator ‘trespassing’ within the mysterious walls of their convent. Such a scenario might have required little imagination for the enumerator to extend the ‘otherness’ he felt radiate from religious difference to the column of his report that recorded ‘dumbness.’

If someone with a disability was also ‘different’ in some other way, this could make it easier for their impairment to be explained, especially if they were from a stratum of society superior to the labouring masses. For example, William Baillie of Dunain (1789-1869), heir to a landed estate in Inverness-shire who reportedly became insane while in Baghdad, had several comments made about the enduring influence resulting from his life in the Persian Gulf between 1811 and 1813 (see pp. 207-208). A medical examination noted that, ‘He fancied himself a Musselman, wore his beard and could not by any entreaty be prevailed upon to tast [sic] wine because he would not transgress the laws of the Koran.’⁷⁴ One of his physicians, Dr Macarthur of Charing Cross, London, told him that ‘the only difference I now see between you and other persons, and what alone keeps you from your home and friends, is your fancy for the Musselman Costume and Principles,’⁷⁵ while Dr Rees, another London physician, wrote that Baillie was:

still under the influence of the same delusion that lead him to consider himself a Musselman or disciple of Mohamet, and not being willing to annoy his feelings unnecessarily, I have thought it advisable to let him wear his beard rather than oppose his inclination on a point apparently so important...⁷⁶

The medical profession thought it was much easier to explain William Baillie’s mental state, to his family at least, by constantly linking it to his conversion to Islam, this ‘abnormality’ being an explanation that made his other ‘abnormality’ of mental

⁷³ 1851 Census. Glasgow, ref 644-1 (569), 20.

⁷⁴ HCA. Baillie of Dunain papers, unsigned medical report c. 1814-17. D456/A/8/128

⁷⁵ *Ibid.*, letter from Dr Macarthur, London to Mrs Baillie of Dunain [sic], Nairn, 9 Oct 1815. D456/A/8/17.

⁷⁶ *Ibid.*, letter from Dr Rees, Hackney, to Mrs Isabella Baillie, Nairn, 25 Dec 1815. D456/A/8/18.

illness both more acceptable and more understandable. Dr Rees, who in September 1815 certified Baillie as ‘a lunatic incapable of managing his own affairs,’⁷⁷ stated later that year that his patient’s commitment to Islam was a ‘delusion.’⁷⁸ Yet in October 1815 during a discussion with another doctor, William had apparently defended his religious convictions quite articulately.⁷⁹ Excessive exposure to the sun and ‘delusion’ that he had become a Muslim were convenient explanations for a condition that twenty years later doctors were still having difficulty accurately diagnosing. In an 1834 report, Baillie’s ‘fits of excitement’ were described as partaking ‘of the character of epilepsy, imperfectly formed and ill-defined.’⁸⁰

Baillie’s sister, Anne, continued to urge that William had scope for recovery when doctors had almost consistently emphasised the unlikelihood of this. She had for example argued that her brother, now living on his estate at Dunain, should not be there as ‘a boarder,’ but should at least to some degree ‘consider himself as Master of his own house ... [as] if ... he had a part to act ... in place of sitting on his own twisting cord or cutting paper.’⁸¹ Anne always remained optimistic about William, but there was also family concern that William’s condition should be kept quiet, his mother writing that ‘in the event of poor William’s recovery there is nothing would irritate *his* feeling [my italics] so much as the idea of his unfortunate malady being made public...’⁸² In the event, although living for eighty years, William did not achieve the desired recovery and his condition could not be kept a secret, his obituary noting that ‘for nigh 60 years the deceased was, as everyone knows, lost to society.’⁸³ Doctors and family never really reached a full reconciliation on William Baillie’s condition and prognosis. The extremes of climate in foreign, alien lands, and the undue influence of the culture and religions of native ‘barbarians’ were convenient explanations to both physicians challenged to explain William’s condition and to his family concerned about the integrity of its status within landed society.

While some characteristics of an individual, such as religion, ‘different’ racial origin, or familial predisposition to an impairment, might be used to explain or justify a disability, behaviour of a moral or of a (moderate) religious nature could be singled

⁷⁷ *Ibid.*, certificate issued by Dr George Rees, Hackney, 29 Sep 1815. D456/A/8/16.

⁷⁸ *Ibid.*, letter from Dr Rees to Mrs Isabella Baillie, Nairn, 25 Dec 1815. D456/A/8/18.

⁷⁹ *Ibid.*, letter from Dr Macarthur to Mrs Isabella Baillie, 9 Oct 1815. D456/A/8/17.

⁸⁰ *Ibid.*, Report by Drs Richard Poole and James Robertson of Edinburgh, at Dunain, Nairn, 23 July 1834. D456/A/8/128.

⁸¹ *Ibid.*, letter from Anne Baillie to unidentified recipient, c.1826. D456/A/24/1.

⁸² *Ibid.*, letter Isabella Baillie, Edinburgh, to Anne Baillie, 1824. D456/A/27/47.

out as a redeeming quality as illustrated by the case of John M. Admitted to Fife and Kinross District Asylum in 1883 at the age of twenty-four, he was 'a quadriplegic mute' who was recorded as a 'congenital imbecile,' yet described as 'wonderfully intelligent.' His admission to the asylum followed the disappearance of his mother although eventually he was discharged 'not insane,' a rare occurrence indeed. This followed his attendance some days later as a witness at the trial of his mother and sister whom he had seen murder his brother-in-law. He was then 'promoted' to the care of Dysart poorhouse.⁸⁴ It would seem that in this instance John M's multi-disabled deviance was more acceptable than the criminal deviance of his mother and sister. His role in bringing their criminal aberration to account gained him kudos and he was rewarded accordingly. Overt religious piety was also considered a positive and redeeming attribute as demonstrated by MacCulloch of the Edinburgh Blind Asylum in his praise of Robert Edgar. MacCulloch's view of the religious rectitude of people with visual impairment was generally negative having been told by one blind man that the Bible was 'a matter of moonshine,'⁸⁵ and later concluding 'that sentiments of the kind are by no means uncommon among his class.'⁸⁶

There were also examples of interventionists decreeing that people with serious impairments were not disabled. William Pearson had been sent to Edinburgh Royal Infirmary by the Shetland parochial board of North Mavine for surgery on a scrofulous leg where 'his leg was amputated and the result was his restoration of health.'⁸⁷ The board had also arranged his training as a tailor. When some years later, in 1866, he sought poor relief 'on the combined ground of want of work and applicant's lameness'⁸⁸ the sheriff ruled that he was 'an able-bodied man, in the sense of being able to work at such employment as do not require the use of both limbs.'⁸⁹ Pearson sought poor relief because of a dearth of tailoring work and he had a wife and four children to support. His opportunities to undertake alternative work would have been limited by his lameness, but the parochial board argued that, in facilitating his amputation and his training in tailoring, it had already invested heavily in enabling Pearson to be self-sufficient. However the board's decision was ultimately to approve

⁸³ *Inverness Advertiser*, 6 April 1869.

⁸⁴ Gillian Doody, 'A Study of Fife and Kinross District Asylum', pp. 55, 87-89.

⁸⁵ G MacCulloch, *Story of a Blind Mute*, p. 52.

⁸⁶ *Ibid.*, p. 52.

⁸⁷ PLM. May 1866, p. 456.

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*, p. 457.

or deny financial support. In its preference to deny aid, to argue that Pearson was able-bodied suited this objective, an argument upheld by the sheriff.

These perceptions of people with impairments emanated from nineteenth-century comfortable society. While they often expressed jaundiced views of people with disabilities, they were also presented periodically as heroes in adversity. An example is highlighted in a publication with the proletarian title of *The British Workman*, but which was a high quality magazine aimed at instilling ideas of respectability, thrift, education and personal betterment into the working classes. An 1866 issue tells the story of Alexander Fergusson, 'A Gallant Deaf Mute' from Dundee, 'who although deprived of the powers of speech, possesses an extraordinary power of swimming.'⁹⁰ Fergusson was presented with an award in 1864 for six separate instances of saving lives from drowning. The magazine concludes with a moral, intended to add another building block in the journey to the improvement of the working classes:

We strongly advise that *all* boys be taught to swim. If a deaf and dumb working man has been the honoured instrument of saving *six* lives from drowning, how many valuable lives might yearly be saved, if the art of swimming were universally cultivated. [original italics]⁹¹

Fergusson's deafness was used to illustrate what can be achieved under inauspicious circumstances to inspire working class boys. The article does not explain why it thought that a sensory impairment should have been an obstacle to Fergusson being a proficient swimmer and lifesaver.

The 'able-bodied' views cited are indicative of prejudices from both a 'professional' perspective of those intervening in the lives of people with disabilities, and a general perspective of other people from refined society. The feelings of 'able-bodied' people from working-class society may also have harboured a degree of intolerance and misunderstanding. However, their feelings may have been more benign where difference was seen as simply that, rather than as a major societal problem that had to be classified, controlled, corrected and concealed. Eighteenth-century philosopher Adam Smith noted that people accepted minor variations of the human form that conformed with 'the general fabric of the species,' but 'monsters ... or what is perfectly deformed, are always most singular and odd.'⁹² In the nineteenth century working class people lived in closer proximity to physical calamity and looked upon good health as something to be cherished. James Glencross, an

⁹⁰ Anon, 'A Gallant Deaf Man' in *The British Workman*, 141, 1 Sep 1866, p. 84.

⁹¹ *Ibid.*

⁹² Adam Smith; Knud Haakonssen (ed), *The Theory of Moral Sentiments*, p. 232.

agricultural labourer, wrote in 1858, 'we know not what a day or an hour may bring forth or how or where we may fail in accident.'⁹³ Disability may have been seen by working-class people as something regularly encountered in their daily lives and this may have muted prejudice that stirred greater emotions among the wealthy classes who became discomfited when confronted with what they considered to be 'abnormality.'

Neil Dougall (1776-1862) lost an arm and his eyesight when seventeen years of age. The physical disablement curtailed his career as a mariner while without his sight he was able to gain some livelihood as a music teacher and composer. The Preface and Memoir to his book of compositions acknowledges both impairments, but it is Dougall's blindness that receives greatest emphasis, noting the 'humanising' effect that music contributed to 'his hours of dark and silent solitude.'⁹⁴ His obituary refers to 'his manly bearing under the great affliction of blindness,' but makes no acknowledgement of his physical impairment.⁹⁵ This suggests that, in the minds of the able-bodied, blindness was a greater tragedy than the loss of a limb even although the latter probably represented a more significant barrier to Dougall's participation in 'normal' life.

A contrast nonetheless was provided in the advice given to Michael Davitt (1846-1906) when at the age of eleven his arm was mangled in a carding engine at a Lancashire mill. Davitt, originally from County Mayo, in later life became well-known for his activism in the joint causes of Irish republicanism and Irish land reform, activities that brought him to Scotland where he also gave support to crofters seeking Highland land reform.⁹⁶ However in 1857, in the aftermath of his accident when it became apparent that his arm could not be saved, Davitt was counselled by his friend Molly Madden:

The doctors are going to butcher your arm, acushla. Don't let them. Your poor mother is crying outside the door. What will you be with only one arm? – a cripple for life. Every sassanach boy will insult and beat you. You cannot defend yourself when attacked. You won't be able to work for your mother or yourself; how can you with your right arm cut off?⁹⁷

⁹³ CMB. James Glencross, Bogg, Sanquhar, to John Glencross, Dunmore, Pennsylvania, 15 Dec 1858.

⁹⁴ Neil Dougall, *Poems and Songs*, (Greenock, 1854), p. 25.

⁹⁵ *Greenock Advertiser*, 'Death of Mr Neil Dougall', 4 Oct 1862.

⁹⁶ T W Moody, *Davitt and Irish Revolution 1846-82*, (Oxford, 1981), pp. 15-18, 548.

⁹⁷ *Ibid.*, p. 18 quoting from Michael Davitt biographical papers. 'Acushla' (Irish) means 'darling,' 'sassanach' means 'English'.

Madden urged Davitt that death, and rebirth as an angel in heaven where there is 'all joy and singing and happiness,' was much better than being 'a cripple for life.' Davitt was soothed by this idea and it was only power of force that ensured that he succumbed to the chloroform and the surgeon's instruments. Moody's biographical work on Davitt portrays him in heroic mode, conquering barriers and adversity in spite of, and indeed motivated by, the absence of his arm, but suggests that he did not harbour self-consciousness of being the 'cripple for life' that Molly Madden had portrayed to him with such foreboding. However, amputation is demonstrated as being accompanied by a level of trauma that is not conveyed in the casenotes of the surgeons undertaking such operations.⁹⁸

Thomas Foubister, of Newbanks in the Deerness district of Orkney, made use of a basket chair while disabled by the tuberculosis that killed him in 1900 at the age of nineteen.⁹⁹ Following his death, his basket chair was adapted so that it could be drawn by a pony, first by the addition of a draw bar, and further by removal of the now superfluous steering wheel.¹⁰⁰ In this form, the basket chair was used by both Thomas's father and mother as means of transport with no apparent concern that their cart retained the appearance of an invalid chair and their use of it might result in any inference that they were not able-bodied. Indeed James Scarth Foubister, Thomas's father, was a fit man who still engaged in rock climbing at the age of eighty-three.¹⁰¹ This was an instance, perhaps aided by neighbourly familiarity, where there seemed to be no stigma attached to the accessories of disability.

In Dunfermline, prejudice was displayed through the difference in the treatment meted out by the community on Daft Archie and Bobby Gow. Although both men were described as 'naturals,'¹⁰² Archie received greater abuse and ridicule than Bobby because his mental impairment was accompanied by less attractive physical appearance.¹⁰³ This is further demonstrated by the rather patronising newspaper eulogy to George Gibson (c.1836-1899) following his death. The writer felt that

⁹⁸ *Ibid.*, pp. 18-21, 115.

⁹⁹ Death Certificate, District of Deerness, Thomas Foubister, died 14 July 1900.

¹⁰⁰ Orkney Library Photographic Archive, David Horne Collection, Refs. 8705, 8712 and 9776.

¹⁰¹ I am grateful to Leslie Foubister of Deerness for this information.

¹⁰² A 'natural' was regarded as a 'total' or 'born' fool or idiot, the author Daniel Defoe (1660-1731) writing about, 'persons born without the use of their reason, such as we call fools, or more properly, *naturals*'. See Rab Houston and Uta Frith, *Autism in History: The Case of Hugh Blair of Borgue*, (Oxford, 2000), p. 57.

¹⁰³ Alexander Stewart, *Reminiscences of Dunfermline*, p. 150.

Gibson, a ‘dwarf’ whose height is variously reported as forty-two inches¹⁰⁴ and forty-seven inches,¹⁰⁵ was not a ‘character’ in the way that Daft Archie and Bobby Gow might have been considered, because ‘he was an intelligent man who could read his Bible and the newspaper’ and converse with the old men of the town.¹⁰⁶ As previously noted, definitions of intelligence and integrity were heavily influenced by notions of respectability. The patronising stance of the author was demonstrated when he wrote that ‘although a manikin in one sense, Geordie liked to think for himself,’ as if his short stature should somehow preclude him from doing this. The inference is that because Geordie was physically ‘different’ there was an expectation that his mental state should also be impaired in some way and that this caused surprise when found not to be the case. However when George Gibson was accepted at society events, it appears to have been more because of the mirth that his height inspired than because of his musical skills, an incident being recounted of a handloom weavers Han’sel Monday supper. A local journalist reported that, ‘When Geordie was finished with his song, Mr James Birkett lifted him off the table – which he accomplished with the greatest of ease – and placed him in his seat again, amid great hilarity and quite an outburst of applause.’¹⁰⁷ The same report commended him on his skills as a precentor, but noted that a prop had to be used:

He was too small to be seen by the ‘congregation,’ and it was essential that a precentor should be seen. It would have been somewhat beneath the dignity of a leader of psalmody to have stood upon a form. The difficulty was overcome by ‘Geordie’ mounting the form and resting on his knees, and in this position he led the praise Sunday after Sunday.¹⁰⁸

The arrangements suggest that the conventions of the religious service were accorded greater importance than Geordie’s own dignity, although it appears that he accepted these. While Gibson is credited with having a good sense of humour, his treatment highlights the recognition of his talents and the commendability of his religious observance, but only in a subservient role to his physical inability to conform to his community’s constructed concept of ‘normality.’ It cannot be ruled out that these arrangements had crowd-pulling capacity in their portrayal of Geordie as a ‘curiosity.’ However, all of these men were accepted ‘ordinary’ members of the community to

¹⁰⁴ ‘Death of “Wee Geordie”’, *The Dunfermline Press*, 21 October 1899.

¹⁰⁵ ‘A Unique Marriage’, *The Dunfermline Journal*, 7 February 1891.

¹⁰⁶ ‘Death of “Wee Geordie”’, *The Dunfermline Press*, 21 October 1899.

¹⁰⁷ *Ibid.*

¹⁰⁸ *Ibid.*

some degree. This may have been variable depending upon the extent of ‘difference’ and the demeanour of the individuals.

Acceptance was qualified by attitudes of familiarity that would not have been so freely applied to other members of the community. George Gibson, often referred to as Wee Geordie, along with Daft Archie, and Blind Alick (see Chapter 3), are common examples of labels applied by both those who were acquainted with them and by the wider community. These informal names suggested that allowance should be made for the shortcomings and impairments conveyed by the labels added, yet they also suggest a measure of affection for, and acceptance of, these individuals ‘warts and all.’ Indeed Elizabeth Bredberg notes that people with disabilities in institutions lost agency, through the institution’s agenda of diagnosing, treating, training, judging and confining the patient. On the other hand, Bredberg observes, people with disabilities who remained ‘at large’ in society, in being given names (such as Blind Alick and Daft Archie), even if these highlighted an impairment, nonetheless highlighted their recognition as individuals.¹⁰⁹

In Argyll, ‘deaf and dumb’ people were often referred to as ‘dummies.’ One of these was Donald Fletcher (c.1796-1859), a shoemaker on the Isle of Mull who died as a result of injuries from being struck by a horse and cart. In the police report compiled in 1860 John Ferguson, the doctor performing the autopsy, referred to him as a ‘Dummie.’ Ann Cameron, a seventeen year old illiterate cook at the inn at Craignure, referred to him as ‘the dummie,’ but she also testified ‘I remember Donald Fletcher who I then know [sic] by the name “Dummie”.’¹¹⁰ The word does not appear to have been used in a pejorative sense and other witnesses used such terminology as ‘a deaf and dumb *person*,’ ‘the dumb *man*’ and ‘the unfortunate *man*’ [my italics],¹¹¹ all suggesting that Fletcher was not generally marginalised as ‘other’ in his close-knit community. On another part of the island less than two years later, Charles McLean, an elderly ‘incurable’ imbecile was being called ‘Colla Dhu’ (Black Coll) by local boys because they knew that it would arouse him from his normally docile temperament into a rage, but the parochial surgeon regarded him to be ‘very quiet and

¹⁰⁹ Elizabeth Bredberg, ‘The History of Disability: Perspectives and Sources’, pp. 110-111.

¹¹⁰ ABA. Petition of Henry Nisbet, Writer in Tobermory, Procurator Fiscal of Court for the Public Interest. TPF/1860/26.

¹¹¹ *Ibid.*

peaceable, inoffensive and obliging as long as he is left alone ... not a fit person to be confined.’¹¹²

Records that give insights into the lives of people with disabilities were mostly compiled by able-bodied people with some status in society defined by their education, profession or wealth. Many of these had interest or involvement with people with disabilities, yet these close relations often did not result in them having a greater understanding of them. They were heavily influenced by adherence to ideals of ‘rational’ behaviour through such traits as gainful productivity, religious devotion and dignified conduct. This tended to colour their views of people who were ‘different.’ While people from the ‘lower orders’ were not without prejudice, evidence suggests that they were much more at ease with people with disabilities as they encountered them in an informal atmosphere that made no demands that they judge and evaluate them by their impairments or ‘difference.’

Standing up to be counted

The way in which disability was perceived as a ‘problem’ during the course of the nineteenth century can perhaps be gauged by the way in which the statistising of society evolved during that period. Quantification of society was undertaken by the compilers of numerous documents. These included the *Statistical Account of Scotland* in the 1790s, and the *New Statistical Account of Scotland* in the 1830s. These were collations of reports solicited from Church of Scotland ministers from every parish in Scotland and, although highly narrative in nature, there were many writers who felt a need to compile numerical detail of such diverse items as occupations, burials, livestock and farm implements.¹¹³

Decennial census returns started to enumerate disability from 1851. The information elicited gradually increased with the passing of each decade with data on disablement being introduced and expanded.¹¹⁴ The purpose behind this may be

¹¹² ABA. Parochial Board of Kilninian & Kilmore. Minute Book. CO/6/7/28/2. 11 Feb 1861.

¹¹³ For example, see OSA, Vol. 19, p. 629 in which the minister for Killean and Kilchenzie in Argyle enumerates 54 items in a statistical table including black cattle, ploughs, boats, blacksmiths and innkeepers; and OSA, Vol. 13, p. 437, where the minister uses church records to enumerate burials, baptisms and marriages.

¹¹⁴ The censuses of 1851 and 1861 recorded individuals who were ‘deaf and dumb or blind.’ The 1871 census introduced the additional designations of ‘imbecile,’ ‘idiot’ and ‘lunatic’. In 1901 ‘idiot’ was replaced by ‘feeble-minded,’ while it was not until 1911 that the census attempted to tackle the problem of what constituted ‘deafness’ or ‘blindness’ when it changed the categories to ‘totally deaf or ‘deaf and dumb’,’ and ‘totally blind’. HMSO, *Guide to Census Reports, Great Britain 1801-1966*, (London, 1977), p. 201.

considered both in its juxtaposition with other types of data recorded and in the analyses undertaken in the voluminous Census of Scotland Reports that were compiled after each enumeration had been completed.

Institutions and charities, dependent on voluntary contributions, expended much effort in compiling statistics. These were used in annual reports that often took on a role comparable to that of companies reporting to shareholders. Their objectives were to reassure donors that their contributions were serving a worthy objective producing beneficial results, the equivalent of a dividend, and to elicit continued, increased and additional financial contribution comparable to a new share issue. There was therefore a tendency for such statistics to portray an overly optimistic impression of success in tackling a 'problem.' Parochial boards also had a strong interest in statistics, but with the objective of demonstrating fiscal constraint to the heritors on whom rates fell, and to assure them that they were being asked to support only genuinely deserving cases and that support to paupers was distributed sparingly. Poor rolls recorded those 'disabled.' Their usage of this term was applied very broadly as an opposite of 'able bodied' and included the infirm, the elderly, and husbandless mothers of young children. While the borderline between prolonged disablement by illness or age on the one hand and more specific connotations of physical, sensory or mental disability on the other was often extremely blurred, parochial poor relief statistics often bore additional annotations identifying such conditions as blindness and mental impairment.

A total of 166 questions were presented to parish ministers for their consideration in compilation of their reports for what was to become the *Statistical Account of Scotland 1791-1799*. Characteristics of disablement were not highlighted for enquiry in the Old Statistical Account, even although it proposed identification of the number of Jews, negroes, gypsies and foreigners, residing in a parish.¹¹⁵ The closest that this survey came to possibly focusing the mind of the parish minister on parishioners with disabilities lay in the question, 'Are the people of the country remarkable for strength, size, complexion, or any other personal or mental qualities?'¹¹⁶ The tenor of this question appears to place emphasis on characteristics that might be considered in excess of the norm rather than falling short, but it may have prompted ministers to consider those in their parishes who were 'different' because of an impairment. When

¹¹⁵ OSA, Vol. 1, p. 43, questions 71-75.

¹¹⁶ OSA, Vol. 1, p. 46, question 151.

they cited examples it was often because they demonstrated an ability considered noteworthy in the face of an impediment to participation in ‘normal’ life. It also has to be considered that physical, mental or sensory impairment may not have been considered as sufficiently differentiating circumstances to warrant highlighting. The minister of the Argyll parish of Killean and Kilchenzie recorded six blind and seventeen lame among his statistical return of occupations. The parish had a population of 1,911, and it had twenty-two people on the poor roll.¹¹⁷ Those who were blind or lame represented 1.2% of the population and exceeded the number of paupers by one, making them numerically more ‘normal’ than the destitute poor.

The decennial census enumeration, introduced in 1801 to tabulate population, dwelling, occupation, baptism, marriage and burial figures, and conducted as a household census from 1841, gradually increased in scope through the nineteenth century.¹¹⁸ The household census’s initial objective was statistising the population in terms of family composition, size of dwellings, occupations, and place of origin, this being limited to the country of birth for those not from Scotland. The data collected was extended to include annotation of people who might be described as ‘other,’ or being representative of ‘problems’ in society (see Chapter 6). This began in 1851 with specific recording of those who were ‘blind’ or ‘deaf and dumb.’ In 1871, people with mental impairments were similarly noted, while in 1881 the census recorded Gaelic speakers for the first time. By the closing decades of the nineteenth century the census therefore identified two groups for specific enumeration – people with disabilities and speakers of Gaelic (see Appendix 1). This was not as extreme as the USA where, in some towns in 1840, all black residents were classified as insane,¹¹⁹ but there was nonetheless an uncomfortable linkage in the specific recording of physiological and linguistic/racial ‘other.’

In the *Statistical Accounts*, ministers of Highland parishes often commented on the number of people who spoke Gaelic. Their remarks combined a desire to show their knowledge of an archaic language with romantic sentiments linked to its frequently declining use and purity. However the minister for the Argyllshire parish of Kilcalmonell and Kilberry in the 1830s commented that ‘The Gaelic is the vernacular

¹¹⁷ OSA, Vol. 19, p. 629.

¹¹⁸ See Great Britain Interdepartmental Committee on Social and Economic Research, *Census Reports of Great Britain, 1801-1931*, (London, 1951), pp. 11, 17-18, and John C Dewdney, *The British Census*, (Norwich, 1981), p. 4.

language of the parishioners; but the English is displacing it, and the sooner it overmasters it the better.'¹²⁰ In 1874, the Registrar General and his assistant, W Pitts Dundas and James Stark MD, in making their report on the 1871 census to Parliament, discussed the effects that emigration were having on the gender balance of the Highland population. They outlined the problem - and an obstacle they saw standing in the way of a solution:

...female emigration should be encouraged to a much greater extent, both to our Colonies and larger Towns. But a formidable barrier to the emigration of females to our Towns exists in the fact that over a great portion of the north and west of Scotland, and all the Western Isles, the Gaelic language is still encouraged and the Population are cut off from emigrating to the Towns from a want of knowledge of the English tongue. The Gaelic language may be what it likes, both as to antiquity and beauty, but it decidedly stands in the way of the civilisation of the natives making use of it, and shuts them out from the paths open to their fellow-countryman who speak the English tongue. It ought, therefore, cease to be taught in all our national schools; and as we are one people, we should have but ONE language.¹²¹ [original emphasis.]

Dundas and Stark's report also highlighted other 'problem' groups such as Irish immigrants, and inferred that literacy was linked to religious belief, Roman Catholics and Episcopalians having greater illiteracy than Presbyterians. This observation has been confirmed by historian Callum Brown in his survey of the religious affiliation of marriage partners unable to sign their names.¹²² Such narrative was not repeated in subsequent nineteenth century census reports, but the suggestion is that there was a keen bureaucratic interest in any groups considered to be 'deviant' whether through race, religion, language - or disablement.

Gaelic speakers were counted, along with the 'deaf and dumb, blind, imbeciles, idiots and lunatics' from 1881. There was a commonality of purpose in identifying the number of people in these groups. In the 1861 census report the authors repudiated any suggestion that they considered a higher incidence of blindness and deafness in the 'insular and wild Highland Districts' was attributed 'to race, or climate, or occupation,'¹²³ but mentioning such a link suggests that it was nonetheless in their minds. Foucault concluded that the view held in the classical era saw death as 'the limit of human life in the realm of time, madness is its limit in the realm of animality.'¹²⁴ This animality which might be construed upon people who were

¹¹⁹ David L Braddock and Susan L Parish, 'An Institutional History of Disability' in Gary L Albrecht et al (eds), *Handbook of Disability Studies*, p. 35.

¹²⁰ NSA. Vol. 7, p. 410.

¹²¹ Eighth Decennial Census of Scotland, 1871, Vol. 2, (Edinburgh, 1874), p. xx.

¹²² Callum G Brown, *The Social History of Religion in Scotland since 1730*, (London, 1987), pp. 150/1.

¹²³ Seventh Decennial Census of Scotland, 1861, Vol. 2, (Edinburgh, 1864), p. lxi.

¹²⁴ Michel Foucault, *Madness and Civilisation*, p. 76.

‘incomplete’ had a parallel with the Highland population whose mode of speech was used as criteria to define their level of ‘savagery’ and ‘primitiveness.’ Such an allusion was made by W A F Browne when he penned his tale of Donald the Witless and his younger brother, Ewen, ‘who is nearly blind.’¹²⁵ The family’s black house, located under a Perthshire crag where the sun rarely penetrated, speaking Gaelic, wearing kilts, and where for hours Donald watched a hillock occupied by *Daoine Shi* (fairy people), shows Browne making direct links between the strains of impairment running through this family and their lives conducted in a primitive tongue and from an abode that is portrayed as representing little progression from that of prehistoric cave dwellers.¹²⁶ Similar sentiments are woven into another story set in Culloden, where a suggestive link is made between the mental impairment of two children and their immediate environment of prehistoric burial cairns and megaliths.¹²⁷ Foucault refers to cases of madmen in the north of Scotland in the eighteenth century, cited by the French psychiatrist Pinel. A farmer reputedly tamed their madness by using them as beasts of burden. ‘In the reduction to animality,’ wrote Foucault, ‘madness finds both its truth and its cure; when the madman has become a beast, this presence of the animal in man, a presence which constituted the scandal of madness, is eliminated: not that the animal is silenced, but man himself is abolished.’¹²⁸ Dr Johnson also made an association between physiological imperfection and the primitiveness of Scotland’s Highland population. Taking pleasure at the achievements of Thomas Braidwood in helping pupils with ‘one of the most desperate human calamities’¹²⁹ at his school for deaf children, Johnson felt fortified for embarkation on the next stage of his journey: ‘...after having seen the deaf taught arithmetick, who would be afraid to cultivate the *Hebrides?*’ [original italics].¹³⁰ The downward progression from man to savage to beast of burden to wild animal was easily made and was used to explain the ‘incomplete man’ particularly in cases of madness, but transferable to other forms of impairment such as physical disfigurement or deformity. Notions of racial inferiority and physical or mental ‘incompleteness’ are therefore linked in that they were increasingly singled out by the state for tabulation and observation.

¹²⁵ W A F Browne, *Stories about Idiots*, p. 22.

¹²⁶ *Ibid.*, pp. 18-25.

¹²⁷ *Ibid.*, pp. 33-41.

¹²⁸ Michel Foucault, *Madness and Civilisation*, p. 71.

¹²⁹ Samuel Johnson, *A journey to the Western islands of Scotland*, (London, 1775), p. 383.

¹³⁰ *Ibid.*

While criteria were laid down for the conducting of censuses, there were nonetheless variations in the style and format applied by different individuals from the vast army of enumerators. A tendency was recognised, particularly in respect of mental impairments, for the information provided by respondents to be 'far from trustworthy.'¹³¹ It was acknowledged that:

It is against human nature to expect a mother to admit her young child to be an idiot, however much she may fear this to be true. Openly to acknowledge the fact is to abandon all hope. This suppression of the truth, however, was not confined to the returns relating to very young children. Even when the child had reached an age when no doubt of its mental capacity could any longer be sustained, mention of idiocy was still often omitted.¹³²

This is demonstrated by the census entries for Tam Scott (born c.1882), a nephew of Marion Brown (1843-1915) of Sanquhar (see pp. 259-264) whose letters reveal much about her own experience of physical and sensory impairment. Tam was brain damaged in childhood by the kick of a horse. Marion's correspondence indicates that he was brain damaged when either age four¹³³ or seven years old,¹³⁴ yet he is annotated in the 1891 census as a 'scholar' undifferentiated from his brothers and sister.¹³⁵ However in the 1901 census his family declared him as an 'imbecile' when they could equally have chosen continued concealment of this information.¹³⁶ It is reasonable to surmise that the Scotts had not yet accepted the effects of Tam's accident in 1891 when he was a child of nine, but had come to terms with this by 1901. Enumerators were constrained by what many of their informants chose to reveal to them and it was accepted that this was largely unavoidable. If people thought that a family member might be stigmatised by declaration of an impairment, which might then be applied to the whole family, there was no incentive to proactively volunteer such information. Historian Arthur McIvor found similar tendencies in the declaration of employment in the censuses noting that 'errors ...

¹³¹ HMSO, *Guide to Census Reports, Great Britain 1801-1966*, (London, 1977), p. 201.

¹³² *Ibid.*, p. 202.

¹³³ CMB. Marion Brown, Telephone Office, Sanquhar to Marion Glencross Bryden, Dunmore, Pennsylvania, 31 Dec 1899.

¹³⁴ CMB. Marion Brown, Telephone Office, Sanquhar to Marion Glencross Bryden, Dunmore, Pennsylvania, 6 Jan 1898. An undated letter, contemporary to the accident, from Marion Brown, Townfoot, Sanquhar, to John Glencross Bryden states, 'Tam is not gone to school yet he will be going if spared till longer days. He nearly got himself killed with a horse about a month ago.' This confirms her letter of 31 Dec 1899 as having greater accuracy than that of 6 Jan 1898.

¹³⁵ Decennial census 1891, Sanquhar, ref. 848, District 2, No. 113.

¹³⁶ Decennial census 1901, Sanquhar, ref. 848, District 2, p. 23. The imperfection of census collation is highlighted in the entry of Agnes Scott, Tam's grandmother, who is shown as Nannie Scott, aged 86, born Durrisdeer, Dumfriesshire. Agnes Scott was aged 83 when the census was taken and her place of birth was Crawford, Lanarkshire.

crept in due to evasion and exaggeration'¹³⁷ and that the chauvinist values of heads of households, combined with a lack of vigour by enumerators, resulted in under-recording of women's employment.¹³⁸

The role of the census enumerator himself also makes it necessary to treat census records with a high degree of caution since their personal styles and perceptions can be detected in the enumeration books used to record the raw data delivered to them during the course of their enquiries. Lack of thoroughness could result in further devaluation of the data recorded. A satirical essay written for *The Bailie* magazine by Archibald Macmillan, under his pen name of Jeems Kaye, encapsulates a cynicism as to how the census enumerator conducted his door-to-door survey in return for his fee:

The next close I cam' tae there wis nae gas on the stairs, and being a very cautious man, as befits my time of life, I didna think I wis called upon tae risk being garrotted, so I went intae a public hoose at the close mouth, an' getting three bawbees worth o' ale, I sat doon an' filled up a dizzen or twa papers as conscientiously as I could. Puir folk aye haeing big families, I gied the Registrar-General lots o' bairns in the sheets – it looked natural like, and wid mak' them think I had a heavy district. Indeed, if it hadna been that the cost wid owergang the guinea fee I wid hae gaen into every public hoose I cam' tae an' made the lists up – it wid hae saved an awfu' lot o' argle-bargling.¹³⁹

In the case of institutions (see Chapter 5), variations in style of census enumeration may have been due to a discretionary sensitivity, or were perhaps encouraged by the superintendents of certain institutions. This occasionally occurred in respect of some of the private madhouses in Inveresk, notably those catering for fee-paying patients of rank who were recorded only by their initials, while those housing predominantly pauper patients were fully named. There are however exceptions to this. The enumerator recorded the genteel fee-paying population of Whitehouse Asylum by initials only in 1851, and while the same procedure was adopted in 1861, the first seven on the role of fifty are recorded by name. All other Musselburgh private asylums around this period, catering for a predominantly pauper population, recorded residents names in full, but an exception occurs in respect of the 1861 enumeration for Newbigging Asylum where initials only are used. Caution must therefore be exercised in assuming that recording methodology was dictated by social class of resident. While there was probably an element of this, there would also have been a temptation by both enumerator and asylum proprietor to short-circuit the onerous task of transcribing a long list of names. Information on asylum residents often contains

¹³⁷ Arthur J McIvor, *A History of Work in Britain, 1880-1950*, (Basingstoke, 2001), p. 27.

¹³⁸ *Ibid.*, p. 28.

gaps or comments such as 'not known' in respect of employment or place of birth. There would have been instances where this information was difficult to gain with accuracy from people with mental impairments, but for paupers placed by poor boards that required to establish *foris familiarium* before accepting liability, this information should have been available. That private asylums were negligent in maintaining records was noted by the Lunacy Commissioners in 1855, but census omissions might have been justified by enumerators as unimportant if people confined with mental impairments were essentially perceived as 'non-persons.'

The status accorded patients from Musselburgh asylums by the census returns indicates their gradual elevation during the latter nineteenth century. Between 1851 and 1871, residents of the Musselburgh asylums are euphemistically recorded as 'patients' even although this term, suggestive of curative intervention, was without justification. Exceptions occurred, not only in Newbigging Asylum which accommodated a predominantly pauper population although also included a landed proprietor's daughter and a naval officer's widow, but in Mrs Young's asylum where the eleven residents were from genteel society. In both of these establishments, the residents were described in 1861 as 'inmates.' In 1871, the residents of Newbigging House were described simply as 'lunatics.' The two private asylums remaining in business in 1881 and 1891, Whitehouse Asylum and Mollendo House, catered for the middle classes and enumerators described them as 'boarders' during this period. The terminology used over five decades varies, but in probability was chosen by either the enumerator or the asylum proprietor. The former would have been influenced by his own perception of people with mental impairments, while the latter would have chosen terminology consistent with the image he wished to portray for his establishment. Peter Hill, the Governor of Glasgow Town's Hospital, felt it necessary to add an explanatory statement to the 1841 return:

It may be proper to mention that altho' this Institution is designated Glasgow Town's Hospital, it will be better understood by those at a distance as the Glasgow "Poor's House," a "Charity Work's House," therefore the name Pauper Inmates is used in place of Patients...¹⁴⁰

Hill's annotation suggests that, at least for some, terminology was important for conveying the status of individuals and was applied with deliberation.

¹³⁹ Jeems Kaye, 'Jeems and the Census' in *Jeems Kaye: His Adventures and Opinions*, (Glasgow, c. 1900s), Third Series, p. 34. First published in *The Bailie*, c. 1880s.

¹⁴⁰ MLGR. 1841 Census. Glasgow, ref 644-1, 42.

The degree of acceptance of people with mental impairments was influenced by their social class, as is highlighted when a change to their circumstances occurred. Gartnavel Royal Asylum's patients were fully detailed in census returns. The case of Catherine Stewart (see pp. 127-130) had been given comprehensive newspaper coverage at the time of her certification, which was followed by four years as a private patient in Gartnavel. When her private funds were exhausted in 1869, she was discharged as 'relieved.'¹⁴¹ However, responsibility for her passed to the Inspector of Poor for Govan parish and she became a pauper lunatic in the asylum of Govan Combination Poorhouse. She was recorded there in both 1871 and 1881¹⁴² and, while details are given of her as an unmarried 'pauper' born in Ayr, she was reduced from her once celebrity case as a hermit who had locked herself away with her sister in a middle-class apartment until admitted to Gartnavel, to an anonymous line in the decennial census returns for the poorhouse. If Catherine Stewart had lived until 1891, by which time she would have been aged about 72, her anonymity as a pauper as well as a lunatic would have been downgraded further because although the 1891 census recorded its residents as 'patients' rather than 'inmates' as formerly, the place of birth for every single one of them was entered as 'unknown' which was untrue.¹⁴³ Catherine Stewart's case highlights two points concerning the growth of enumeration and recording people with a mental disability. Institutions liked to convey the impression that they were making a beneficial contribution to the cure of those under their care. Catherine was recorded as 'relieved' although she obviously remained a lunatic and the only change to her status was that she no longer had funds to pay fees to Gartnavel Royal Asylum. In tracing her transfer to Govan Poorhouse, it also becomes apparent that census records could be short on detail, even when the information omitted should have existed in the institution's records and, for long-term occupants, was recorded in previous censuses.

While census returns, in expanding their interest in sensory and mental impairment, eventually also singled out Gaelic speakers as a special category for tabulation by the closing decades of the nineteenth century, annual reports to Parliament from the Board of Supervision for the Relief of the Poor (Local Government Board for Scotland from 1895) had a different permutation of groups on

¹⁴¹ GGHBA. Gartnavel Royal Asylum, Register of Patients at Ordinary Rate c.1860-1874, p. 68. HB13/6/71.

¹⁴² MLGR. 1871 Census, Glasgow, 644-9-97, p. 26. 1881 Census, Glasgow, 646-1-45, p. 4.

which it focussed special attention. Areas of special concern included the cost of providing poor relief, risk from infectious diseases and epidemics, and provision for cases of lunacy and the cost. The importance of this last consideration can be gauged from the 1880 report which cited the average maintenance of each 'ordinary' pauper at £8 5s 8d per annum while each Pauper Lunatic cost £25 2s 5¾d.¹⁴⁴ Paupers with sensory impairments were given brief comment under educational provision, while paupers with physical impairments were totally submerged within the 95,089 Ordinary Poor being provided for at 14 May 1880. Those paupers who were singled out for special attention were paupers with mental impairments, along with one other group, the 8,022 orphans and deserted children who had been given poor relief in the same period.¹⁴⁵ In the reporting of Poor Relief the 'wild' Gaelic-speaking Highlander of census enumeration had been replaced by the aberrant parentless child that was of concern to the poor law authorities, while the person with impairment, especially mental impairment, was of interest in both of these exercises to quantify and label the population.

People with disabilities, especially pauper lunatics, it would seem, were not of consequence and were often not seen as individuals with their own personal histories including occupation and place of birth. Yet there was an expanding trend in the nineteenth century to identify people who did not conform to various notions of 'normality,' to count them, to comment on them, and to suggest reactions that might be made towards their presence. In the role played by people with disabilities in the compiling of surveys such as census returns, there is a parallel with Bredberg's contention that they lost their claim to be individuals, being 'enumerated, sometimes by name, sometimes simply by numbers and by expenditure' in the rolls of the institutions.¹⁴⁶ The anonymity often applied to the residents of institutions in their records and reports was not to protect their identities. Rather, they were but raw data collated primarily for the purpose of justifying and enhancing the institution's role to supporters and benefactors.

¹⁴³ MLGR. 1891 Census, Glasgow, 646-2-62.

¹⁴⁴ Thirty-fifth Annual Report of the Board of Supervision for the Relief of the Poor and of Public Health in Scotland, 1879-80, (Edinburgh, 1880), p. xiv. At 14 May 1880 there were 8097 Lunatic Paupers of whom 5,709 were in asylums, 940 in licensed poorhouse wards, and 1,448 boarded with relatives or strangers. A further 1,708 Lunatic Paupers had died during the preceding year. p. xvi.

¹⁴⁵ *Ibid.*, p. xvi.

¹⁴⁶ Elizabeth Bredberg, 'The History of Disability: Perspectives and Sources', p. 112.

The 'other' perspective

If able-bodied people had certain perspectives of people with disabilities, it follows that people with disabilities had views and sentiments about themselves, about other members of what is an extremely disparate grouping, and about 'normal' society.

In this respect the views of people with sensory impairments deserve particular attention. Harlan Lane, an American psychologist, in 1989 traced the experience of deaf people as 'the attempt to force assimilation, to claim biological insufficiency when assimilation fails, to indoctrinate minority children in majority values.' He observes that 'the hearing loss of most members of the signing community has proven disastrous for them because it has played into the hands of those who seek to dispose of social problems by medicalising them.' He cites the problem faced by deaf people, that of language and communication in a world dominated by the hearing, as being the 'difference' which results in deafness being classed by the majority as making them 'disabled' and 'defective.' Lane questions why society, in his case American society, chooses not to group the deaf community with other linguistically marginalised groups such as Spanish-speaking Americans, but 'with groups such as the blind.'¹⁴⁷

The anger of the deaf community is long-standing. It stems from the decision of delegates at the 1880 International Congress on the Education of the Deaf in Italy to ban sign language and pursue a mission of teaching the deaf to 'speak.' The effects of this, referred to by George Montgomery as 'the stultifying results of the infamous decision in Milan 1880,' permeated deaf communities across the western world and continue to have reverberations today.¹⁴⁸ It was a decision taken by the hearing about the deaf, imposing the values of an alien culture on a minority group without any consideration of its views. It also made untenable the role of the few teachers of the deaf who were themselves deaf and with invaluable firsthand experience and understanding 'as the whole thrust of deaf education ... [then became] not broadly to educate, but merely to teach deaf children to speak.'¹⁴⁹ Today the deaf community see themselves as a cultural group defined by their own diverse modes of communication – 'handshapes and movements, lip movements, facial expressions and

¹⁴⁷ Harlan Lane, *When the mind hears – a History of the Deaf*, (New York, 1989), pp. xiii-xiv.

¹⁴⁸ George Montgomery, *Silent Destiny*, (Edinburgh, 1997), p. 27.

¹⁴⁹ Martin Atherton, Dave Russell and Graham Turner, 'Looking to the Past: The role of oral history research in recording the visual history of Britain's deaf community', *Oral History* 29, 2, August 2001, p. 37.

body movements' – which has continually felt alienated by a hearing community which regards it as a collective medical 'problem' presenting a challenge to the world of science to rectify. For this reason, there has been a defensive reaction against cochlear implants, which many have regarded, not as a new technological asset, but as an attack on the integrity of the deaf as a homogenous group.¹⁵⁰

The resentment of the deaf community towards their categorisation and marginalisation is forcefully articulated by Lane. Yet his indignation at treatment of deaf people as a disabled group 'such as blind Americans' suggests that the resentment being expressed against prejudice towards deafness is in turn being expressed by Lane towards the blind. Blind people have a common experience with deaf people, in that they are widely identified as a medical 'problem' rather than a cultural group. Feelings of members of the two groups might have a different emphasis and tenor since many deaf people are congenitally so while the majority of blind people began life as members of 'mainstream' sighted society and have been cast from it later in life when blindness resulted from accident, illness or ageing. The majority of blind people, having experienced both sight and loss of sight, have perhaps even greater feeling of resentment towards their marginalisation. Ultimately a major feature of life for blind people lies in the realm of communication and in this they are no different from deaf people. The only difference is the mode of sensory absence and the alternative methods of communication that are adopted. Blind people therefore should feel that they are on equally secure ground in positing a similar objection to the 'disabled' label as are deaf people. Indeed, the Blind Institutions in Scotland did just this from the inception of the first blind asylum in Edinburgh in 1792. They went to great lengths to emphasise that those undertaking education, training and work were capable of 'continuous and remunerative employment' and should be seen as 'able-bodied' and not as ill and infirm requiring poor law support.¹⁵¹ A principal aim of the asylum was the occupation of its inmates and outmates in economic production and they were instilled with the belief that they should be integrated into the work ethos. However this was reliant on asylum patronage in the provision of employment while the perception of economic

¹⁵⁰ Norma McGilp, *Deaf Century – Deaf People, Community and Communication 1900-1999*, (London, 1999), pp. 3, 20.

¹⁵¹ Gordon Phillips, 'Scottish and English Institutions for the Blind', pp. 181-184.

independence was subverted by the intrusive management of many other aspects of their lives by the asylum regulatory system.

MacCulloch, superintendent of Edinburgh Blind Asylum, is ambiguous in his views comparing blindness and deafness. He quotes John Kitto (1804-1854), the deaf author, as proof that a blind person has the advantage over a deaf person in keeping up 'a healthy exercitation [sic] of his mental faculties,'¹⁵² concluding 'that blindness is the worse calamity of the two, and has, therefore, the stronger claim upon our sympathies.'¹⁵³ This contest to define 'the worse calamity' suggests a competition for philanthropic attention rather than a qualitative assessment of two sensory states. He expresses a need for everything to be tidily categorised and compartmentalised, this being reinforced by his classification of Robert Edgar, the youthful subject of his narrative, as 'doubly disabled.'¹⁵⁴

James Ure Campbell, who lost his sight in 1876 as the result of an explosion during railway construction, experienced a religious awakening two years later (see Chapter 6). In this aspect of his life, Campbell was in no doubt that he considered loss of hearing a greater tribulation than his loss of sight even although it resulted in a major change to his life. Campbell rejoiced that he had 'yet the privilege of going to God's house, and of hearing God's Word, which privilege the deaf and dumb cannot enjoy.'¹⁵⁵ While Lane argues that deafness should be accepted as a cultural identity rather than a disability, Campbell states that he finds his blindness much more acceptable than he would deafness.

While people with disabilities might have had common experience of alienation by 'normal' society, rather than feeling solidarity they were just as likely to distance themselves from those whose disability was quite different from their own. Marion Brown (see pp. 259-264), who lived in the rural hinterland of Sanquhar and then in the town itself, was bedridden through lameness for years at a time and also experienced short-term loss of sight and speech. She revealed her perspective of mental impairment in a letter of 1867:

I am not able to go without a hold of something, yet it is a great change from being close confined to bed, and I would have written sooner but I have had very sore eyes for a long time but I am thankful I can see a little better this week for I felt lonely when I could neither speak nor see. I have not could [sic] speak a word since April but midst all our sufferings we

¹⁵² G MacCulloch, *Story of a Blind Mute* p. 7, quoting John Kitto, *The Lost Senses*.

¹⁵³ *Ibid.*, p. 5.

¹⁵⁴ *Ibid.*, p. 32.

¹⁵⁵ G A Johnston Ross, *The Story of a Working Man's Blindness*, (Inverness, 1883), p. 57.

have mercies too for it would have been a very different thing both for myself and everyone connected with me if it had been my reason instead of my voice...¹⁵⁶

Marion's life was dominated by physical impairment and spasmodic sensory impairment, but despite this experience of multi-disablement in 1867 she did not consider that she had anything in common with people who were mentally disabled. Nor did she reveal, in later life, any change to her view of mental impairment when she had close experience of it through living in a household where her nephew, Tam Scott, became brain damaged in childhood. She was certainly conscious of the consequences of his inability to take up employment upon attaining adulthood because of the loss of memory which followed his accident,¹⁵⁷ but he received little mention in her letters over many years suggesting she did not see him as warranting consideration in greater depth because of his inability to reason and remember.

Dr David Lindsay (b. 1858) (see pp. 70, 175, 207) was a Hamilton medical practitioner who voluntarily entered Gartnavel Asylum in 1891 but was soon certified insane.¹⁵⁸ He was certainly aware of those with whom he had something in common because of his condition, and those that he did not. It was social boundaries that focussed Lindsay's differentiation. Whenever he became difficult for the asylum staff to handle he was threatened 'with being kept in bed or sent to the East House' and these had a calming effect.¹⁵⁹ The East House was the wing of Gartnavel designated for pauper lunatics.

The notion that disablement was a punishment for immoral, intemperate or ungodly behaviour, or indeed for some lesser and perhaps even unidentifiable misdemeanour, prevailed among many people with disablement. This belief was often encouraged by organisations motivated by religious evangelism. People with disabilities often accepted this discourse and absorbed it into their identities. Missionary societies for the blind saw their objective of teaching touch reading, not to enable greater inclusion of sightless people within the temporal society around them, but to give them access to religious literature. The influence of the Edinburgh society is demonstrated by a 'confession' attributed to Margaret Wallace, a twenty-seven year

¹⁵⁶ 'Correspondence of Marion Brown', letter from Marion Brown, Sanquhar, to John Glencross, Dunmore, Pennsylvania, 2 August 1867.

¹⁵⁷ 'Correspondence of Marion Brown', letter from Marion Brown, Sanquhar, to Marion Glencross Bryden, Dunmore, 6 January 1898.

¹⁵⁸ GGHBA. Gartnavel Asylum, House Surgeons Notes for Physicians, New Males 1891-1893, HB13/5/127.

¹⁵⁹ *Ibid.*, David Lindsay, 8 Feb 1892.

old woman who had lost her sight eighteen months earlier and had been taught to read by one of the missionaries. Margaret is quoted as saying: 'I have lived a careless life, and believe God in his love has stopped me in my downward course, by taking from me my eyesight, and through your visits and instruction, I have been taught the way to be saved, and through grace I have taken Jesus as my saviour.'¹⁶⁰ By the society's own representation of Margaret, it had instilled in her mind the belief that her blindness was a self-inflicted punishment.

Children within the care of institutions were particularly influenced by notions that their disability was inflicted by God. The Glasgow Deaf and Dumb Institution published carefully tutored passages written by children and these include examples that portrayed this process. In 1872 one child, 'R.S.,' wrote:

Deafness and dumbness are two calamities or infirmities. The former is the want of the sense of hearing, and the latter is the want of speech. Many people have not the power of hearing and speaking. It is God's will to afflict them. God does all things for our good, and it is sinful to complain of affliction. I lost my hearing through scarlet-fever when I was a little child of four years. I did not know how I lost my hearing until my mother told me. It was God's will to deprive me of my hearing. Many people have lost their hearing through various diseases. *We must be patient and content*, [my italics] although we are deaf and dumb, for God made us so. He sends many different calamities upon man such as deafness, dumbness, blindness, poverty, sickness and many others which I cannot describe. The Scriptures often mention cases of deafness and dumbness.¹⁶¹

Children at East Park Home in Glasgow were admitted with crippling diseases such as tuberculosis. William Mitchell, the home's founder, wrote in 1882 that 'on their admission to the Home [the children] are generally found very ignorant of religious truth, and it is a great privilege to have the opportunity of directing their young minds to the Saviour who loved little children, and said, "Let them come unto me, for of such is the kingdom of heaven".'¹⁶²

The religious indoctrination at the Deaf and Dumb Institution promoted the idea that its children had been disabled by God, and that their 'affliction' should be accepted without complaint, perhaps even with gratitude. At East Park Home the children were also taught to be in awe of God, but to look forward to death as the release from pain that passage to God's kingdom promised. This successfully distracted young minds from the real causes of their impairments, the effects of poverty and social inequality.

¹⁶⁰ Edinburgh Society for Promoting Reading Amongst the Blind, Annual Report 1878, p. 3.

¹⁶¹ GIDD. Annual Report, 1872, pp. 15-16.

¹⁶² East Park Home, Annual Report, 1882, p. 6.

Disablement as a punishment from God was also present in the mind of Marion Brown. Following one bout of debility, she wrote: 'I think I have been sorely tried on my journey in this sinful world, but no doubt our heavenly Father has seen I have need of chastisement or he would not have afflicted me so long.'¹⁶³ On another occasion she wrote: '...no doubt all this affliction is sent for my good so I must just wait with patience and try to submit willingly under my cross.'¹⁶⁴ In an age of strong religious belief, even if it were not always accompanied by such practices as regular church attendance, it was not only children who were inculcated with the notion that disabling conditions were bestowed by a blameless God rather than by a society where the benefits of good nutrition, sanitation, housing, and medical care did not filter down to the labouring classes.

Many people with disabilities would quite rightly reject that they were 'disabled' because it was a marginalising label applied to them by 'normal' able-bodied society that formed a barrier to their full participation. But there were other reasons why a disability might be refuted. An example of this was the very visual disfigurement that resulted from syphilis because of the moral accusations that were directed particularly at women. Sarah McNicol, a twenty-five year old married woman from Lochawe in Argyll, six months pregnant, denied emphatically that there was 'syphilis either on her own person or her husband.'¹⁶⁵ McNicol's symptoms at the time of her admission to Glasgow Royal Infirmary in 1837 were confined to the inside of her mouth and were therefore not yet visually apparent, but those of forty-eight year old Mrs Maclean, a weaver from the Dennistoun district of Glasgow, had resulted in the 'right half of [her] upper lip [being] completely destroyed by ulceration'¹⁶⁶ and now causing damage to her nose, yet she 'denie[d] ever having had syphilis.'¹⁶⁷ The previous year however, Mrs Smith, a twenty-nine year old Bridgeton cotton spinner, was quite candid about the causes of the facial disfigurement that she was then experiencing. This included eruptions on her forehead, upper lip, chin and lower cheeks as well as other parts of her body, 'the whole [side] of her nose and also the column [being] completely destroyed.'¹⁶⁸ She admitted that 'she received the syphilitic infection

¹⁶³ CMB. Marion Brown, Sanquhar, to John Glencross, Dunmore, 6 April 1870.

¹⁶⁴ CMB. Marion Brown, Sanquhar, to John Glencross, Dunmore, 4 July 1869.

¹⁶⁵ GGHBA. Glasgow Royal Infirmary Female Surgical Journal, 1837, HH67/8/2, p. 180.

¹⁶⁶ *Ibid.*, p. 144.

¹⁶⁷ *Ibid.*

¹⁶⁸ *Ibid.*, p. 99.

from her husband nine months ago,'¹⁶⁹ but her previous admission to the Lock Hospital resulting in her taking 'large quantities of mercury'¹⁷⁰ may have given her time to come to terms with her condition and develop the candid revelation that the other two women felt unable to embrace. The social stigma associated with what was marked out as immoral behaviour nonetheless added another dimension to the disabling conditions through the disfigurement that the women had to confront. Four decades later such disfigurement had become rare. Dr Alexander Patterson, who in 1882 made a submission to the Select Committee of the House of Commons on the Contagious Diseases Acts, pinpointed the reason for this change when he addressed the Glasgow Medico-Chirurgical Society later that year and argued that it may 'be open to question if in many cases of bone destruction, mercury, which in former times was administered so lavishly, were not the cause – and that the cure proved worse than the disorder.'¹⁷¹

If 'normal' society constructed people with disabilities through its own prejudices and limited or imbalanced experiences, it is natural that people with disabilities were influenced by similar circumstances. Robert Edgar, the deaf-blind boy who was the subject of the memorial written by the superintendent of Edinburgh Blind Asylum, provided an example of how his experience of the non-labouring class of 'normal' society had created a very particular image in his mind. MacCulloch, the superintendent, described the effect that this had on Edgar when he was admitted to his institution:

His only means of recognising acquaintances had been by feeling their dress; and, having been brought up chiefly among hinds and other country labourers, he was accustomed to come in contact for the most part with persons clad in such rough garments as were suited to their work. Nearly the only exception was the parish Doctor, whom he soon learned to distinguish by the superior fineness of his clothes. The Doctor, it would seem, had hurt him less or more by experimenting or otherwise operating on his eyes; consequently garments smooth to the touch became associated in his mind with acute pain; and anyone approaching him in habiliments of that description was at once taken for the Doctor. I no sooner, therefore, made up to the poor little fellow, with the view to calming of his grief, than the first touch only aggravated his alarm and distress.¹⁷²

Robert Edgar showed how a limited experience of a certain category of person resulted in a simplistic interpretation. Additionally, it is apparent that his experience of the medical profession was negative.

¹⁶⁹ *Ibid.*

¹⁷⁰ *Ibid.*

¹⁷¹ Alexander Patterson, 'Statistics of Glasgow Lock Hospital since its foundation in 1805 – with remarks on the Contagious Diseases Acts, and on Syphilis', *The Glasgow Medical Journal*, VI, December 1882, p. 415.

A response to the notion that respectable society always knew what was best for people with disabilities was challenged by Robert Brown (d. 1906), a man characterised as being feeble-minded who led a precarious life in irregular employment and peddling in the Borders. He occasionally had to seek relief by admission to the poorhouse and reputedly applied for the vacant position of Inspector of Poor. He had argued his suitability because 'he knew all about the poor because he had been an inmate of the Poorhouse, and was sure that he could do far more for them than that had ever been done before.'¹⁷³ His knowledge of the system was elaborated upon by narration of an instance when an inspector of poor had offered him money for a train ticket to Hawick so that he might leave his parish and enter Hawick poorhouse. Brown accepted the money but expressed mirth by revealing that 'aw went nane tae the Puirhooose; aw juist went and bocht some things. Didn't aw dae 'um.'¹⁷⁴ He more than adequately made the point about who was really dim-witted.

It is natural that people with disabilities should sometimes have reacted with anger towards the presumptions that 'normal' society might make about them. This is evident in the case of Laurence Ritchie, 'Blind Violinist' of Bonhill parish, Dunbartonshire (see pp. 222-223). Reports emphasised Ritchie's achievements in the face of adversity such as the account of a benefit concert when he was twenty-seven years of age where his fellow musician and friend, John Robertson, spoke of his 'gigantic difficulties' and 'peculiar disadvantages.'¹⁷⁵ In his obituary twenty-one years later, reference was made to his 'lifelong privation' and 'noble strugglings.'¹⁷⁶ It is apparent that Ritchie took exception to some of the attitudes which his blindness attracted, although his 'certain angularities'¹⁷⁷ are attributed to his character in particular, and that of the visually impaired in general, rather than to society's behaviour towards him. His obituary, despite its extensive praise of the man, could not resist remarking that he was:

...somewhat uncouth in his manners – a result of the want of early training – and possessing a natural pride and independence which made him jealous of any encroachment on his right, a weakness to which the blind are particularly liable – he was apt to repel strangers, and even to excite opposition in some who were not unwilling to befriend him, but who did not

¹⁷² G MacCulloch, *Story of a Blind Mute*, p. 10.

¹⁷³ Robert Murray, *Hawick Characters*, Second Series, (Hawick 1903 and 1914), p. 108.

¹⁷⁴ *Ibid.*, p. 109.

¹⁷⁵ 'Musical Entertainment,' *Dumbarton Herald*, 18 Dec 1851.

¹⁷⁶ 'The Late Lawrence Ritchie, Violinist', *Dumbarton Herald*, 7 November 1872. Press reports recorded Ritchie's forename as 'Lawrence' while other sources used 'Laurence'.

¹⁷⁷ *Ibid.*

consider his peculiarities. Closer intimacy, however, caused all his abruptness and apparent *dourness* to disappear...¹⁷⁸

The obituary stereotypes blind people, and even when endeavouring to praise Ritchie, it reprimands his resentment of the patronising attitude that many people displayed towards him even when their actions were well-intended.

This is also apparent with Geordie Gibson, the Dunfermline ‘dwarf’. In contrast to the ‘dourness’ of Ritchie, Gibson reputedly had a good sense of humour, but his toleration of societal attitudes also had its limitations even when these were benignly motivated. This was highlighted during the purchase, probably in the 1880s or 1890s, of a pair of blankets: ‘In view of his size, the shopkeeper suggested that a single blanket doubled up would serve the purpose, and save some money. Geordie looked as if he would never forgive the insult.’¹⁷⁹ The money-saving gesture was taken as an allusion to his short stature and an insult directed at his manhood and masculinity that Gibson could not bear without retort.

If people with disabilities were stereotyped as people who conformed to certain characteristics and should behave in a certain way, there were many who would go out of their way to contradict these expectations. They might also conform to the expectations of them while not necessarily accepting the constraints that were being placed upon their behaviour. William Baillie of Dunain, who returned from Baghdad with a mental impairment in 1814, spent much of the rest of his life in seclusion on his family estate. In 1834, a medical report from Dr Poole of Edinburgh stated it would be wrong to suggest that there was ‘the smallest likelihood of recovery’ while noting that he would accept visits from near relations ‘but always and irreversibly under the condition that they act as visitors solely ... and that they do thoroughly abstain from the appearance, as well as reality, of interference with the functions of those persons by whom he is guided and governed,’¹⁸⁰ an apparent reference to the household staff. Three decades following the onset of his mental impairment, during which he had conducted ‘normal’ correspondence, he began to pen letters, notably to his sister, Anne Baillie, but also to others such as John Black, an Inverness plumber, to arrange repair work,¹⁸¹ in a phonetic style that fluctuated in its complexity. For

¹⁷⁸ *Ibid.*

¹⁷⁹ ‘Death of “Wee Geordie”’, *The Dunfermline Press*, 21 October 1899.

¹⁸⁰ HCA. Baillie of Dunain papers. Report under “Heads of reference to Drs Poole and Robertson, in regard to Mr Baillie of Dunain”, 23 July 1834. D456/A/8/128.

¹⁸¹ HCA. Baillie of Dunain papers. William Baillie, Dunain, to John Black, Inverness, 20 Dec 1843. D456/A/31/66.

example, he addressed a letter 'Do Mizdrez Amned Baillae, Rezzidend ad Oozill, near Nairn' and wrote:

My dear Anne

I thought you would keep your brommaez of returneng to Donzinnain, but onderstand yoo maegd haav movved do the neborod ov Nairn. Oozill iz a bridde Haaz. In kaiz id koold be agriable do yoo do ruture do Donzinain; woold extegd do zee you ween konvenneend. And rimmain mi dear Amne yoor obideind omble servand. Willaeam Baillae.¹⁸²

Unusual accent marks were added to his text, which developed as the letters progressed. Had Baillie written these letters in a lunatic asylum, they would probably have been included among the many patient communications that asylum keepers dismissed as 'incoherent.' Yet Baillie was clearly playing with the language. These intriguing documents were passed to Nigel Fabb, professor of literary linguistics, University of Strathclyde, and following preliminary analysis he confirmed that Baillie 'is clearly doing this consciously, having spent some time thinking about speech and spelling.' A pattern of removing letters that represent voiceless consonants prompted Professor Fabb to observe that this 'indicates a goal to rationalise the spelling system which goes beyond just trying to get letters to match sounds.'¹⁸³ Yet these letters of Baillie's would conform to the image of the madman that some, but not all, of those who saw them would have of him. In his choices of recipient, Baillie may well have wished to encourage these varied perceptions of him.

Dr David Lindsay, the Hamilton medical practitioner who entered Gartnavel Asylum in 1891, was a man whose mind was deeply troubled, but this was occasionally relieved after he found the companionship of an old acquaintance, Robert Archibald, former Provost of Hamilton.¹⁸⁴ He took some pleasure from introducing himself and his companion as: 'This is the Provost of Hamilton and I am the Doctor of Hamilton; two of the daftest men in this place.'¹⁸⁵ Lindsay derived some humour from his usual depressed and suicidal state by playing up his mental condition and connecting it to the prominent positions that the two men had held in Hamilton.

People with disabilities exercised independent thought even although 'normal' society was sometimes guilty of believing this not to be the case. They did not

¹⁸² HCA. Baillie of Dunain papers. William Baillie, Dunain, to Anne Baillie, Nairn, 14 November c. 1839-1843.

¹⁸³ Nigel Fabb, *Discussion: letters by William Baillie*, ms, 8 March 2004.

¹⁸⁴ GGHBA. Gartnavel Asylum, House Surgeons Notes for Physicians, New Males 1891-1893. David Lindsay, 27 Aug 1892. See also entries for Robert Archibald, pp. 228-232, 240, 261-262, 369. HB13/5/127.

automatically accept the 'disabled' label that was often applied to them, although they sometimes played along with this classification, occasionally to advantage. When they felt that stereotyping had overstepped the boundaries of their toleration, people with disabilities would naturally react against their tormentors in order to defend their self-respect. Because 'disability' covers a broad and abstract spectrum of impairments, people with disabilities would also harbour prejudices that were illustrated by their feelings about 'defects' different from their own. Religion was often used by interventionists who promoted the role of the spiritual world and so diminishing the culpability of the temporal world. When the expanding role of medical intervention was unable to produce reasons for, or solutions to, disabling conditions, religion was a useful tool of explanation. While some people with disabilities rejected religious indoctrination, there were others who willingly embraced it. Cultures therefore developed whereby some people with disabilities embraced religious devotion as penance for a past conduct punished by impairment, or as the gateway to release from suffering.

Conclusion

The nineteenth century was a period when people in positions of power and influence in spheres such as medicine, public administration and welfare, and religious guidance, became increasingly concerned with order and regulation. This was stimulated by the pace of urbanisation and industrialisation that resulted in changes to the demographic structure of Scotland and made management of the growing cities a particular focus. Legislation played an important role in this expanding intervention, notably that on the Poor Law in 1845, lunacy in 1857, and education in 1872. There became a growing awareness of people who did not neatly accommodate the objectives of expanding regulation.

A consciousness of 'difference' developed, and while a collective notion of 'disability' was slow to emerge, an awareness of people with a range of impairments expanded in its specificity. At the close of the eighteenth century, many ministers reporting on their parishes for the compilation of the *Statistical Account of Scotland* counted the people in their parishes who had impairments, but for additional comment they were as likely to focus on 'superhuman' individuals as they were on those people

¹⁸⁵ *Ibid.*, David Lindsay, 27 Aug 1892.

who were to increasingly be regarded as 'subhuman.' The first census to follow implementation of the 1845 Poor Law reforms introduced an interest in impairment that progressively expanded from recording 'if deaf-and-dumb or blind' in 1851, to 'deaf and dumb, blind, lunatic, imbecile, or feeble-minded' accompanied by 'the precise infirmity' and 'if the infirmity dates from childhood' by 1901.¹⁸⁶

This growing interest in 'difference' was not limited to 'disablement,' but intruded also upon religion, race, nationality and culture. Combinations of 'difference' were likely to attract special attention. People active in public life, generally with the benefit of wealth, education and a comfortable upbringing, formed the membership of bodies that took an interest in people with disabilities through such spheres as institutions, medicine, education, law and order, and charity. Despite the opportunities that these vocations presented for garnering an understanding of people with impairments, many of them harboured sentiments from which they categorised them as 'objects' who did not live up to their concepts of 'complete persons.' Their views were influenced by the growing notions of respectability governed by such traits as religiosity, temperance, and adherence to the work ethic. Even when they adopted the most benign of stances, their views of people with disabilities as 'objects' who did not conform to the 'norms' of society and therefore represented a problem are often apparent - even if they themselves would not have recognised this. While working-class people were not without prejudice, they were more likely to experience impairment at some point of their lives and disablement was recognised as a danger that was never far away. They were also likely to encounter people with disabilities, not in an institutional environment but in the course of their daily routine. Their attitude therefore appears to have been different from that of the privileged classes. Working class intolerance of 'difference' when it occurred was just that - a raw irrational prejudice - rather than the identification of 'problems' requiring solutions which was the general approach of the predominantly middle class people who intervened in the lives of people with disabilities.

If 'normal' society had its perceptions of people with disabilities, so too had people with disabilities. Their views focussed not only on their protagonists, but on other groups of people with impairments. This resulted in informal development of a hierarchy of disability based on individual concepts of cultural, social, physical and

¹⁸⁶ HMSO, *Guide to Census Reports, Great Britain 1801-1966*, (London, 1977), p. 201.

mental condition. This was fluid but generally had blind and deaf people jockeying for the top position while those with mental impairments were at the bottom. Many people rejected being labelled as in some way incomplete and, while a high degree of toleration of their stereotyping was absorbed without reaction, occasionally indignation precipitated verbal retaliation; alternatively they conformed to the expectations of 'normal' society sometimes in order to turn their stereotyping to their own advantage. The overall trend was nonetheless for disablement to be increasingly seen as a 'problem' by those in positions of power and authority. People with disabilities periodically took action to reject this labelling, but it was confined to individual resistance, often subtle in nature since challenges to regulation and discipline were considered acts of defiance rather than assertion of rights.

How this battle for respect and self-respect developed can be viewed in various social settings - such as relationships within communities, within familial and personal relationships, within the plethora of institutions that were established during the nineteenth century with declared goals of protecting, confining, curing and training various types of impairment, and within the all-important sphere of work and financial responsibility. Portrayal of people with disabilities can also be considered through the literary output that proliferation of publishing encouraged during the Victorian era. How 'otherness' was experienced and represented in these settings is the exploration that the following chapters undertake.

Chapter 3

**Literary encounters with
people with disabilities**



Representation of Hawkie from *Hawkie – the autobiography of a gangrel*

Chapter 3

Literary encounters with people with disabilities

The literature of a modern society will reflect values, language, attitudes and social constructions circulating between readers in everyday life. There may be no single set of such values, etc, but diversity in the literature. Yet, in the circulation of discourse, the nineteenth century was most important in the rise of the published word. How people with disabilities were represented in literature during the nineteenth century depended upon both the writer and the purpose of authorship of work intended for publication. However literature also often reflected the common understandings of its audience when representing disability and the disabled.

Literary output can be placed into three categories: memoirs, biographies and commentaries compiled by the layman; the writing of 'professional interventionists;' and work authored by people who had a disability. Numerous reminiscences and memoirs were published around the end of the nineteenth century. These often recorded both the changes which had occurred during that century and revealed the views and responses of their authors to these changes. This type of source frequently adopts a sentimental approach, describing ways of life that their authors perceived as having disappeared, or which modern industrial society could no longer accommodate with the sympathy of former times. Their nostalgic view, particularly of the mentally impaired, was not uncommon during the nineteenth century. Peter Rushton detected it in William Farr's 1837 presumptions about the idyllic existence of the idiot as 'qualified butt and of course the favourite' in communities of rural Wales.¹ Marx expressed the view that the bourgeoisie, in fuelling the process of urbanisation, had 'rescued a considerable part of the population from the idiocy of rural life.'² In their literary handling of people with impairments, nineteenth century commentators

¹ Peter Rushton, 'Idiocy in Early Modern England' in David Wright and Anne Digby (eds), *From Idiocy to Mental Deficiency*, (London, 1996), p. 59.

² Karl Marx and Frederick Engels, *Manifesto of the Communist Party*, Second Edition, (Moscow, 1977), p. 40. This Marxian concept of 'the idiocy of rural life' can be compared with the modern use of the word 'simple' which might refer to 'the simple life of the country' as an idyllic and idealist concept inferring unsophisticated or uncomplicated living, while the word 'simple' can also be used to denote weak-mindedness or dull intelligence. The inference is therefore that the countryside is synonymous with neither need nor presence of mental sophistication while the town, as the focus of industry, innovation and progress, is.

frequently displayed nostalgia for what they perceived as a more tolerant and inclusive former society. Yet they often justified suppression of begging and vagrancy, condemned failure by the able-bodied to ensure the solvency and wellbeing of themselves and their families, and condoned the expansion of institutionalisation. The contradiction between early tolerance and later intransigence displayed in these works suggests that they should be interpreted with extreme caution, yet their collective value should not be underestimated.

Contemporary comments on people with disabilities during the first half of the period under consideration can be found in the *Statistical Account of Scotland*, compiled during the last decade of the eighteenth century, and the *New Statistical Account of Scotland* compiled during the 1830s. Their value is enhanced by the geographical spread across Highland and Lowland, rural and urban, agricultural and industrial Scotland. The comparisons that the two works offer link experience of change across two generations, and at a time of transition from traditional to scientific agriculture, of industrialisation and of urbanisation. These benefits must nonetheless be tempered by recognition of the bias of the authors of the parish reports constituting the Statistical Accounts. These were clergymen of the Established Church whose accounts often reflected their own high social duty or middle class values and the interests of the heritors who provided their stipends. Their recruitment for the compilation of accounts on the state of the broad spectrum of Scottish society at grassroots level was given validation by their status as men of education, wisdom and compassion. Yet they were often little more than well-intentioned amateurs in their understanding of the fears and concerns of ordinary people.

Men – and generally it was always men – who considered themselves as experts and professionals in aspects of disability had various motives for going into print. Authors included medical men, educationalists, keepers of institutions and asylums, and philanthropists. They published books to promote their ideas on how people with disabilities should be trained, integrated, separated, employed and controlled, often driven by their own ideals of morality and rationality. The purpose of their works included self-appreciation, public acclaim, dissemination of their ideas, and solicitation of various forms of support for their charities, institutions and personal objectives. Some of the authors were candid about the objectives of their literary

output while others presented works that professed to have one purpose while another purpose, given greater primacy, was woven into the book. Notable among these 'expert' works is the almost complete absence of intercourse with, and consensus from, the subjects of their work - people with disabilities.

If 'experts' failed to represent people with disabilities in their writings about them, what did people with disabilities themselves have to say to the reading public? Literary output by people with disabilities was inhibited by a number of factors including their past access to education and their financial circumstances. As we shall see, those who did appear in print were vulnerable to editorial direction and imposition. The role of disability in their writing might vary from biographical explanation of calamity and misfortune to the ignoring of disablement as they may have considered disability an irrelevance to their narrative.

Literary sources, while laced with pitfalls for the unwary, have value for the comments that they make about people with disabilities, or that they fail to make. Indeed, Elizabeth Bredberg argues persuasively of the importance of sources such as literature, popular theatre, works of art, and proverb, while also recognising that 'their interpretation may demand a substantial level of knowledge about the social context from which they have emerged.'³

Disability and popular literature

The presence of a disability was not necessarily an insurmountable barrier to an aspiring writer. Indeed, literary expression was a natural outlet for feelings, and a potential source of income for those with talent who might, because of an impairment, have felt impeded from other careers.

Famous authors with a disability include Alexander Pope (1688-1744) who contracted spinal tuberculosis as a child and was called, among other things, a 'hunchbacked toad;' and Lord Byron (1788-1824) who was very sensitive about his lameness, arising from the clubfoot with which he was born. Robert Tannahill (1774-1810), the Paisley weaver poet 'had a limp from deformity of the left leg.'⁴ Tannahill also suffered from depression, his low self-esteem ultimately resulting in

³ Elizabeth Bredberg, 'Writing Disability History: problems, perspectives and sources', *Disability & Society*, 14.2 (1999), p. 197.

⁴ Irene Livingston, *Robert Tannahill – a biographical sketch*, (Paisley, 1977), p. 1.

his suicide. Members of the literary world had first-hand experience of disablement and were certainly conscious of how this could be used to differentiate them from 'normal' society. Sir Walter Scott (1771-1832) became lame as a result of infantile paralysis at the age of eighteen months.⁵ Scott based one of his literary characters on David Ritchie (1741-1811) who lived in Peebles-shire and whose legs were severely disfigured to the extent that, upon examination some years following his death, his left femur and tibia were described as 'these gnarled, stunted, useless old bones.'⁶ Yet, writing in 1858, Peebles surgeon Robert Craig recalled that, with the aid of a long staff, Ritchie was able to walk the round trip between his home and Peebles, a distance of eight miles.⁷ Craig relates that, despite a reclusive nature resulting from persecution by children and adults alike, Ritchie 'was very fond of the younger ones, played with them and amused them.'⁸ Ritchie did not let his disability impede his mobility and, although he shied away from the public gaze because of his experience of being ridiculed, he was presented as an endearing character by those who responded to him with compassion. Margaret MacDougall argues that Scott, who was said to have empathised with Ritchie, did him a doubtful service characterising him, in his *Tales of my Landlord*, as Elshender, a figure shunned by society as 'The Black Dwarf.'⁹ In the late twentieth century, there remained people in Peebles 'who remember being threatened as children with the Black Dwarf if they did not go to sleep.'¹⁰

People with disabilities were occasionally featured in the works of nineteenth-century authors writing on the basis of personal observation. While their works were unlikely to reach a mass audience, their remarks are reflective of first hand encounter and personal opinion. Alexander and John Bethune, two uneducated labourers who nonetheless achieved some literary success, provided an anecdotal moralistic account in a piece penned around the fourth decade of the nineteenth century which they titled 'The Deformed.' Hugh McArthur, from the description given, was crippled, probably

⁵ Sir Walter Scott, 'Memoir of his early years', written in 1808, in J G Lockhart, *Life of Sir Walter Scott* (London, 1898), p. 13.

⁶ John Brown MD, *Horæ Subsecivæ*, Second Series (London, 1897), p. 341.

⁷ *Ibid.*, p. 346.

⁸ *Ibid.*, p. 352.

⁹ Margaret MacDougall, 'The Man who hated Sixpences,' *The Scots Magazine – a Celebration of 250 Years* (London, 1989), p. 77, reprinted from *The Scots Magazine*, August 1987.

¹⁰ *Ibid.*, p. 77.

by polio, at the age of three. Like David Ritchie, he is portrayed as a kind-hearted character who withdrew into himself because of the persecution which he suffered at the hands of an ignorant and superstitious public. In introducing their tale, the Bethune brothers tell us that 'it has been observed that deformed people are often envious and vindictive, and that few of them are remarkable for those social qualities which are the constituents for domestic happiness.' The story then seeks to illustrate that, if this is true, society is largely responsible for creating this trait within those who are physically disabled. The story of McArthur also depicts him as a man who, although his legs would not support him, developed a strong upper torso which he used to good effect to earn a living despite unscrupulous employers often underpaying him in the belief that they could take financial advantage of him because of his physical impairment.¹¹ The Bethunes, despite their use of a title that now seems unsympathetic and politically incorrect, display an awareness of the discrimination often directed at people with disabilities and argue that if 'normal' society finds people with disabilities to be defensive and suspicious, it only has itself to blame.

A good example is the journalist Alexander Brown, using the penname 'Shadow,' who wrote a night-by-night account of a week spent in 1858 investigating the 'low life' of Glasgow. Visiting 'the dens of misery and vice, the low 'shebeens,' the houses of prostitution, the filthy hovels of the poor, the cases of extreme destitution, ... as he travelled through the densely packed streets, closes and wynds of old Glasgow,'¹² Brown recorded in a manner intended to shock a genteel and disapproving audience that was not reading his account in order to be reassured of a poor yet hard working and clean-living population striving to uphold 'decency' despite their economic hardship, but one which confirmed its impressions of their depravity. The presence of disability does not generally form part of his observations, but whether this was because of its absence or because it was part of the 'normalcy' of the scenes he surveys is unclear. The situation of a poor blind widow with a family of young children is described:

... in a cellar, within a yard or two of a dung-heap, sending forth its noxious smells, and fever-causing exhalations. By the uncertain light of a small glimmering fire, we can

¹¹ Alexander and John Bethune, *Tales of the Scottish Peasantry*, first published 1838-1843 (London, 1884), pp. 31-61.

¹² Shadow, *Midnight Scenes and Social Photographs* (Glasgow, 1976), first published 1858, editors preface to the 1976 edition, p. v.

recognise at a glance the wretchedness of the abode. It reminds us more of a charnel house than a dwelling place for the living. Amid this desolation sits the afflicted widow in her faded tattered weeds. Poor woman! she has seen "better days" – worse she cannot. Around the hearth are squatted her dirty ragged boys, each tearing from the other a filthy bone picked up in the street. On our expressing surprise at a thing so horrible, she says, "Ou aye, sir, they're glad o' ony thing, puir things, but they maun gang to bed."¹³

The description continues with further detail of their circumstances, but her blindness passed without comment.

The housing conditions explored by Brown in Glasgow should later have been eliminated through the implementation of such legislation as the Glasgow City Improvement Act of 1866¹⁴ and the Housing of the Working Classes Act 1890. However in 1901 Peter Fyfe, Chief Sanitary Inspector for the city, indicated, when he addressed his experience of the city's back lands to house factors and property agents, that many of them were the focus of serious circumstances affecting health. Fyfe highlighted the often unpaved courtyards as receptacles of 'organic matter ... under our present ashpit system,' a source of 'the bacillus of enteric fever,' while this environment also presented the risk of 'tuberculosis and diarrhoea, two of our most deadly enemies.'¹⁵ Of the buildings themselves, Fyfe drew attention to their frequent crowding to maximise the income of their owners and resulting in poor ventilation and lighting. He neatly summarised the impact that these conditions had on eyesight:

Many a back-land house I have gone into in the city where, in the inner side by the ingle-neuk, the eyes can neither see to read nor sew, and the inevitable oil lamp on a normal winter day has to be kept alight.¹⁶

Brown's exploration of Glasgow's crowded working-class housing warrens four decades earlier suggests that he was almost oblivious to these conditions. Brown was not looking for problems for which liberal solutions might be suggested, but for affirmation of the hopelessness of trying to improve the working classes. Yet the minimal reference to conditions within slum dwellings and the detrimental effect that they might have on the sight of their inhabitants might also have been influenced by the common experience of coping with an indoor world of almost constant gloom during the period when artificial light was provided by candle or oil lamp. Brown did

¹³ Shadow, *Midnight Scenes and Social Photographs* (Glasgow, 1976), pp. 20-21.

¹⁴ See R J Morris, 'Urbanisation and Scotland' in W Hamish Fraser and R J Morris (eds.), *People and Society in Scotland, Volume II, 1830-1914*, (Edinburgh, 1990), p. 85; and T M Devine, *The Scottish Nation 1700-2000*, (London, 1999), p. 345.

¹⁵ Peter Fyfe, *Back Lands and Their Inhabitants*, (Glasgow, 1901), p. 30

¹⁶ *Ibid.*, p. 10.

however remark upon one other victim of blindness encountered during his perambulations:

Reaching the western extremity of the Green, a poor blind man, dressed in homely fustian, claims our attention. He is seated upon the ground, reading aloud a portion of the Bible, from a book with raised letters for the blind. We are surprised at the apparent ease with which he manipulates [sic]. On close examination, however, we have suspicion that the tongue is greatly more nimble than the fingers, or that the Word is better known to memory than to touch. Accepting this expedition, however, even as evidence of the tiring monotony of the poor blind man's work, we cannot fail to be deeply touched by it.¹⁷

Brown was not moved by the innovative nature of raised print and the blind orator's ability to read it, but by his suspicion that he was reciting from memory which he saw as a devaluation of any finger reading skill in his possession. We must assume that Brown was selective in the observations that he recorded. Children form only a small portion of his commentary yet they were seriously affected by slum life. In 1861, of the three percent death rate in Glasgow, half of these were children under the age of five and the short life expectancy of poor children was compounded by the poor health of their mothers. Edna Robertson tells us that 'crippling bone diseases and disfiguring skin diseases were commonplace in the slums' and that:

The children of the poor were born in filthy dwellings; the birth was often complicated by pelvic deformities caused by rickets; mothers were frequently drunk during the delivery, and many hurried back to work as soon as they were able to struggle out.¹⁸

As late as 1925, Alexander MacLennan, paediatric surgeon at Glasgow's Royal Hospital for Sick Children, remarked upon Glasgow's reputation for having a greater number of cripples walking the streets than any other city in the Empire.¹⁹ Brown witnessed the squalor of the wynds and closes, but failed to appreciate the greater implications of the poverty and deprivation that confronted him, and the ill health, infirmity and disablement which were common as a consequence. As a journalist, Brown's literary style was intended to provide shocking revelations for a conservative, moralistic middle-class audience and his *Midnight Scenes* did not permit any compassion or balanced reporting to temper the revelations that were his objective.

A feature of the later nineteenth century was the publication of biographies and memoirs, often written by 'old men' who were reflecting upon their life experiences

¹⁷ Shadow, *Midnight Scenes and Social Photographs* (Glasgow, 1976), p. 82.

¹⁸ Edna Robertson, *The Yorkhill Story* (Glasgow, 1972), p. 14.

¹⁹ *Ibid.*, p. 117.

and the changes that had occurred to society as they recalled it as existing in their youth. Nostalgia for a 'simple life,' which modernity in its rationality was unable to absorb, pervades much of this work and publication was often motivated by vanity rather than encouragement of a professional publisher with an eye for literary and commercial potential. The anecdotal comment that is often a feature of these works, despite the accompanying risks of selective memory being in operation, permit some interesting insights to the world of disability alongside the other varied social experiences narrated.

In Charles Rogers' 1867 work on Scottish life he described *Blind Alick*, a Stirling man, who 'was blind from his birth, and his intellect, with the exception of one faculty, was an entire blank.' Rogers, a clergyman, wrote of Alick in favourable terms because, despite his blindness being compounded by mental shortcomings, Alick had one redeeming factor - an extraordinarily retentive memory which was exercised in quotation of long Biblical extracts.²⁰ Rogers' reminiscences are in stark contrast to the remarks of Alexander Brown when he witnessed the blind man with his Bible on Glasgow Green. Rogers' recollections are borne out by an obituary of Alick at the time of his death three decades earlier. This confirmed that he had a 'powerful memory ... so far as recitation went' that enabled him to become 'acquainted with [Stirling's] streets and public walks, that he never, even in his old age, required a staff to direct his steps,' and that 'not only could he repeat any part of Scripture - but also on any part being quoted, he could point out the chapter and verse.' While the latter feat obviously impressed Reverend Rogers, the true depth of Alick's religious devotion would, according to his obituary, have been less likely to have had this effect. It recorded that 'Alick was not remarkable for piety,' and while he might have been skilled at reciting from the Testaments, 'we suspect his mind was not of that cast to lead him seriously to ponder on its import.'²¹ This revelation would have undoubtedly gained Brown's approval.

Peter Mackenzie, in 1868, recalled a different character also known as *Blind Alick*. This was Alick Macdonald, born near Penrith in 1771. Already able to read and write when smallpox caused the loss of his sight, he became well known for his skills as a

²⁰ Rev Charles Rogers, *Traits and Stories of the Scottish People* (London, 1867), p. 218.

²¹ 'Blind Alick - Remarkable Memory,' *Greenock Advertiser*, 21 April 1836.

fiddler, but despite being commissioned to play at weddings he was depicted as surviving in great poverty. Also prone to torment from street children, he had a staff suspended by a thong from a breast button 'never used as a support in walking, but ... as his urchin poked coat tails were ever and anon caught, whack! swung the staff behind to punish or scare the mischief loving youth who were constantly on his track.'²²

Alick Macdonald was only one of the 'characters' selected by Mackenzie in his reminiscences who were in some way disabled. Mackenzie's description of *Hirstling Kate*, who spent her adult life in the early part of the nineteenth century on the streets of Glasgow, begging, scavenging everything from lost preens [pins] to vegetable scraps from the drains, and hunting centipedes for her amusement, reveals a severely disabled woman surviving on the margins of society while providing titillation for the genteel classes. Like many others, she was known through a characterisation of her disablement rather than by her real name – 'hirstling' means to move while resting on the hams – and the author called her 'this crooked old virgin' and referred to 'her ignorant, and debased, or unfortunate position.' Her use of hand-held 'bauchels' [old shoes]²³ to propel herself provided mirth to Mackenzie because of the motions through which she had to go in order to move, and he lauded her value to society because her dragging skirts turned into 'a street-sweeping machine.' This function, according to Mackenzie, was even more beneficial in wet weather as it 'saved the shoes and the polished boots of many a gentleman from many a stain, and consequently it diminished the price of shoe-blackening.'²⁴ Mackenzie displayed no empathy whatever with these people in their struggle for survival and who gave him 'good copy' for his literary undertaking - aimed at an audience whose distaste for their appearance and habits suppressed any emotions of understanding and compassion.

By the close of the eighteenth century there was already a trend away from voluntary granting of sustenance to those who depended upon alms. Hospitality had however been a feature of the countryside and Thomas Somerville, a minister,

²² Peter Mackenzie, *Old Reminiscences of Glasgow and the West of Scotland* (Glasgow, 1868), pp. 117-125.

²³ A contemporary drawing of Kate depicts her using handheld blocks of wood, raised from the ground by short legs to give her knuckle room, to support her upper torso. Peter Mackenzie, *Old Reminiscences of Glasgow and the West of Scotland*, (Glasgow, 1868), p. 214.

²⁴ *Ibid.*, pp. 215-223.

described the offering of hospitality to 'itinerant beggars' as prevailing among the older people of Jedburgh in 1773. They 'often travelled in companies, and used to take up their night quarters at the houses of the tenant farmers in the country, who, after entertaining them with a supper of porridge, conducted them to the barns and outhouses for their night's rest.'²⁵ George Robertson, a tenant farmer variously in Kincardineshire and Ayrshire, and writing around 1827, recalled the travelling beggars of c.1765 in a nostalgic vein as having 'a more honest-like look, and were better hopped-up. Their clothing indeed was old, but it was seldom ragged, being always well clouted, though of many various colours, (which showed them to be of thrifty disposition)....' 'Of all ranks of society the beggars of modern time have fallen the lowest,' continued Robertson taking satisfaction from their decline in number.²⁶ The growing intolerance towards vagrants was demonstrated by the minister of Beith who described a practice adopted by many parishes. In 1786, the people of Beith agreed to provide neither lodgings nor alms for 'vagrant beggars' and appointed several inhabitants as constables with the express task of moving them out of the parish unless they were 'the poor of this place' who were provided with certificates authorising them to beg.²⁷ Itinerancy and begging were frequently becoming linked to disability irrespective of whether vagrants were able bodied, and traditional charity was being replaced by objectives of minimising distribution of poor relief.

Although Glasgow's police were established under the Police Act 1800, they initially undertook the role of watchmen and their numbers were few. Discussing Feea, 'the poor Glasgow idiot boy' who became known in the city in 1812, Mackenzie contended that the police adopted a lenient approach towards the activities of the mentally infirm: 'The police-officers of those days did not consider it worth while to meddle with poor, harmless creatures but tacitly allowed them to roam about the city as they liked best.'²⁸ However, by 1847, the Board of Supervision, while lacking

²⁵ Thomas Somerville (1741-1830) in J. G. Fyfe (ed), *Scottish Diaries and Memoirs 1746-1843*, (Stirling, 1942), pp. 239-240.

²⁶ George Robertson (c.1750-1832) in J. G. Fyfe (ed), *Scottish Diaries and Memoirs*, pp. 280-281. Robertson estimates that homeless beggars were around 1 in 100 of the population c. 1827, and 1 in 6 c. 1707.

²⁷ Sir John Sinclair (ed), *The Statistical Account of Scotland 1791-1799*, Vol. VI, (Wakefield, 1981), pp. 74-75.

²⁸ Peter Mackenzie, *Old Reminiscences of Glasgow*, p. 186.

statistical information on the extent of vagrancy, assumed that, because of depressed economic conditions and large-scale migration from the potato famine in Ireland, it was becoming a severe problem. The Board linked vagrancy with 'the growth of immorality and crime' and therefore decreed that it should be a police problem rather than a Poor Law problem. Parochial Boards could only respond to vagrancy by reducing the amount of relief that they gave to qualifying vagrants – but the Board of Supervision recognised that this only increased their need to beg.²⁹

In the late nineteenth century, a system had developed in the Borders where vagrants could rest in shelters. It was predominantly the police who directed vagrants to the shelters, but it was the financial support of the shelters by Parish Councils that upset the Board of Supervision. The police defended their right to undertake this role, the Board commenting that it was 'a rather sweeping assumption' that vagrants were automatically crime suspects. The Board's concern was that no effort was made to differentiate the able-bodied from the infirm and Sir John Cheyne, Special Commissioner tasked to investigate the practice, decreed that he would rather see shelters remain unused than put them at the disposal of the able-bodied.³⁰

A Victorian observer, T F Henderson, wrote that an Act of 1424 had been 'instituted, under the countenance and patronage of the local authorities, an order of beggarhood for such as from physical or mental defects were unable to earn a living by any other means.' The 1424 Act required beggars to be licensed and, following the Reformation, this was undertaken by Kirk Sessions with 'the result that the Kirk not only invited but compelled into her fold all "the halt, the lame and the blind".' An 'aristocracy of beggars, called 'bedesmen,' and sometimes 'blue gowns' because of the clothing they were granted annually by the royal or noble patronage which sustained them, also became established and remained recognised until 1833. Henderson, writing in 1893, recalled that 'seldom did it happen, even when times were hardest, that he went empty away from the poorest door; and in the villages so late as fifty or sixty years ago, it was still the householder's duty to minister to the

²⁹ Annual Report of the Board of Supervision, 1847, (PP Vol. XXXIII 1847-48) pp. iv-v, in Ian Levitt (ed), *Government and Social Conditions*, p. 234.

³⁰ Annual Report of the Board of Supervision 1891-2 (PP Vol. XXXIX 1892) App. (A), No. 2 pp.8-9, and Report of Sir John Cheyne, Special Commissioner under the Poor Law (Scotland) Act, 1845, on Kelso Shelter-House, 19.11.00, quoted in Ian Levitt (ed) *Government and Social Conditions*, pp.246-247, 251.

blind beggar's needs and pass him on from neighbour to neighbour until he had made the round of the place.' Bringing the story up to date, Henderson noted that:

...in many districts this tradition of hospitality lingers still. But the picturesque and venerable blue-gown, the carted cripple with his team of dogs, the half-witted ballad singer in his faded fripperies – all these have long since gone their last rounds and passed from Scottish scenes.

He concluded by questioning, '...has the problem of relief for the deserving poor been solved in such a way as makes the extinction of lawful beggary a theme for unmingled congratulation?'³¹

These reports suggest a growing indignation towards begging and itinerancy and, while disablement was obviously a factor, the stance of those who objected to tramping and alms-seeking was only moderately softened when the vagrant had an impairment. This is reflected in the writing of such commentators as Mackenzie, Brown, Robertson and Cheyne, but Somerville and Henderson show a disposition of greater liberality and that customs of and tolerance towards alms-giving experienced a degree of resilience in at least some parts of Scotland.

People from affluent social backgrounds were not immune from physical or other forms of impairment, but their experience of disablement was very different from those who lived a hand-to-mouth existence. The contrast is conveyed in the biography of Lady Victoria Campbell, born in 1854 as the eighth child of the Duke of Argyll.³² She was crippled at the age of five as a result of infantile paralysis and was subjected to a series of experimental medical interventions resulting in 'much suffering, very literally at the hands of many physicians, and one surgical operation, which in the light of modern knowledge would never have been performed, [and] rendered a complete cure hopeless.'³³ However, following many years of therapy and introduction of 'mechanical instruments,' she was able to graduate from crutches to sticks.³⁴ The author intended Campbell's biography as a tribute and it is full of admiration for her good works and stoicism in overcoming her infirmity. During her childhood, Campbell moved between London, Liverpool, Brighton and Inveraray in order that she might benefit from environments thought favourable to her condition.³⁵

³¹ T F Henderson, *Old-world Scotland* (London, 1893), pp. 106-113.

³² Lady Frances Balfour, *Lady Victoria Campbell – A Memoir*, Second Edition, (London, 1911), p. 1.

³³ *Ibid.*, p. 8.

³⁴ *Ibid.*, p. 9.

³⁵ *Ibid.*, pp. 8, 10-11.

The contrast between her lifestyle and that of 'ordinary' people is illustrated by her weekly visits to the Home for Crippled Boys in Kensington where 'a pleasant hour was passed in reading aloud to the boys in their workshops.'³⁶ The reference to 'a pleasant hour' suggests that Campbell felt that she was a beneficiary of these philanthropic interventions. The feelings and reactions of the 'crippled' boys labouring in their workshops are not recorded.

The demise of the 'village idiot'

In the first half of the nineteenth century, the reaction of society to those it perceived as displaying some degree of mental non-conformity often centred around the entertainment derived at their expense and their usefulness rather than concern that they might be a source of danger. Taunting of people of limited mental capacity ranged from playful, if insensitive, teasing to overt aggression. In the example of *Daft Jamie* from the county of Forfar, it is difficult to discern if he was seriously mentally impaired or a 'loon' in the broader context of Scots language.³⁷ Rogers cited a farm servant who angrily accosted Jamie with 'Ye ill-looking scoundrel, if I werena sure the Almighty made all mankind, I wad say ye were a coonterfeit.'³⁸ This statement suggests that the farm servant's hostility was further motivated by Jamie's physical appearance. *Daft Jamie* may have been the Jamie Fraser referred to by E B Ramsay as typical of the 'idiot' or 'imbecile' found in many areas and a source of local mirth because of their slow wit or eccentricities.³⁹ Ramsay commented that by 1859 such people were either absorbed into society or being removed from it:

We find in the conversation of old people frequent mention of parochial functionaries, now either become commonplace, and like the rest of the world, or removed altogether, and shut up in poor-houses or mad-houses – I mean the parish idiot, eccentric, or somewhat crazy, useless, idle creature, who used to wander from house to house, and sometimes made very shrewd, sarcastic, and humorous remarks upon what was going on in the parish.⁴⁰

In addition to Ramsay's description of the disappearance of 'the madman' (identified by Foucault as 'remind[ing] each man of his own truth'),⁴¹ his suggestion is that such

³⁶ *Ibid.*, pp. 78-79.

³⁷ Meanings of 'loon' are defined by Chambers Scots Dictionary as including 'rascal,' 'ragamuffin,' 'idle, stupid fellow,' 'native of a place,' 'person of low rank,' 'rustic,' and 'lad.'

³⁸ Rogers, *Traits and Stories*, pp. 218-9.

³⁹ E B Ramsay, *Reminiscences of Scottish Life and Character* (Edinburgh, 1859), pp. 167-8.

⁴⁰ *Ibid.*, p. 163.

⁴¹ Michel Foucault, *Madness and Civilization*, translated by Richard Howard, (London, 2001), p. 11.

people were being institutionalised, not because of any perceived danger to society, but because they were ‘unproductive.’ Ironically, in the English workhouse, Anne Digby notes that because imbecile inmates were able-bodied while many other inmates were not, they provided convenient and valuable labour in the kitchen and laundry.⁴²

Writing some time after Ramsay, in 1900, Sir Archibald Geikie remarked that there were one or more ‘idiots’ in most parishes, known by such terms as ‘naturals’ and ‘fules.’ He observed that they were generally treated well by the adults of the parish who nonetheless took amusement from some of their words and actions, but that it was children who embittered their lives with persecution. Geikie lamented their passing, noting that ‘since the establishment of the Lunacy Board, they have been mostly drafted into asylums, much to the increase of decency of the communities, though a little of the picturesqueness of village life has thereby been lost.’⁴³

Robert Ford, at the end of the nineteenth century, reflected on ‘idiocy’ noting “‘naturals,’ and persons of sadly inferior intellect, have not been uncommon in Scotland.’ However, at the time of his writing, he took heart that ‘the parish or village idiot ... has been legislated on, and from his listless and perilous wanderings ... has mercifully been placed within the confines of some private or charitable institution.’⁴⁴ In his use of ‘listless’ Ford appears to see the mentally disabled as serving no useful purpose to ‘productive’ society while suggesting that institutionalisation was beneficial to the person committed as it protected him from his own inability to control irrational behaviour. He created sufficient ambiguity to suggest that the real benefit was to ‘ordinary’ society and its relief from contact with the mentally disabled. Peter Carmichael exhibited a little more sympathy, seeing lunatic asylums as providing ‘refuge’ from a largely unsympathetic outside world.⁴⁵ This, however, was a recurring view that attempted to ward off occasional expressions of discomfort by Victorian society at its practice of confining mentally troubled people in asylums.

⁴² Anne Digby, ‘Contexts and Perspectives’, p. 7.

⁴³ Sir Archibald Geikie, *Scottish Reminiscences*, (Glasgow, 1904), p. 331. The General Board of Lunacy was set up in 1858.

⁴⁴ Robert Ford, *Thistledown*, first published 1891, (Paisley, 1913), p. 367.

⁴⁵ Peter Carmichael, ‘Autobiography of Peter Carmichael’ in Enid Gauldie (ed), *Dundee Textile Industry 1790-1885*, (Edinburgh, 1969), Fourth Series, Volume 6, p. 25.

Similar themes were echoed by Alexander Stewart in his reflections on Dunfermline. He cited two 'characters' from the 'specimens of real *naturals* who used to wander with their meal-pocks slung from their shoulders, trying to pick up crumbs for a living.' Known as Daft Archie and Bobby Gow, the latter 'was straight and well formed, but under the middle height ... a poor, happy, harmless imbecile' and 'a far greater favourite with the public than Archie and consequently was not nearly so much molested as the other.' Baiting, especially by young lads, was a recurring trend which, by attribution to children and adolescents, inferred a belief that such prejudice was limited to those who were not old enough to know any better. Archie is presented as tall and muscular with stooping shoulders, a slouching gait, and a big gaping mouth. His tendency to walk 'right in the middle of the causeway for fear of a sudden attack' shows that the vulnerability felt by 'naturals' was very real and that they passed through life regularly enduring a barrage of taunting and humiliation. Bobby Gow, the more acceptable of the two, was accorded his proper name, even if with a degree of familiarity, while Archie, whose appearance as well as his mental condition combined to excite displays of prejudice, was given the popular prefix of 'daft.' Stewart inferred that it was only youths that behaved insensitively towards people such as Bobby and Archie, and he concluded with the usual self-satisfaction that 'the opening of the Dunfermline Poorhouse cleared the streets of those poor half-witted creatures, and provided for them a clean and well-ordered home.'⁴⁶ It was people with mental impairments who were 'cleared' from the streets, not the people who accosted them with insults and goading.

Daft Archie was depicted as a simpleton who would oblige the community by responding in a demeaning way to perform for their entertainment. It may well have been the case that, in acting as a human receptacle for coins tossed at his open mouth, Archie knew exactly how to manipulate an audience to make him the beneficiary of their unwitting largesse. The appearance of a slow mind could be, and was, put to advantage by people who would now be described as having learning difficulties, to give them the best advantage of a situation. The curiosity generated by nineteenth-century 'characters,' an impairment being the qualification for many of them to be

⁴⁶ Alexander Stewart, *Reminiscences of Dunfermline and Neighbourhood, illustrative of Dunfermline life, sixty years ago*, (Edinburgh, 1886), pp. 149-150.

recorded, continues in modern publications. *Daft Sandy*, a Paisley man who begged from travellers embarking and disembarking from public coaches early in the century, is portrayed in one of these. Like *Daft Archie*, he could turn a mental inconformity to his advantage, making a forthright plea to the passengers with, 'I'm daft, man. Gie's a bawbee.'⁴⁷

George Webster, born in 1801, was a sheriff and criminal officer for forty-six years. He wrote his reminiscences in Doric, the vernacular of the north-east of Scotland. He described how Adam Morrison, 'the cadger,' who 'hed a want o' some kin', got out of a tricky situation when he was caught by a landowner illicitly gathering firewood:

Ae day Aidam hed gaen to the wuds o' Mel'rum for sticks. The laird was vera strict against trespassers o' that kin', an' wud 'a sworn at them like fury. So fa sud come upo' Aidam brakin' awa' amo' the sticks but jist the laird 'imself! "What the --- are ye doing there, you old scoundrel?" cries the laird in a passion. "He's a richt fine man, Maister Urquhart," says Aidam, leukin' up wi' as innocent a gape as gin butter wudna 'a meltit in 's cheek. "What has that got to do with your thieving here, you villain!" says the laird. "Eh, ay; but he *is* a richt fine man, Maister Urquhart," quo' Aidam, jist 's gin the laird hedna heard 'im richt, an' grippin' aye till 's birn o' sticks. An' a' that the laird cud roar an' thraet'n,' he got naething but the same leid owre again, 't Mr Urquhart was a richt fine man, till he was forc't to gae awa an' leave him an' the sticks thegither.⁴⁸

Morrison also got the better of Mr Garioch, the minister, when he came to visit him during a spell of poor health. Garioch endeavoured to coax Morrison into prayer, but he would have none of it, drawing the minister into explaining how 'Our Father' could be father to them both. Morrison won the contest with 'an' he be your fader an' my fader tee, He's gi'en you a gey bit better a kwite nor than me.'⁴⁹ Webster concluded by noting that 'it wasna vera easy makin' muckle o' a speshimen like Aidam,'⁵⁰ but Morrison appears to have thrived on the premise that if he was going to be treated as 'daft' he would turn it to his benefit.

While Ramsay recalled the victims of mental illness being referred to as 'somewhat useless, idle creatures,' in his own declaration of affection towards 'parish idiots' he calls them 'imperfectly intelligent.'⁵¹ Meldrum and Roughead, in their 1930s appendices to John Galt's *Annals of the Parish*, lament that, '...now

⁴⁷ David Rowand, *Pictorial History of Paisley*, (Darvel, 1993), p. 29.

⁴⁸ George Webster, *A Criminal Officer of the Old School*, (1880), pp. 86-87.

⁴⁹ *Ibid.*, p. 87. ('He's gi'en you a gey bit better a kwite nor than me.' – 'He has given you a better coat than me.')

⁵⁰ *Ibid.*, p. 87.

⁵¹ E. B. Ramsay, *Reminiscences of Scottish Life*, p. 163.

poorhouses and asylums of all kinds have hidden away, and, it may be, blotted out, the race of Naturals – weak-minded persons, “innocents,” - who were of considerable importance in the social economy of the earlier day.’⁵² This image is echoed by Peter Carmichael, writing of Dundee during the first two decades of the nineteenth century where he described ‘a good many half-witted men and imbeciles’ who were nonetheless employed to carry parcels.⁵³

Some sufferers from mental affliction were paid no attention at all and Mackenzie maintains that Feea, a neglected Glasgow ‘idiot boy,’ had his intellect ‘impaired as a traumatic reaction to the death of both parents when he was four or five years old. Feea slept in the closes and stables around the city where ‘few cared for him in early life.’ Mackenzie tells his readers that, as a teenager, Feea became ‘a favourite with many of the younger aristocracy of the city.’ This was due to the entertainment he gave them because of a proclivity for eating live worms, and it was arguably why Mackenzie tells Feea’s story – to both amuse and repel his genteel readership.⁵⁴ Nonetheless, a picture was created where ‘men,’ the commissioner of police in the example quoted, held no compassion towards him and were prepared to mete out an unrelenting beating for a minor misdemeanour, while ‘gentlemen’ might even have been willing to seek legal redress on his behalf were it not for the existence of barriers because he was *non compos mentis*.⁵⁵

Feea’s demise in early manhood seems open to speculations, all of which suggest the precarious existence for homeless mentally disabled people. Mackenzie conjectured that Feea might either have died of hypothermia in a tenement cellar, or drowned after falling from a bridge crossing the Clyde. However, he believed that it was more likely that he was:

...actually *smothered* in one of his quiet retreats at midnight by the *Resurrectionists*, who, there can be little doubt, prowled about the city in the darkest nights of those days, and carried their unfortunate and unhappy victims to their dissecting tables not far from the College, as was notoriously done in Edinburgh about the same time by these hellish miscreants, Burke and Hare, with other poor idiot boys or helpless creatures in that quarter of the kingdom.⁵⁶

⁵² Meldrum & Routhead’s editorial notes in John Galt, *Annals of the Parish and The Ayrshire Legatees*, Volume 2, first published 1821, (Edinburgh, 1936), p. 295.

⁵³ Peter Carmichael, ‘Autobiography’, p. 25.

⁵⁴ Peter Mackenzie, *Old Glasgow Reminiscences*, p. 188.

⁵⁵ *Ibid.*, pp. 195-197.

⁵⁶ *Ibid.*, pp. 198-199.

These commentaries suggest a disappearance of mentally impaired people from the community. This is commonly attributed to the creation of the General Board of Lunacy in 1858 and the growth of district asylums, but has been challenged by Sturdy and Parry-Jones. In this period, it is estimated that there were up to 2,500 ‘insane’ people boarded-out annually,⁵⁷ considerably more than suggested by the surveys of 1818 and 1826 as being similarly cared for.⁵⁸ Indeed, as an illustration, for the year ending 14 May 1895, the Board of Supervision reported that, of 11,551 ‘lunatic poor’, 7,772 were in asylums and institutions, 1,087 were in the licensed wards of poorhouse, and 2,392, twenty-three percent of the total, were boarded out in private dwellings (see Chapter 4).⁵⁹ Anne Digby suggests that their anonymity had been achieved through assimilation of dress.⁶⁰ However the explanation would appear to be more complex. Although the actual figures were always subjective, a section of society that diminished in number during the nineteenth century were those homeless, wandering people variously described as itinerants, vagabonds, and travelling beggars. Among their ranks were mentally impaired people representing a section of the ‘lunatic’ community classed as being ‘at large.’ The itinerant nature of their existence gave them a public profile that probably exceeded that warranted by their number. The boarding-out system, incorporated within the provisions of the 1857 Lunacy (Scotland) Act, was directed towards those cases who were both ‘incurable and harmless’⁶¹ – their condition was generally static and they were not sources of abusive, offensive or violent behaviour. Furthermore, their distribution across Scotland was uneven, most noticeably concentrated in Kennoway and neighbouring parishes in Fife and the Central Belt where the experience of host families was positive and encouraged others to join the scheme.⁶² This indicates a sharp contrast between the diminution of prejudice which occurred in areas where boarded-out

⁵⁷ Harriet Sturdy and William Parry-Jones, ‘Boarding out insane patients: the significance of the Scottish system 1857-1913’ in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum*, (London, 1999), p. 105.

⁵⁸ R A Houston, ‘“Not simple boarding”: care of the mentally incapacitated in Scotland during the long eighteenth century’ in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum*, (London, 1999), p. 22.

⁵⁹ First Annual Report of the Local Government Board of Scotland, 1894-95, (Edinburgh, 1896), p. xvi.

⁶⁰ Anne Digby, ‘Contexts and Perspectives’, p. 4.

⁶¹ Harriet Sturdy and William Parry-Jones, ‘Boarding out insane patients’, p. 88.

⁶² *Ibid.*, pp. 93-94.

lunatics had integrated into a community⁶³ and the patronising view of middle class diarists who both lamented the disappearance of ‘naturals’ and validated the asylum system as the most appropriate solution for their ‘care.’

‘Professionals’ in print

People who had an interest or an involvement in social improvement of one form or another frequently published books and monographs expressing their views and their experiences. Professional positions were used to express their authoritative analyses on how the problems of society were being, and should be, addressed. What these works generally failed to do was consider the experience of disability from the perspectives of the objects of the interventionist’s deliberations.

Whether, for example, the writing of sighted ‘experts’ was any closer to exploring the real depth of feeling experienced by blind people might be considered by a survey of John Alston’s book on the Glasgow Blind Asylum. Alston, who in 1837 published a style of raised alphabet that was well-received by other UK blind institutions,⁶⁴ focussed on provision of education, training and employment to prevent blind people ‘being burdens as heretofore on their friends or the community.’⁶⁵ While Alston was active in several spheres, including publication of books in raised type, his vision of what benefited blind people at the Glasgow Asylum for which he was the honorary treasurer, is not supplemented by any evidence of consultation and partnership with its blind residents and out-workers. Indeed the asylum laid down moralistic criteria, requiring authentication, which excluded applicants such as those who were of dull intellect, were susceptible to epileptic seizures, had previously contracted small-pox, had begged, or had been street or ale-house musicians.⁶⁶ The environment of which Alston wrote was governed by a comprehensive moralistic ethos where successful applicants satisfied specific attributes for the formation of raw material from which productive citizens could be moulded. The objectives outlined in Alston’s book, first published in 1842, were perpetuated by the continued reprinting of subsequent

⁶³ *Ibid.*, p. 90.

⁶⁴ John Alston, *Statements of the Education, Employments and Internal Arrangements adopted at the Asylum for the Blind, Glasgow*, 7th edition, (London 1894), pp. 4, 34.

⁶⁵ Letter from John Alston to Queen Victoria, 9 March 1841, reproduced in John Alston, *Statements of the Education, Employments and Internal Arrangements*, p. 42.

⁶⁶ John Alston, *Statements of the Education, Employments and Internal Arrangements*, pp. 60-61.

editions during the following five decades. Rather than give blind people a voice, Alston's work was intended to appeal to the philanthropic moralistic citizens and their response to a body of people who, no matter how benevolently, were ultimately seen as a problem to be addressed, faulty mechanisms to be adapted and repaired in the most expedient way possible.

G MacCulloch was superintendent of Edinburgh Blind Asylum in the third quarter of the nineteenth century. His *Story of a Blind Mute* allures readers with a title that garners the anticipation of a personal and individual account of a teenage boy with dual sensory disability. However MacCulloch, although providing some insight to the experience of a deaf-blind boy, had other objectives. The book was a blatant strategy aimed at opening hearts and, in consequence, purses. The preface declared his intention 'to awaken a warm and *generous* interest' [my italics]⁶⁷ towards the Edinburgh Blind Asylum, and this book attempted an approach in a way that could not be achieved by the institution's formal reports. Moreover, this is a discourse that tells us much more about the author's attitudes to blind people than about the experiences of Robert Edgar, the 'blind mute' who was 'used' to showcase the volume.

W A F Browne (1805-1885), who in 1857 was to become Lunacy Commissioner for Scotland, was medical superintendent at Montrose Royal Asylum when, in 1837, he published a series of lectures under the title *What asylums were, are, and ought to be*. He described institutional regimes housing people with mental impairments that had evolved from incarceratory systems that embraced restraint and punishment to the new approach of 'moral therapy,' and culminated in his idealistic vision of happy, carefree Edens that were also hives of economic production. Institutions that exercised restraint still existed at the time of Browne's publication, but his 'vision' caught the imagination of many with a professional involvement in mental health. He became superintendent at the Royal Crichton Institution in Dumfries when it opened in 1839 as a result of the liberal ideals expressed in his book. However Browne was not unlike others in the medical profession who were mesmerised by the theories of phrenology at this time and he affirmed this unequivocally:

To those who are acquainted with the doctrines of Phrenology, the extent of my obligations in this particular case, and throughout the work, will be readily recognised; and to those who

⁶⁷ G MacCulloch, *Story of a Blind Mute*, p. 3.

are still ignorant of these doctrines, I have to offer the assurance that Insanity can neither be understood, not described, nor treated by the aid of any other philosophy. I have long entertained this opinion: I have for many years put it to the test of experiment, and now I wish to record it as my deliberate conviction.⁶⁸

Scull et al note that Browne's close student association with the brothers Andrew (1797-1847) and George Combe (1788-1858) made phrenology 'something [he] could scarcely avoid, given its prominent presence on the Edinburgh intellectual scene'⁶⁹ and historian Susan Dyer notes that George Combe's *The Constitution of Man Considered in Relation to External Objects*,⁷⁰ published in 1828, 'was probably the best-known and most influential work on phrenology' around this period.⁷¹ Scull et al consider that, by 1837, Browne's commitment had become extremely ambivalent,⁷² but that his statement in support of phrenology, even if a sop to the Combes as Scull et al suggest,⁷³ left him in an ambiguous position in his relationships with patients and inmates in considering them as individuals whose dialogues were worthy of consideration. While Browne's 1837 work conveys the impression of him as both learned and enlightened, and Scull et al describe it as 'an extremely effective piece of propaganda,'⁷⁴ they also state that he cited cases 'designed to titillate and tell.'⁷⁵ By 1857, when he left the Crichton Royal Asylum for his post as Lunacy Commissioner, Scull et al note that much of Browne's early optimism concerning the treatment of insanity had been replaced by the 'grim realities.'⁷⁶ By the 1860s he was distancing himself from the idea that moral treatment should be the predominant strategy in the care of the insane.⁷⁷

Following his retirement in 1870, Browne wrote a small book not acknowledged by Scull et al.⁷⁸ The title was *Stories about Idiots*,⁷⁹ a collection of six narratives that

⁶⁸ W A F Browne, *What asylums were, are and ought to be*, (Edinburgh, 1837), p. viii.

⁶⁹ Andrew Scull, *The Asylum as Utopia: W. A. F. Browne and the Mid-Nineteenth Century Consolidation of Psychiatry*, (London, 1991), p. vii. Andrew Scull, Charlotte MacKenzie and Nicholas Hervey, *Masters of Bedlam: the transformation of the mad-doctoring trade*, (Princeton, 1996), p. 86.

⁷⁰ G Combe, *The Constitution of Man Considered in Relation to External Objects*, 5th edition, (Edinburgh, 1835). First published 1828.

⁷¹ Susan Dyer, 'British phrenology in crisis – circa 1880-1930', University of Strathclyde MRes thesis, 2002, p. 5.

⁷² Scull et al, *Masters of Bedlam*, p. 99.

⁷³ *Ibid.*, p. 99

⁷⁴ *Ibid.*, p. 89.

⁷⁵ *Ibid.*, p. 106.

⁷⁶ *Ibid.*, p. 115.

⁷⁷ *Ibid.*, p. 121.

⁷⁸ *Ibid.*, p. 84.

⁷⁹ W A F Browne, *Stories about Idiots*, (Dumfries, c. 1873).

had previously appeared in the *Dumfries Courier* newspaper and that he claimed 'though composite, are strictly and literally true, [and] ... every statement is a verified fact, although not always connected with the individual of whom it is related.'⁸⁰ The stories are written with empathy while simultaneously conveying an impression that mental impairment runs through families and sets them apart as a 'race'⁸¹ distinct from 'normal' society. In the two stories set in Scotland,⁸² the characters frequent landscapes of rough hovels, untamed terrain, hillocks inhabited by 'daoine shi,'⁸³ and the burial cairns and megaliths left by prehistoric, and therefore primitive, people. The inference is that the heroes and heroines of these stories, set in rural Perthshire and Inverness-shire, are leftovers from a period when the inhabitants were 'cavemen,' and epitomising the 'idiocy of rural life'⁸⁴ upon which Marx remarked. In this non-professional work, Browne portrayed his mentally impaired characters with sympathy while also imbuing them with the Social Darwinist sentiment of the period.

Voices of the people

Many people with disabilities who found their way into anecdotal publications, whether by 'experts,' professional authors, or amateur writers, were favoured in their preservation for posterity because they were inoffensive, some humorous events could be linked to their lives, and in the final reckoning, they had redeeming features such as church attendance, temperance, some measure of industry, and an affection towards children and animals. Those people selected by Robert Murray, who returned from Canada to his native Hawick in 1895 to retire, fit this mould, but their numbers were then in decline. As a result, they stimulated Murray's nostalgia for the town of his earlier years. They included Wullie Dunlop who, although being 'a stunted and deformed specimen of humanity,'⁸⁵ loved game cocks and dogs, and 'was particularly fond of children';⁸⁶ Robbie Howieson who, despite being a cripple 'through an accident in infancy' and taking bets at racing events, pursued more honourable

⁸⁰ *Ibid.*, p. 2.

⁸¹ *Ibid.*, p. 24.

⁸² *Ibid.*, 'Donald the Witless', pp. 18-25; 'The Snow Wreath', pp. 33-41.

⁸³ *Ibid.*, p. 22. *Daoine shi* (Gaelic) – fairy people.

⁸⁴ Karl Marx and Frederick Engels, *Manifesto of the Communist Party*, p. 40.

⁸⁵ Robert Murray, *Hawick Characters*, Second Series, (Hawick, 1914), p. 33.

⁸⁶ *Ibid.*, pp. 34-35.

employment in hosiery manufacturing;⁸⁷ and Blind Johnnie Miller who had a devoted respect for the local aristocracy, namely the Duke of Buccleuch,⁸⁸ and attended Teviothead Church on Sundays to escort farming families to their pews.⁸⁹ Whether Murray would have written about these ‘characters’ if they had been idle beggars with irritable tempers and distasteful habits is open to question. As it is, their inclusion was highly dependent on knowledge of anecdotal titbits to give their characters some colour, although in the case of Wullie Dunlop, Murray noted that ‘how far they are fact and how far they are fiction is perhaps difficult to say.’⁹⁰ Murray was of a kind disposition creating cheering vignettes of people whom he regarded as endearing curiosities, in contrast to Peter Mackenzie and his description of characters encountered in Glasgow. He did not however penetrate the experiences and emotions of his ‘characters’ as they confronted the more mundane aspects of their daily lives.

Examples of published works by people with disabilities were impeded not only by an impairment which might make the task of both writing and publishing more difficult, but the financial barriers which many people with disabilities had to confront. Collaboration might be required, not just to overcome the practicalities presented by impairment, but by limited access to education. James Ure Campbell’s autobiographical experience of adjusting to life without vision was removed from his hands on its route to publication in 1883, not because of barriers of blindness, but because of limited scholarly ability. His well-meaning advisers suggested that his manuscript ‘should be recast before publication,’ resulting in G A Johnston Ross, under whose name it became attributed, deciding that he would not introduce ‘Campbell’s own form of expression.’⁹¹ The result was a work laced with flowery language that persistently casts Campbell in the role of ‘heroic victim.’ These characteristics of the book nonetheless formed part of a clearly stated strategy: ‘Campbell’s motive in preparing the narrative was a desire to obtain by his personal sale of it ... a means of livelihood.’⁹² Campbell’s voice was subverted by others while honest expression was open to compromise by its pecuniary objective.

⁸⁷ *Ibid.*, pp. 63-64.

⁸⁸ *Ibid.*, p. 116.

⁸⁹ *Ibid.*, p. 115.

⁹⁰ *Ibid.*, p. 35.

⁹¹ G A Johnston Ross, *The Story of a Working Man’s Blindness*, (Inverness, 1883), prefatory note.

⁹² *Ibid.*

The chasm between the lives of the poor population and the readership of contemporary observations on their lives is described by David Vincent in his introduction to James Dawson Burn's autobiography of 1856. He explained the task confronting the author in justifying an account of a way of life of which his readers were ignorant and who had 'a contempt for its mores and behaviour.'⁹³ Burn overcame this by adopting the 'concepts and language' of an educated readership which then brought the reader 'up sharply by the realisation of what this language is now referring to.'⁹⁴ Burn was unsure of his place or year of birth, but Dumfries was the first place he was conscious of and he was probably born around 1800.⁹⁵ The narration of his life of itinerancy is enhanced by his contact with people who experienced disability, including his own experience of prolonged injury when his foot was injured by a horse; and by fraternisation with those who feigned disablement. In this account it was the author himself who transgressed from his natural vernacular to that expected of a published work, but in a manner in which he retained control of his narrative.

The autobiography of William Cameron, known widely as 'Hawkie,' and described as an 'old, thin, lame, dust-begrimmed [sic], poorly-clad figure,'⁹⁶ gave a candid insight to the lives of vagrants and beggars during the early nineteenth century. Hawkie explained that, during his childhood in Stirlingshire, at harvest, 'my right leg caught damage and left me a cripple,'⁹⁷ but throughout his narrative his disability was widely ignored except when he lamented that, '... I, being lame, had to content myself with the low doors, when "upstairs" was the best chance. Neither was I able to go over half the ground that a stout man or woman with both legs could do.'⁹⁸

Hawkie was not a run of the mill beggar and vagrant. Indeed Mackenzie describes him as a chapman with oratory skills that were favoured by 'all ranks and conditions of men, from the highest to the lowest station' and that 'he was no common beggar, in fact, he was an *uncommon* one.'⁹⁹ He had a skill for story-making and an entrepreneurial flare. Short stories were sold on the streets in quantity and Hawkie

⁹³ David Vincent (ed), James Dawson Burn, *The Autobiography of a Beggar Boy*, (London, 1978), p. 5.

⁹⁴ *Ibid.*, p. 27.

⁹⁵ *Ibid.*, p. 40.

⁹⁶ John Strathesk (ed), *Hawkie – the autobiography of a gangrel*, (Glasgow, 1888), p. 5.

⁹⁷ *Ibid.*, p. 11.

⁹⁸ *Ibid.*, p. 84.

was adept at making his own stories and contracting a printer to mass produce them so that he could then sell them to his audiences. Indeed, many of his activities, which are described as begging, were in fact small-scale commercial enterprises in selling a product, service and skill to street audiences.

The autobiography was written between 1840 and 1850 with the intention that David Robertson, a publisher, would release it as a book. It seems probable that Hawkie displayed frankness in compiling his book with encouragement by Robertson so as to represent a bonafide repertoire of experiences that readers would take at face value. Robertson died and the manuscript did not appear in print until 1888. Its editor, John Strathesk, appears to have moved considerably from the original motivation for placing the autobiography in print. His agenda was to use Hawkie as an attack against begging and the giving of alms, saying ‘all will be convinced by its perusal of the great evils of promiscuous alms-giving sometimes miscalled – CHARITY.’¹⁰⁰ While Strathesk maintained that ‘the book is practically a genuine reproduction of Hawkie’s original manuscript’¹⁰¹, he admitted that he censored it of ‘*spicy* bits here and there.’¹⁰² The appendix reproduced some of Hawkie’s correspondence that demonstrates that the manuscript underwent what is effectively a translation from Hawkie’s dialectal and spelling conventions to ‘proper’ English.¹⁰³

Furthermore, the introduction into various parts of the text of what purport to be Hawkie’s own moral disapproval of certain aspects of begging, vagrancy and charity display injection of a change in literary style that must raise suspicions that this is no longer Hawkie speaking but Strathesk.¹⁰⁴ What is presented as an authentic firsthand

⁹⁹ Peter Mackenzie, *Old Reminiscences of Glasgow*, pp. 75-76.

¹⁰⁰ John Strathesk (ed), *Hawkie*, p. 7.

¹⁰¹ *Ibid.*, p. 7.

¹⁰² *Ibid.*, p. 6.

¹⁰³ This is a sample of Hawkie’s writing, a letter sent from the Glasgow Town’s Hospital where he was a ‘winter inmate’ between 1840 and his death in 1851: ‘The inhabitens are devided into three secks – wan seck are embesiles or lunetecs, another leam or deseased, woren out, men and weamen, whose circumstances in life compeld them to become papers [sic], a third and most notorious are a mixter of notorious drunkards, the ban of morality, the offscrourens of brothels, fling out of bredwals the refuse of Bottany bay, so that in this colny [sic] there is a diverity of spirits as wel as sitewations of distresses...’ *Ibid.*, p. 117.

¹⁰⁴ For example: ‘There are a number of excuses for begging by persons who are not proper objects. Those lame of a leg, and deaf, and dumb, could find employment to suit them if they were possessed of their faculties in their youth. A number of worthless parents take advantage of children who are disabled, and send them to beg, because they know that their youth will draw the charity of the public, and they are quite regardless of the child’s fortune in life. They are thus doomed to perpetual beggary, - almost the lowest of all low professions.’ *Ibid.*, p. 110.

account has been heavily compromised in the course of Strathesk's 'editing' to reflect his own external perspective of Hawkie's life.¹⁰⁵ Inconsistency in disapproving comment on the large number of Irish vagrants, and of able-bodied people who feign disability to aid solicitation of alms, elicits the suspicion, in the absence of the original manuscript, that Hawkie was not intolerant of them, but that Strathesk was. Furthermore, he was appealing to a readership that shared his prejudices. 'Tramping' was a common way of life for many vagrants and casual poor who had no regular dwelling place and led an itinerant existence using the many lodging houses that provided basic overnight shelter or the traditional hospitality of rural inhabitants. It was because of the profligacy of lodging houses characterised by overcrowding (often three boarders sharing the same bed), poor sanitation and the presence of dung heaps, that the Public Health Act 1867 sought to bring them under local authority regulation.¹⁰⁶

People with mental impairments might be considered as impeded by their disability as well as by their social and financial circumstances from writing about their life experiences. One memoir was recorded in manuscript form by Christian Watt (see pp. 126-127, 172, 212-213) and was written between 1880, the year following her admission to Cornhill Asylum in Aberdeen, and her death at the age of ninety-one in 1923. Perhaps Watt was not typical of asylum inmates inasmuch as her condition, as she describes it, would today be viewed as stress or depression rather than mental disablement. Yet her condition was typical of many lunatic asylum inmates. Watt noted that 'many young mothers after their first childbirth come into the Asylum with nervous breakdowns,'¹⁰⁷ a condition later accepted as post-natal depression with mothers being assured by the medical profession of the 'normality' of its occurrence. Watt described how her own journey to permanent residence at Aberdeen Royal Mental Asylum followed a short visit on the recommendation of her doctor 'for a rest.'¹⁰⁸ The stigma of being an asylum patient with which she was labelled upon her return home resulted in her being unable to sustain a living.¹⁰⁹

¹⁰⁵ See Anna Green and Kathleen Troup, *The houses of history*, (Manchester, 1999), pp. 172-182.

¹⁰⁶ Ian Levitt (ed), *Government and Social Conditions in Scotland 1845-1919*, (Edinburgh, 1988), pp. xxxii, xxxv.

¹⁰⁷ David Fraser, *The Christian Watt Papers*, (Edinburgh, 1983), p. 125.

¹⁰⁸ *Ibid.*, p. 106.

¹⁰⁹ *Ibid.*, p. 108, 115.

Aspirations of beginning a new life by emigrating were thwarted by her medical history and this rejection triggered an outburst that was expressed by her setting fire to her hen shed. This action was sufficient to persuade doctors to certify her as insane and Cornhill became her home for the remaining forty-four years of her life. Lobban observes that 'Christian was caught in a cycle whereby her admission to the Asylum to recover and recuperate made finding work outside more and more difficult, and thus made her re-admission more likely. Her ordeal was not just her illness, but was also poverty and social ostracisation.'¹¹⁰

Watt's account provides insights to lunatic asylum life that are at variance with the image of incarceration with which we are familiar. At the time of Watt's admission, Aberdeen Royal Asylum had over five hundred patients¹¹¹ and undoubtedly there were patients who were under considerable restriction. However, in describing her situation, Watt depicted a regime that enabled her to freely frequent the city on errands and to hawk. She enjoyed privileges and trust to which few other patients could have aspired. Indeed, Watt described Cornhill as 'a blessed haven of peace,'¹¹² challenging popular stereotypical concepts of Bedlam. This might be explained by the range of people who became inmates. Many were not the 'furious' individuals so feared by 'normal' society as being the occupants of such institutions. Watt herself was aware of different forms of mental impairment she encountered, telling us for example that 'mental illness should not be confused with mental deficiency.'¹¹³

In contrast to her rejection by the people of her home communities of Broadsea and Fraserburgh following her initial respite in Cornhill for a rest on medical advice, Watt experienced friendliness rather than prejudice from the Aberdonians with whom she mixed outside the asylum. Lobban suggests that this contrast was due to a greater toleration on the part of city dwellers over those of the small town, or was due to mistrust that Watt encouraged around Broadsea by her own erratic behaviour.¹¹⁴ However, just as the inhabitants of Kennoway increasingly welcomed mentally impaired people into their community as their familiarity with them grew,

¹¹⁰ Robert (Seumas) B Lobban, 'Healing for the Body as Well as the Soul: The Aberdeen Royal Asylum in the Nineteenth Century', University of Aberdeen MLitt thesis, 1993, p. 168.

¹¹¹ Ninth Decennial Census of the Population of Scotland, 1881, Vol. 1, (Edinburgh, 1882), VI, 2, p. 179.

¹¹² David Fraser, *The Christian Watt Papers*, p. 112.

¹¹³ *Ibid.*, p. 108.

Aberdonians' tolerance of asylum inmates might have been because they had come to know them as neighbours whom they had no cause to fear.

James Frame (see pp. 122, 164-165), a willing short-stay inmate at Glasgow Royal Asylum, wrote two flattering accounts of the institution and its personnel.¹¹⁵ Indeed, they are so flattering that Frame's experiences, shown by records to have consisted of two relatively brief sojourns in 1843¹¹⁶ and 1856,¹¹⁷ were probably atypical. Readers of his accounts must ask if he wrote his accounts to share his experience of asylum life; or if he entered the asylum in order to write and publish accounts of his experience?' Mary Coutts' motive for writing of her experience of Aberdeen Royal Asylum, a four-month confinement in 1908, was very different, claiming that, 'with an enemy powerful enough, it could not only be done with ease, but with a matchless audacity and marvellous celerity.'¹¹⁸ Coutts was writing of wrongful admission and ill treatment that she alleged had occurred in her case, claiming that 'Dr Reid ... tried to bully me into signing a document, one clause of which was to the effect that I would write to no one about my supposed wrongs.'¹¹⁹ While failing to gain redress from various quarters, Coutts felt that her allegations were vindicated when the Asylum Board informed her husband that 'without admitting the accuracy of the statements, resolved that payment [of fees for her time at the asylum] should not be pressed for.'¹²⁰ Neither Frame's, nor Coutts', written experiences of institutionalisation as solutions for mental impairment, can be assumed as typical of the wider asylum population, but equally they are very different perspectives.

Some authors with disabilities wrote, with a free hand or subject to interfering editorial control, to express their experiences and views in order to expose some perceived injustice or to solicit sympathy, understanding, or financial reward. Others wished to play down or to hide the presence of impairments.

¹¹⁴ Lobban, 'Healing for the Body,' p. 169.

¹¹⁵ Anon, *The Philosophy of Insanity by a Late Inmate of the Glasgow Royal Asylum for Lunatics at Gartnavel*, (Edinburgh, 1860). Anon, *A Voice from Gartnavel Asylum – Extracts from my Diary*, (Glasgow, 1865).

¹¹⁶ Anon, *The Philosophy of Insanity*, pp. 26-27.

¹¹⁷ GGHBA. Gartnavel Asylum, House Surgeons Notes for Physicians, Male, Vol. XXIII, pp. 66-67, HB13/4/54.

¹¹⁸ Anon. *Britain's Siberia – The High Statistics of Insanity Explained by a Certified Lunatic*, (London, 1908), p. 1.

¹¹⁹ *Ibid.*, p. 13.

¹²⁰ *Ibid.*, p. 14.

Neil Dougall (1776-1862) was blinded and lost an arm in Greenock, the result of negligent preparation of a cannon for a salute during festivities to celebrate Lord Howe's victory over the French in 1794, an occasion marked by 'a few well-timed hogsheads of porter, given by some public spirited individuals, [and which] assisted the generous enthusiasm.'¹²¹ Dougall later attained some notability for his musical compositions, but when his work appeared in print as he approached his eighties, writing in the third person he declared in his preface that 'those to whom he is a stranger will not probably become acquainted with him through this book.'¹²² A 'Memoir' in the book does then proceed to tell readers how Dougall lost his eyesight and how he supported himself and his family during the next six decades of his life. Most later comment in print about Dougall has been culled from the 'Memoir,' but it is not a direct account, the composer choosing to remain silent on what he comments 'has been his position in life,'¹²³ 'consequent on the deprivation of sight, and the loss of his right arm by a calamity early in life.'¹²⁴

George Matheson, minister of St Bernard's parish, Edinburgh, and known as 'the blind preacher,' described his 1896 book *The Lady Ecclesia*, in which Ecclesia represents the New Testament, as a memoir. It is an allegorical work with a style suggestive that caution should be taken in interpreting it as expressing his own feelings. However it is possible that he was airing a personal hurt when, writing of a tablet left by Moses, he suggested 'that the vision of faith had seen what the vision of sense could not.'¹²⁵ When discussing a meeting about an outbreak of plague in his narrative, Matheson also presaged the view of modern academics such as Bredberg when he wrote:

Not a voice had been summoned from the contaminated district. There was every testimony but direct testimony; all manner of vociferation round the wounded comrade, but no contact with the comrade's wounds. Looking on that great assembly, I felt then, I feel now, that there was a link wanting to the brotherhood of man.¹²⁶

This passage is not just a representation of an outbreak of plague in biblical times. It is a first hand observation by a blind person who has experienced a gamut of well-

¹²¹ 'Celebration of Lord Howe's Victory', *The Glasgow Courier*, 17 June 1794.

¹²² Neil Dougall, *Poems and Songs*, (Greenock, 1854), p. 9.

¹²³ *Ibid.*, p. 9.

¹²⁴ *Ibid.*, p. 10.

¹²⁵ George Matheson, *The Lady Ecclesia*, (London, 1896), p. 4.

¹²⁶ *Ibid.*, p. 18.

intentioned people taking decisions on his behalf while excluding him from the decision-making process and failing to consult him to assess his feelings, and his needs, from *his* perspective. It describes a society where there is a gulf between the decision-makers and their subjects in the sphere of disability, a gulf that is constructed by those holding power over those marked by their difference and nonconformity. It is also a glimpse of an anger that can be stimulated by sighted society in its ignorance of the real experience of blindness and which the other works fail to penetrate or even to consider.

Conclusion

Contemporary accounts confirm that there was awareness, indeed a deep consciousness, of mental impairment throughout the nineteenth century. This was ingrained from earlier centuries when madness was often interpreted as a manifestation of some kind of spiritual insight. During the nineteenth century, attempts were made to interpret madness by applying rational and scientific explanations that became increasingly complex as the century advanced. Other impairments were afforded much less attention to the extent that their presence often passed without remark. People with physical and sensory impairments experienced a greater degree of integration in a society where ill health and debilitation were common among the poor.

Journalistic commentaries had a tendency to be exposés pandering to sensationalism and to indignant middle class readerships. However memoirs and reminiscences were generally written to satisfy a nostalgic yearning for the past. In these, the appearance of people with disabilities was often incidental to the primary objective of the work, but they provide an insight to the views of people who might otherwise be considered as passive observers. Being reflective of different perspectives and prejudices, the overall tendency of the comments in such works is to bemoan the loss of a rustic past when people with impairments were integral components of a colourful local scene. By the late nineteenth century, their absence had become apparent and, while this was purported to be a regrettable development, it was accepted as an inevitable effect of progress and modernisation and with increased

confinement for some groups explained as advancement enhancing their comfort and security.

Work of a more specific interest in disablement came from people who felt they had a professional interest in a category of impairment, their perspectives emanating through such disciplines as education, medicine, social reform, public order, self-sufficiency, and moral rectitude. Some of these works had an objective of advancing new thinking that might be of genuine help to people with one disability or another, and with proposals for reforms that would bring a new liberality to regimes involving themselves in the direction of the lives of people with impairments. In the context of contemporary thought, some may be considered as representing the voices of enlightenment. Other works have a tendency to be self-reverential, seeking applause for genuinely innovative creation and provision of aids, or making justification for approaches and strategies for which there might be a tendency to feel need to explain and defend. Although such works occasionally endeavoured to give focus to specific cases, even these failed to penetrate the feelings and aspirations of the people whose lives were the focus of their benevolent intervention. From this perspective, they failed to give subjects status as individual people with feelings, fears, needs and desires, portraying them instead as commodities in a process.

The most important published narratives on the experience of disability *should* be found in works produced by people with disabilities. Authorship of this nature is relatively sparse and gives a skewed overview. This occurred for a variety of reasons. Not unnaturally, people with disabilities who did produce biographical works did not automatically wish to tell their personal story of life with a disability. No different from other people, their lives took on a kaleidoscope of perspectives of which disability was only one, and one that they might wish to suppress and play down as being unimportant. Those who gave prominence to an impairment in their writing had various motives, such as promotion of notions of 'triumph over adversity' or pecuniary objectives which might be advanced through the incitement of pity. Going into print tended to favour people with some education, means and influence, making biographical experiences unrepresentative of the wider population. The intervention of editors and publishers could further change the tenor of an account. Some accounts were written to air a grievance, particularly against institutional confinement, and

were intended to be exposés of injustice. It was people with some financial resources who could enjoy the luxury of confronting the instigators of their incarceration by resorting to print.

Literary sources are perhaps revealing of the representation and experiences of disability, not through carefully crafted passages on specific themes, but by unguarded comments made in innocence and conforming to the values of the period, now viewed from different perspectives in eras which have developed new values – and prejudices. Nineteenth-century writing on disability gives insights to the experience of disability, but also contributes an imbalance because many people, especially those with disabilities, did not have access to this form of self-expression. When the audience for published works such as books has the potential to be wide and all-embracing, publications may be expected to exercise restraint in expressing controversial or insensitive views. Writing for a small, controlled audience of like-minded people however is conducive to greater candour of the part of the compiler. These inner thoughts are less likely to be committed to print for general circulation. They may however be revealed in written sources intended for limited or personal consumption such as minute books and correspondence. Literary works give perspectives of some of the prevailing views of what it was acceptable to say in the public sphere during the nineteenth century, but, revealing as they may be, will generally only represent a sanitised expression of the attitudes and convictions of many of their authors. For greater candour, primary sources not intended for universal access must be considered.

Chapter 4

Life in the community



Daft Archie (1801-1877), Dunfermline (from a painting in Dunfermline City Chambers)

Chapter 4

Life in the community

The nineteenth century marked the growth of institutions such as asylums in which people with various disabilities were placed, often with objectives of some form of controlled direction of and intervention in their lives. However, usually only a small proportion of people with disabilities spent a prolonged part of their lives within an institution. There were many who lived and died without ever experiencing such an environment.

People with disabilities lived throughout society, but their experience of acceptance and integration into local communities varied considerably. This could be affected by such things as the nature of their impairment, the social class of both the individual and able-bodied people in the community, and whether the community was close-knit or an environment where anonymity was the order of the day, often highlighted by variations between rural and urban society. Attitudes of 'normal' society were also affected by perceptions of the financial burden or aberrant behaviour that they sometimes associated with people with impairments, yet for poorer people there was an acute awareness that disabling conditions could intervene in their lives without warning and, as a result, their attitudes towards disability were often different from those of members of comfortable society.

This chapter will look at the experience of integration or rejection of people with disabilities by their local communities and will give consideration to factors that stimulated a range of societal attitudes towards them.

Caring communities

As demonstrated by the letters of Marion Brown of Sanquhar (see pp. 63-64, 259-264), there was widespread acceptance by poorer people that ill health and infirmity were a daily hazard in the nineteenth century. In their case study of Hugh Blair (c.1708/9-c.1765) of Borgue, Kirkcudbrightshire, historian R A Houston and professor of cognitive development Uta Frith note that prior to the nineteenth century it was normal for insane people to remain within the family context and not be the subject of state intervention and removal.¹ Many people suffered from some form of

¹ Rab Houston and Uta Frith, *Autism in History*, p. 170.

impairment, which if not of a permanent nature, could be long term and recurring. Disability might therefore be considered a matter of degree of impairment rather than denoting a distinct section of the community that stood out because of their 'difference.' In his 1833 social commentary on the manufacturing population of England, the surgeon Peter Gaskell expressed his concerns about the degenerative effects of urban migration and the factory system on the health and morals of the working classes. He argued that the industry of the nineteenth century, coupled with long hours, low wages and poor working conditions, was conducive to debilitation and illustrated this with a description of cotton mill workers:

[The men's] limbs [were] slender and playing badly and ungracefully. A very general bowing of the legs. Great numbers of girls and women walking lamely and awkwardly, with raised chests and spinal flexures. Nearly all have flat feet, accompanied with a down tread, differing widely from the elasticity of action of the foot and ankle [sic], attendant upon perfect formation.²

The Chadwick Report, published in 1842, cites the additional effect of poor and damp living conditions in areas of north Lancashire and Scotland where 'of the male labourers ...almost every third man was subjected to rheumatism.'³ The near forty per cent rejection rate of Boer War recruits six decades later, which rose to sixty per cent in some areas, specifically cited reasons as 'bad teeth, heart affections, poor sight or hearing, and deformity.'⁴ Physical debilitation was commonplace among the poor. Reaction towards this came with growing concern from the middle classes as the century advanced, but often tinged with distaste and disgust rather than concern and compassion.

Poorer people were more attuned to confronting disabling conditions and were conscious that being in a position to care was a manifestation of good fortune compared to someone who needed that care. In the 1830s, the minister of Lady parish, Orkney, lauded the charitable disposition of his parishioners in 'the faithful discharge of their duties,' noting that 'to the indigent poor, the sick, the lame, the blind, the infirm, they cheerfully give what they can spare.'⁵ Around the same time the minister of Roseneath, Dunbartonshire, recorded that he had 'met two labouring

² P Gaskell, *The Moral Social, and Physical Conditions of the Manufacturing Population, anterior to the Application of Steam*, (London, 1833), p. 162. Appears almost verbatim in P Gaskell, *Artisans and Machinery: the moral and physical condition of the manufacturing population considered with reference to mechanical substitutes for human labour*, (London, 1836), p. 184.

³ Edwin Chadwick, *Report on an Inquiry into the Sanitary Condition of the Labouring Population of Great Britain*, (London, 1842), p. 129.

⁴ G Melvin Howe, *Man, Environment and Disease in Britain*, (Bungay, 1976), p. 206.

⁵ NSA, Vol. 15, p. 143.

men on the Gareloch shore, and, upon inquiry, discovered, rather with difficulty, that they were raising money to assist a poor parishioner, who had long been a bed-ridden invalid.’⁶ In 1889 in the Sutherland parish of Tongue, ‘Barbra MacKay, Pauper, Talmine’ wrote that her bedding consisted of ‘old rags of bags’ and ‘there is no hinges on my door.’⁷ Three days later a letter to the board from ‘Widower Angus Gunn, Pauper, Talmine’ stated that he was ‘suffering awful from cold in the night time without bed clothing but bags’ and that he was ‘now on the brink of the grave.’⁸ Both sought blankets and it is apparent that the letters were written by the same person, probably a concerned neighbour whose help was possibly essential to counter difficulties that the claimants may have had with literacy and English. In 1880 five residents in Malness district had signed a petition to the Inspector of Poor in Tongue concerning Peggy McKay, Achninver. The petition described how Peggy McKay had been requested by the Board to remove two nephews from her widowed sister-in-law because they were being ill-treated. However the Board was providing her with no relief. A particular concern of the petitioners was that:

One of boys, Adam, is a cripple, unable to move but with the aid of a crutch and on his being able to attend school now depends, under God, his chance of earning his own food and raiment in after years. His Aunt is utterly unable to provide him with school books, pay school fees, and keep him in body clothes, the peculiar malformation of his leg necessitating the constant friction of the crutch from his armpit downwards, wearing at least two suits of clothes for his brother’s one.⁹

It was the particular needs of Adam to which the petition was directed, no doubt in full awareness that the suggestion that help now might prevent him from being a pauper in adulthood may be a persuasive argument. Both this case, and that in respect of Barbra McKay and Angus Gunn, suggest a neighbourly concern for ill, bedridden, impaired, and disabled members of the community that resulted not only in direct help, but in making formal representation to the welfare authorities, notably the parochial board, to provide assistance.

A role of support by the wider community might also arise when family members could no longer cope financially, perhaps through inability to work because a relative needed constant attendance, or were physically and emotionally drained because of

⁶ NSA. Vol. 8, p. 130.

⁷ NHA. Parochial Board letters of Tongue and Farr. Letter from Barbra MacKay, Talmine, to John Murray, Inspector of Poor, Tongue, 20 Dec 1889.

⁸ *Ibid.* Letter from Angus Gunn, Talmine, to John Murray, Inspector of Poor, Tongue, 23 Dec 1889.

⁹ *Ibid.* Petition from Donald McLeod, Achintighalvin, Angus McKay, West Strathair, William McKay, West Strather, Hector MacKay, Dalnafree, and George MacKay, Achninver, to Inspector of Poor, Tongue, 16 Feb 1880.

strain accumulated over a long period. Where this happened, many family providers of support were still reluctant to admit defeat and relinquish responsibilities that they took seriously, but the assistance of friends and neighbours could provide invaluable additional help.

An example of this is illustrated by the case of John Couper who had formerly worked as a farm servant on the Orkney island of Westray. When in 1887, unemployed and his savings exhausted he applied for poor relief, the Inspector of Poor recorded that he was 'Deaf and Dumb [and] also wants sight of one eye,' and that he had been cared for by George Rendall 'who is no relative.'¹⁰ The nature of Rendall's care is not indicated, but the Inspector's remarks suggest the presence of an atmosphere of community responsibility beyond the family circle in insular rural parishes such as Westray. Another case is described by Ada Goodrich-Freer who, during her Hebridean journey in 1901, came across a woman debilitated by poverty and age who believed that she survived 'by the goodness of God.' The traveller was sufficiently astute to observe that a more accurate explanation was 'by the goodness of the friends, themselves of the poorest, whom God has sent to provide for her.'¹¹

Such community support could be motivated solely by the goodwill of people who considered it nothing less than what good neighbours should do for one of their own, but their gestures could also be vital in staving off the need to plead for poor relief. However there was also help that was not motivated purely by charitable sentiment as occurred in the case of William Johnston, an elderly Kirkcudbrightshire farm labourer in intermittent employment, whose seventeen-year-old daughter was permanently bedridden with scrofula. He stated that his wife:

...has to get assistance from a next door neighbour in changing my daughter Mary's bedclothes, and we have to pay her for that assistance. I have to pay school fees for my three children who are at school. To supply my daughter Mary with all the cordials that are ordered for her, would many weeks take all my wages.

In 1870 Judge Dunbar ruled that Mary Johnston should receive parochial board support because of her helpless nature and her father's own poor health and means.¹² Johnston cared for all his offspring, yet any compassion felt by their neighbour was overruled by the opportunity presented by Mary's circumstances to gain financial reward perhaps prompted by her own economic distress. Mary Johnston received a

¹⁰ OLA, Record of Poor Applications, Westray 1861-1889, CO6/21/13, Ref. 150, 1 Mar 1887.

¹¹ A Goodrich-Freer, *Outer Isles*, (London, 1904), p. 104.

¹² PLM, May 1870, pp. 385-395, Supreme Court, *Inspect of Poor, Kelton, v. Inspector of Poor, Buittle*.

favourable ruling, not only because of her own circumstances, but because her father was not fully able-bodied.

The father of Isabella Gollan, a nineteen-year-old girl described as ‘weak in mind and body,’ was in similar economic circumstances in Killearnan parish near Inverness in 1860. He was refused parochial aid because, although the sheriff considered her to be ‘in a condition which incapacitates her from doing anything for herself,’ he considered first the condition of the father. He was able-bodied, therefore the ‘harmless though helpless’ condition of Isabella was a secondary consideration, and the Poor Law did not allow for relief. The sheriff however noted that if Isabella had been dangerous, she would have been placed in an asylum and ‘the father would probably have to be relieved by the parish of the burden of her support.’¹³ Voluntary community support could therefore be a boon because of the inconsistent nature of poor law interpretation.

In 1866 parochial assistance was similarly denied to John White, an eighteen-year-old lad from Shetland who was congenitally ‘deaf and dumb’ and whom his father also described as ‘an idiot requiring constant care and attention.’ The sheriff stated that if idiocy could be proved, White would be a proper case for relief. However, he concluded from statements taken from witnesses that this was not the case, that White was able-bodied and that any shortcomings in his abilities to earn were due to the parents’ failure to provide training and discipline. The description of John given by his mother and father was very different: ‘[he] is not sensible, ...he wanders about the farm, destroys his clothes, and will not, and cannot work from mental incapacity.’¹⁴ The evidence suggests that the boy’s parents were playing up John’s impairments while neighbours, whom it might have been expected would have had less sympathy for him than his parents, indicated that they did not consider his mental state problematic. The parents were motivated by the hope of getting poor relief. Whether they were exaggerating John’s situation is open to speculation, but neighbours did not seem to harbour aversion to him being ‘at large’ while it appears that John was absent from the deliberations on his condition.

It was in later life that people affected by disability could be most vulnerable if family support mechanisms had collapsed and they had of necessity to continue to

¹³ PLM, October 1860, p. 87, Sheriff Court, John Gollan, Crofter, Ross-shire v. Inspector of Poor, Killearnan.

¹⁴ PLM, June 1867, pp. 409-412, Sheriff Court of Zetland, John White v. Inspector of Poor, Sandsting.

earn an income. The General Registers of Poor and the Records of Poor Applications used by Parochial Boards interpreted the term 'disabled' in a very broad sense when distinguishing between those whom they might grant relief and those they would reject. The latter were the 'able-bodied,' but the differentiation made by the Inspector of Poor was judged on whether the applicant was capable of carrying on some type of work rather than on whether a physical, mental or sensory impairment existed. However, people entered as 'disabled' in the General Registers of Poor were often recorded with some detail of an impairment being cited. Equally the term in this context might mean that they had a health or medical problem resulting in some degree of disablement even if only temporarily, or be suffering from the general debility and decline that often accompanied old age. By taking a holistic view of disability in this study, this enables these latter applicants for poor relief to be considered from the perspective of impairments and how these impinged upon their lives.

Betty Cormack, a 78-year-old spinster living in the Orkney combined parish of St Andrews and Deerness in 1868, was described as 'partially disabled' which inhibited her from fully supporting herself as a farm worker. The Inspector concluded that 'Betty has hitherto maintained herself by her own exertions [but] has now become more frail and unable to do so.'¹⁵ During an era when people were expected to earn a living for as long as they were physically able to do so, the disabling effects that often accompanied old age were extremely significant. The Inspectors, in approving relief, favoured 'out relief' whereby the claimants remained in their own homes. This was generally the most economic course thus serving the interests of the parochial board and the ratepayers; it was also the preferred option of those who felt compelled to claim relief in order that they might retain some independence and remain within their communities rather than being confined to a poorhouse that was often far removed from their homes, especially in rural parishes. Betty Cormack represents such a case where, for a mixture of reasons, the best solution was considered that she be assisted while remaining in her home. Her own wishes may not have been given special preference, but this solution, out relief rather than the poorhouse, was the preferred one for the vast majority of applicants for assistance, especially in rural and island parishes. The assistance they received under the poor law may have been a small

¹⁵ OLA, Record of Poor Law Applications, St Andrews & Deerness 1868-1910, CO6/13/7, Ref. 1, 9 Sep 1868.

monetary allowance or provision of food, clothing, blankets or fuel, but most importantly through the appointment in certain cases of someone who would call on a prescribed basis to help with tasks.

Help from people living nearby was nonetheless inconsistent in nature. The shortcomings of the Old Poor Law were illustrated by the minister of Birnie in the county of Elgin when in the 1790s he recorded that the ‘sum distributed among [eighteen people on the poor roll] every year ... goes but a short way towards supplying their wants.’¹⁶ To survive, two things occurred:

The aged and infirm...must travel beyond the bounds of the parish, and implore alms from the charitable... To the poor who are not able to work, nor go from home, the parishioners prove their charitable disposition, by putting some meal into bags, hung up in the mill, for the purpose of their relief, when they are grinding their corn there, or by sending them at other times such quantities of meal and of fuel as they can spare.¹⁷

Neighbours would support those who were housebound and debilitated through a community custom of laying aside a little food or fuel for them. However it is suggested by these comments from the minister of Birnie that those ‘aged and infirm’ who retained some mobility were unable to attract adequate charitable aid for their survival their local community, but had also to solicit help from strangers beyond their home parish. In the early decades of the nineteenth century such mendicity was cautiously encouraged for the less severely disabled people as demonstrating a degree of independence and therefore reducing their dependence on poor relief. Following implementation of the New Poor Law from 1845, better off members of society increasingly found such habits as begging abhorrent and in need of suppression rather than considering them as representing initiative and self-help. As Olive Checkland points out, charitable benevolent and friendly societies often resulted ‘in one class sitting in beneficent judgement on another’ while being inhibited by what they saw as ‘the dangers of harmful giving.’¹⁸ Some donors therefore ‘preferred to give charity in kind rather than in cash.’¹⁹

Community support was a feature of groups who were minorities within Scottish society. The Irish Catholic population was the largest such group, but its task was made easier in many cases because of settlement patterns that saw the rise of predominantly Irish Catholic communities. A smaller minority group was the Jewish

¹⁶ OSA. Vol. 9, p. 161.

¹⁷ *Ibid.*

¹⁸ Olive Checkland, *Philanthropy in Victorian Scotland*, p. 22.

¹⁹ *Ibid.*, p. 23.

community which, although growing rapidly by the latter decades of the nineteenth century, was more insular and felt a particular need to provide its own support mechanisms. The greatest proportion of Scotland's Jews settled in Glasgow and, while the main source of aid to needy Jews, the Glasgow Hebrew Philanthropic Society, did not normally record the circumstances behind claims for assistance, it responded in a variety of ways. These included provision of assistance in kind, or financial aid as gifts and loans for payment of rent, medical bills and funeral expenses, and to kick-start small business ventures. Hospital admissions were often aided by the sponsorship of a ticket by members of the Society.

A specific approach to providing family support mechanisms where no local ones existed was through arranging passage to join relatives. The destinations were varied as demonstrated by the minutes of the Society: 'Betsy Wilk and two children to be sent to Manchester via Liverpool at Emigrants rate if possible';²⁰ 'It was agreed to send Mrs Simon Levy to Leeds and to pay her lodgings';²¹ 'It was decided to give no more assistance but to send the [Satsfurg] family to Manchester';²² 'Goldberg's boy was sent to London where he had obtained a situation';²³ and 'Samuel Hyman, poor man, granted 12/- to send him to London.'²⁴ The Society's solutions extended beyond dispatch to England: 'Isaac Dunn, 32 South Wellington Street, was granted a £2 loan to enable him to go to Germany where he had prospects of getting assistance from his family';²⁵ and 'it was unanimously agreed to grant the sum of £5 towards the passage of the Schwartz family to America.'²⁶ One lad was recorded as: 'Herman Zuckerman, a poor Polish boy – orphan and no friends. He said that he had a brother in New York. It was decided to send him to America, the passage costing £2 2s.'²⁷ Aaron Pasach, a 'stranger,' was 'granted 10/- to buy a violin *or to go away*' [my italics].²⁸

Morris Goldberg (see p. 214), a Polish immigrant whose son had been 'sent to London where he had obtained a situation,'²⁹ blamed the dropsy which affected his lungs, liver and feet on his settlement in a new land. He told the surgeon at

²⁰ SJAC. Minute book of the Glasgow Hebrew Congregation Philanthropic Society, 4 Jan 1879. SOC.BOG 0004.

²¹ *Ibid.*, 23 Feb 1879.

²² *Ibid.*, 26 Oct 1879.

²³ *Ibid.*, 26 Oct 1879.

²⁴ *Ibid.*, 23 Nov 1879.

²⁵ *Ibid.*, 19 Sep 1880.

²⁶ *Ibid.*, 7 Nov 1880.

²⁷ *Ibid.*, 21 Aug 1881.

²⁸ *Ibid.*, 2 Jan 1881.

²⁹ *Ibid.*, 26 Oct 1879..

Glasgow's Western Infirmary that until 'about eight years ago he was a healthy man and blames leaving his native country – Poland – for bringing on his chest complaint.'³⁰ In addition to having a wife in Glasgow, he also had a brother in the city, but when there was insufficient family support in times of distress, more affluent members of the Jewish community often made up the deficiency. Mr M Simms stepped in upon several occasions to aid the Goldbergs because of the condition that disabled Morris from earning a living. It was Simms who aided the passage of Goldberg's son to employment in London,³¹ and who provided Goldberg himself with a ticket for admission to a convalescent home in Dunoon³² and to Glasgow Royal Infirmary.³³ Royal Infirmary admission tickets were also provided by David Heilbron,³⁴ Simons Jacob & Coy,³⁵ and N Solomon.³⁶

The Jewish community adopted a more diverse range of responses in cases of need than most of the rest of Scottish society. It helped in the spheres of employment, petty commerce, medical treatment and relocation as well as providing help with food, clothing and fuel. This was dictated both by necessity in the absence of strong family networks for this primarily immigrant population, and by the periodic option of sending claimants to other places where family support might be provided. While the Jewish community did not shrink from aiding cases of distress, it was no different from the rest of Scottish philanthropic society in eschewing ideals of self-sufficiency. This is indicated by the granting of loans where there was reason to expect that the recipient might be able to repay the Society when their circumstances improved, and by the provision of a small working capital in order that some business might be carried on, even of the most humble nature as demonstrated in the case of Henry Brady who was 'granted 5/- for [a] Hawkers Licence.'³⁷

Much of this support was provided by the affluent members of the Jewish community coming together as a charitable organisation, but help was also given by

³⁰ GGHBA. Western Infirmary, Glasgow, Casebook, Ward II, p. 30, 23 Dec 1883.

³¹ SJAC. Minute book of the Glasgow Hebrew Congregation Philanthropic Society, 26 Oct 1879. SOC.BOG 0004.

³² *Ibid.*, 15 Feb 1880.

³³ *Ibid.*, 31 Oct 1880.

³⁴ GGHBA. Glasgow Royal Infirmary, Register of Admissions 1877-1882, Medical, No. 39 – 8 Jan 1880, and No. 911 – 13 May 1880. HH67/56/35. Also SJAC, Minute book of the Glasgow Hebrew Congregation Philanthropic Society, 23 May 1880. SOC.BOG 0004.

³⁵ GGHBA. Glasgow Royal Infirmary, Register of Admissions 1877-1882, Medical, No. 1928 – 30 Oct 1880.

³⁶ *Ibid.*, No. 48 – 10 Jan 1881.

successful Jews on an individual basis. There were various motivations behind their generosity such as common religious faith, awareness that family support mechanisms were weaker for immigrants than for the indigenous population, and a desire to be accepted by the host population as totally self-supporting.

In the general population some support was of an organised nature, but was often motivated by reasons other than neighbourly concern. The Scottish Missions to the Outdoor Blind was one such organisation whose missionaries penetrated every part of Scotland from Islay and the Hebrides to Orkney and Shetland as well as working in the towns and cities 'with the special end in view of providing [the blind] with the Scriptures and other religious books.'³⁸ J M Ritchie also noted that 'although temporal care was not overlooked ...religious instruction and consolation of their charges were their first cares.'³⁹ Such religiously motivated support for people with impairments was also offered on the local level, the United Presbyterian Church in Campbeltown, for example, holding Sabbath Day meetings 'for the benefit of the Deaf and Dumb.'⁴⁰

In his efforts to establish a lunatic asylum in Kirkwall during the 1830s the Reverend John Barry, minister of the neighbouring island of Shapinsay, recorded views that suggest some ambiguity in societal attitudes and in his own intentions. In 1836 he described a community in which there were 'ninety persons labouring under lunacy ... in some instances ... [there are] so many as two or three lunatics in one family ... unhappy individuals ... wandering at large, exposed to cold and want, and other melancholy privations.'⁴¹ He had particular concern that:

In cases of furious madness which endanger the safety of the Public these are conveyed to Kirkwall and lodged in a Jail there in a cold, damp, dirty vault, below ground, without fire, warm clothing, or proper attendance, indeed I may say any attendance. They are fed by the charity of private families, liable to this inconvenience that one day they may have six times the allowance proper for them, and the next they may not have what is sufficient for them, or perhaps have any supply, communication being made with them through an open window or hole with iron grating. I know that two females were confined in this horrid cell, by which disease was induced and I fear death ensued; one of them was found dead in the place, and the other in a state of extreme debility was removed from it by request of a humane Lady and survived only eight days.⁴²

³⁷ SJAC. Minute book of the Glasgow Hebrew Congregation Philanthropic Society, 29 Aug 1880. SOC.BOG 0004.

³⁸ GCA. Mission to the Outdoor Blind Annual Report 1905, p. 2. Ref T-PAR 1.4, p. 614.

³⁹ J M Ritchie, *Concerning the Blind*, p. 138.

⁴⁰ ABA. Annual Report of the United Presbyterian Church, Campbeltown, 1889, p. 4.

⁴¹ OLA. Appeal in Lunatic Asylum for the County of Orkney subscription book, c.1838. D34/R/1/4

⁴² OLA. Letter from Rev John Barry, Shapinsay, to John Balfour, 12 Jan 1836. D2/6/12

Barry suggests that mentally impaired people were integral to the local community, but certain of them were taken out of it and incarcerated in a cell at the jail. The jailers were not responsible for their survival, this falling upon charitable people giving them food through an iron grating.

This treatment of mentally impaired people moved Barry, supported by ‘two very respectable medical gentlemen,’ to launch a fund for the erection of an asylum with ‘suitable apartments, kept clean, and properly ventilated, attended by judicious and kind keepers, and visited by skilful Physicians.’⁴³ It would be directed by the County Sheriff, magistrates, ministers and Commissioners of Supply, and ‘should be so far removed from the Town as not to annoy the Patients *or the Inhabitants*’ [my italics].⁴⁴ Barry’s proposal was not only to remove mentally impaired people from the community where he argued they were exposed to certain risks, but to place their direction under a bureaucratic, religious, moral and medical elite.

Barry may however have been motivated by an additional consideration. Andrew Scull et al have noted that:

The more closely insanity was bound up with the conditions of modern civilized society, the more threatening the future prospects for society at large and the more crucial the necessity for expert and effective intervention to mitigate the problem. And the more susceptible the rich and powerful to ravages of mental disorder, the more urgently their own self-interest commanded them to adopt the reformers’ prescriptions, lest they wake some morning to find themselves incarcerated in one of those “wild and secluded abodes of human misery” to which the mad were traditionally consigned.⁴⁵

Barry may have harboured concerns about his own mental health and this may have extenuated the revulsion that he felt when witnessing the cell for ‘cases of furious madness’ at Kirkwall jail. If he did not have such concerns, there is irony that by 1843 he was confined to Saughton Hall, Edinburgh, labouring ‘under such aberration of mind as to incapacitate him for the management of his affairs’⁴⁶ and members of his family had a *curator bonis* granted to enable them to manage his affairs.⁴⁷ Rev Barry’s Orkney Asylum fund was then wound up, the bulk of the subscriptions being used to ‘purchase a sufficient number of shares in the Morningside Asylum

⁴³ *Ibid.*

⁴⁴ *Ibid.*

⁴⁵ Andrew Scull et al, *Masters of Bedlam*, (Princeton, 1996), p. 103.

⁴⁶ OLA. Certificate issued by Thos. Stewart Traill MD and John Smith MD, Edinburgh, 21 April 1843. D34/R/1/6

⁴⁷ OLA. Act and Decreet issued Edinburgh, 30 May 1843. D34/R/1/6

[Edinburgh], to insure the presentation of all pauper lunatics from Orkney' and for a fund 'for defraying the expense of conveying to, and from the said Asylum.'⁴⁸

John Barry's efforts to establish a lunatic asylum for Orkney in the 1830s highlight a trend that was gathering momentum in Scotland, that of removing mentally impaired people from the community and confining them to asylums. This objective was purported as being to improve the lot of these 'unfortunate' people, but was marked by a tendency towards state, moral and medical control of people whom the comfortable strata of society considered should be isolated from their 'whole' peers. A further possible motivation may have been their realisation that mental illness was not class selective, and the middle classes were seeking self-assurance that, if ever inflicted by mental impairment resulting in their incarceration, they might be admitted to an institution providing comfort and a potential cure.

A sense of community, whether identified through locality or a social grouping, helped foster caring attitudes towards supporting people with disabilities who might otherwise feel outcast. This contrasted with the approaches of such officials as inspectors of poor, lunacy commissioners, and census enumerators who saw people with disabilities as a broad 'problem' requiring quantification and classification. Within their communities people with disabilities had an opportunity to be integrated as individuals rather than be treated as statistics. However, in addition to genuine feelings that people with impairments should be helped to live their lives with a degree of independence and dignity, people performing a support role were motivated by other considerations such as financial gain or other perceived benefits from being 'good neighbours.' They were also motivated by the knowledge that fitness, good health and possession of 'all the faculties' was a fragile attribute vulnerable to the vagaries of illness and accident and this helped make a caring attitude a desirable community value. This approach was however less prevalent among the better off sections of society.

Boarding out

While there were many informal arrangements within communities for supporting people with disabilities, the system of boarding out people with mental impairments was a novel form of outreach adopted by some communities. This was generally

⁴⁸ OLA. Circular to subscribers from James Barry, 31 Aug 1843. D34/R/1/6

undertaken as a means of aiding the household economies of the hosts, but ideally also required their tolerance and empathy.

Although boarding-out as a system had a greater role during the period preceding the asylum proliferation that was notable following the 1857 Lunacy (Scotland) Act, it retained some momentum and, indeed, popularity. Lynn Abrams and Helen Macdonald have highlighted how boarding-out was sustained as a popular option for children during the nineteenth century and into the twentieth century.⁴⁹ Although Harriet Sturdy has cautioned that 'boarding-out was always perceived as an adjunct to asylum care, rather than a potential replacement,'⁵⁰ Stephanie Blackden, notes that despite the opening by parochial boards of large asylums in Glasgow, notably Woodilee Asylum by Barony Parish in 1873, boarding-out was continued for 'the less severe cases of insanity' with 'up to four paupers ... boarded in the country under the care of a guardian.'⁵¹ Guidance was published for 'guardians' taking in boarders and this gave direction on such matters as sleeping arrangements, food, clothing, cleanliness, outdoor exercise and church attendance. Guardians were charged under threat of the terms of the 1857 Lunacy Act to refrain from punishing boarders in any way and 'as much as possible, [to] treat the Patients as members of their own families, and ... do all they can to protect them from harm, and to improve their health and increase their happiness.'⁵²

The Isle of Arran had long been favoured by urban parishes for boarding various categories of pauper, but the differing needs of tenant farmers who took in boarders, and those of landowners, meant that there was periodic hostility to the practice. In 1844, it was alleged that farmers considered taking mentally impaired boarders as 'an easier way of making a living than adjusting to improved farming.'⁵³ In the 1860s, it was boarded out children who caught the unfavourable attention of the factor to the Duke of Hamilton who 'threatened guardians ... with the result that some [children] took temporary refuge on the mainland until it was considered safe to

⁴⁹ Lynn Abrams, *The Orphan Country*, (Edinburgh, 1998); Helen J Macdonald, 'Boarding-Out and the Scottish Poor Law, 1845-1914', *Scottish Historical Review*, LXXV, 2:200 (1996), pp. 197-220.

⁵⁰ Harriet G C Sturdy, 'Boarding-out the insane, 1857-1913: a study of the Scottish system', University of Glasgow PhD thesis, 1996, p. 415.

⁵¹ Stephanie Blackden, 'The Poor Law and Health: A Survey of Parochial Medical Aid in Glasgow, 1845-1900' in T C Smout (ed), *The Search for Wealth and Stability*, (London, 1979), p. 252.

⁵² Undated circular 'Directions to Persons receiving Pauper Patients into Private Dwellings with the Sanction of the General Board of Commissioners in Lunacy for Scotland.'

⁵³ R A Houston, 'Not simple boarding', p. 32.

return.’⁵⁴ The practice was the subject of a clampdown again in 1883 when the factor issued regulations on behalf of the Duke because he:

... had under his consideration the considerable augmentation which is being annually made, and which is likely, if unchecked, to increase in the future, to the rates payable in the two Parishes in the Island of Arran by reason of numbers of paupers, children and persons of unsound mind being sent into the Island by the Parochial Boards on the Mainland to lodge or board with his tenants and others who in many instances are after a time left unprovided for and consequently become burdens on the poor rates in the Island ...⁵⁵

The Duke’s argument was that some boarders eventually came out of the mainland-supported boarding-out system yet remained on Arran and subsequently required poor relief from the island parishes. He did not see why his tenants should gain financial benefit from a system that might ultimately increase his own financial liability as a ratepayer. This may however have been intended as a legitimisation of a deeper distaste for city orphans and mentally impaired adults with whom he chose to link dependence, indigence and intemperance. The Duke instructed that ‘children ... or persons of unsound mind’ could not be kept by his tenants unless they were supported by Island parochial boards and that they could not be employed by tenants if they were ‘certified by the Medical Officer for the Island to be of unsound mind or suffering from any ailment of an incurable nature likely to incapacitate the sufferer from earning a living.’ Boarders who did not meet these criteria were to be removed.⁵⁶ It was a *carte blanche* edict that took no account of individual circumstances or conduct.

Indeed, the Duke’s decree to his tenants perhaps echoed some of the concerns expressed a generation earlier by Mr Peterkin, the Visiting Officer for the Board of Supervision. His observations in 1862 acknowledged the ‘success’ of boarding-out on Arran, there being about 130 children in island homes from the parishes of Glasgow, Barony, Govan, Greenock, Kilmarnock, Ardrossan and Newton-on-Ayr. Peterkin was generally satisfied with arrangements on the island, but felt that numbers should not be increased or children be allowed to become permanently settled. While island life was accepted as being beneficial to the health of city children who, if remaining there in poorhouses were adversely affected mentally and bodily resulting

⁵⁴ Lynn Abrams, *The Orphan Country*, (Edinburgh, 1998), p. 63.

⁵⁵ Isle of Arran Museum Trust and Association. Duke of Hamilton estate papers, ‘Regulations as to Boarding of Paupers, Children, and Imbeciles, etc. in Arran, 1883’ issued by Patrick Murray, Factor, 28 March 1883.

⁵⁶ *Ibid.*

in 'a disease known to Medical Officers of such institutions as the "house disease",'⁵⁷ Peterkin considered that the alternative had to be controlled and his assessment suggests country life did not totally remove the effects of urban pauperism and resulted in

... forced introduction of unhealthy elements in the population, and the possible consequent propagation, by intermarriage with natives of the island, of *constitutional* or *hereditary* diseases, [original italics] in the event of these children attaining suitable ages, becoming attached to the island and people, and obtaining employment in it (as several have already done), thus becoming component parts of the population?⁵⁸

Peterkin wrestled with a dilemma surrounding policies which on the one hand might address some of the problems of poor health and debility, but might also stimulate proliferation of these conditions through the movement of poor and infirm children from the 'unhealthy' cities to the reputedly 'healthy' countryside.

By the late nineteenth century the majority of boarded out lunatics were to be found in Fife. Sturdy and Parry-Jones have shown that Edinburgh parishes boarded out 'pauper lunatics' in Fife from 1862 and that communities such as Kennoway readily accepted this role.⁵⁹ Even James Frame (see pp. 102, 164-165), the former Gartnavel patient who so strongly advocated the benefits of the asylum system, acknowledged that 'there are many crazy folks who have never been, and have no reason ever to be, within the walls of a lunatic asylum...'⁶⁰ This group has already been illustrated by the depiction of mentally disabled people in contemporary narrative sources which suggest diminishing tolerance as the nineteenth century advanced (Chapter 3). Yet the growth in lunatic asylum provision was accompanied by professed intentions of providing cures wherever possible in order that patients may be returned to normal life and the ongoing commitment to the boarding-out system in some localities did not contradict this aim.

In Fife the system had the support of John Batty Tuke, superintendent of Fife and Kinross District Asylum from its opening in 1866 until 1873, and who had previously spent three years as assistant physician at Edinburgh Royal Asylum.⁶¹ Batty Tuke had advocated boarding-out in 1870 and the following year reported that he personally had put this into practice with the boarding-out of nine patients 'none of [whom] have

⁵⁷ PLM. Mar 1863, p. 310.

⁵⁸ *Ibid.*, p. 314.

⁵⁹ Harriet Sturdy and William Parry-Jones, 'Boarding-out insane patients', p. 93.

⁶⁰ Anon, *A Voice from Gartnavel*, p. 40.

⁶¹ Gillian Doody, 'A Study of Fife and Kinross District Asylum', pp. 2, 15.

been returned to the asylum.⁶² Doody concluded that the boarding-out system promoted by Batty Tuke was not only successful, but also 'ensured that the asylum had a rapid patient turnover and numbers remained manageable.'⁶³ Batty Tuke remained committed to boarding-out two decades later as one of two alternatives to 'lavishing large sums on structure and embellishment,' believing that 'a large proportion of ... our chronic insane paupers ... would be well provided for in a workhouse, or by boarding out in private dwellings.'⁶⁴ As well as care provision, economic considerations were also implicit which makes Scotland an interesting comparison with the USA's 'bidding out' system where mentally impaired people were offered for boarding-out to the lowest bidder, but lapsed 'about the 1820s, when it was perceived to become too expensive.'⁶⁵

The boarding-out system left mentally impaired people open to abuse by exploitative hosts, but did permit their integration into communities in contrast to the confining and concealing role of the asylums. Successful placement of mentally infirm people into communities required the acquiescence and toleration of local populations and this occurred in localities such as Fife. There were inevitably people who harboured some caution in their views and as early as the 1830s the minister of Laurencekirk, Kincardineshire, made a point of emphasising that of four 'insane' people in his parish, only one was 'connected' with it, the others being 'boarders in a family who have long had the care of persons in this unfortunate condition.'⁶⁶ His comment may suggest that, in his view, the parish's own 'insane' person's presence carried greater legitimacy than that of the three outsiders. It nonetheless infers that accepting mentally impaired people into a community, even when they had no ties with a parish, was a common practice.

While the level of care offered might have been dependent upon the regularity and effectiveness of visits by local medical officers and inspectors of poor, the guidelines to guardians attempted to encourage adherence to certain standards. Food, for example, was supposed to 'always be sufficient in quantity, of good quality, and carefully cooked.'⁶⁷ This was often more than paupers with disabilities could wish for in their own homes. Anne Sinclair, a 27-year-old woman from Aberlour who in 1897

⁶² *Ibid.*, p. 23.

⁶³ *Ibid.*, p. 71.

⁶⁴ J Batty Tuke, 'Lunatics as Patients, not Prisoners', p. 604.

⁶⁵ David L Braddock and Susan L Parish, 'An Institutional History of Disability', p. 27.

⁶⁶ NSA, Vol. 11, p. 138.

appeared 'to be far gone in chest disease and is confined to bed,' had been supported by her brother. However the Inspector of Poor judged that she required 'attendance and nourishing food and her brother is unable to give this.'⁶⁸ While the tubercular condition of Anne Sinclair would probably have placed demands on a carer that were not expected of the guardian of a mentally impaired boarder, nourishment was considered a basic obligation of guardians while being a simple impossibility for many families with one or more disabled members. A solution was to treat people with disabilities as boarders in their own homes. Eighty-eight year old Jean Garrow of the neighbouring Morayshire parish of Botriphnie had been confined to Tenrood Poorhouse for several years but by 1896 was 'so frail that she can scarcely look after herself.' The Inspector for Poor therefore made an arrangement for her to be 'boarded out with a niece of her own at the rate of 5/- a week.'⁶⁹ Janet Garrow remained with her niece as a boarder until her death in 1900.⁷⁰

The vagaries of the boarding out system are demonstrated by the experience of Ann McPhail, the alleged victim of rape in 1868 on Tiree. McPhail was registered with Tiree Parochial Board as a 'lunatic pauper.' She lived with her mother until her death in April 1866 following which 'the Parochial Board had special permission from the Board of Lunacy to board her with any private person they considered competent to take charge of her.'⁷¹ During the following three years she was boarded with Alexander McFadyen, Scarinish, John McKinnon, Scarinish, and Duncan McIntyre, Baugh, although in each case the male householders spent most of their time at sea and the responsibility for care fell upon female family members. The statements taken from 'witnesses' following the alleged rape of Ann McPhail suggest that she was flattered by the attentions of James McFadyen, brother of Alexander McFadyen, but did not welcome his sexual advances. McPhail's own testimony states that intercourse occurred upon two occasions, once in the home of Alexander McFadyen, and once in the home of John McKinnon where James McFadyen demanded entry late at night and also made overtures to McKinnon's sister, Catherine.⁷² After each incident, the female head asked McPhail to leave. While the

⁶⁷ Undated circular 'Directions to Persons receiving Pauper Patients'

⁶⁸ LHCMCE. Applications for Poor Relief, Aberlour Parish, No. 270, 6 Jan 1897. ZPA6 5/2

⁶⁹ LHCMCE. Applications for Poor Relief, Botriphnie Parish, No. 49, 12 Nov 1896. ZPBn A5/2

⁷⁰ LHCMCE. Register of Poor, Botriphnie Parish. ZPBn A5/103

⁷¹ ABA. Precognition versus James McFadden, 1869. TPF/1869/12. Statement by Archibald Campbell, Inspector of Poor, 5 Oct 1869.

⁷² *Ibid.* Statements of Ann McPhail and Catherine McKinnon, 5 Oct 1869.

procurator fiscal investigated Ann McPhail's case as her being the victim of rape, her boarding-out arrangements were in both cases terminated by the householders on the basis that McPhail was the cause of these incidents rather than the victim. Those households accepting McPhail as a boarder portray conflicting attitudes towards McPhail. On the one hand she was well known to them having grown up within the local community. But she was also looked down upon by those taking her in as a boarder, paid for by the inspector of poor, as an 'idiot.' McPhail was probably in her late thirties, but 13-year-old Hector McKinnon, brother of Catherine McKinnon, declared that 'she was a silly girl' and that 'she was little more than a quarter in our house.'⁷³ McPhail's experience suggests that those households accepting boarders were only willing to do so provided there were no 'complications,' that the boarders were not really treated as members of the family in the idealised way envisaged by the Board of Lunacy, and that boarders were dependent upon the inspector of poor's discretion in the choice of their dwelling place.

While there were individuals, such as the Duke of Hamilton in the case of people boarded on Arran, who were of the firm belief that guardians who received people as boarders did so because it was financially beneficial to them, there were cases where guardians could not be induced to receive certain boarders. One such refusal was Johan MacKay of the Sutherland parish of Tongue who had been occupying a house in the Caithness parish of Latheron when it caught fire in 1887 and she was rescued by harvest workers whose attention was attracted by the smoke. It was proposed that MacKay, described as 'fairly paralysed' and 'unable to leave her bed,' be sent to the poorhouse because 'no one, *for any remuneration*, will undertake the charge of her and from her irritable and disagreeable temper no person can be got to live in the same house with her' [original emphasis].⁷⁴ Where the potential boarder was considered unappreciative and uncooperative, guardians could not be found even if there was potential remunerative benefit to them.

Boarding-out may have been viewed as a means of community support more appropriate to the era of the Old Poor Law that came to a close in 1845, yet it was not only sustained throughout the nineteenth century, but actively encouraged by the Commissioners of Lunacy and other officials in positions of responsibility for

⁷³ *Ibid.*, Statement of Hector McKinnon, 10 Nov 1869.

⁷⁴ NHA. Letter from Donald Gunn, Inspector of Poor, Latheron, to Mr Murray, Inspector of poor, Tongue, 21 Sep 1887.

mentally impaired people. It was a means of keeping certain people with mental impairments, who were considered harmless, out of asylums and living within local communities. The system was not limited to those with mental impairments, it being encouraged by Poor Boards for people with other disabling conditions. Guardians could be family members or relatives as well as strangers. Where people became charges on Poor Boards, the financial implications arising from different care options were obvious considerations that made boarding out attractive. That this resulted in keeping some people who might otherwise have been confined to an asylum or poorhouse within community life was perhaps a bonus of secondary consideration.

Rejection and alienation

While local communities could both absorb and support people with disabilities, they could also display behaviour that lacked compassion and understanding. This occurred in the case of Christian Watt (see pp. 100-102, 172, 212-213) who, on the recommendation of her doctor, voluntarily entered Cornhill Asylum, Aberdeen, in 1878. The purpose of this was 'for a rest' and following a short sojourn she returned to her home in Fraserburgh.⁷⁵ Watt, a widow, was the head of her household and, following her stay in Cornhill for what today might be interpreted as stress, anticipated returning to her normal living pattern in her home town. The stigmatisation that resulted from local knowledge of her asylum sojourn made this impossible for her. She was shunned by former friends and deserted by former customers for the fish which she hawked.

Because of this rejection she decided that emigration to USA might permit a fresh start in a new environment for her and her children. The result of her application awaited her return from gathering shellfish on a December morning:

I had been breaking ice on the pools of water on the shore to get at the shellfish. My hands were absolutely lifeless. I could hardly hold the pail. I had applied to emigrate to America with all my children to start a new life where nobody knew us, so here at last was the reply. My frozen fingers tore open the letter. My spirits sank as I read. My medical exam for sailing had not been accepted by the consulate, because of my having been admitted to an Asylum. I was told I would have to be put on to Ellis Island and then deported back to Britain. It plunged me into a deep depression.⁷⁶

Christian Watt's rejection as an immigrant to the USA occurred in 1879, but Ellis Island did not open as an immigrant receiving centre until 1892, and it was 1882 when

⁷⁵ David Fraser (ed.), *The Christian Watt Papers*, (Edinburgh, 1983), p. 106.

⁷⁶ *Ibid.*, p. 115.

US federal immigration legislation prohibited entry to any 'lunatic, idiot, or any person unable to take care of himself or herself without becoming a public charge.'⁷⁷ However, American professor of law, Gerald Neuman has shown that state legislation already inhibited immigration of various categories of people, and an 1847 law by New York State required bonds from shipowners for 'alien passengers deemed likely to become public charges, including those with mental or physical disabilities, the elderly, or even single mothers.'⁷⁸ A ship's master would therefore have been reluctant to transport Watt because she was recorded as being 'mentally disabled' and also because she was a widow with dependent children. Home life in Scotland made unbearable because of the prejudice of her neighbours, and denied the opportunity of a new beginning through emigration because of the power exerted by her medical record, combined to threaten a relapse. The stigmatisation experienced by Watt had already been highlighted in 1862 by the Board of Lunacy during the transfer of patients from Morningside Asylum, Edinburgh, to St Cuthbert's Poorhouse. The poorhouse argued in the case of two patients who 'were coming from an asylum that this was surely proof that they were insane.' However the Board interjected with: 'No doubt the presence of a person as a patient in a lunatic asylum gives grounds for assuming that this person is insane, but it would be extremely dangerous to receive this fact alone as proof of insanity.'⁷⁹ Indeed, Christian Watt soon returned to Cornhill Asylum where she remained until her death in 1923 at the age of 91.⁸⁰ Shunned by her local community because of perceptions surrounding her mental health, Watt found it impossible for her to remain, but also impossible to escape. She felt that her only recourse was to return to the mental asylum in Aberdeen where ironically she gained a position of trust, and was permitted to circulate among the labouring population of the city whom she found to lack the prejudice and fear of her that she had experienced in Fraserburgh.

The experience of two sisters in a middle class area of Glasgow was quite different. Their mental condition was considerably more serious than Christian Watt's, but it had not always been that way. When the authorities ruled in favour of the certification of Catherine and Marion Stewart and their removal to an asylum, the

⁷⁷ Douglas C Baynton, 'Disability and the Justification of Inequality in American History' in Paul K Longmore and Lauri Umansky (eds.), *The New Disability History*, (New York, 2001), p. 45.

⁷⁸ Gerald L Neuman, 'The Lost Century of American Immigration Law (1776-1875)', p. 1855.

⁷⁹ PLM. Apr, 1862, pp. 355-358.

⁸⁰ David Fraser (ed.), *The Christian Watt Papers*, p. 155.

process was both sudden and swift.⁸¹ The case was recorded in detail and illustrates the downward spiral from their position of affluence and comfort to destitution and death. On 10 August 1864 the police and Inspector of Poor for Govan were summoned to take charge of Catherine Stewart, who was described as ‘insane and requiring someone to look after her,’⁸² and her elder sister, Marion. They had been in a reclusive state together since the death of their brother, a sea captain, in Africa four years earlier. When entry to their house, a five-apartment flat at 116 South Portland Street, Glasgow, was forced by Sheriff’s Officers because payment of rent had lapsed three months earlier, it was under the assumption that it had been deserted, but the sisters were found to be living in darkness in one shuttered room and in considerable squalor. They were undernourished, scantily clad and dirty. There was no food in the house and another room had been used as a latrine and an ash pit. While the Inspector of Poor was initially involved, poverty was not found to be a mitigating factor. Cash of £4 was discovered in the house (equivalent to two month’s rent, the annual rental being £23) and also found was a cheque for £288.⁸³ Their home was described as being ‘a good house of several apartments, in a large, airy, genteel street.’⁸⁴ They had minimal contact with relatives: a cousin in Edinburgh was mentioned as attending on a solitary occasion and failing to gain access⁸⁵ while another cousin in Brodick was listed as next of kin.⁸⁶ Following their ‘discovery,’ relatives applied to the Court of Session for the appointment of a *curator bonis* that resulted in the affairs of the sisters being placed in the hands of an accountant.⁸⁷ Relatives appear to have immediately distanced themselves from assuming any direct responsibility and concern, while the single extant Visitors Book during the period of their confinement in Gartnavel

⁸¹ Twenty-five years later, Batty Tuke expressed concern that ‘general practitioners (are) ... unacquainted with even the superficial clinical appearances (of insanity) ... (as it is) not included in the curriculum of medical study ... yet the law invests them with very considerable powers over the liberty of the subject in virtue of a knowledge it believes they possess, but which they have had no opportunity of obtaining.’ J Batty Tuke, ‘Lunatics as Patients, not Prisoners’, p. 604.

⁸² PLM, August 1869, pp. 565-566, Supreme Court, Inspector of Poor, Govan v. Inspector of Poor, Ayr.

⁸³ *Glasgow Herald*, ‘Discovery of two Hermits in Portland Street,’ 11 August 1864.

⁸⁴ GGHBA. Fifty-First Annual Report of the Directors of Gartnavel Royal Asylum for Lunatics, 1865. P. 28. HBV13/2/51.

⁸⁵ *Glasgow Herald*, ‘Discovery of two Hermits in Portland Street’, 11 August 1864.

⁸⁶ GGHBA, Petitions to the Sheriff to grant order for the reception of a Patient into an Asylum, 10 August 1864.

⁸⁷ PLM, August 1869, pp. 565-566, Supreme Court, Inspector of Poor, Govan v. Inspector of Poor, Ayr.

Asylum records only one visit, 'by a friend,' during a twelve month period.⁸⁸ Catherine's funds were exhausted by the end of 1868 and her status altered from private patient to pauper lunatic.⁸⁹ It is reasonable to assume that a similar sequence of events occurred in respect of Marion. Marion died at Gartnavel on 9 July 1869 and Catherine was dismissed ten days later to Govan Poorhouse.⁹⁰ She remained in the poorhouse asylum until at least 1881 when she was recorded as being 62 years of age.⁹¹

Absence of parental care from adolescence may have been responsible for the onset of mental impairment,⁹² but the catalyst that caused their retreat from society was attributed by Gartnavel Asylum to the death of their brother:

After the death of their brother, who had been a shipmaster, and whom they tenderly loved, they, although continuing in the same house, withdrew from the world. A boy went occasionally to their door, and without looking at him, or allowing him to see them, or to enter, they handed him money to purchase food. This was almost all the intercourse they had with human beings for a considerable period. They were never to be seen, and the neighbours becoming alarmed, the police were communicated with to explore the interior.⁹³

While much of the Physician Superintendent's report was probably based on anecdotal evidence, it conveys a vivid image of two distressed women who were not only beyond the interest of family members living some distance from Glasgow, but without friends or the interest of neighbours.

Catherine and Marion Stewart lived in a comfortable middle class tenement of six houses. In 1861 the other five houses entered from the common stairway were occupied by twenty-two adults including boarders and servants. Hundreds of people lived in the houses of neighbouring closes. The Stewart sisters' removal from their home and their certification is reported as following a long period of withdrawal from a society that became filled with curiosity and fear of what lay behind the shuttered top floor house. Contact did not extend beyond the passage of minimal exchange

⁸⁸ GGHBA, Gartnavel Asylum, Visitors to Patients 25 May 1865- 2 May 1866, HB13/14/2. The visit occurred on 10 Feb 1866.

⁸⁹ PLM, August 1869, pp. 565-566, Supreme Court, Inspector of Poor, Govan v. Inspector of Poor, Ayr.

⁹⁰ GGHBA, Gartnavel Asylum, Ladies Case Book, HB13/5/11, p. 65.

⁹¹ MLGR, 1841 Census, Newton of Ayr, 612.6, p. 1; 1851 Census, Glasgow, 644-2 (623).31, p. 11; 1861 Census, Govan, 644.9.14; 1871 Census, Govan, 644.9.97, p. 26; and 1881 Census, Govan, 646.1.45, p. 4. The various records for Catherine and Marion Stewart indicate a degree of uncertainty about their true ages. The 1841 census, which holds the greatest likelihood of accuracy, indicates that Catherine was born c. 1825 and Marion c. 1821.

⁹² MLGR, 1841 Census, Newton of Ayr, 612.6, p. 1. In 1841, Catherine and Marion were recorded as being aged 16 and 20 respectively, and they were living with William and Agnes Lauchlan and their seven children aged between one year and 19 years. This suggests that their parents were both deceased and that their brother was at sea.

with a couple of individuals in whom the sisters had a slight trust to supply them with the bare essentials for their existence.⁹⁴ This densely populated moderately wealthy urban setting contrasts sharply with that provided through many rural and small town experiences. Social interaction was sufficiently selective to have enabled the Stewart sisters to slip into seclusion as their mental conditions deteriorated. There was a general unawareness and disinterest on the part of the surrounding community to motivate any individuals to demonstrate some concern or support. This was aggravated not only by the anonymous character of society in large cities, but by the mobility of city populations. Of the twenty-two residents of the other five houses at 116 South Portland Street in 1861, none remained at that address ten years later.⁹⁵

While the Stewart case might suggest that city attitudes were more conducive to an atmosphere of rejection and alienation of people with disabilities than those in the countryside, there were certain people in positions of power in rural Scotland who were manipulative of the lower orders generally and who certainly felt no compulsion to act differently when their actions affected people with impairments. This is demonstrated by the strategy of Highland landlords and their factors of clearing their estates of crofting tenantry largely made redundant to their needs by the diversification of their land to sheep grazing and game sport. Some became feared because of their ruthless pursuit of these aims.

In the parish of Morvern, where between 1824 and 1868 the eviction of at least 150 families occurred,⁹⁶ there was no exception for two recorded cases of people with physical disabilities. Evictions were performed in 1838 and 1844 by Patrick Sellar who had already gained notoriety during his ten-year appointment to 1819 as factor to the Duke and Duchess of Sutherland. In Morvern he was preceded by Miss Christina Stewart, an absentee landlord who bought the five farms in 1824 to create the Glenmorvern Estate and immediately evicted twenty-five families. One woman described how she had to make the journey to the Lowlands on foot with her young family while: 'The aged woman, the mother of my husband, was then alive, weak, and lame. James carried her on his back in a creel.'⁹⁷ A submission to the Napier Commission in 1883 suggests little change in Morvern parish, although removal of

⁹³ GGHBA. Fifty-First Annual Report, Gartnavel Royal Asylum, 1865, p. 28. HB13/2/51.

⁹⁴ *Glasgow Herald*, 11 August 1864.

⁹⁵ MLGR. 1871 Census, Govan, 644.9.11.

⁹⁶ Philip Gaskell, *Morvern Transformed*, (Cambridge, 1968), p. 128.

⁹⁷ *Ibid.*, p. 34.

crofters was then being achieved by more indirect means such as denial of peat for household fuel:

As an instance of the petty tyranny exercised over us regarding these matters [cutting of peat], we wish to refer to a case which happened about two years ago, when a man belonging to our village, who is both a cripple and in receipt of parochial aid, was found on the road with a bundle of heather for his fire, and was unmercifully deprived of his heather by one of the estate gamekeepers and shoved along the road.⁹⁸

Philip Gaskell, in his investigation of changes which occurred in Morvern during the nineteenth century, did not take a sympathetic view of the tenantry, arguing that landlords 'were on the whole reasonable men, as good and as bad as people generally are.'⁹⁹ In a direct reference to MacDonald, who helped the Morvern crofters compile and present their submission to the Napier Commission, and whom he saw as using the enquiry to voice childhood grievances and aspired to an idealised past, Gaskell referred to the testament as 'stories of the evictions ... told in dialogues that were sometimes as funny as their subjects were sad.'¹⁰⁰ Recollections of evictions might have become exaggerated over time and enhanced for effect in their narration, especially to such bodies as the Commission. However, the accumulated memory of the actions taken by Morvern landlords in disposing of tenants through the course of a century sustained anger towards a system that remained intact, often in the hands of descendants. The effects of these actions on the most vulnerable – young children, the elderly, the infirm and the disabled - would not have been easily erased from the minds of displaced crofters from destroyed communities.

A first hand account of an eviction was written by Hughina Neilson of the Sutherland village of Tongue in her appeal against refusal of more adequate poor relief, which she believed was due to details of her and her mother's eviction appearing in the *Scottish Herald* newspaper some years earlier. This described how Neilson and her mother, who had been confined to bed, were forcibly removed from their cottage by the Sheriff Officer's party led by Rev Hugh MacKenzie, the minister of Tongue. It told of the fear that prevented neighbours from giving them shelter and subsequent accusations that they violently took possession of a byre. Neilson however stated that the byre had been 'open and unoccupied' for some months and that 'there was no tenant, no violence, ...we simply took shelter in this little byre

⁹⁸ *Ibid.*, p. 219. Submission to the Napier Commission by John MacDonald on behalf of the people of Lochaline, Barr and Bonnavoulin, 11 Aug 1883. Gaskell believes that the writings of MacDonald (b.1847) were fuelled by grievances from his childhood. Pp. 94-96.

⁹⁹ *Ibid.*, p. vii.

¹⁰⁰ *Ibid.*, p. 96.

when we could get nothing else.’¹⁰¹ Hughina Neilson’s description of removal of the poor to locations where they were deprived of opportunity for casual employment and access to cockles for food and peat for fuel, contrasts with Rev MacKenzie’s depiction of the actions of the landowner, the Duke of Sutherland. MacKenzie, whose stipend came from the Duke, the sole landowner, described the parish in flowery language that betrays numerous contradictions.¹⁰² He admitted that the introduction of sheep farming ‘has rendered this country more valuable to proprietors’¹⁰³ and ‘when introduced here, several hundreds ...were driven from their beloved homes,’¹⁰⁴ yet he described the Duke, his patron, as ‘this truly patriotic nobleman, fully alive to the evils which beset ...his people’¹⁰⁵ and who has ‘the laudable object of rendering the tenantry more comfortable.’¹⁰⁶ Despite MacKenzie’s rhetoric aimed at portraying the duke in a benevolent light, Highland estate owners were intent on disposing of people who were not contributing to the economic value of their land and those least capable of being economic assets were people with disabilities. Because of this, landlords felt no incentive to treat them with a softer approach than the able-bodied.

Alienation of a more random nature was directed at those people with mental impairments considered harmless and inoffensive and who were permitted to mix freely in their local communities. As the drive to incarcerate lunatics who were ‘at large’ gained momentum, the reasons to justify this approach were inevitably argued as being primarily for the benefit of the patient. It seemed to matter little that the benefits perceived to improve the lot of the person with mental impairments resulted not from their own actions or behaviour, but by that of ‘normal’ society. An example from 1861 is John Napier, a twenty-year-old from Tibbermuir, Perthshire, prone to wandering. His ageing parents applied for relief on his behalf, but were persuaded to agree to his committal to an asylum. John Reoch, a police officer, narrated the ‘problem’ to Sheriff Hugh Barclay, who referred to Napier as an ‘unfortunate’: ‘I have had to take him frequently to the police office to save him from crowds of boys

¹⁰¹ North Highland Archives. Parochial Records of Tongue and Farr. Letter from Hughina Neilson, Village of Tongue, to Charles Spence Esq., 21 St David Street, Edinburgh, 16 Nov 1846.

¹⁰² E.g. MacKenzie states that ‘there is so little amount of crime, and so much security of property,’ and that ‘poaching is unknown,’ but that ‘in winter (the land) is ... injured by the poaching of cattle.’ NSA, Vol.. 15, pp. 178, 179.

¹⁰³ NSA, Vol.. 15, p. 184.

¹⁰⁴ *Ibid.*, p. 185.

¹⁰⁵ *Ibid.*, p. 185.

¹⁰⁶ *Ibid.*, p. 185.

who were tormenting him on the streets.’¹⁰⁷ Dr Wallace stated in his medical evaluation that ‘in such cases the person is apt to wander, and therefore requires attention so as to prevent danger.’¹⁰⁸ The sheriff summed up his assessment of the situation:

It is said the idiot is harmless. This is a very flexible term. This cannot be absolutely predicted of any man or woman. All men may be said to be harmless until harm is done, but be this as it may, this can never be said as to persons of unsound mind. They are subject to momentary impulses, in fact, harm is more to be dreaded from those considered harmless, because they are left at large and unwatched, whilst those of another character are kept in some degree of restraint. It is very clear that the idiot in question is of vagrant habits, and he must be either wholly confined to the house or continually watched when without. It appears with that melancholy propensity in humanity, he is made the object of molestation by youths more gifted in one sense than he, and it has not infrequently happened, in like circumstances, that such molestation has resulted in fatal consequences on one side or the other.¹⁰⁹

The sheriff added an additional benefit to committal, the removal of risk that parochial aid might be misdirected. The ‘idiot’ was not party to the decision-making process of which he was the object, and parental opinion was removed once they had assented to the view that confinement would be beneficial after which the wisdom of the legal and medical professions decided upon Napier’s incarceration. It was Napier who was apprehended by the police officer, not the boys who tormented him. Confinement was based not on what he had done, but on what it was considered by the sheriff that he *might* do, without any scientific basis for his speculation. Control of parochial relief within the system of the various ‘professional’ interests provided validation of the correctness of the adjudication. Primarily because of tormenting by boys from ‘normal’ society, Napier was removed from his local community and confined to a mental asylum. This was the will, not of his family and local community, but of officialdom reached upon a basis of future possibilities of a totally speculative nature.

These examples, where people with impairments were marginalised within the communities in which they lived, illustrate experiences from diverse living environments. Some of the exclusion that they encountered was from ‘ordinary’ people who demonstrated intolerance, fear or disinterest. However when they were ejected from their communities it was often managed by people in positions of power through medical, legal or economic status. The people with disabilities involved in these situations might have been the innocent party in any conflagration that had

¹⁰⁷ PLM, December 1861, pp. 192-198. Sheriff Court.

¹⁰⁸ *Ibid.*

¹⁰⁹ *Ibid.*

occurred, but they were often treated as if they were the perpetrator of a 'situation' and they rarely were in a position to comment on or influence the fate that might be decided for them.

Independent and integrated

While there were people with disabilities who were supported by their local communities to varying degrees or alienated from those communities, there were also those for whom the 'difference' inferred by disablement may have had very little impact. That people with impairments could live ordinary lives in what were considered extraordinary circumstances is illustrated by an elderly brother and sister who shared a house in Portpatrick, Wigtownshire, in the 1830s:

He [is] aged sixty-six, and she [is] aged seventy-three, [and] both are at once blind, and deaf and dumb. Both could once see, but have been blind for between 20 and 30 years. They can be made to understand by means of touch, what their friends find it necessary to communicate to them for their bodily comfort and personal safety. He can attend to the fire to supply it with fuel when it is required. She is remarkably particular as to her dress. Both can be made to understand when anyone is present with whom they have formerly been acquainted; and when they are informed that the minister is present, they compose themselves, and assume a grave and serious aspect. This is especially the case with the woman.¹¹⁰

This example suggests that the couple had many of the skills later attributed to Helen Keller (1880-1968), the deaf-blind American who gained world-wide recognition, but were conducted under less auspicious and more humble circumstances. The couple would probably have benefited greatly from their own mutual support, while the presence of a circle of friends ensured that they lived with dignity and retained a high degree of independence. Exchanges with the minister, who had greater detachment from them, were dependent on such friends, and of course these observations were recorded from that detached position, it being the minister who recorded them. However, the account suggests that this 'doubly-disabled' elderly brother and sister lived together with no more outside support than was consistent with the normal bonds of acquaintance and friendship that an elderly couple might expect.

Demonstrations of independent spirit and self-reliance were welcomed into Argyllshire schools. In 1878 the master of Lochgilphead Public School recorded that 'a blind man visited on Wednesday and read and ciphered to the children.'¹¹¹ A decade earlier the teacher at Newton of Kilmeny Public School on Islay noted that,

¹¹⁰ NSA, Vol. 4, p. 145.

¹¹¹ ABA. Lochgilphead Public School log book, 1 Nov 1878. CA/5/197/1

‘all were pleased with the visit from a blind boy who read and calculated with astonishing accuracy.’¹¹² While it could be argued that these people were being exhibited as curiosities, the entries in the school logs are suggestive of ‘matter-of-fact’ normality.

In some community contexts isolation stemming from the ‘difference’ arising from disablement may be overestimated. Argyllshire islands, far removed from sources of education for deaf people in the cities, provide examples that suggest that communication with deaf members of their communities presented no difficulties. At the inquiry into the death of Donald Fletcher, a 63-year-old deaf man who was struck by a horse and cart on Mull in 1860, neighbours who attended him stated that ‘he signed to us that the cart which went over him was D Currie’s’¹¹³ and ‘he made ... signs as to how he came by his injuries which I understood.’¹¹⁴ Sarah Fletcher, ‘a distant relation,’ said: ‘I understood him perfectly and as well as if he spoke to me by words. I could converse with him by signs easily and we could understand each other perfectly.’¹¹⁵

In 1870 on another part of Mull a case of assault was brought against Archibald Cameron. While intoxicated from celebrating Old Hogmanay he had entered a house and attempted to have sexual intercourse with Archibald Wilson, a fourteen year old boy, but as Wilson shared a bed with his mother, it was probably Cameron’s belief that it was her on whom he was focussing his amorous intentions. All of those who had witnessed Cameron during the preceding night’s celebrations suggested in their statements that communication with him was conducted through the making of signs and that this communication was understood.¹¹⁶ The local parish medical officer, who had maintained regular contact with Cameron for twenty years, also stated that: ‘I can converse with him by signs and he with me and [we] came understand each other’;¹¹⁷ however the surgeon from a neighbouring parish who had had much less contact said: ‘I can’t speak to him by signs nor can I understand any signs he may make,’ but he then added as an afterthought, ‘except those which may relate to the state of his

¹¹² ABA. Newton of Kilmeny Public School log book, 6 June 1868. CA/5/163

¹¹³ ABA. Petition of Henry Nisbet, Writer in Tobermory, Procurator Fiscal of Court for the Public Interest. TPF/1860/26. Police Report, 24 Mar 1860. Evidence of Daniel Mackay, teacher.

¹¹⁴ *Ibid.* Evidence of Hector Currie, shopman.

¹¹⁵ *Ibid.* Evidence of Sarah Fletcher.

¹¹⁶ ABA. Statements on the assault on Archibald Wilson by Archibald Cameron, 11 Jan 1870. TPF/1870/22.

¹¹⁷ *Ibid.* Statement of Duncan McColl, Medical Officer, parish of Pennygown and Torosay, 29 Jan 1870.

health.’¹¹⁸ These reports illustrate that deaf people were integrated into their communities, their primary form of ‘difference’ from ‘normal’ society, highlighted by its effect on their ability to communicate with others, being readily overcome by signing even if perhaps of a rudimentary and unstructured form.

In 1864 on the Isle of Iona, two hearing neighbours, John McDonald and James McArthur, were accused of assaulting Allan McInnes, a ‘deaf and dumb’ man, in the course of preventing him gathering his share of wrack from the sea shore. McDonald’s sister also became involved in the attack on McInnes in the course of which witnesses said that she ‘began to make signs to McInnes with her hands’¹¹⁹ and ‘[made] signs on her fingers.’¹²⁰ McInnes himself had communicated with McArthur before the dispute broke out by writing on his slate to clarify their arrangement to which he had replied ‘by violent signs.’¹²¹ The doctor who attended McInnes’s injuries stated that ‘having been taught to write, he can convey his ideas readily and I had no difficulty in examining him.’¹²² From the interviews of the witnesses it is clear that McInnes was fully integrated with his neighbours, writing on a slate and signing to communicate. That some of his neighbours’ signing skills were developed beyond improvised gesticulation is clear from McInnes’s own statement where he describes the role of McDonald’s sister: ‘Catherine then came down and stood immediately before me and spelled on her fingers “you devil”.’¹²³ When communication difficulties resulting from impairment occurred within a community, the community could overcome these difficulties by adapting its communication skills. On Iona at least one villager, Catherine McDonald, had developed such skills significantly and had learned the art of finger spelling.

There are other examples that suggest a high degree of anonymity within ‘able-bodied’ society. Commentary on Neil Dougall (1776-1862), the blind amputee from Greenock, introduced in Chapter 3, suggests that his impairments did not impede his success as a music teacher, innkeeper and head of a large family.¹²⁴ The musicians Siro Canevali and Donald McDougal (Blind Donald), also from Greenock, were regularly recruited in the second decade of the nineteenth century by the

¹¹⁸ *Ibid.* Statement of Hector McColl, surgeon, Kilninian and Kilmore parish, 29 Jan 1870.

¹¹⁹ ABA. Police Report against John McDonald and James McArthur, 2 April 1864. TPF/1864/7. Evidence of Mary McGillivray, servant.

¹²⁰ *Ibid.* Evidence of Catherine McInnes, sister to Allan McInnis.

¹²¹ *Ibid.* Statement by Allan McInnes, complainant.

¹²² *Ibid.* Statement by Dr John McNab, 5 April 1864.

¹²³ *Ibid.* Statement by Allan McInnes

Commissioners of Supply in Inveraray to provide musical entertainment at their annual 'October meeting' ball. When in 1813, a third (able-bodied) man was to accompany them, the commissioners felt that this created additional expense, but there was no question that Donald should be the one whose services be declined should their funds be insufficient. McDougal and Canevali received equal remuneration, and McDougal's blindness, rather than being a cause of any reticence on the part of the Commissioners, was subordinate to his skills as a musician.¹²⁵ The 'characters' portrayed by Robert Murray in his depictions of personalities around the Borders town of Hawick, many of whom had impairments, suggest that most of them were accepted by the local community even if some of them lived only on the periphery of it.¹²⁶ One feature that undoubtedly aided the inclusion of some of those mentioned was their religiosity, but this was by no means a universal characteristic. Prosthesis-wearing Mr Pinkerton, the 'fictitious' character of Jeems Kaye who nonetheless based his stories on 'people with whom he came in contact,'¹²⁷ was one of the former, the considerable local interest in his new artificial limb being played out in the course of a church service.¹²⁸

Different perspectives of mental infirmity between those with 'positions' in society and 'ordinary' people is conveyed by the trial of Alexander Hain in 1850, heard before the Sheriff of Fife. Hain was a moderately well off resident in the town of Cupar. Previously he had undertaken brief sojourns in mental asylums so was tainted in certain quarters as being mentally impaired. Following incidents on 14 August 1850 in the shop of druggist William Edwards, and the home of physician Charles Grace, Hain was imprisoned. Six weeks later Grace certified Hain as a 'lunatic' and a petition was presented to Sheriff Grant for his continued committal in Cupar Prison as 'a place of safe custody.' For the prosecution Grant heard evidence from the druggist and his assistant, from Dr Grace, his family and servants, from police officers and from others in official or medical positions of authority. All testified that they considered Hain to be of unsound mind and too dangerous to be at large. Their evidence was consistently damning. However when the defence introduced others

¹²⁴ For example see Neil Dougall, 'Memoir' in *Poems and Songs* (Greenock, 1854), p. 22.

¹²⁵ ABA. William Andrew, Kilmarnock, to Duncan Campbell, Clerk to October meeting of the Commissioners of Supply, Inveraray, 21 Sep 1813; S Canevali, Greenock, to Duncan Campbell, Inveraray, 19 Sep 1816. CA/1/10/5

¹²⁶ Robert Murray, *Hawick Characters*.

¹²⁷ 'Death of "Jeems Kaye"', *Glasgow Herald*, 12 Aug 1925.

¹²⁸ Jeems Kaye, 'Mr Pinkerton's New Leg,' *Jeems Kaye: His Adventures and Opinions*, pp. 20-22.

acquainted with Hain, a grocer, tailor, hostler, barmaid, baker (and town councillor), builder, market gardener, and a stonemason's wife, they all testified that they considered Hain to be a rational, intelligent, non-violent man whose only difficulty was over-excitement if he partook of drink. The opinion of 'ordinary' people was therefore very different from that of those in positions as caretakers of health and public order. The Sheriff granted Hain his liberty, but, ironically, it was additional evidence in his favour provided by two medical men, Dr Robert Christison, Professor of Materia Medica at the University of Edinburgh, and Dr David Skae, Physician to Royal Edinburgh Asylum, that swayed Grant towards this adjudication. Hain was an excitable man when he had taken drink, and a dispute with Dr Grace resulted in the physician endeavouring, with the support of other local officials, to have him incarcerated in Cupar prison as a madman.¹²⁹ The evidence of 'ordinary' people suggests that Hain was a respected member of that community and, unlike local medical and police officials, they did not seek to have him removed. It is however noteworthy that it was medical opinion, and that of the constabulary, that carried the greatest weight in a court of law.

These examples suggest that when people with disabilities were permitted to live within communities without molestation they were largely integrated into those communities. When they demonstrated submission to middle class ideals of respectability and religious observance, this aided their acceptance by wealthier sections of society. However it was the professional classes that seemed to have the greatest difficulty in accepting within the community people who did not conform to their notions of 'normality.' Middle class prejudice does not appear to have been so strongly replicated among less pretentious tiers of society. The key to these different attitudes was that of familiarity. If someone with a disability was active within a community, those with whom he had regular contact were blind to their impairment and judged him on the same traits and characteristics as they would anyone else. It was those who did not have that familiarity, often because of different social or professional status, whose judgement might be influenced first and foremost by an impairment rather than an individual's other attributes.

¹²⁹ -, *Case of Alleged Insanity. Trial of Alexander Hain, before the Sheriff of Fife, under Statute 4 and 5 Vic, cap 60, as being furious or fatuous, or lunatic, and dangerous to go at large. 8th October 1850, (Cupar, 1850)*

Conclusion

The vast majority of people with disabilities of all kinds lived within local communities. Even with the growth of residential institutions, especially in the second half of the nineteenth century, the custodial option which they offered was applied to only a small proportion of the 'disabled' population, and most notably to those with mental impairments. Those remaining in the community lived in their own homes, although some lived in the homes of others such as those who were boarders under the boarding-out system.

There are many examples of communities accepting and supporting people with disabilities without overt prejudice and in a spirit of collective responsibility. This was perhaps notably so among the unskilled and semi-skilled classes who had greater direct experience of the fragility of good health and strength. They recognised that well-being could be of a fleeting nature and assumption of responsibility for the frail, weak and disabled was continuation of an intergenerational system of support. Care in the community was a desirable option, not just because it was the cheapest way of sustaining those reduced to pauperism, but because there was a community feeling of collective responsibility towards members who were affected by a disabling condition. It was perhaps the more comfortably off members of society, more sheltered from the 'misfortune' of impairment and more detached from its presence who were less tolerant. The middle classes were often in a position to delegate the care of a disabled family member to servants and attendants and, for the mentally impaired, this could just as easily be provided in the private wings of royal asylums or in the more salubrious private madhouses. They could take solace from the knowledge that a high standard of comfort and care was being provided, but as a result became more distant from the experience of encountering disablement.

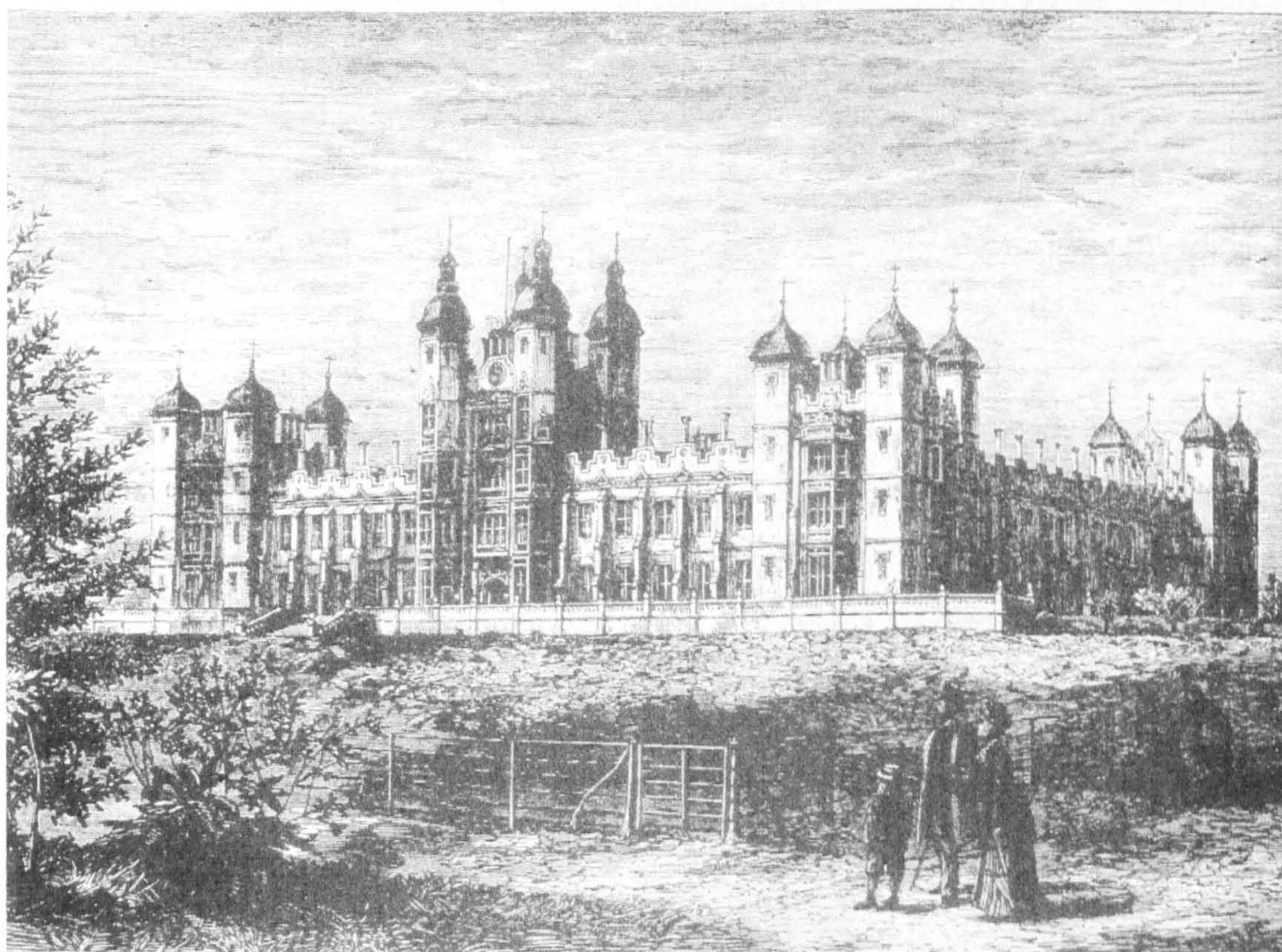
The experience of disability within communities was variable. That in tightly knit communities was usually more positive than in the anonymity of large urban settlements although the experience of Christian Watt is an obvious exception to this. Support given was sometimes for reasons other than compassion and concern for the individual, notably the fulfilment of poor law obligations at the lowest possible cost, financial reward, or the high status perceived to accrue from philanthropic posturing. While some people may have felt fully accepted and integrated within their communities, there were others who suffered rejection because of their 'difference.' This appears to have increased as the century advanced, most notably in the case of

those with mental impairments. As asylum provision increased, mentally impaired people were seen as a 'problem' to be removed and reduced contact with the once-accepted 'village idiot' further increased feelings of rejection and hostility.

The picture that emerges is therefore one of varied experience of living as a disabled person in a community, and varied perceptions of disablement by members of the community. Familiarity with people with disabilities and the impact that their impairments had on their lives aided community understanding and appreciation of them, their needs and their fears and concerns. When that familiarity receded, tolerance was at risk of receding also. Urbanisation, increased medical intervention, institutionalisation and legislation were all factors that had an adverse influence on toleration levels. People with disabilities could lead contented lives within their communities to the extent that their disablement was not an issue, but they could also suffer harassment, prejudice, isolation and alienation. This trend is particularly noticeable following reform of the Poor Law in 1845 and the extension of mental asylum provision after 1857. The demographic changes which accompanied such legislative reforms thrust a greater proportion of the population into anonymous urban settings and took them away from rural communities where there were better opportunities for understanding to be expressed and care to be offered as a result of long-standing familiarity between neighbours.

Chapter 5

A home from home – the role and experience of institutions



Donaldson's Hospital (From Grant's *Old and New Edinburgh*)

Chapter 5

A home from home – the role and experience of institutions

Although many people with disabilities spent their lives without ever entering any type of institutional setting, there were significant numbers who were confined to an asylum, institution, poorhouse or infirmary at some time or other. Confinement could be of short duration or could last for many years, in some cases being terminated only by the death of the detainee. The nature of institutional experience varied depending on the type of disablement, as did the chronological development and preponderance of the institutions concerned.

People with mental impairments were the foremost targets for institutional confinement. The tendency for such institutions to be referred to as 'asylums' promoted the idea that they were sanctuaries, places of escape and protection from outside society. However, this was the terminology of the benefactors and instigators of such establishments. It has to be considered whether the residents, initially labelled 'inmates' and later 'patients,' suggesting a change of emphasis from penal to medical, regarded them in a similar context.

There are separate issues in relation to different types of disability. Residential institutions that accepted people with sensory impairments undertook objectives of instruction. These aimed at preparing deaf and blind people for integration with hearing and seeing society. The training and education provided, aimed at eventual discharge of the recipients as self-sufficient, self-supporting, able-bodied members of 'normal' society. By implication, such institutions were primarily targeted at children, although blind asylums provided some continuity as places of adult employment.

People with physical impairments often occupied an anonymous presence in the great sea of general ill health and poverty which was such a major feature of Scottish life in the nineteenth century. Some of them experienced detention in hospitals and infirmaries, confinements that could last for several months and be of a recurring nature. They were also placed in poorhouses that received people with all types of impairments and that may, or may not, have had their own hospital or infirmary.

The managers of institutions liked to promote the impression that they were making not only a worthy contribution to society, but to the 'inflicted' individuals

placed under their supervision. However, it is necessary to explore whether this was the view of the people who were on the receiving end of their care and hospitality. Elizabeth Bredberg cautions that ‘the relative abundance of [institutional primary sources] may in itself have led to a misrepresentation of disability by its historians’¹ even although ‘contemporary authors ... are often critical of institutional treatment of disabled people.’² Some redress to the imbalance that such sources might create can however be achieved by their consideration from patients’ perspectives.

This chapter will consider the aims of institutions receiving people with disabilities, and the attitudes of keepers, attendants and doctors towards their inmates. It will also endeavour to gauge the feelings of the people who were detained in institutions, and particularly whether some of them considered their places of confinement to be the sanctuaries and refuges portrayed by asylum superintendents, or whether they equated places of detention for the physiologically deviant with prisons for the criminally deviant. Lastly it will consider how inmates’ ‘identities’ were affected by their entry to and treatment in an institution, and how their identities could be further shaped by the institutional experience.

The roles and objectives of institutions

Custodial institutions of varying forms were established with increasing frequency during the nineteenth century. Most of these were for the accommodation of people with mental impairments, but there were also institutions for people with sensory impairments, while poorhouses for paupers inevitably included people who had been pauperised because of disabling conditions. Poorhouses sometimes had wards specifically for lunatics. Infirmaries were different from these primarily custodial establishments because of their objective of medical intervention yet they represented a facet of the institutionalisation process.

In Glasgow, the mentally impaired of humble means were sent to the Town’s Hospital, the poorhouse of Glasgow City Parish. Glasgow Town’s Hospital, opened in 1733 as The Charity Work House, became known as a place of restraint and confinement. In 1742, it was recorded as having ‘six vaulted cells for mad people, *the*

¹ Elizabeth Bredberg, ‘Writing Disability History’, p. 196.

² *Ibid.*, p. 191.

first of that kind in North Britain [original italics],³ but a similar facility was provided at Edinburgh Infirmary opened around the same time.⁴ By the nineteenth century Glasgow Town's Hospital had discontinued receiving the able-bodied and declared itself to be 'a place of refuge, merely for the aged and infirm – the friendless and destitute – the helpless and hopeless.'⁵ This included mentally impaired patients and it boasted that 'it was to the honour of Glasgow, that it set the example to Scotland, of a place of confinement for lunatics in the Hospital.'⁶ However, this was qualified with the information that 'the Hospital is ... only a receptacle for incurable insanity, or hopeless imbecility of intellect.'⁷ It was considered that some cases of mental impairment could now be rectified and where this was judged possible by the Committee with advice from the Surgeon, patients were redirected to the Glasgow Asylum.⁸ Contact with these cases was maintained, the House Surgeon being required to visit patients held there at the expense of the Town's Hospital.⁹

During the nineteenth century there was a developing link between poorhouses and mental asylums. Glasgow Asylum, opened in 1814 and already preceded by mental asylums in Montrose (1782), Aberdeen (1800), and Edinburgh (1813),¹⁰ was a direct reaction to the role played by the Glasgow Town's Hospital in accommodating and categorising lunatics and idiots. The then rural location of the Glasgow Asylum in Dobbies Loan was intended to provide healthier and less congested accommodation for those who might be 'curable' than that of the poorhouse which incarcerated 'hopeless' cases.¹¹ The growth of 'royal' asylums in the first half of the nineteenth century, followed by the creation of a network of district asylums following legislation in 1857 were part of a trend of confinement of insane people. For 'private' patients for whom fees were paid by relatives this arrangement was beneficial to both the institution and the client or his family. Where fees had to be borne by ratepayers

³ *Regulations for the Town's Hospital of Glasgow: with An Introduction continuing a view of The History of the Hospital and Management of the Poor, 1841*, p. viii. HMSW, Health Care 2 and Mental Health archive FF16.

⁴ Helen M Dingwall, *A History of Scottish Medicine*, (Edinburgh, 2002), p. 136.

⁵ *Regulations for the Town's Hospital of Glasgow*, p. x.

⁶ *Ibid.*, p. x.

⁷ *Ibid.*, p. x.

⁸ *Ibid.*, p. 29. Extract from Rules.

⁹ *Ibid.*, p. 14. Extract from Rules.

¹⁰ Olive Checkland, *Philanthropy in Victorian Scotland*, p. 168.

¹¹ Ann Sneddon, 'Environment and Architecture' in *Let There Be Light Again*, Jonathan Andrews and Iain Smith (eds), (Glasgow, 1993), p. 25.

for paupers, the cost implications muted the enthusiasm of parochial boards for the asylum option.

While poorhouses existed in some parts of Scotland in the eighteenth century, out relief was the predominant approach of parishes towards its poor. It was considered to be cheaper to keep people in their own homes with subsistence to protect them from destitution than to remove them into public institutions. Financial expediency also resulted in categorising the 'deserving' poor, as distinct from the poor but 'able-bodied.' However this hardly put people with disabilities in a privileged position and under the Old Poor Law even out relief was tenuous. Historian Ian Levitt has noted that the 1844 Royal Commission on the Poor Law found that 'in many areas, especially in the south-west and north, the Poor Law was virtually non-existent.'¹² Furthermore, the Commission found that 'allowances, where they existed, were often a pittance and were assumed to supplement begging and charity.'¹³

Admission to a poorhouse should have resulted in a minimum threshold of provision, but this was rarely so. Visiting Officers from the Board of Supervision made periodic inspections of poorhouses, but with limited manpower resources, these tended to be infrequent. However, they did draw attention to cases where poorhouses or parochial board officers were failing to make adequate provision for the poor. There were over nine hundred parishes in Scotland, each responsible for raising funds for poor relief. Following implementation of the 1845 Poor Law (Scotland) Act the issue of a pauper's right to the support of an individual parish had first to be resolved through establishing a continuous residence of five years (*foris familiaration*). Legal cases from Poor Boards wishing to pass on responsibility for poor relief applicants to other parishes on grounds of residence or birth were constantly being raised. While the reasons for the new Act were complex, the sentiment for the change was succinctly expressed in 1859 by the Inspector of Poor for Inverness who observed that 'absenteeism and the unwillingness of factors to trouble themselves with the minute details of pauperism account for the disappearance of the old Christian system and the introduction of the new legal one.'¹⁴ This nonetheless indicates that societal change in Scotland was being accompanied by a more cynical attitude towards the less fortunate. It also made pauperism an important specialisation for the legal profession.

¹² Ian Levitt (ed), *Government and Social Conditions in Scotland 1845-1919*, (Edinburgh, 1988), p. xv.

¹³ *Ibid.*, p. xv.

¹⁴ PLM. March 1859, p. 445.

In cases of mental impairment, an alternative to the royal asylums for both fee-paying families, and especially for Poor Boards, was the use of private asylums. These are worthy of consideration because of their resilience in the face of expanding public provision. Perhaps because of a healthy environment combined with its closeness to Edinburgh, there was a significant concentration of private asylums in the town of Musselburgh, in Inveresk parish, but their size and clientele varied considerably.¹⁵ In 1855, Inveresk parish had nineteen pauper lunatics placed in six local private asylums for which the Inspector of Poor said that £20 per person per annum was paid.¹⁶ On being offered a rate of £18 per annum at Eastport House, the inspector declined on the basis that 'you can't do your patient justice under £20,' yet he conceded that 'it seems to be a good thriving business.'¹⁷ In England, John Conolly felt that 'the owners of lucrative private establishments were not content with moderate profits, but sought to make fortunes.'¹⁸

It seems probable that some patients, pauper and private, were neither receiving value for money nor adequate care in private asylums. In testimonies to the Commissioners of Lunacy in 1855, it certainly appears that the relationship between private asylums on the one hand, and medical attendants, the inspector of poor, and the sheriff on the other, resulted in some fiscally motivated collusion. Visits were not too probing, being confined to suggestions on such topics as ventilation of rooms and provision of heating and clothing, and these were rarely followed up or vigorously encouraged with any use of authority. Indeed the medical attendants and inspectors found the ambiguity surrounding their authority as a convenient defence of their casual relationship. As medical attendants depended upon asylum proprietors for their fees, it was not in their interest to place demands upon them if the regulations were sufficiently vague to exonerate them from any direct responsibility should a misadventure occur. The cosiness of the relationship is indicated by testament to the commissioners in which Dr George Laurie stated that in Lilybank Asylum 'restraint is employed as the only means *we* [my italics] have in cases of violence'¹⁹ while Dr

¹⁵ Houston notes that there was a tradition of private asylums in Mid and East Lothian. R A Houston, "Not simple boarding", p. 32. In 1857, the Royal Lunacy Commissioners listed in their report no less than ten in Inveresk parish in which Musselburgh was located. Seven more were located in other parts of Mid and East Lothian. There were two private asylums in Glasgow while four more were operating in Aberdeen, Dalry, Bothwell and Greenock.

¹⁶ ARRLCS, p. 361.

¹⁷ ARRLCS, p. 365.

¹⁸ John Conolly, *Treatment of the Insane*, p. 136.

¹⁹ ARRLCS, p. 279.

Thomas Scott noted ‘we [my italics] receive all sorts of patients’²⁰ when discussing Millholme Asylum. Despite condemning remarks about Eastport House by the Commissioners in 1855, a publicity notice printed by this establishment during the same year upon its change of ownership expressed gratitude by the outgoing proprietors for ‘the liberal support’ received from ‘Medical Practitioners, Parochial Boards, Inspectors of Poor, and others.’²¹

In the aftermath of the Commissioners of Lunacy’s investigations, responsibility for the mentally impaired was transferred to a newly created General Board of Lunacy. Scotland was divided into twenty districts, each of which was to provide a district asylum. However these proved insufficient for the number of cases being identified for admission and a role remained for charitable and private asylums.²² By 1871, five private asylums remained in business in Inveresk parish: Millholme House, Halcross House, Melville House, Newbigging House and Whitehouse, accommodating 292 inmates.²³ The demise of private asylums was precipitated by the 1889 Lunacy Amendment Bill that proposed ‘clauses forbidding the establishment of any new private asylums.’²⁴ However John Batty Tuke, a liberal-minded asylum superintendent, was horrified that the Bill made provision for the continuation of existing private asylum businesses, permitting ‘their transference from one house to another, for their being bought and sold, and for their being handed down from one generation to another.’²⁵ He continued:

There are few men more interested monetarily in private asylums than I am; but I have no hesitation in saying that, if I had been asked to frame provisions for my own protection, I could not have had the audacity to suggest such measures as are proposed in the Lunacy Act Amendment Bill of 1889. If the Legislature chooses to give protection, it is not for me to refuse it; but the request for it could never have come from me. Nothing is suggested as to inquiry into the character, capital, or practice of the establishments which it is proposed to render monopolies; all and sundry are to receive an exclusive right, utterly opposed to the principles of commerce which nowadays regulate the practice of Great Britain.²⁶

However, by 1891, only two private asylums remained in Inveresk: Whitehouse Asylum had twenty-two gentrified inmates, less than half of the occupancy of two decades earlier; and Mollendo House Asylum hosted nineteen inmates.²⁷ Both had

²⁰ ARRLCS, p. 277.

²¹ Shetland Archives, SC 12/36/1843/144.

²² HMSW. Colin Harvey manuscript papers. ‘History of Patterns of Care and Legislation of the Mentally Handicapped’, c.1973, p. 4. Disability archive FF1.

²³ Eighth Decennial Census of Scotland, 1871, Vol. 1, (Edinburgh, 1872), Table VI, p. 173.

²⁴ J Batty Tuke, ‘Lunatics as Patients, not Prisoners’, p. 606.

²⁵ *Ibid.*, p. 606.

²⁶ *Ibid.*, pp. 606-607.

²⁷ Tenth Decennial Census of Scotland, 1891, Vol. 1, p. 195.

closed by 1901. The expansion of district asylums had eventually eclipsed the private asylums of Musselburgh, while the thirty-one pauper lunatics indigenous to Inveresk Parish were now accommodated in the Inveresk Poorhouse Wards.²⁸

With a policy of removal of people with mental disabilities from mainstream society already gaining acceptance by mid-century, private asylums had been slow in their demise despite the introduction of district asylums. Royal asylum provision was partially stimulated by philanthropy, charity and goals of an idealistic nature. But they also recognised the financial importance of their private patients as astutely deduced in 1898 by William B, a patient at Edinburgh Royal Asylum who wrote of Thomas Clouston, the superintendent: 'He is always proud of any evidence justifying the retention of a useful and paying patient.'²⁹ Private asylums were straight-forward commercial undertakings, their monetary objective not only being used to benefit their proprietors, but also giving financial benefit to the medical profession and parochial boards. Financial expediency was often detrimental to the well-being of inmates.

Residential institutions for deaf and blind people also had an economic agenda. They primarily took the form of educational and training establishments for children in order that they could be turned into 'able-bodied' adults equipped to support themselves. However the first school for deaf children appears to have been more for the pecuniary benefit of its master, Thomas Braidwood, who is widely attributed as being the pioneer in this field. His credentials were augmented by the comments of Dr Samuel Johnson who, upon visiting his school in the 1770s, proclaimed that 'the improvement of Mr Braidwood's pupils is wonderful. ...it is an expression scarcely figurative to say they hear with the eye.'³⁰ Johnson could scarcely have been in a position to evaluate genuine 'progress' from a singular visit, other than by Braidwood's assurances that this was the case. But he was so impressed that he wrote, '...I have seen so much, that I can believe more.'³¹ However, Laurent Clerc, a former student of l'abbé Sicard at the National Institute for the Deaf, Paris, who played an influential role in deaf education in USA, considered that Braidwood

²⁸ Eleventh Decennial Census of Scotland, 1901, Vol. 1, p. 298.

²⁹ Letter by William B, 27 August 1898, Royal Edinburgh Asylum case book LHB7/51/64,154, cited in Allan Beveridge, 'Life in the Asylum', p. 449.

³⁰ Samuel Johnson, *A Journey to the Western Islands of Scotland*, (London, 1775), p. 381.

³¹ *Ibid.*, p. 381.

'taught primarily rich, hard-of-hearing pupils'³² as opposed to profoundly deaf children from across the social spectrum. Braidwood began teaching deaf children in Edinburgh in 1760. However about 1783 he relocated his school to London where he continued to appeal to a wealthy clientele and remained secretive about his methods, described by Clerc as 'the Braidwood monopoly on British education of the deaf [which] lasted from the opening of Epée's school until the death of Sicard.'³³

Whether Braidwood's pupils were profoundly deaf, either congenitally, or adventitiously as in the case of the son of the Leith merchant, Charles Shirreff, whose son was Braidwood's first sensory impaired pupil, or hard of hearing as suggested by Clerc, is perhaps of little relevance. What is significant is that this education required the use of 'distortions and grimaces' on the part of Braidwood, while the efforts of the pupils to learn required 'such pains and attention' and they had to 'be able to tolerate the drudgery'³⁴ involved. Institutions for the 'deaf and dumb' of a broader appeal³⁵ opened in Edinburgh in 1810, Glasgow and Aberdeen in 1819, and Dundee in 1846. Donaldson's Hospital, which accepted hearing as well as deaf pupils, but segregated them for the purposes of education, opened in Edinburgh in 1850.³⁶

The nature of the education directed at deaf children was intrinsically entwined with the conflicting ideologies of communication for the deaf that reached a hiatus in the aftermath of the Milan Convention in 1880. The Milan decision resulted in wide scale implementation of the promotion of oral communication for deaf children. It was oral communication which Braidwood had professed to accomplish via his teaching methods - producing the 'drudgery' that was evident a century later when children were observed struggling with lip-reading and producing sounds that they could not hear. In 1884, John Kerr, the Inspector of Schools, during a visit to the Glasgow Deaf and Dumb Institution at Langside, remarked upon the 'long and

³² Harlan Lane, *When the Mind Hears*, (New York, 1989), p. 106.

³³ *Ibid.*, p. 109. L'abbé de l'Epée opened the first public school for the deaf in Paris in 1755. L'abbé Sicard died in 1789.

³⁴ *Ibid.*, pp. 106-107.

³⁵ The Edinburgh Royal Institute for the Education of Deaf and Dumb Children, in 1870, had annual rates ranging from £10 including board, education and clothes for charities and parochial boards, to £20 excluding clothing for 'children not requiring assistance. 'Children from the higher classes,' it was noted, 'are received as *Parlour Boarders* at rates varying from £40 to £100 per annum, according to circumstances.' ERIEDDC, Annual Report 1870, p. 5. The Glasgow Institution intimated that, 'We propose taking the poor man's child, where he can't afford anything, and where he has no claim on the parish, without any payment' – although the secretary also recorded that 'a great many children had been refused ... because they had no claim on the Parochial Boards, and because their parents were too poor to pay for them.' GIDD, Annual Report, 1871, pp. 6, 10.

³⁶ George Montgomery, *Silent Destiny*, p. 1.

irksome training' required.³⁷ The tensions within the deaf education profession over preferred communication methods were more about the egos of hearing men advocating methodologies from entrenched positions than about advancing communications for deaf people, while the introduction of oralism had the effect of removing those teachers most aware of the problems of being deaf in a hearing world, those teachers who were themselves deaf. While this debate was ensuing, other aspects of deaf education appear to have suffered neglect. For example, George Mackay, the oculist at the Edinburgh deaf institution expressed concern about lighting and crowding in the classrooms where he found 'some of the bigger children crouching over desks too low for them, in attitudes apt to induce deformity or ocular strain.'³⁸

The objective of turning blind 'disabled' children into productive 'able-bodied' adults was set out by James Ure Campbell's biographer in 1883 when he created a glowing picture of the work undertaken by the Home that the Northern Counties Institute for the Blind opened in Inverness in 1881. This, he stated, was for children 'who were on the very verge of gloomy idiocy, helpless idleness and filthiness, [who were] not only rescued, but [were] bright, intelligent, active, and cheerful, making themselves useful, and looking out to the future with aspiration and hope.'³⁹ The Chairman of the Managing Committee of the Institute to whom the biography was dedicated undoubtedly received these words with satisfaction.

The organisation of large institutions is demonstrated by the Edinburgh Blind Asylum which had a meticulously set out regime of work, education, exercise and religious devotion for its inmates. The provision of food was also set out in precise detail. In 1841 the diet for the women consisted of:

Breakfast

Porridge – 4oz of meal to each.

Milk – In summer, butter milk. In winter sweet milk – 3 imperial gills to each for Breakfast and Supper included.

Dinner

3 days broth, one day potatoe [sic] soup, one day pease soup, one day fresh or salt fish, and the remaining day either dumpling or rice and milk:- at rate of 6oz of meat to each, 10oz of potatoes, or 3oz bread, 3oz rice on rice and milk days, 10oz fish.

Supper

6oz of bread to each.⁴⁰

³⁷ GIDD, Annual Report 1884, p. 9.

³⁸ ERIEDDC, Annual Report 1899, p. 13.

³⁹ G A Johnston Ross, *The Story of a Working Man's Blindness*, p. 53.

⁴⁰ REBAS. Minute Book 1835-1849, 11 Jan 1841, p. 140.

This simple fare was similar to that expected by most members of 'normal' society, but its preordained regulation was part of the ethos laid down for the smooth running of the institution and was designed for efficient economic management.

Economics had other potential impacts on the Edinburgh Blind Asylum as it nearly found to its cost in 1842 when it was cautioned against being overly rigorous in its vetting procedure for new admissions. The Duchess of Buccleuch threatened to discontinue her annual subscription of five guineas 'unless her nominees to the Institution are entitled to some preference.' The directors made a concession in 'the expectation that Her Grace shall continue her contribution.'⁴¹

While fiscal prudence was a hallmark of institution management, the buildings in which they were housed were often on a grand scale. There had been early complaints from some quarters about the extravagance of the opulent architecture of Glasgow Asylum. It was ironic that, following the move to the newly built Gartnavel Asylum in 1843, it became the poorhouse for the parish of Glasgow, a role, which it fulfilled for many years prior to its demolition in 1909. Mary Johnson notes of York Retreat, founded by William Tuke in 1792, and showcased as representing a new progressive approach to treating mental illness, that 'spacious buildings with beautiful lawns and gardens were set up to provide as "homey" an atmosphere as possible, thought to be conducive to recovery...'⁴² However, in Edinburgh, John Cant, head of the senior school of Donaldson's Hospital, in 1927 declared his building, completed in 1850, to be 'of little use internally as a school, adding that 'William Playfair [the architect] sacrificed utility inside to architectural beauty outside.'⁴³

Ostentation was quite normal for buildings performing a 'public' role during the nineteenth century. There were few geographical boundaries to this public face of provision for the needy in Scotland and the nature of life in the poorhouse was often belied by the externally affluent appearance of some buildings. The contrast was particularly stark on the Isle of North Uist where, in 1901, Goodrich-Freer considered that Lochmaddy's residential villas appeared out of context with their surroundings and more appropriate to a Glasgow suburb.⁴⁴ Among the substantial buildings of the township, she found the Courthouse, the bank, the prison, the police station – and the

⁴¹ REBAS. Minute Book 1835-1849, 11 July 1842, pp. 180-181.

⁴² Mary Orr Johnson, 'Madness and gender in the nineteenth century', p. 9.

⁴³ George Montgomery, *Silent Destiny*, (Edinburgh, 1997) p. 41.

⁴⁴ A Goodrich-Freer, *Outer Isles*, (London, 1904), p. 308.

poorhouse. When she visited the poorhouse, not only did she find it to be 'far less cheerful than the prison, [and] infinitely more official than the Courthouse,'⁴⁵ but she considered it to be 'a monument of human stupidity and lack of imagination'⁴⁶ that it was being used 'to house three or four old men and women in the last stages of senile decay, who want nothing but a warm shelter and the simple food they are accustomed to.'⁴⁷

However in some sparsely populated parishes, the provision was more modest. In 1891 on the Isle of Lismore, Helen McGregor, described as a fifty-five year old imbecile from childhood, was the sole occupant of a one-roomed cottage listed as 'Pauper house, Baligarve,'⁴⁸ while a less clear arrangement existed on another part of the island where 'The Smithy detached Paupers House' was occupied by the McColl family that included two paupers, one of whom was recorded as the seventy-three year old head, and another, possibly a son, brother or other relative, as a fifty-three year old imbecile boarder.⁴⁹ The existence of similar arrangements is suggested by an application to the Sutherland parish of Farr by Widow MacKay and her daughter in 1899:

As my son Alexr has got my Croft and so going to take possession of the house at May term, we find that the House we live in is to [sic] small for his family, myself and daughter in respect that I am bed rid and need constant attendance. We will trust you will see your way to grant us a room in the Poor house at Dalcharn. What would suit us is the End occupied by Jessie Macdonald if that could be done, and if not we must take another.⁵⁰

These arrangements were attractive to sparsely populated parishes and would have given a degree of freedom to 'pauper inmates' impossible in the large conventional poorhouses of urban parishes. This was recognised by the Board of Supervision which, in 1887, had directed that certain categories of paupers, dominated by women, often with children and who were single, deserted, widowed, or whose husbands were in jail or banished, be threatened with admission to the poorhouse rather than be given outdoor relief.⁵¹ This stance acknowledged that poorhouses were not considered to be attractive refuges by even the most desperate of people, yet it was in sharp contrast to the view of Alexander Campbell, General Superintendent of the Poor for the Southern

⁴⁵ *Ibid.*, p. 309.

⁴⁶ *Ibid.*, p. 310.

⁴⁷ *Ibid.*, p. 309.

⁴⁸ Comann Eachdraidh Lios Mòr. 1891 Census, Lismore Parish, Div. 1, p. 9, No. 53.

⁴⁹ *Ibid.*, Div 2, p. 6, No. 28.

⁵⁰ NHA. Parish of Tongue & Farr, Widow P Mackay, Achina, to Farr Paris Council, 27 April 1899.

⁵¹ *Ibid.*, 'Circular Letter as to the Use of the Poorhouse as a Test', Board of Supervision, Edinburgh, 20 Oct 1887.

Highlands who in the 1880 Board of Supervision report wrote of mothers of illegitimate children:

A woman of this kind is frequently a good worker, and quite able to support herself and children; she is sent to the poorhouse to be subjected to strict discipline, and if such be applied she soon takes her discharge. But this ability as a worker makes her a desirable inmate of a poorhouse, so instead of being strictly tested, discipline is in some houses relaxed in her favour, and luxuries are granted to induce her to remain.⁵²

Where a parish had to give relief, out relief was generally the cheapest option, but from the early years of the New Poor Law, the threat of the poorhouse had been used as a 'test,' being 'both for the helpless, and [for] those whose destitution or disability is doubtful.'⁵³ The success of this strategy was claimed by the Board of Supervision in its 1887 circular in which it cited numerous parishes where recipients of out relief had found means of self-support or the support of relatives when 'out-door relief had been withdrawn, and the offer of the Poorhouse substituted.'⁵⁴

While there was a move in the late nineteenth century by poor law authorities to project poorhouses as an unpleasant threat, infirmaries were naturally daunting places even in the light of development of medical knowledge and a greater survival rate from medical intervention. This was certainly true of the surgical wards where some patients were admitted in an effort to stem disabling conditions such as tuberculosis, or arrived as accident victims. Whether the physical disablement of these patients had been present over a long period of time prior to admission, or was the immediate result of a cataclysmic event, if they survived their stay they often left with impairments that would have permanent effects on their lives. Yet when discharged, for example from Glasgow Royal Infirmary following an amputation, such patients were often recorded as 'cured'⁵⁵ or 'well.'⁵⁶ Patients emerging from the infirmary, having avoided such impediments to their survival as shock, exhaustion, tetanus, gangrene, pyaemia and septicaemia, to which those who had arms or legs rather than fingers and toes amputated were particularly susceptible, might well have been considered successes by surgeons. Yet patients who had become amputees during their confinement could hardly have emerged optimistically into the world.

⁵² Thirty-fifth Annual Report of the Board of Supervision for the Relief of the Poor and of Public Health in Scotland, 1879-80, (Edinburgh, 1880), p. 6.

⁵³ Alexander McNeel-Caird, *The Poor Law Manual for Scotland*, (Edinburgh, 1851), p. 7.

⁵⁴ NHA. 'Circular Letter as to the Use of the Poorhouse'.

⁵⁵ For example: GGHBA. GRI. Surgical Casenotes, Michael McAyloon, two fingers, 1828/29, HH67/7/1, pp. 68-69; Jeremiah Somers, forefinger, 1845, HH67/11/1, p. 15.

⁵⁶ GGHBA. GRI. Register of Operations. James Monaghan, leg, 1864, HB14/5/28. Surgical Casenotes. Mary Linn, arm, 1869, HH67/30/2, pp. 73-74.

Life for the middle classes who were placed in institutions was quite different from that experienced by the poor. As replicated by other royal asylums, such as those in Perth and Dundee, Glasgow's Gartnavel Asylum engineered a marked change in its clientele over the course of the nineteenth century. Initially created primarily to accommodate pauper lunatics from Glasgow and other parishes, pauper patients occupied utilitarian accommodation while private patients occupied their own suites sometimes with their own servant in attendance. This changed markedly during the course of the period. Ball-rooms, lecture rooms and theatres became features of some of these asylums which Batty Tuke observed as being 'the kindly work of the outside humanitarian, who seems to have endeavoured to place himself in fancy in the position of a pauper lunatic, and to have provided what he believes he would have wished for were he in that sad condition.'⁵⁷ The growth of a network of district asylums by the 1870s enabled Gartnavel to adopt a quite specific policy of phasing out pauper patients and of attracting private patients, an objective that was virtually complete by the close of the century.⁵⁸

The long-term durability of these buildings did not exude confidence that the work they were undertaking would result in a decline in either need or demand. When by the end of the century some people involved in institutional provision for people with disabilities began to question the institutional approach, James Kerr Love, aurist at Glasgow Institution for the Deaf and Dumb, wrote in 1911 that the commitment to institutions was simply because they 'already exist.'⁵⁹

While the promoters and controllers of places of institutional confinement frequently portrayed them as places of refuge, their fiscal management was always a predominant consideration for the institutions themselves, for parochial boards responsible for paupers, and sometimes for the families of fee-paying inmates. Their agenda was often one of control and inmate management rather than care and 'cure,' the often substantial buildings exuding both permanence and authority. The refuge of an institution was not an option that most inmates embraced willingly.

Register of Operations. James Carson, both forearms, 1881/82, HB14/5/28.

⁵⁷ J Batty Tuke, 'Lunatics as Patients, not Paupers', p. 599.

⁵⁸ Jonathan Andrews, 'The Patient Population' in *Let There Be Light Again*, Jonathan Andrews and Iain Smith (eds), (Glasgow, 1993), pp. 106, 125.

⁵⁹ J Kerr Love, *The Deaf Child*, (Bristol, 191), p. 134.

Custodial attitudes

The previous section of this chapter suggested that institutions had various agendas that they adopted in the handling of their inmates. This section will consider the individual application of such agendas by considering the role of those responsible for the running of institutions. It will therefore consider the ways in which the perspectives of keepers, superintendents, medical professionals and others playing an intervening function in the lives of inmates of institutions are portrayed.

Many institutions felt a need to have their inmates under physical as well as moral control. This is illustrated by the regime of the Edinburgh Blind Asylum. The inmates' lives were subject to total regulation as illustrated by the 1849 rules for women. In winter, a bell awakened them at 7.00 a.m. and they were 'allowed an hour to dress and put their rooms in order and for their private devotions.'⁶⁰ Half an hour of worship, conducted by the matron, began at 8.00 a.m., breakfast was at 8.30 a.m. and this was followed by 'exercise, by walking, ...till ten o'clock.' Until 4.00 p.m., the day was occupied with work, and then a further one and a half hours of exercise was stipulated until the evening meal at 5.30 p.m. From 6.00 p.m. until 8.30 p.m. the women were 'engaged with education and work' followed by worship until 9.00 p.m. when supper was served. They had all to be in bed by 10.00 p.m. Behaviour was regulated by a system of fines. The women were only permitted to leave the asylum on authorisation of the matron except for the stipulated exercise periods that were strictly regulated by the presence of an attendant. Four to five hours' absence was granted on a Saturday afternoon at the matron's discretion and permission was required to visit the homes of friends. The matron had total authority to make decisions and impose punishments on the women.⁶¹

Religious observance was very much a part of the moral ethos that pervaded the conduct of the Asylum, both in the daily routine and in formal Sabbath observance. For example, in 1874/75, MacCulloch, the superintendent, recorded that 'the blind children attended a number of evangelical meetings that were being held in the neighbourhood.'⁶² During one period children attended Glenorchy's Free Church. This did not appear to be motivated by the particular doctrine of the Free Church, but because it was close to the asylum, and 'because the blind children were permitted

⁶⁰ REBAS. Minute Book 1835-1849, 14 May 1849, p. 483.

⁶¹ *Ibid.*, pp. 482-484.

⁶² G MacCulloch, *Story of a Blind Mute*, (Edinburgh, 1881), p. 29.

...to occupy one of its galleries *rent-free* [original italics].'⁶³ In 1844, boys were attending nine different places of religious worship. Dougal McIntyre, from the Argyllshire parish of Ardchattan, was recorded as a Gaelic speaker attending the Gaelic Church.⁶⁴ In this period, immediately following the Disruption of the Church of Scotland, the Asylum directors permitted some flexibility on inmates' choice of church. What they considered important was that church attendance took place and, when agreeing to girls choosing a variety of churches, approval was given on the basis that monthly registers of attendance, certified by the churches, were presented to the directors for checking against the asylum register.⁶⁵

The regime for the males [see Appendix 2] was almost as heavily regulated as that of the females, but with emphasis being placed upon regulating male 'habits' such as smoking, or, less they feel tempted, from 'carrying a pipe, or tobacco, or lucifer matches, either in or out of the Asylum.'⁶⁶ To further limit temptation, their earnings had to be lodged with the manager who would put them in a savings account and give them occasional pocket money at his discretion.⁶⁷ If the meticulous regulations governing the lives of the inmates of the Edinburgh Asylum suggest an air of tension between the regulators and the regulated, this is perhaps confirmed by MacCulloch, superintendent in the third quarter of the nineteenth century. MacCulloch undoubtedly had a genuine interest in those under his charge, but he objected to some inmates' assertions that they 'were the same as everybody else.' He resented those who represented themselves and their fellows as 'a *down-trodden* set of people,'⁶⁸ and felt that 'the blind ... (should) have a due appreciation of what is done for them.'⁶⁹ There was a very clear distinction between those who ran the institution and those who sought its protection.

This sense of tension is replicated in other kinds of institution. The late nineteenth-century records of Logierait Poorhouse in Perthshire demonstrate the contest of wills that sometimes occurred between officials and inmates of poorhouses. In 1895 fifty year old Thomas Bannerman was considered 'perfectly unreasonable

⁶³ *Ibid.*, p. 43. Reproduction letter from Dr Moxey, 'well-known Public Reader, and Professor of Elocution in the New College, Edinburgh' to MacCulloch, 9 March 1877.

⁶⁴ REBAS. Admission Register, 20 May 1841. Minute Book 1835-1849, 9 December 1844, p. 321.

⁶⁵ REBAS. Minute Book 1835-1849, 21 Jan 1845, pp. 325-326.

⁶⁶ REBAS. Minute Book 1835-1849, 14 May 1849, p. 480.

⁶⁷ *Ibid.*, p. 480-481.

⁶⁸ G MacCulloch, *Story of a Blind Mute*, p. 54.

⁶⁹ *Ibid.*, p. 59.

and complains with no reason.’⁷⁰ The medical officer decreed that he was ‘of unsound mind, and not a fit inmate of this house.’⁷¹ A few weeks later Bannerman was certified and sent to Murthly Asylum with the comment that ‘he is hopelessly incurable and will never be an inmate here again.’⁷² However six months later he was readmitted to the poorhouse⁷³ where he remained for a further six months before being returned to Murthly Asylum.⁷⁴ ‘Disruptive’ inmates had punishments imposed that were already widely phased out from the mental asylum system, yet seemed acceptable in the poorhouse. In 1864 George Robertson, a blind rheumatic octogenarian, was isolated in the probationary ward for ‘disorderly conduct, committing nuisance in dayroom, using abusive, threatening and profane language towards officials and otherwise annoying them.’⁷⁵ A repetition ‘on the pretence that he got sour milk’ resulted in three days isolation and removal of milk from his diet followed by a shower bath.⁷⁶ In the same year sixty year old blind and debilitated Peter McLaren also had milk withdrawn and was placed in isolation for being disorderly and ‘committing a nuisance on the gravel.’⁷⁷ Children were particularly vulnerable to the wrath of attendants, eight year old Ann Murdoch being ‘whipped’ in 1870 for ‘committing a nuisance in bed room, wetting bed.’⁷⁸ A month later seven year old Alexander Lamond, was punished for ‘climbing up outside the balusters of turnpike stair, to the danger of his own life, and the damage of the stair railing.’ In reparation he had ‘to go up and down stairs from top to bottom once in five minutes for three hours, carrying basket with seven pounds of stones, and dressed differently from the other boys for the time.’⁷⁹ Younger children were not treated less harshly. Four year old illegitimate Christina Stewart in 1874 was ‘whipped with taws’ for ‘indecent behaviour exposing her person in presence or rather in the face of a little boy’⁸⁰ and, in 1870, two year old orphan Charlotte Fraser had her ‘bottom whipped

⁷⁰ PKCA. Logierait Poorhouse. Medical Officer’s Journal 1888-1906, 26 Aug 1895.

⁷¹ *Ibid.*, 27 Aug 1895.

⁷² *Ibid.*, 8 Oct 1895.

⁷³ *Ibid.*, 14 Feb 1896.

⁷⁴ *Ibid.*, 14 Aug 1896.

⁷⁵ PKCA. Logierait Poorhouse. Offence and Punishment Book 1864-1903, 19 Aug 1864. CC1/19/1/13/1.

⁷⁶ *Ibid.*, 3 Jul 1865.

⁷⁷ *Ibid.*, 21 Jul 1864.

⁷⁸ *Ibid.*, 2 Aug 1870.

⁷⁹ *Ibid.*, 20 Sep 1870.

⁸⁰ *Ibid.*, 8 Oct 1874.

with taws' for 'committing a nuisance in the kitchen.'⁸¹ While there is no evidence of disablement in these juvenile cases, there is equally no evidence to suggest that children with impairments would have been treated with greater compassion. A harsh approach to deaf children is suggested by the methods adopted for teaching the oral method of communication. In 1883, Alexander Pender, superintendent of the Aberdeen Deaf and Dumb Institution, went to the Deaf and Dumb Institution in Ealing to observe its application of the 'the German or Oral method of teaching the deaf mute child.' He noted that:

The undivided attention of the child is first of all secured, secondly, it is habituated to *obedience*, [my italics] and thirdly, every encouragement is given to enlarge its observation and imitation powers. After the foregoing has been *rapidly enforced and adhered to* [my italics] attention is now drawn to the chest and respiratory organs.⁸²

The tenor of Pender's report suggests that children in institutions were expected to be totally pliable in the hands of their masters so that they might be moulded into their required behaviour whether for discipline or education.

There were however reactions to ill-treatment. In 1876 Crieff parish wrote to the neighbouring Upper Strathearn Combination Poorhouse concerning 'complaints having been made by some of the Inmates of the Poor House,' but the poorhouse 'found that they were without foundation.'⁸³ However, in the case of Logierait poorhouse, there is the sense that its officials were struggling to cope with the volume of inmates. Remarks by the medical officer in 1896 suggest that the poorhouses were unenthusiastic about increased admissions, commenting that 'some of the Parish Medical Officers in the Combination [should be] more careful in the examination of Paupers before sending them to the Poorhouse.'⁸⁴ Of seventy-five year old John McLauchlan, the medical officer complained that 'there does not appear to be anything specially wrong, only that he seems to have been recently suffering from the effects of strong drink,'⁸⁵ while of thirty-six year old Elizabeth Miller who was 'suffering from a large malignant sore (cancer) [original parenthesis] on the inner side of the thigh which is smelling most abominably' he felt that she could not 'be admitted to the house along with the other inmates [and] the proper place for [her] is

⁸¹ *Ibid.*, 22 Jul 1870.

⁸² ADDI, Report from Alexander Pender, November 1883. AUA MS3428.

⁸³ PKCA. Upper Strathearn Combination Poorhouse. Minute Book 1861-1875, 6 Sep 1876. CC1/19/2/1/1.

⁸⁴ PKCA. Logierait Poorhouse. Medical Officer's Journal 1888-1906, 20 Apr 1896. CC1/19/1/8/1.

⁸⁵ *Ibid.*, 25 Aug 1896.

the Hillside Home for Incurables, Perth.’⁸⁶ Most inmates would rather not have been in a poorhouse and superintendents would have been pleased to be able to discharge some of the troublesome cases and to deny admission to marginal cases in order to ease their workload.

By the middle of the nineteenth century all royal asylums were applying moral therapy, rather than restraint and punishment, in order to encourage the co-operation and compliance of inmates with their regulatory systems. Colin Harvey notes that at Glasgow Asylum under this system inmates were reputedly treated with some empathy:

Harshness and coercion on the part of the attendants were discouraged as was blood-letting and instead an ample diet, fresh air, exercise and amusements were recommended. Glasgow Asylum had a billiards room, library, workshops for weaving, tailoring, dressmaking and carpentry. Music and reading were also encouraged. In 1841 mechanical restraint was abolished and this was found to improve the patients conduct greatly.⁸⁷

However, before the abolition of restraint in 1841, its use was the standard response of keepers dealing with distressed or excited inmates. When Jane Russell, a twenty-four year old weaver was admitted in 1818, she was ‘lunged, bled and blistered’ and ‘muffed to prevent her pulling the bed clothes off the bed.’⁸⁸ The following year, Ann Henderson, a twenty-five year old midwife who was subject to constipation, was recorded as ‘not quite so well’ and it was added that ‘it is necessary to leg lock her.’⁸⁹ She was later ‘jacketed two days for acting in a lasividious [sic] manner with Jane Cant.’⁹⁰ In another 1818 case, in response to the concern of a patient, Mrs Brown, that her bowels were ‘relaxed,’ ‘she was locked up in her room during the last two days to ascertain the truth of what she said.’ This action was justified by the findings, namely that ‘during the time she was locked up she had only one stool and that by no means relaxed.’ It may have been that Mrs Brown was attracted to the remedies that she had previously been offered by the asylum for this condition, ‘twelve grains of powdered rhubarb,’ ‘an opium pill at bedtime,’ and ‘boiled milk thickened with flour.’⁹¹ Some patients may have responded to coercion and force with violent resistance and behaviour that became a justification for their rough treatment. Some,

⁸⁶ *Ibid.*, 28 Sep 1896.

⁸⁷ HMSW. Colin Harvey manuscript papers. ‘History of Patterns of Care and Legislation of the Mentally Handicapped’, c.1973, p. 2. Disability archive FF1.

⁸⁸ GGHBA. Glasgow Asylum, Case Notes – Female, 1818-1821, p. 9. HB13/5/4.

⁸⁹ *Ibid.*, p. 91.

⁹⁰ *Ibid.*, p. 94.

⁹¹ *Ibid.*, p. 14.

such as Mrs Brown, perhaps became adept at analysing the institution's methods and manipulated them to fit their own objectives.

John Conolly qualified as a medical practitioner at the University of Edinburgh in 1821 and pioneered the practice of non-restraint at Hanwell Asylum, Middlesex, while resident physician from 1839 until 1842.⁹² In 1856 he noted that when ground had been broken at Glasgow Asylum's new location at Gartnavel 'an inscription on the foundation-stone recorded that into that institution mechanical restraint was never to be introduced.'⁹³ To this Conolly added the comment that 'this was among the Scotch, who were confidently predicated to be ungovernable by any but strong methods.'⁹⁴

It was not only pauper inmates of mental asylums who were subjected to restraint in the early nineteenth century. Thomas Balfour, the young MP for Orkney & Shetland who was admitted to Saughtonhall Asylum in 1837 shortly after resigning from the House of Commons, was occasionally put under restraining devices. Saughtonhall was a private institution catering for 'ladies and gentlemen,' it claimed to follow 'moral treatment' of its patients, in Balfour's case 'to allow reading, and to provide drawing materials, and intended to follow these up with music.'⁹⁵ His family was convinced of the high standing of its doctors. However, following a visit, Dr Robert Omond reported to Balfour's father a setback in the moral therapy strategy. Omond indicated that restraint had been necessary, but wrote, 'I can assure you that the only means of restraint used was a Hand Muff. It is fastened round each wrist, the hands placed as a lady carries hers in a common muff.'⁹⁶ By comparing the handcuffs to a lady's hand muff, the severity of this form of treatment is concealed by associations with the soft fabrics of a lady's hand warming garment. The reality was apparent when, three months later, Thomas's brother, William, in a letter to their father, wrote:

⁹² John Conolly, *Treatment of the Insane without Mechanical Restraints*, first published 1856, reprint with introduction by Richard Hunter and Ida MacAlpine (Folkestone, 1973), p. vii.

⁹³ *Ibid.*, p. 298. According to Rev Derek Haley, former chaplain to Gartnavel Royal Hospital, a search was undertaken in the 1990s, but the stone could not be traced.

⁹⁴ *Ibid.*, p. 298.

⁹⁵ OSA. Letter from Dr Omond to William Balfour, 20 Nov 1937 quoted in Alison Fraser, *Poor Mad Tom*, p. 6.

⁹⁶ *Ibid.*

Tom's left hand annoys him considerably still. It was hurt by the restraint obliged to be employed during his illness. He complains of numbness, particularly in the forefinger. It is however much better and by the use of dumb bells will I hope soon recover.⁹⁷

These two reports acknowledge the acceptability of the need and use for restraint by both medical professionals and family members of the patient, but they also contrast the frequent justification of restraint as a safety measure to protect the patient as well as those around him with the injury that could result from its application.

Ann Sneddon has noted that 'board games, writing to the Superintendent and billiards were all popular pastimes' at Gartnavel.⁹⁸ These activities illustrate the 'enlightened' moral therapy approach to mentally impaired institution patients. However the 'freedom' of indulging in correspondence, especially letters intended for recipients other than the superintendent, has to be qualified. Patients' letters had to pass through censorship by the Physician-Superintendent. How many of them passed this vetting, and how many circumvented it with the aid of visitors, is open to speculation. In 1908 Mary Coutts, a former inmate of Aberdeen Asylum, maintained that patients had many causes for complaint, but that:

If the inmates complain it is regarded as an evidence of delusion, and no written complaints find their way outside, as the letters are all read by the doctor, and posted at his pleasure. I have gleaned that this preposterous and arbitrary rule is followed in all similar institutions.⁹⁹

The author of *Life in a Lunatic Asylum* wrote to his wife who was confined in another part of the same asylum in England as himself. In 1867 he recalled his experiences:

I frequently wrote notes to her, which I handed to her on rising from meals in the Hall, where she sat close behind me. This was permitted for some time, until the officious Welsh attendant rudely interfered. Of course, it would not do for the master to run counter to the prominent interference of an attendant, as his doing so might tend to produce insubordination. Therefore he spoke to the Doctor, and he rather courteously explained the matter to me; and I was informed that all notes must be handed *unsealed* to the master, then passed to the mistress, and from her to my wife or her attendant, and thence to my wife.¹⁰⁰

These commentaries suggest an environment in lunatic asylums where patients, certainly those who were private patients, were permitted, indeed encouraged to engage in correspondence. This could serve several purposes. It was a means of keeping patients occupied, it permitted them an expression of their feelings and emotions in a harmless way, and it gave the asylum staff a means of delving into patients' thought processes. In her research on Fife District Asylum, Gillian Doody

⁹⁷ OLA. Balfour Collection. Letter from William Balfour, Lasswade, to Captain William Balfour, Kirkwall, 15 Feb 1838. D2/44/3.

⁹⁸ Ann Sneddon, 'Environment and Architecture', p. 30.

⁹⁹ Anon (Mary Coutts), *Britain's Siberia*, (London, 1908), p. 2.

¹⁰⁰ Anon, *Life in a Lunatic Asylum*, (London, 1867), pp. 82-83.

observed that ‘a sample of handwriting was obtained and placed in the [case] notes as a yardstick by which deterioration could be monitored.’¹⁰¹ By controlling the flow of these writings, the asylums could also feel confident that representations by patients, imagined or real, would not undermine their authority. In their vetting of letters, a contradiction arose in that it enabled the asylum authorities to keep presenting the perception that asylums provided a caring environment rather than one of incarceration, while simultaneously controlling patients’ ability to communicate with the world beyond the asylum making them more akin to the jails in which many patients felt they were detained.

Of letters written by patients in Gartnavel that were subsequently attached to their case notes, some had been addressed to the superintendent or physicians. It might therefore be argued that their lodgement with the case notes was a legitimate and perhaps a laudable outcome. Others were intended for dispatch to addressees beyond the asylum. That these letters were withheld from their intended recipient at the ‘doctor’s pleasure’ perhaps adds to their value as proof that mental patients were justified in harbouring feelings of incarceration. However Jonathan Andrews cautions that, by their very preservation in supplement to case notes, surviving letters might be ‘the extreme end of patients’ productions and of asylum censorship, than of the balanced range of patient testimony.’¹⁰² Despite the provision of writing material, this did not seem to be adequate for the insatiable demand of some patients and letters were also written on fragments of paper such as long strips cut from the borders of newspaper pages. Case notes frequently refer to letters written by patients, but they regularly denigrate and dismiss correspondence from patients with terms such as ‘incoherent.’ Many letters nonetheless are quite lucid although their honesty is often difficult to establish.

In contrast to royal asylums for which detailed records often survive, very few records have been left by private asylums to facilitate greater insight to the patients under their care. Indeed, a recurring complaint of the Lunacy Commissioners in their 1855 inspections concerned failure to either keep records on such matters as treatment of patients or use of constraint, or, where they existed, to maintain them adequately.

¹⁰¹ Gillian Doody, ‘A Study of Fife and Kinross District Asylum, 1866-1899’, University of Edinburgh MPhil thesis, 1992, p. 65.

¹⁰² Jonathan Andrews, ‘Case Notes, Case Histories, and the Patient’s Experience of Insanity at Gartnavel Royal Asylum, Glasgow, in the Nineteenth Century’, *Social History of Medicine*, 1998, Vol. 11, 2, p. 270.

While private asylum proprietors had a tendency to paint a comforting picture of the facilities which they offered, as private enterprises this was a natural marketing strategy. While by 1855 moral therapy had been adopted in the royal asylums, the Commissioners found that hand-cuffing and other forms of restraint, and shock treatment such as forced cold showers, remained as legitimate forms of patient control by the keepers of private asylums.

A different experience occurred in infirmaries, their role being medical intervention and discharge rather than detention. Surgeons commanded an image of being all-powerful and most patients were in awe of them. Yet surgeons did not automatically opt to immediately operate. For example, Janet Morton, an eighteen-year-old muslin weaver from Newmilns, was admitted to Glasgow Royal Infirmary in 1836 with a diseased elbow joint, but 'consultation having disapproved of any operation, patient was ordered to the country.'¹⁰³ When fifteen-year-old William Coulter, described as an 'engineer,' was admitted in 1845 with horrific injuries to his left arm, which had been 'caught between two large rollers' while he had been feeding a flooring machine, stitches had already been applied to his wound in the five hour time lapse between the accident and his admission. The stitches were removed at the infirmary and gangrene was soon observed, but two weeks passed before 'on the decision of a House Consultation, amputation of the arm was unanimously agreed.' Coulter died two weeks after the operation.¹⁰⁴ Thirty years later, it was only when excision of a strumous elbow joint failed to be effective, that Dr Morton made the decision to amputate on nine-year-old Allan B.¹⁰⁵ These examples suggest that the most senior of medical personnel in infirmaries, in confronting physically disabling circumstances through either disease or injury, nonetheless demonstrated an element of restraint in exercising total control over a patient's fate, an approach that was not replicated by the personnel of custodial institutions.

The custodial environment was often one of tension between the keeper and 'the kept.' Attendants, especially those lacking any training in patient care, were influenced both by their perspective of inmates as undeserving of special consideration and by their immediate goal of retaining the control and discipline which they considered to be their function. These attitudes improved in some quarters

¹⁰³ GGHBA. GRI. Surgical Casenotes, Janet Morton, 12 Oct 1836, HH67/8/2, pp. 70-71.

¹⁰⁴ GGHBA. GRI. Surgical Casenotes, William Coulter, 22 Apr 1845, HH67/11/1, pp. 95-97, 134, 155.

during the nineteenth century with the increasing prevalence of 'professionals' in such areas as therapy and training, but other practices, such as physical intervention to control 'difficult' inmates lingered in such institutions as private madhouses and poorhouses.

The patient's perspective

May Ann McCall was admitted to Logierait Poorhouse, aged sixteen and a cripple, when it opened in 1864.¹⁰⁶ She was variously described as suffering from lameness, and debility, and as being the illegitimate daughter of Alexander McCall, gamekeeper, and Ann Harris.¹⁰⁷ For many poorhouse inmates the poorhouse was only a temporary receptacle of a few weeks or months duration, but May Ann had a very different experience. She remained in Logierait Poorhouse for the rest of her life and died there in 1923, aged seventy-seven.¹⁰⁸ The records suggest that she was a model inmate who never caused any problems, nor challenged her situation.

Superintendents of institutions expected their patients and inmates to behave in certain ways and to conform both with regulations and their keeper's stereotypical views shaped by their condition. May Ann McCall was totally institutionalised and complied with her keepers' expectations. However some patients were not willing to accept their incarceration uncontested or to abandon all freedom of thought and action. Some expressed themselves passively, while others chose to be more active in their expression. The preponderance of private patients in mental asylums created a clientele of whom many were quite capable of recording their feelings of asylum life. Some put their experiences into print and these publications articulated the feelings of patients of 'relatively elevated social status.'¹⁰⁹ One example is the anonymously authored *Philosophy of Insanity* (see pp. 102, 122).¹¹⁰ The style of this work presents such a glowing picture of Gartnavel Asylum and the therapeutic work compassionately undertaken by its personnel that it would seem that Dr Mackintosh, its superintendent, would himself have been hard-pressed to produce a volume that described his institution in such favourable terms. Collusion between the author and

¹⁰⁵ GGHBA. GRI. Register of Operations, Allan B., 14 Aug 1875, HB14/5/28.

¹⁰⁶ PKCA. Logierait Poorhouse. Register 1864-1893, 3 May 1864. CC1/19/1/3/1.

¹⁰⁷ *Ibid.*, 10 Nov 1864, 11 Nov 1864, 15 May 1866, 11 Nov 1866, 11 Nov 1873, 15 May 1892.

General Register of Inmates 1917-1923, 16 May 1923. CC1/19/3/4.

¹⁰⁸ PKCA. Logierait Poorhouse. Register of Admissions and Discharges 1911-1929, 23 May 1923. CC1/19/1/4/2.

¹⁰⁹ Elizabeth Bredberg, 'Writing Disability History', p. 198.

the principals of the asylum cannot be ruled out. The author revelled in Mackintosh's acknowledgement of him and a supplementary volume¹¹¹ reveals that this was harnessed for the benefit of Gartnavel, an 'establishment [which] courts publicity,'¹¹² through addresses delivered by the writer to inmates and patrons.¹¹³ Jonathan Andrews has identified the writer to be James Frame.¹¹⁴ *The Philosophy of Insanity* indicates that Frame was an inmate of Gartnavel c.1843 with a return visit in 1856.¹¹⁵ But he was not a typical patient. Records for his second confinement describe him as a married man, aged fifty-three, employed as a clerk. He was admitted in June 1856 for what appears to have been a desire to have time apart from his family. He was recorded on 10 July, after about five weeks, as being well 'but has no inclination to leave,' a sentiment which was repeated on 30 August 1856. He left Gartnavel 'cured' on 13 September 1856.¹¹⁶

Frame's experience was overwhelmingly positive. Other patients who wrote letters during their confinement tended not to describe asylum life in the glowing terms penned by Frame. Their letters were to acquaintances, or people beyond the institution whom they thought could secure their release or gain redress in cases of complaint, or to senior asylum personnel to register complaints or solicit favours. Frame wrote with some disparagement of those who indulged in correspondence:

The letter-writers continue as industrious as ever, and occasionally contrive to send out epistles, idle or mischievous. The principle of removing from the Asylum, as much as possible, all appearance of a prison, renders it very difficult, or rather impossible, to prevent letters from going out, without searching every visitor. Many indeed are intercepted, but it is thought better to allow some foolish ones to escape, than to adopt measures of too great severity. Some clamour has been raised, and some complaints have been made by several who desired paper to be withheld, and by another, who, on being received very ungraciously by his wife, was extremely angry with the keeper, who refused either to chastise her himself, or allow the husband to do so. No punishment, however, but confinement, or moderate privation, has, on any account, been allowed; and paper is still furnished to those who enjoy the composing of letters, reflect on them with the utmost self-complacency, and speak of them with exultation.¹¹⁷

With other avenues of redress removed, letter-writing was one means of venting complaints both about asylum life and the circumstances surrounding admission.

¹¹⁰ Anon, *The Philosophy of Insanity*, (Edinburgh, 1860). GGHBA, HB13/14/36.

¹¹¹ Anon, *A Voice from Gartnavel Asylum*, (Glasgow, 1865).

¹¹² *Ibid.*, p. 1.

¹¹³ *Ibid.*, pp. 27, 35.

¹¹⁴ Jonathan Andrews, 'The Patient Population' in Jonathan Andrews and Iain Smith (eds), *Let there be light again*, p. 111.

¹¹⁵ Anon, *The Philosophy of Insanity*, pp. 13, 27.

¹¹⁶ GGHBA. House Surgeons Notes for Physician, Males, Vol. XXIII, pp. 66-67, HB13/5/54.

¹¹⁷ Anon, *The Philosophy of Insanity*, pp. 83-84.

One such Gartnavel letter-writer was Emma Broadley. She was acknowledged by the asylum as being of 'superior education' and had been certified insane and admitted to the asylum on 22 July 1863 following her harassment of 'one gentleman whom she favoured with daily visits' in his office.¹¹⁸ Seven weeks following her admission it was recorded: 'She is still busy writing letters. She is certain that all the people of Glasgow are interested in her case and that they will insist on a public investigation.' As her first year of confinement approached she was recorded as 'still restless and she is constantly writing long, incoherent letters.' The letters of Emma Broadley that survive with her case notes are addressed to Dr Hay and challenge the right of Dr Alexander Mackintosh, the Physician-Superintendent, to detain her. Patients frequently argued that their admission to an asylum was an error, that they were sane and should not be confined with so many insane people and be deprived of their freedom. Batty Tuke was perhaps unduly complacent when, in 1889, he wrote that 'not a single case of alleged false imprisonment has been raised in any of the Scottish courts since the institution of the General Board of Lunacy in 1858.'¹¹⁹ Many barriers stood before a patient seeking legal redress, but certification could occur with minimal formality – Broadley had been taken to the police station following a scuffle at the office of the 'gentleman' and 'she was then certified and sent to the asylum.'¹²⁰ The process of discharge from an asylum was much slower than that of admission. The external monitoring of Gartnavel was of a token nature, Dr Mackintosh stating that the sheriff undertaking one inspection was 'entirely under my judgement'¹²¹ although, in 1854, during the early years of his incumbency, he had defended patients' rights to direct access to legal redress over their confinement.¹²² There was certainly nothing incoherent about the opinion of Broadley who claimed that the doctors at Gartnavel 'have wilfully [sic] deceived even the very Sheriff by getting him to sign any paper'¹²³ and that Dr Mackintosh should 'stand his Trial for the lowest blackest dishonest lying crime that ever made heard of or known to

¹¹⁸ GGHBA. House Surgeons Notes for Physician, HB13/5/90.

¹¹⁹ J Batty Tuke, 'Lunatics as Patients, not Prisoners', p. 606.

¹²⁰ GGHBA. House Surgeons Notes for Physician, HB13/5/90.

¹²¹ Gerald Greene, 'Administration and Finance' in Jonathan Andrews and Iain Smith (eds), *Let There Be Light Again*, (Glasgow, 1993), p. 5.

¹²² Jonathan Andrews, 'Case Notes,' p. 270.

¹²³ GGHBA. Letter, Emma Broadley to Dr Hay, 11 March 1864, in House Surgeons Notes for Physician, HB13/5/90.

history.’¹²⁴ Broadley’s case notes record that she was ‘constantly talking about her cruel treatment and unlawful detention in the Asylum.’¹²⁵ The case notes do not refute these accusations, suggesting that such charges from patients were not uncommon and were considered undeserving of comment. Whether Emma Broadley’s complaints were with or without substance, her letters indicate that she did not accept her detention in the asylum and she did not give up her protestations with the passage of time.

In the absence of certification, discharge was achieved more easily. This occurred in the case of Mary Martin who in 1862 was the subject of controversial publicity. Allegations were made by *The Scotsman* newspaper stating that a father had kept his lunatic daughter caged at home in inhuman conditions and these were linked to John Martin in Paisley. Contrary to the allegations in the newspaper, Martin was not of limited means and he had consented to the admission of his daughter to Gartnavel Asylum, as a private patient, in 1848 when she was fourteen.¹²⁶ However, he removed her following an early visit when he found that:

She looked ill, was very unhappy, and made the most bitter complaints to me of the harsh and rude manner in which she had been treated by her attendant. I was so much affected by her condition, and the unhappy state of her mind, that I could not think of leaving her behind me; and having got the consent of the Superintendent of the Asylum, I took her home.¹²⁷

Gartnavel Asylum recorded that, for two years, Mary Martin had had a history of delusions, instability and moroseness, but that during her short stay she had displayed none of these symptoms, but was ‘somewhat discontented’ and ‘want[ed] to get home again.’ After two nights in Gartnavel, Mary was visited by her father when ‘he heard that she wished to get home.’ He returned to Paisley alone, but soon reappeared at the asylum upon the insistence of his wife that he bring Mary home. Mary’s sudden departure from Gartnavel was recorded as ‘relieved,’ but her case notes recorded that her father ‘this afternoon obtained the Physician’s consent *under protest* [my italics] to her dismissal.’¹²⁸ The admission of a teenaged girl from a comfortable home, where she was the singular child, to a large mental asylum would undoubtedly have

¹²⁴ GGHBA. Undated strip of paper, Emma Broadley to Dr Hay, in House Surgeons Notes for Physician, HB13/5/90.

¹²⁵ GGHBA. House Surgeons Notes for Physician, 15 March 1865. HB13/5/90.

¹²⁶ GGHBA. Gartnavel Admission Register, HB/13/6/83, indicates that Mary Martin, daughter of John Martin, Paisley, was admitted 17 Feb 1848, and discharged 19 Feb 1848 as ‘relieved.’ House Notes for Physician, Females, Vol. IX, p. 8, HB13/5/78, indicates that she was aged sixteen years.

¹²⁷ PLM, February 1862, ‘Letter from John Martin to James Shaw Brown, Inspector of Poor, Paisley, 13 Jan 1862’, p. 278.

¹²⁸ GGHBA. House Surgeons Notes for Physician, Females, Vol. IX, p. 8. HB13/5/78.

been traumatic compared with the caring environment which Martin described as being available at home. In 1862 Martin wrote that:

For the following seven years she was perfectly quiet and harmless, and was able to be taken out to church and other places, and needed no restraint whatever; but at the end of that period she became worse, and we found it necessary to confine her in the kitchen, a part of which was railed in for her accommodation. She remained in that state for the next six years. She was an only child, and I can truly say that during the whole of that period she received all the attention and care which it was possible for us to bestow. ...when my wife died in March, 1860, she continued to be carefully attended to by a female friend of my own, till her removal to the (Paisley) asylum in June following.¹²⁹

John Martin's account of his daughter's brief experience of asylum confinement expresses the concern of both daughter and her parents at the distress that she exhibited both from her treatment and her environment. The asylum records played down these complaints and reprimanded the father for his lack of wisdom in removing his daughter from the institution's professional care. The Martin family obviously felt this professional intervention was no substitute for the home environment that they were able to provide for the next thirteen years until the death of Mary's mother.

The sense of abandonment that the Martins felt that they had inflicted on their daughter during her brief sojourn in Gartnavel Asylum was a reality experienced by many mentally impaired people placed in institutions. This is demonstrated by 1855 accounts of the treatment of inmates of private asylums. The Lunacy Commissioners in their reports on the treatment of deceased inmates of Lilybank Asylum, Musselburgh, hint that they had few interested friends and relatives, and that they were abandoned upon admission to the asylum. The reports imply that proprietors and officials were unclear about either responsibility or need to inform friends and relatives of illness or death. Interest in affording patients' continuity of outside contact appears to have been minimal, perhaps even discouraged. Unlike the royal asylums where letter-writing was commonplace and might have been regarded as a form of therapy which kept patients occupied, such a facility in the private asylums seems unlikely in environments where economies in provision of clothing, food and heating were practised. At Lilybank, the Inspector of Poor was unaware if patients were permitted to write or had writing materials made available stating, 'I never saw paper, pens, and ink in the house.'¹³⁰ The Inspector was unsure about Lilybank's facilitation of visits to patients by their friends or relatives, but the evidence of

¹²⁹ PLM, February 1862, 'Letter from John Martin to James Shaw Brown, Inspector of Poor, Paisley, 13 Jan 1862', pp. 278-279.

William Malcom, the physician to the Royal Asylum in Perth, suggested that parochial boards placed financial expediency before consideration of maintaining familial links. Perth parish had removed all of its mentally impaired paupers to one of the Musselburgh private asylums, except for one for whom friends had undertaken to make up the differential in fees. Malcom indicated that Perth parish had not informed relatives and 'the first intimation that some of them received of the fact was when they made application to visit them as usual at the asylum.' He believed that they 'were very averse to their removal and expressed themselves much aggrieved' adding that 'many were respectable people, but unable to get so far from home as Musselburgh.'¹³¹ The discouragement of contact between patients and their friends and relatives, it may be deduced, was easily achieved by distance from the home parish and by factors inhibiting both visits and mail. The absence of a spouse for most patients would have facilitated their isolation from life beyond the confines of the asylum – of 406 patients in the main Musselburgh private asylums in 1861, 289 were unmarried and 40 were widows or widowers.

Mental asylums were not the only institutions that were viewed with apprehension by patients or prospective patients. People who suffered horrific accidental injuries were often rushed directly to hospital, but a reluctance to seek admission in cases that were not immediately life threatening often developed in severity because of delay in seeking attention or realisation that natural healing was not being achieved. For example, in 1828 Michael McAyloon sustained a hand injury while cutting a hedge. He was admitted to Glasgow Royal Infirmary six days later by which time a forefinger was gangrenous. A second finger was amputated a week later.¹³² In 1829 Duncan McDonald did not arrive in the infirmary until six weeks after falling down stairs and sustaining spinal injuries that had left his lower body paralysed for a month.¹³³ Mrs Stewart of Arran injured her hand in 1836 with a shoemaker's awl. Infection inhibiting healing, but fifteen months elapsed before she entered the infirmary.¹³⁴ People who had contracted syphilis frequently delayed admission to hospital until the disfiguring effects were advanced as occurred in several cases in

¹³⁰ *Ibid.*, Testimony of Robert Wilson, Inspector of Poor for the Parish of Inveresk, 19 November 1855, p. 363.

¹³¹ *Ibid.*, Testimony of Dr William Malcom, Physician to Murray's Royal Asylum, Perth, 11 May 1855, p. 283.

¹³² GGHBA. GRI. Surgical Casenotes, Michael McAyloon, 1828/29, HH67/7/1, pp. 68-69.

¹³³ GGHBA. GRI. Surgical Casenotes, Duncan McDonald, 1829, HH67/7/1, p. 180.

¹³⁴ GGHBA. GRI. Surgical Casenotes, Mrs Stewart, 1837, HH67/8/2, p.177.

1836 and 1837.¹³⁵ All of these cases suggest that some patients only sought the help of infirmaries as places of last resort.

Similarly, the reputation of hospitals did not appear to be in high standing with some children and their parents even when they had long-standing experience of impairment and the interest of 'professionals.' This is illustrated by examples involving deaf children. James Kerr Love, the aurist at the Glasgow Institution for the Deaf and Dumb, was appointed in 1890/91 and embarked on the thorough examination of the children and removal of obstructions from their ears. Ten years later, he was continuing with treatment, but was troubled by cases which 'proved refractory.' For these he believed 'extensive surgical operation would be necessary.' However, it was his opinion that: 'This could not be done in the Institution and it is unlikely that the parents interested would consent to their removal to hospital.'¹³⁶ While it might have been hospital fees that Love considered the inhibiting element, this was not suggested. The inference was that either hospital treatment would give rise to concern, or that children used to the security and predictability of the Institution might be upset by removal to an infirmary. A hospital sojourn certainly seemed to conjure fear as demonstrated by another instance from Aberdeen Deaf and Dumb Institution:

The secretary explained that he has now enquired ...into the circumstances attending the removal of Lissie Simpson Goutly from the Institution and has ascertained that they were the following. The girl had hooping [sic] cough and was being attended by Dr Fraser. He noticed that one of her eyelids was in a very bad state and that Mrs Pender [wife of the Superintendent] should take the child to the Infirmary and show her to Dr McKenzie Davidson, which Mrs Pender did. Dr Davidson said that an operation must be made on the child's eye, but that it would be better to wait a little until the child recovered from the effects of the Hooping Cough and he recommended that she be sent home for a few weeks. Her mother on hearing this came and took her away and she has never been in the Institution since.¹³⁷

While the skills and cures offered by infirmaries gained status as the nineteenth century progressed, it took time for them to gain the confidence of potential patients.

However, some people did see virtue in making use of infirmaries. Lady Victoria Campbell's suggestions to doctors, narrated in her biography published in 1911, that 'they should cut off her useless limb'¹³⁸ appear to have been no more than black humour. However, in 1869, Mary Linn, a twenty-four-year old pinn winder, seems to

¹³⁵ GGHBA. GRI. Surgical Casenotes, Mrs Smith, 8 Dec 1836, p. 99; Mrs Maclean, 1 Feb 1837, p. 144; Sarah McNicol, 31 Mar 1837, p. 180. HH67/8/2.

¹³⁶ GIDD, Annual Report 1901, p. 9.

¹³⁷ ADDI, Minute Book 20 Feb 1888, AUA MS3724.

¹³⁸ Lady Frances Balfour, *Lady Victoria Campbell*, p. 74.

have positively sought the amputation of an arm. The limb had previously been excised, but it was recorded that the operation had ‘not been successful as the arm is quite useless and hangs like a flail.’¹³⁹ Likewise, when James Ure Campbell suffered facial injuries from an explosion in 1876, he had firm views on the most appropriate form of medical intervention. ‘Let no one touch my eyes till the doctor comes,’ was Campbell’s first instruction.¹⁴⁰ A local physician, after examining him, advised that he remain at home, but Campbell countered with a desire to be sent to the Glasgow Eye Infirmary.¹⁴¹ Instead, he was admitted to Stirling Infirmary where he immediately asked the age of the house-surgeon ‘seeing that youth represented to his mind inexperience and incompetence.’¹⁴² He was not happy with the answer received, but during the following weeks developed a strong respect for the young Dr Renny.¹⁴³ Although hope for his sight being saved had by this time passed, he was still anxious to attend Glasgow Eye Infirmary for a specialist prognosis. His local physician believed that ‘Campbell was then totally blind and that he would always remain so,’¹⁴⁴ but Campbell insisted upon being sent to Glasgow Eye Infirmary where his worst fears were indeed confirmed.¹⁴⁵

The focus of institutions for people with sensory impairments was on education, training and employment. While these might have been seen by their administrators and benefactors as positive attributes aimed at integration of their inmates with ‘normal’ society, the inmates themselves did not always share this positive perspective of the direction of their lives. The external magnificence of buildings, such as that which housed the Glasgow Institution for the Deaf and Dumb from 1868,¹⁴⁶ and one of its Edinburgh counterparts, Donaldson’s Hospital designed by William Playfair and opened in 1850,¹⁴⁷ did not mean life for their pupils was devoid of austerity and severity. Implementation of strict discipline is conveyed by one child at the Glasgow institution who wrote that ‘disobedience is opposing our parents and friends. Little children must not disobey their parents, who are wise and kind.’¹⁴⁸

¹³⁹ GGHBA. GRI. Surgical Casenotes, Mary Linn, 29 Sep 1869, HH67/30/2, p. 73.

¹⁴⁰ G A Johnston Ross, *The Story of a Working Man’s Blindness*, p. 15.

¹⁴¹ *Ibid.*, p. 16

¹⁴² *Ibid.*, p. 22.

¹⁴³ *Ibid.*, pp. 25-26.

¹⁴⁴ *Ibid.*, p. 36.

¹⁴⁵ *Ibid.*, p. 38.

¹⁴⁶ GIDD, Annual Report 1904, p. 12.

¹⁴⁷ George Montgomery, *Silent Destiny*, pp. 5, 41.

¹⁴⁸ GIDD, Annual Report 1888, p. 11.

This philosophy would have extended to the manner in which the children were expected to regard their teachers and matrons. On the cause of deafness itself, one account, purported as that of a child identified as R.S. (see p. 65), suggests that the institution instilled in the children the belief that deafness was a divine punishment from which they must strive to recover by repentance. After describing personal circumstances of the onset of deafness, R.S. then went on to relate a comprehensive biblical reference to deafness and dumbness:

Before the coming of Christ a pious man named Zacharias, while performing his priestly duties in the temple, was met by an angel of the Lord, who told him that he should have a son by his wife Elizabeth, and that his son should be the forerunner of Christ. Zacharias did not believe this messenger, and was struck dumb till the birth of John the Baptist, when his speech was restored, and he praised the Lord. Among the wonderful works called miracles which our Lord Jesus Christ performed were giving sight to the blind, hearing to the deaf, and speech to the dumb.¹⁴⁹

While such teaching might well have been consistent with religious indoctrination in numerous facets of contemporary life, it takes on a particular poignancy by its conveyance in this manner to children with sensory impairments.

This religious indoctrination was disapproved by some of the men at the Edinburgh Blind Asylum and in 1867 they presented a petition seeking the cessation of 'attendance at Chapel for compulsory daily worship.' The directors 'unanimously resolved to refuse the prayer of this petition'¹⁵⁰ and a programme of resistance by some of the men then followed. Thomas Manderson and Donald Munro were cited as protagonists, having 'requested some [men] to abstain from joining in the Psalmody ... and this course of conduct seems to have been very generally followed.'¹⁵¹ A succession of events then occurred: the chaplain reported Manderson and Munro to the Directors; the men confronted the chaplain on his action, the chaplain reported this confrontation, and this resulted in the expulsion of Manderson and Munro from the asylum. Colleagues of the two men approached the Secretary seeking a less severe penalty, but he saw little prospect of this 'as one or two of the Directors had very strong views on this Chapel question.'¹⁵² Manderson and Munro mounted their own protest 'sending letters to the papers and placarding the town.'¹⁵³ This reinforced the conviction of the directors including some who had been more sympathetic to the men's case because ultimately the dispute did not centre on such issues as religious

¹⁴⁹ GIDD, Annual Report 1872, p. 15.

¹⁵⁰ REBAS. Minute Book 1867-1872, 9 April 1867, p. 20.

¹⁵¹ *Ibid.*, 18 Sep 1867, p. 48.

¹⁵² *Ibid.*, p. 52.

observance or respect for the clergy, but on action that was 'subversive of discipline of the Institution.'¹⁵⁴ The expelled men were of a mature age and had been inmates for many years. They would have been fully aware of the consequences of their protest suggesting that it was not taken lightly.¹⁵⁵

This was not an isolated instance of the inmates at the Edinburgh Blind Asylum resisting the strict control of their lives in the institution. For example, on 11 July 1842 three inmates had a shilling stopped from their weekly wages for two months for misconduct.¹⁵⁶ They were considered the ringleaders of a party of eight who had returned to the asylum one Saturday 'in a state of intoxication.'¹⁵⁷ In another instance in 1846 John Cairns was brought before the directors for 'renewed fragrant delinquency' following their receipt of an anonymous letter saying he 'had been seen in bad company.' The housekeeper voiced suspicions that he had disposed of a pair of trousers and a shirt, and that 'he had sold the drawers to a person in the Cowgate.' Cairns was not intimidated by the directors, the secretary recording that:

On being questioned what sum he had received as the price of his Drawers, and what he did with the money, he refused to answer these questions, except that he had had a glass of whiskey with the company he was in, at the time. He said he never would answer any questions as to what he had done with the remainder of the money, and added, as his reason for parting with the Drawers, that he wished to accustom himself to do without them, as he thought he would soon be obliged to leave the house.¹⁵⁸

Cairns was resigned to being dismissed, acknowledged that this would result in poverty, but was unrepentant at his failure to adhere to rules that he obviously resented. He was duly returned to Edinburgh Poor Board as their responsibility.¹⁵⁹ Such instances suggest that inflexible rules that gave the inmates little room to direct their own lives were often perceived to be there as a temptation for challenge that, upon occasion, could not be resisted even when there was complete awareness that insubordination brought harsh penalties.

The relationship between asylum inmates and their 'keepers' makes interesting comparison with subaltern peoples in colonised lands, and no less so than those who were incarcerated in colonial asylums as investigated by James Mills in British-ruled India from 1857 to 1900. Mills recognises that inmate resistance was not only against

¹⁵³ *Ibid.*, p. 53

¹⁵⁴ *Ibid.*, p. 49.

¹⁵⁵ Munro was aged about 39 and Manderson 52.

¹⁵⁶ REBAS. Minute Book 1835-1849, 11 July 1842, p. 180.

¹⁵⁷ *Ibid.*, 1 June 1842, p. 178.

¹⁵⁸ REBAS. Minute Book 1835-1849, 31 August 1846, p. 372.

¹⁵⁹ *Ibid.*, pp. 371-372.

colonial and institutional power, but was prompted by diverse motivations.¹⁶⁰ The asylum was a means of control, whether colonial or medical and, as Michel de Certeau observes, all citizens resist power all the time, devising ‘everyday practices [that] are tactical in character’ to bring about ‘victories of the “weak” over the “strong” [through] clever tricks, knowing how to get away with things, “hunter’s cunning,” maneuvers, polymorphic simulation, joyful discoveries, poetic as well as warlike.’¹⁶¹ While the vast majority of inmates and patients may appear to have conformed to the institutional regimes under whose care they found themselves placed, in many instances it was done with a sullen resignation. Despite the positive image that institutions liked to portray, those who were the ‘clients’ of these institutions did resist admission, found the restrictive nature of their confines as distasteful, and in a variety of ways rebelled against their control by unskilled attendants, specialist professionals and philanthropic patrons.

Refuge or prison?

The concept of asylums and other custodial environments as offering protective custody for vulnerable people was contradictory to the view of those who became inmates. Indeed some people who were in a position to decline an institution’s ‘hospitality,’ did so. Following submission of James Ure Campbell’s drawings to the Royal Blind Institution in Edinburgh, he was advised ‘that the directors were willing to admit him to the Asylum, on condition that for the first year, while he was learning a trade, 8s 6d would be paid weekly for his support.’¹⁶² Campbell declined their offer, and elected instead to become ‘an outmate, or non-resident worker,’ at the Northern Counties Institute for the Blind in Inverness.

Infirmaries, as places of short-term confinement for medical intervention, had a different role from other custodial institutions, yet the aura of the surgeon could be persuasive in commanding submission to his knowledge and ‘right’ to intervene. While surgeons might have been hesitant to perform disabling operations such as amputations unless they considered it absolutely essential, their authority was not always passively submitted to by patients. Thomas Short spent five weeks in the

¹⁶⁰ James H Mills, *Madness, Cannabis and Colonialism: The ‘Native-Only’ Lunatic Asylums of British India, 1857-1900*, (Basingstoke, 2000), p. 182.

¹⁶¹ Michel de Certeau, *The Practice of Everyday Life*, translated by Steven Rendall, (Berkeley, 1988), p. xix.

¹⁶² G A Johnston Ross, *The Story of a Working Man’s Blindness*, p. 49.

Glasgow Royal Infirmary in 1879 where he had diseased foot bones excised. The surgeon considered that this was insufficient to save Short's foot, but he recorded that the patient left the infirmary 'having refused amputation.'¹⁶³ James Cannoran had two fingers and a thumb amputated in 1864 following injuries from a gunpowder explosion. The result of the operation was recorded as 'irregular' and he 'left the hospital against the advice of the surgeon.'¹⁶⁴ Short (18) and Cannoran (19), possibly because of their youth, were not intimidated by the awe and respect instilled by surgeons upon patients who were beyond the years of adolescence. They nonetheless demonstrate that patients could, and did, decline surgical intervention.

The most contentious form of confinement was that of the lunatic asylum. Supporters of the asylum system often portrayed them as places of refuge. Not all patients rejected the idea of asylums as places of refuge, one being David Lindsay who was admitted to Gartnavel Asylum in 1892. Lindsay had been a medical practitioner in Hamilton for seven years before becoming 'an incurable lunatic' as a result of 'my mind going over a trifling love affair' upon the culmination of many years of overwork.¹⁶⁵ Lindsay entered Gartnavel voluntarily although his status quickly became that of certified lunatic.¹⁶⁶ Personal letters and his case notes indicate that he had developed low self-esteem and believed that 'no man ever deserved a deeper hell.'¹⁶⁷ However, the written comments of many patients do not suggest that they willingly submitted to incarceration. In the 1860s Emma Broadley spoke of being 'imprisoned in a loathsome madhouse,' 'this awful Jericho,' and 'Satan's Bondage.'¹⁶⁸ Around the same time Margaret Cochran, the wife of a military officer whom she accused of reviling her and his family for a low street walker, beseeched him to 'come and take me out of prison.'¹⁶⁹

By the 1840s the official use of restraint by the royal asylums had been replaced by moral therapy where patients were treated humanely and gained privileges through good conduct so that, as well as providing patients with some dignity and

¹⁶³ GGHBA. GRI. Register of Operations, Thomas Short, 30 Dec 1879, HB14/5/28

¹⁶⁴ GGHBA. GRI. Register of Operations, James Cannoran, 27 Apr 1864, HB14/5/28

¹⁶⁵ GGHBA. Letter from Dr David Lindsay to Rev Hugh Fleming, Mordington, Berwickshire, 2 February 1892. HB13/11/2.

¹⁶⁶ GGHBA. House Surgeons Notes for Physician, 7 April 1892, HB13/5/127.

¹⁶⁷ GGHBA. Biographical note by Dr David Lindsay, 1892, HB13/11/2.

¹⁶⁸ GGHBA. Various loose letters, Emma Broadley to Dr Hay, c.1864-1865 in House Surgeons Notes for Physician, HB13/5/90.

¹⁶⁹ GGHBA. Undated letter c. 1865, Margaret Cochran to Captain John Cochran, Ayr, in House Surgeons Notes for Physician, HB13/5/90.

responsibility as means of therapy, they were also made to police their own behaviour. However, as the Lunacy Commissioners discovered, privately run madhouses continued to use restraint on 'difficult' inmates into the 1850s while the general conditions often led much to be desired. In Millholme House, Musselburgh, inspected by the Commissioners in 1855, fifty-three of the fifty-nine inmates were paupers and the remaining six were private patients. The Commissioners recorded that:

In the room occupied by the worst class of patients, there are five trough beds, containing only loose straw covered by a sheet. The beds of the other patients have straw mattresses, and appear more comfortable, with sufficient coverings, but they have each only one sheet. The windows are all barred. The bedrooms are not supplied with chamber utensils, but pails are placed in them at night. There are no lavatories; the patients wash at the pump, or, in wet weather, under a shed. The furniture is limited to benches. There are no separate day-rooms, and the patients take their meals as they best can, either in their sleeping rooms or in the yard.¹⁷⁰

The Commissioners also observed that: '...restraint is in habitual use. One man, A. S., was handcuffed. A female, I. G., was in a straight-waistcoat. A shower-bath, which stands in an unenclosed outer shed, is occasionally used to quiet patients. It has a very high fall.'¹⁷¹ A further two visits found the male patient: 'confined by handcuffs, and a strap was attached to the bed, to fasten him down at night'; and 'strapped down with his hands manacled.'¹⁷² Although the people confined to Millholme House were referred to as 'patients,' there is no reference to medical provision and, while the Commissioners concluded that 'some of them are placed in damp and cheerless rooms, quite unfit for occupation,' they concluded that this was for the simple reason that 'the house is too full,' but that otherwise 'there appears to be a disposition to treat the patients well.'¹⁷³ This last comment seems contradictory, but living conditions in Millholme House were perhaps not very different from those of the poor of Musselburgh which were described in 1839 as being of 'filthy habits' and living in 'crowded, ill ventilated dwellings'¹⁷⁴ which are 'mean and squalid in the extreme.'¹⁷⁵

¹⁷⁰ ARRLCS, pp. 122-123. The use of straw for bedding had a practical aspect. Bethlem Hospital, London, found that not only was it cheap but that for 'paupers and unclean patients' it was easily cleared away when fouled.' Kathleen Jones, *Lunacy, Law, and Conscience 1744-1845*, (London, 1955), p. 16.

¹⁷¹ ARRLCS, p. 123.

¹⁷² *Ibid.*, p. 124.

¹⁷³ *Ibid.*, p. 123.

¹⁷⁴ NSA. Parish of Inveresk, Vol. 1, p. 249.

¹⁷⁵ *Ibid.*, p. 287.

The patient, I. G., described in 1855 as being restrained in a straight-waistcoat,¹⁷⁶ may have been Isabella Gair, a widow from Ross-shire who would have been aged forty-nine at this time.¹⁷⁷ Her parish of origin was farther away than the vast majority of Millholme's inmates, most of whom came from the south-east of Scotland and Fife. It is doubtful however if a distance from their native parish of twenty miles or two hundred miles would have made a difference to an inmate as their world was confined within the walls of the asylum and its grounds. In both the female and male rooms, the commissioners had found bars on all the windows with additional 'trellis-work and darkened panes' on those facing the street. Such security was common on the servants' quarters of private houses to prevent their escape, and its similar function at Millholme must have reinforced the feeling of incarceration.

With perhaps the exception of Whitehouse Asylum which had an affluent clientele, Musselburgh's private asylums in the 1850s are portrayed as poorly furnished, dirty, insanitary, and lacking attendants with either the knowledge or the empathy that would have helped the people confined to their care. While boarded-up windows, damp bedding, roughly-hewn and minimal furniture and long-unused fire places might have been paralleled by the conditions found in the homes of many poor members of the population, they at least had recourse to the streets and taverns as a means of momentary escape from conditions of squalor and poverty.

While perhaps only a small percentage of the asylum population experienced measures intended to restrain or calm them during periods of agitation, the Commissioners found this to be a common approach by private asylums. In Mrs Brownlee's House they discovered straight-waistcoats and a boarded seclusion room,¹⁷⁸ Eastport House adopted habitual use of restraining straps and a shower bath for calming,¹⁷⁹ Lilybank House applied hand-cuffs, leg chains and leg-locks,¹⁸⁰ and Newbigging House had a chain stapled to the ground (but reputed 'not to have been in use for some years').¹⁸¹ The reaction of an already traumatised patient to being thrust forcefully into various forms of manacles and straps or being plunged under a torrent of cold water is unlikely to have improved their mental torment even if it did inhibit their physical reaction to that torment for a time. The reaction of other patients

¹⁷⁶ ARRLCS, p. 123.

¹⁷⁷ Census of Scotland, 1861, Inveresk, Millholme House, 15, p. 4.

¹⁷⁸ ARRLCS. Mrs Brownlee's House, p. 109.

¹⁷⁹ *Ibid.*, Eastport House, p. 112.

¹⁸⁰ *Ibid.*, Lilybank House, p. 119.

witnessing this treatment might have included relief that action was being taken against someone who was behaving towards them in a threatening manner. It may also have been one of absolute fear, fuelled by incomprehension, that they too were about to be targeted.

Many of the attendants, and proprietors, certainly do not appear to have had either the skill or the knowledge to enable them to consider other solutions to difficult situations, a point which the Commissioners frequently observed when enquiring about the background of those who were running private lunatic asylums. Ignorance of any abuse of power through the application of shower-baths was professed by Thomas Scott, a doctor who attended several Musselburgh private asylums and who cautiously maintained that, to his knowledge, it was only used as a curative measure.¹⁸² However, George Laurie, medical officer to Lilybank Asylum was more candid when he revealed that 'the shower-bath is used very successfully as a punishment for a fault, such as striking, or refusing to obey orders.'¹⁸³ Laurie's admission suggests that punishment was motivated by its exemplary value to other inmates while being a mode of patient control that could be portrayed as having curative qualities that garnered acquiescent medical approval.

The Commissioners Report resulted in legislation in 1857 to introduce better supervision of establishments such as Millholme House.¹⁸⁴ However, both the actual experience of this type of environment and the general perception of asylums in this vein would have conspired to make mentally troubled people wish to avoid confinement, while it also highlights some of the reasons why many people detained in institutions would not regard them as places of safety and refuge. Indeed medical historian Helen Dingwall comments that 'as time went on, mad people were seen increasingly as both a threat and an embarrassment to 'normal,' 'civilised' people, and it may be claimed, cynically, that progress in the treatment of mental illness owed a fair amount to the rejection of these individuals from the public sphere rather than a simple realisation that diseases of the mind perhaps required different treatment from diseases of the body.'¹⁸⁵

¹⁸¹ *Ibid.*, Newbigging House, p. 126.

¹⁸² *Ibid.*, Testimony of Thomas Rennie Scott, MD, to Alexander Earle Monteith, Chairman of the Commission, 9 May 1855, pp. 274-275.

¹⁸³ *Ibid.*, Testimony of George S. Laurie, Surgeon, to Alexander Earle Monteith, 9 May 1855, p. 278.

¹⁸⁴ T C Smout and Sydney Wood, *Scottish Voices 1745-1960*, (London, 1990), p. 220.

¹⁸⁵ Helen M Dingwall, *A History of Scottish Medicine*, p. 134.

There was a however a paradox to this sentiment found in institutions for people with sensory impairments. While it might be argued that children experienced some unhappiness at being boarded in institutions because of the consequential separation from their families, it is also possible that their unhappiness might have been exacerbated by the threat of expulsion. Places in such institutions were often in limited supply, which resulted in a selection process. Perhaps indicating that many children had a greater fear of their parents than of teachers, matrons and superintendents, once a place had been secured institutions could use the threat of expulsion to demand certain behaviour from them. The minutes of Donaldson's Hospital suggest that such a threat was frequently present for children, both deaf and hearing, who had difficulty conforming to the standards set by the institution. Donaldson's generally had more applicants than it had places available and it gave preference to children with the surnames Donaldson and Marshall as stipulated by the Will of William Donaldson (1751-1839) whose legacy had enabled the foundation of the school.¹⁸⁶ A variety of reasons arose for refusal of applications. In 1881 Rose Wolber, who would have been nine at the next election, the upper limit of admission age, was rejected because she was 'Dumb but not Deaf,'¹⁸⁷ while George Langlands was admitted seven years later because it was not considered that 'the deformity caused by the peculiar shape of the Head and irregular Spine should prevent his election' as he was thought 'able to profit by instruction.'¹⁸⁸ Margaret Sinclair, who had a squint and showed 'low mental ability' and whose application was considered at the same time as George Langlands, was advised to seek medical treatment and re-apply next year.¹⁸⁹

The progress of children was constantly under surveillance and expulsions occurred. In 1863 these included 'Seaton Warburton, a Hearing Boy, and Robert White, a Deaf and Dumb Boy ... on account of their dirty habits.'¹⁹⁰ Mary Moffat and James MacGregor were expelled as not being capable of profiting by instruction,¹⁹¹ while other children, such as three in 1883, were removed as 'not

¹⁸⁶ NLS. Donaldson's Hospital, Minute book of meetings of Governors, 22 April 1854. Dep.263/15.

¹⁸⁷ *Ibid.*, 14 Dec 1881, p. 512.

¹⁸⁸ *Ibid.*, 3 Jul 1888, p. 663.

¹⁸⁹ *Ibid.*, 3 Jul 1888, p. 663.

¹⁹⁰ NLS. Donaldson's Hospital, Minute book of meetings of Governors. 8 Oct 1863, p. 89. Dep.263/15.

¹⁹¹ *Ibid.*, 15 Feb 1878, p. 429.

being capable of further progress.’¹⁹² The ‘dirty habits’ alluded to in the removal of Warburton and White may have been a reference to bed-wetting. This resulted in frequent temporary expulsions and, if persistent, permanent removal.¹⁹³ A stay at home often resulted in a child being declared ‘cured’ followed by their re-admission on trial.¹⁹⁴ It does not appear to have occurred to the attendants, teachers and medical superintendent that the occurrence of bed-wetting might have been a direct result of the regime employed by the institution creating feelings of fear and apprehension. Children were often in an impossible situation of fearing both the institution and expulsion from the institution.

For some children ‘incarceration’ in an institution was too much for them and they ran away. The cause of the death on 31 August 1908 of Murdo Macaulay, a child from Lewis who had arrived at the Glasgow Institution three days earlier, demonstrates both the considerable trauma that a deaf child removed from home might experience, and the confining regime found even in institutions with benign agendas. The boy was described in the briefest of terms by the Institution as having ‘up and escaped before anyone awake, wandered on to Cathcart Railway, was run over and killed.’¹⁹⁵ The press local to Murdo’s family printed the circumstances in much greater detail. Murdo, nine years of age, was the son of Annie and Alex Macaulay, a fisherman from Port of Ness, the most northerly settlement on the Isle of Lewis. He had left Stornoway with an uncle on 26 August 1908 and arrived at the Institution two days later, on 28 August.¹⁹⁶ At 7.30 a.m. on 31 August he was struck by a train and killed instantly.¹⁹⁷ The newspaper reported that Murdo had ‘absconded’ and that:

In confirming his telegram containing the sad intelligence of Macaulay’s death, the Superintendent of the Institution wrote ... that ... the boy had been very home sick, and several times attempted to get away, but he was always prevented in time. On Monday morning, however, about 6 am, before the children were roused, he seems to have risen and got out of the house in some way at present inexplicable. He must have done some desperate climbing, as *all the outer doors were locked* [my italics]. Out of the house, he seems to have made his way on to the railway which runs near, and walked countrywards. He got fully two

¹⁹² *Ibid.*, 13 Apr 1883, p. 551.

¹⁹³ *Ibid.* For example, Mark Corlett Ritchie, 13 Feb 1880, p. 471; Frederick Donaldson (given ten days to stop bed-wetting), 9 April 1880, p. 477 and on a final warning following a temporary dismissal, 11 Feb 1881, p. 496; John Monro and Agnes McDonald dismissed, David Watson on notice, and the presence of ‘certain other Deaf and Dumb children who are in the habit of bed-wetting,’ 14 Oct 1881, p. 508.

¹⁹⁴ *Ibid.* For example, Andrew Hunter, 13 Feb 1880, p. 471; David Wilson, 14 Dec 1881, p. 511.

¹⁹⁵ GIDD, Annual Report 1909, p. 5.

¹⁹⁶ ‘Sad Fatal Accident’, *Highland News*, 5 September 1908.

¹⁹⁷ Registry of Births, Deaths and Marriages, Glasgow. Registration of death, 8 Sep 1908, Entry No. 251. Register of Corrected Entries, Vol. III, p. 218, 16 Sep 1908.

miles on the way, his body having been found between Cathcart and Whitecraigs Stations, on the Ardrossan Line.¹⁹⁸

In addition to the emotional upheaval that Murdo may have suffered through separation from his family, and his unfamiliarity with the danger posed by railway locomotives, the great cultural dimension to his placement in the institution should not be underestimated. Not only had Murdo been removed from his family to a large residential school, and from a crofting island community to an urban one requiring two days of travel by sea and land, but he had been removed to an environment where the linguistic isolation was increased not only by hearing/deaf communication barriers but by English/Gaelic barriers. In Murdo's home parish, fifty-two percent of the population were Gaelic-only speakers while forty percent were bilingual.¹⁹⁹ Sudden transfer to an urban, English-speaking monolingual environment of a custodial nature, and which considered it appropriate to use the term 'escaped' to explain the circumstances which preceded the boy's death, must have placed the child into a situation of both fear and bewilderment.

The Aberdeen Deaf and Dumb Institution also recorded an instance where a pupil had 'absconded.' Bob Maitland returned to the institution 'in a dirty plight stating that he had been in Dundee having walked there and back.'²⁰⁰ Bob indicated that he had called at the Institution for the Deaf and Dumb in Dundee, which the Aberdeen Institution then contacted for its version of events:

...the boy ... stated ... that he had left school last summer and was a Mason Apprentice. He asked for assistance to get a new Master in Dundee but it was refused and he was sent away with a shilling and a letter to one of the Guards of the Caledonian Railway whom he called a friend asking the Guard to take him back to Aberdeen.²⁰¹

The Aberdeen Institution recorded that the boy 'had suffered considerably for the exposure and that there was no chance of it happening again.'²⁰² Maitland's 'escape' from the Aberdeen Institution may have been no more than an attempt to enter the adult world of work combined with youthful adventure. The season made his journey to Dundee on foot less than pleasant and, while he might have wished to have been free of the Aberdeen Institution for the Deaf and Dumb, it was the Dundee Institution

¹⁹⁸ 'Sad Fatal Accident', *Highland News*, 5 September 1908

¹⁹⁹ Eleventh Decennial Census of the Population of Scotland, 1901, Vol. 1, (Glasgow, 1902), p. 265, Table XI. Of the population of the parish of Swainbost, incorporation west Lewis villages from Cross to Port of Ness, the population of 1,729 included 897 Gaelic-only speakers and 687 people who could speak both Gaelic and English. Children under three years of age were not included in this aspect of the census survey and are likely to make up the vast majority of the additional 145 inhabitants.

²⁰⁰ ADDI, Minute Book 11 Dec 1876, AUA MS3724.

²⁰¹ ADDI, Minute Book, 18 Dec 1876, AUA MS3724.

which he turned to when he needed help in a strange city. He was, to a degree, dependent on the institutional system for deaf people even when casting free of it.

By contrast is the impression given of John Miller (c.1823-1904) from the Borders who escaped from an unidentified blind asylum²⁰³ when a child. He 'could not stand the town nor the confinement, and running away from the institution, he walked all the way to Teviothead.'²⁰⁴ Whether this is true or not, the perception certainly existed in local folklore and in the mind of the author who recorded Miller's experience that a blind asylum was not the homely place in which a boy would remain by choice and that Miller did not return. Even to youthful outmates the institution could seem oppressive. In 1860 William Dunn and John Crawford failed to report for work at the Edinburgh Blind Asylum and it was discovered 'that they had left their lodgings without notice or assigning any reason.'²⁰⁵ It was found 'that Dunn had gone home to his mother in Falkirk and Crawford having been picked up by the Police at Perth is now supposed to be with his Father at Carnoustie.'²⁰⁶ Despite the uncertainty surrounding Crawford's whereabouts, the asylum closed the case by taking both names off the roll, although Dunn was later readmitted because he was 'in very bad hands at home.'²⁰⁷

The desire of inmates to escape was not limited to youths with a sense of adventure. As has already been noted, private asylums were often fitted with barred windows, suggesting that inmates would run away if not impeded. Indeed in 1855 the Commissioners of Lunacy observed at Eastport House, Musselburgh, that 'a larger sum had been laid out in iron-work for guarding the windows than in butcher's meat.'²⁰⁸ Inmates' proclivity for freedom was acknowledged by Fife District Asylum in two different ways. One was through disincentives by placing 'fines and dismissal on attendants whose patients escaped'²⁰⁹ while, in 1871, Batty Tuke introduced a policy of 'open doors' in many parts of the asylum. He revealed the motivation for this 'enlightened' policy: 'My conviction is that the locked door and grating key

²⁰² *Ibid.*

²⁰³ John Miller does not appear in the records of the Edinburgh Blind Asylum. The records of the Glasgow Blind Asylum have not survived.

²⁰⁴ Robert Murray, *Hawick Characters*, Second Series, (Hawick, 1914), p. 114.

²⁰⁵ REBAS. Minute Book 1850-1860, 8 Oct 1860, p. 417.

²⁰⁶ *Ibid.*

²⁰⁷ *Ibid.*, 10 Dec 1860, p. 440.

²⁰⁸ ARRLCS, pp. 111-114

²⁰⁹ Gillian Doody, 'A Study of Fife and Kinross District Asylum', p. 18.

induce a desire to abscond from the very irritation caused by their constant obtrusion on the sight and hearing...²¹⁰

A temporary taste of freedom was enough for some institution inmates. At Logierait poorhouse, a couple of inmates took direct action when confinement became too oppressive. In 1894 Thomas Bannerman 'escaped through a window and over the wall sometime before 4am and did not return til 7.30pm very exhausted and would not promise but he would try the same trick again.'²¹¹ And in 1877 seventy-six year old James Duff, described as suffering from 'lameness,' demonstrated particular determination:

Abscond[ed] over garden wall this afternoon, although from inability, or pretended inability, he requires a man to put him to bed, and take him out of it. I allowed him to walk in the garden. He requires two staves, on being brought back had to be carried refusing to walk a step, cursing ,swearing, calling murder, etc. when brought inside the gate. Struck me on the head with his staff, and during the afternoon and evening making a great noise, swearing and using obscene language towards everybody, both inside the House and in the airing court. Refused to enter the house or go to bed at night & I had to carry him.²¹²

Because of his bid for freedom, the poorhouse cast doubt on the degree of Duff's disablement. However, the description of his escape and return suggests that he was a frail man, but equally committed to fleeing the source of his torment and detention. Similar connotations surround George Gibson who, during the eighteen years preceding his death in 1899 at the age of sixty-three, occupied Dunfermline poorhouse for intermittent periods. Less than four feet in height, his physical reach prevented him from continuing his father's occupation of handloom weaver yet he nonetheless accepted the poorhouse on his own terms. On 7 January 1884 he was recorded by the governor as having 'absconded by going over the wall.'²¹³ The voluntary return of a mentally impaired patient was reported in 1870 by the Physician-Superintendent of Gartnavel Royal Asylum in respect of a male patient who had 'escaped.' He 'returned after the lapse of two months ... of his own accord, having in the meantime travelled several hundred miles, and been considerably reduced in strength in consequence of his elopement.'²¹⁴

An unauthorised absence of considerably greater duration began c.1887 when a patient at Fife District Asylum, known as James 'The Great Philosopher,' escaped and was recorded as 'discharged.' He was readmitted to the asylum six years later and

²¹⁰ Quoted in Gillian Doody, 'A Study of Fife and Kinross District Asylum' p. 23.

²¹¹ PKCA. Logierait Poorhouse. Offence and Punishment Book 1864-1903, 15 Nov 1894.

²¹² *Ibid.*, 4 Apr 1877.

²¹³ 'Death of "Wee Geordie"', *The Dunfermline Press*, 21 October 1899.

willingly let his views be known. In eloquent language for a man described as a mechanic, he protested to the superintendent that, 'this Asylum is fit for the artificial production of insanity and not for its cure.' He was even more outspoken in a letter to the public prosecutor:

I am feeling greatly insecure in this circumstance owing to the Dragonistical aggression to which I am exposed in the Public Institution. I have been considerably maltreated by various of the male attendants and their subordinates in this Lunacy Asylum... Healthy well invigorated public opinion ought rightfully to be omnipotently influential in a circumstance like ours but the strong hand of the law ought to be readily available also in our Asylums.

James's letter was returned to the asylum by the public prosecutor and appended to his case notes,²¹⁵ suggestive that to some this was confirmation that he should be confined to the asylum. Historian Allan Beveridge notes that the curative role of the asylum was also questioned by inmates at Edinburgh Royal Asylum, writing that 'many [patients] maintained that simply being in a madhouse was deleterious to mental well-being.'²¹⁶ Beveridge's 1998 analysis is corroborated by Batty Tuke's 1889 challenge as to 'whether, in a certain number of cases, asylum treatment does not tend to aggravate the disease, and render it more chronic.'²¹⁷

The ultimate escape was by suicide. Beveridge notes that some patients at Edinburgh Royal Asylum 'threatened to commit suicide if they were not released, and cites the example of Charles C. who in 1889 wrote to his brother: 'I do not wish to live any longer ... I cannot and will not live here any longer ... If you do not come and take me out of here tomorrow, you will not see me alive again.'²¹⁸ J.W., a tobacco pipe maker in Fife District Asylum, appears to have planned his suicide with careful self-composure. He had repeatedly requested to be allowed home without success. In May 1892, he played cricket then sought permission to take a walk in the asylum grounds putting on an air of appearing 'cheerful and interested.' After his failure to return for tea he was found 'hanging in the old curling house near the farm steading having suspended himself by a short piece of rope from a hook on the wall.'²¹⁹ His suicide was confirmation of a mind that was troubled, yet sharp in its display of careful planning and deception of his keepers.

²¹⁴ GGHBA. Gartnavel Royal Asylum Annual Report, 1870, p. 32. HB13/2/51.

²¹⁵ Gillian Doody, 'A Study of Fife and Kinross District Asylum', pp. 84-86.

²¹⁶ Allan Beveridge, 'Life in the Asylum', p. 451.

²¹⁷ J Batty Tuke, 'Lunatics as Patients, not Prisoners', p. 602.

²¹⁸ Letter by Charles C to brother, 11 October 1889, Royal Edinburgh Asylum case book LHB7/51/52, 32, cited in Allan Beveridge, 'Life in the Asylum', p. 442.

²¹⁹ Gillian Doody, 'A Study of Fife and Kinross District Asylum', pp. 88-89.

It is probable that most clients of institutions did not see them as the places of refuge, care and solace as often portrayed by their caretakers and promoters. Environments of enclosure that limited movement and freedom of choice, accompanied by regimes of surveillance, regulation and discipline encouraged responses of resistance and resentment that de Certeau believes are universal human nature, citing the example of Indians colonised by the Spanish who 'subverted [their rituals, representations and laws imposed on them] not by rejecting or altering them, but by using them with respect to ends and references foreign to the system they had no choice but to accept.'²²⁰ Similarly, in confining institutions there was an ongoing contest of wills between the regulators trying to impose their wills and concepts of order and the regulated who resented loss of their personal freedoms. The desire for individual space and personal liberty was expressed in a variety of ways from testing the extent to which regulations could be resisted and challenged to quests for liberty ranging from pleas for release in letters, unrepentant escape, and consciously contemplated suicide.

A case of identity

There was a marked difference between the way in which the administrators and underwriters of institutions, asylums, poorhouses and infirmaries saw their establishments, and the perspective of those who, often involuntarily, were confined within their walls for both short term or long term stays. This section will consider whether if, in environments and under regimes serving diverse objectives, the identities of people with disabilities were subject to conflicting interpretations within the institutional setting.

Mary Orr Johnson has, for example, demonstrated in her study focusing on 1870 and 1880, that social and economic background, rather than gender, were key factors affecting the experience of patients,²²¹ concluding nonetheless that it was 'a fairly miserable experience for all.'²²² Social status was one of the prime criteria adopted by the original Glasgow Asylum for the organisation of its inmates, but gender segregation was also important to the efficient management of custodial institutions. Opened in 1814, it was elaborate in its design and cleverly segmented on the

²²⁰ Michel de Certeau, *The Practice of Everyday Life*, p. xiii.

²²¹ Mary Orr Johnson, 'The Insane in 19th Century Britain: A Statistical Analysis of a Scottish Insane Asylum', *Historical Social Research*, 1992, Vol. 17, 3, p.3.

principles of Bentham's panopticon to cater for inmates of different social status, gender, and medical categorisation. Four wings projected from a central domed building like the spokes of a great wheel. In each of these wings were housed either male or female patients, divided into those of 'higher rank' and 'lower rank' so that its plan showed the upper half for male patients and the lower half for females, while the right half of the plan was for 'lower rank' and left half for 'higher rank.' The outside exercise areas between each of the four wings were segmented by dividing walls that further separated each of these groups into those 'in a convalescent state' and those 'in an ordinary state' indicating that there were patients for whom there was hope of improvement and discharge, and patients who were expected to be long-term inmates. There were two keeper's rooms, one for each gender of inmate; and four day-rooms that segregated inmates by both gender and 'rank.'²²³

It is readily understandable that a construction of such magnificence quickly proved to be judged by parochial boards as an extravagance inappropriate for lavishing on pauper lunatics. The annual 'special rate' paid by Greenock Middle parish in 1816 was £21 2s, while that paid by Port Glasgow parish in weekly fees amounted to £23 8s. annually.²²⁴ It was on economic grounds that private asylums, such as Musselburgh's Millholme Asylum, were able to flourish. However the private option was not only attractive to parochial boards seeking to save money while undertaking their obligations to insane paupers. Mrs Young's Lunatic Asylum, Musselburgh, was a small establishment that appears to have had an intimate environment. The proprietress's eleven inmates, nine women and two males, were middle-aged or elderly, while the six staff included two members described as 'upper serving class' - a ladies' attendant and a trainee. As with other private asylums accepting inmates from the moneyed classes, these people were given no identity of their own by census enumerators, but were described by the affiliation of their nearest known relative. Mrs Young's inmate list included a naval officer's widow, a lieutenant's widow, a shipowner's daughter and a writer's daughter. This familial association was used when the relative was obviously long since deceased, there being two farmer's daughters, aged 71 and 84, and a clergyman's daughter aged 75.

²²² *Ibid.*, p. 12.

²²³ HMSW. Picture library ref. 6049.

²²⁴ R A Houston, 'Not simple boarding': care of the mentally incapacitated in Scotland during the long eighteenth century' in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum*, (London, 1999), pp. 23-25.

Yet, despite this apparent lack of personal identity, they were nonetheless accepted as 'ladies' by the presence of Margaret Nicholson, the 'ladies' attendant.'²²⁵ Terminology for the rank accorded to women was in keeping with the times and the ideology which promoted males as following a profession while well-groomed females should be the recipients of the fruits of their male provider's occupation. Mrs Young herself is described as 'farmer's widow and manager of asylum'²²⁶ confirming the priority in the acceptable order of things while acknowledging her profession only as a necessity of circumstance, the loss of her husband.

Mrs Young's guests came from Scotland, but those of the Inveresk Private Lunatic Asylum, also known as Whitehouse Asylum, included a military captain's son born in the West Indies and a major's son originating from the East Indies. The 1851 census accords its patients considerable anonymity. Dependency was again noted in the recording of 'rank, profession or occupation' and includes the 'brother of a medical man.' Some residents were accorded their own (former) status and these include an excise officer, divinity student (aged fifty-one), surgeon, coffee merchant, landed proprietor, lieutenant, and medical student. The presence of two governesses and three house servants as patients perhaps suggests their support by employers as an expression of gratitude to loyal household staff who had encountered mental illness or impairment.²²⁷ The house specialised in elite, and wealthy, clientele. In 1857, its fees ranged from £40 to £100 per annum with one patient paying considerably more 'though he did not enjoy any particular advantages.'²²⁸ Inveresk Private Lunatic Asylum, was described as having a variety of recreational facilities, and an air of freedom for some patients to go outside its confines suggestive that its upmarket residents were accorded some dignity. Yet rooms were locked for the night at nine o'clock and one patient was observed by the Lunacy Commissioners in 1855 handcuffed 'as he is liable to sudden paroxysms of violent excitement, preceding and following epileptic attacks.'²²⁹ He would have been an untypical case as this asylum declared a policy of refusing admission to 'all patients known to be troublesome or refractory.'²³⁰ This might be interpreted as being a thoughtful consideration directed towards the tranquillity and safety appreciated by a docile patient population, but

²²⁵ Census of Scotland, 1861, Inveresk, Mrs Young's Lunatic Asylum, pp. 22-23.

²²⁶ *Ibid.*, p. 22.

²²⁷ Census of Scotland, 1851, Inveresk, Inveresk Private Lunatic Asylum.

²²⁸ ARRLCS, p. 130.

²²⁹ *Ibid.*, p. 130.

there are also obvious benefits to the proprietors in their adoption of such criteria. This upmarket establishment accorded its inmates dignity that was certainly not replicated by its pauper-orientated counterparts, but within the surreal semblance of normality created at Inveresk Private Lunatic Asylum, was the affirmation that its inmates were the discarded appendages of fathers, husbands, and brothers rather than people in their own right. The nineteenth-century perspective of gender roles means this would not have been unusual for the women, but this tenor applied equally to the male inmates. Of the thirty-seven inmates recorded in 1861,²³¹ there were two married women and four widows. The remainder, fourteen males and seventeen females, were single, suggesting that following their placement in an institutional environment, outside contact with offspring, siblings, other relatives and friends was probably more tenuous than in cases where there was a surviving spouse.

While this might suggest that relationships were a significant factor in the disposal of a mentally troubled person from moneyed society in an asylum, relationships also played a more sinister role. In their endeavours to explain insanity, medical practitioners sought to establish hereditary traits of mental infirmity, and indeed other physiological and social failings, not just in parents or grandparents, but in other branches of families. Amana Israel, a patient writing from Gartnavel Asylum in 1866, but whose name does not appear in case notes and who may therefore have been using a pseudonym, seems to have been aware of this when she made a point of declaring, 'I never had a female relation in an Asylum, nor boarded anywhere, nor in want, nor seamstress, nor mendicant. They were all educated ladies of rank, and possessed money of their own fortunes.'²³²

Inmates of 'rank' were also given 'privileged' treatment in the Edinburgh Royal Institute for the Deaf and Dumb which accepted children as 'parlour boarders' throughout the nineteenth century. Their social status frequently entitled them to some anonymity in the records, which might also be interpreted as confirmation of deafness attracting stigma. The distance from their place of origin might be considered as reinforcing the idea of 'banishment' of a 'defective' child. Among seven private pupils recorded on the roll in 1870, there were children from England,

²³⁰ *Ibid.*, p. 129.

²³¹ Census of Scotland, 1861, Inveresk, Inveresk Private Lunatic Asylum.

²³² GGHBA. Loose letter fragments dated 3 April 1866 in House Surgeons Notes for Physician, HB13/5/91.

India and Australia.²³³ Further anonymity was accorded a year later when even this information was excluded from the roll,²³⁴ but in 1886 a boy from Orange Free State, South Africa, who died at the institution four years later, is fully recorded,²³⁵ while a seven-year-old boy from Cape Colony was noted as a 'parlour boarder' in 1891.²³⁶ This child was the only pupil provided with privileged board in the Institution at that time. Far from home and probably with little in common with the other children, this does not appear to have been an important consideration when this unnamed boy was sent to Edinburgh for admission.

The belief at Donaldson's Hospital that 'Deaf and Dumb children ... will always be liable to be shunned and ill-used by children of their own age'²³⁷ encouraged its policy of also admitting a number of hearing children who 'should be associated with them in their leisure hours'²³⁸ in an effort to create a limited environment of inclusion of deaf children in hearing society. However, in common with many other institutions, there was a reluctance to accept children with impairments additional to those stated as its prime concern. This was particularly so with instances of mental nonconformity and the torment illustrated in the example of David Stevenson in 1885 when he became a candidate for expulsion rather than a case for extra care as one of those classed as 'shunned and ill-used' because of deafness. The report to the Governors suggested that David was in need of special help and understanding, but he was not to receive this at Donaldson's:

There was a report read by Mr Large as to David Stevenson, a Deaf and Dumb boy, who should leave the Hospital in July next which states that he is rather below the average of intelligence but has done fairly well, that when out of school he sometimes behaves in a very foolish way whereby the other boys are induced to tease him upon which he flies into a violent passion and makes use of whatever happens to be in his hand, that on recent occasion he drew a knife across his own forehead to the effusion of blood and has threatened to hang himself. These peculiarities he has evinced ever since he had a bad fall into a pit when at home about two years ago and it is feared he may harm others. Which harms considered the meeting directed that he shall immediately be removed from the Hospital.²³⁹

The attitude of Donaldson's in the protection of Alfred Donaldson in 1887 was more commendable. This boy's father was demanding that Alfred should be allowed

²³³ ERIEDDC, Annual Report 1870, pp. 11-13.

²³⁴ ERIEDDC, Annual Report 1872, pp. 11-13.

²³⁵ ERIEDDC, Annual Report 1886, p. 12, and 1890, p. 7.

²³⁶ ERIEDDC, Annual Report 1891, p. 16.

²³⁷ *Ibid.*, p. 536.

²³⁸ *Ibid.*, p. 536.

²³⁹ *Ibid.*, 10 Apr 1885, p. 590.

home on Saturday nights, but visits home had previously been prohibited 'owing to the character of both parents.'²⁴⁰ Further investigation concluded that:

[The father] attends to his work during the week but usually goes home on Saturdays the worse of drink and treats his wife and children very badly. I have got this information from the oldest son who was also a pupil here and who is now doing very well notwithstanding his bad surroundings. He is decidedly of the opinion that his brother should not be allowed to go home on Saturdays.²⁴¹

In consultation with Albert's older brother, Donaldson's acted in what it considered to be his interests since its disapproval obviously lay with the parent rather than the pupil. However these cases suggest that there was inconsistency in the decision-making process about which children to eject and which ones to shelter when they failed to conform to the specific objectives and ethos of the school.

Non-conformity of people with the routines and regulations of inflexible organisations and institutions was not limited to the physiological sphere, but also arose in cases of cultural 'difference.' This is demonstrated by the occurrence of tuberculosis in the Scottish Jewish community. In Glasgow, although the incidence of tuberculosis was lower than in the population at large,²⁴² the Jewish community was by no means immune. Refusal of emigrating Jews by the USA resulted in many who were suffering from tuberculosis remaining in Glasgow when the city had been intended only as a transit point on the journey from eastern Europe. Those Jews hospitalised, whether recent arrivals or long-standing residents, encountered two cultural factors that added to the strain of such an experience. The Jewish community, and the Jewish Hospital Fund and Sick Visiting Association following its creation in 1899 to help fund hospital places for poor Jews, found the call on finances overwhelming and this was periodically taken advantage of by Christian missionaries who intervened to pay admission fees. The missionaries, of course, expected some benefit from their philanthropic support.²⁴³ This resulted in concerns being expressed by the Glasgow Hebrew Congregation Philanthropic Society upon the death of Morris Goldberg in 1884 following eight years of oedematous symptoms affecting the liver, chest and feet.²⁴⁴ When Goldberg's brother applied to the Society for funds for the burial, it first required confirmation that the deceased had not converted to

²⁴⁰ *Ibid.*, 11 Feb 1887, p. 629.

²⁴¹ *Ibid.*, 7 Apr 1887, p. 633.

²⁴² Kenneth E Collins, *Glasgow Jewry*, (Glasgow, 1993), p. 10.

²⁴³ Kenneth E Collins, *Second City Jewry*, (Glasgow, 1990), pp. 66-67, 102-103.

²⁴⁴ GGHBA, Western Infirmary, Glasgow, Casebook, Ward II, 23 Dec 1883, p. 30, HB66/2/14. SJAC, Minutes of the Glasgow Hebrew Philanthropic Society, 1875-1881, SOC.BOG 0004.

Christianity as he 'had received assistance in his distress from the Missionaries.'²⁴⁵ The second cultural concern resulted directly from the attitude to Jewish dietary needs by the institutions, the Victoria Infirmary not only refusing to provide kosher food, but also rejecting that brought by visiting relatives. This caused particular distress because, as Collins notes, 'besides the obvious difficulty with religious observance, it was felt that eating Gentile food would be a hindrance to convalescence.'²⁴⁶ The Victoria Infirmary turned down formal overtures from the Jewish community and it was Govan Poorhouse that first addressed this issue with the opening of a kosher kitchen in 1914.²⁴⁷

Institutions were not only inflexible about admissions that did not neatly fit into their regimes, but there were also those that were cautious about accepting people whose need it questioned. In 1837, for example, some applicants to Edinburgh Blind Asylum were declined because they were considered to be insufficiently blind.²⁴⁸ Parochial boards used the threat of poorhouse admission to discourage claims for poor relief, but there was also a reluctance to make admission to the poorhouse too easy. In 1857 septuagenarian James McEwan, 'a professional beggar who was in the habit of feigning disease or disability,' died during the course of his removal from the poorhouse in Melrose to the house for sick casual poor in Galashiels. The two Inspectors responsible were criticised for assuming that McEwan's predilection for feigning gave him 'immunity from the diseases to which all men and especially men of his advanced years are liable.'²⁴⁹ Ian Levitt notes that it was not until 1911 that the Board of Supervision agreed that parishes should provide specialised institutions for groups such as 'the ill needing medical intervention,' rather than the prevailing practice of using poorhouses as establishments to house disparate groups of 'deserving' or 'respectable' poor.²⁵⁰

William Sutherland, writing in 1910, concurred with this view. Sutherland's views sometimes appear liberal and full of empathy with the poor, but in other instances are in keeping with the more reactionary commentary that was prevalent at the time. He

²⁴⁵ SJAC. Minute of the Glasgow Hebrew Congregation Philanthropic Society, 3 Jan 1884, SOC.BOG 0006.

²⁴⁶ Kenneth E Collins, *Second City Jewry*, p. 159.

²⁴⁷ *Ibid.*, p. 160.

²⁴⁸ REBAS. Minute Book 1835-1849, 1 September 1837, p. 45.

²⁴⁹ Minute of the Board of Supervision (BS MB 6.5.58, SRO HH 23/7) in Ian Levitt (ed), *Government and Social Conditions*, p. 237.

²⁵⁰ Ian Levitt (ed), *Government and Social Conditions*, p. xxiii.

agreed that the poorhouse, as a catch-all institution, resulted in widely varying cases being thrown together:

Among women, there is the young servant out of place, the feeble-minded woman of any age, the unmarried mother, the senile, the paralytic, the epileptic, the respectable deserted wife, the widow to whom outdoor relief has been refused – here they are, huddled indiscriminately together; and in other sections of the paupers there is similar promiscuity.

Sutherland favoured the idea of separate institutions for differing categories of need, but supported the proposal of the Minority Report of the 1909 Royal Commission on the Poor Law that advocated separate authorities being responsible for different groups such as children, the unemployed, and the mentally impaired.²⁵¹ On the prevailing system of poor relief, Sutherland thought ‘the limitation of the existing Poor-Law system to a policy merely of deterrence [should be] condemned, and one that is curative, one that would strike at the roots of pauperism, [should be] advocated in its place.’²⁵² The ultimate aim should be to restore all paupers, the infirm as well as the fit, to a position of self-esteem and dignity within the wider community. However, he was in step with conservative belief regarding two types of recipient of relief, those who could work but would not and who should be confined to labour colonies; and:

The feeble-minded and the imbeciles who at present are allowed to wander at large or condemned to the shelter of the mixed workhouse – these should be subject to proper supervision and more rigorous restraint, in their own interests as well as those of the community at large.

This objective, Sutherland wrote, had been deliberated over in detail by the 1908 Royal Commission on the Care and Control of the Feeble-Minded.²⁵³ It is a recurring theme in the years straddling the end of the nineteenth century when the feeble-minded in particular invoked a great fear in those concerned with public administration, law and order, and national efficiency.

The limited extent to which people with disabling conditions were accorded any acknowledgement as individuals in places of temporary or long-term confinement is demonstrated by funeral arrangements for private asylum inmates in Musselburgh. Robert Wilson, Inspector of Poor for Inveresk, reported in 1855 that removal of bodies to the cemetery by cart was discontinued in the aftermath of objections, but that deaths and burials were treated with the minimum of formality and with little involvement of friends or relatives. Speaking of Lilybank Asylum he said:

²⁵¹ William Sutherland, *Social Questions in Scotland*, p. 91-93.

²⁵² *Ibid.*, p. 84.

I don't know what notice the friends get of a patient; I don't inform them; I am not aware whether Aikenhead [the proprietor] informs them. I think if it were *necessary* [my italics] to inform them, he would communicate directly with them; he knows all their addresses. There is no regulation that he shall inform friends; very often they are buried without any of their friends being present. They are generally carried on spoked; I heard of one case being put in a cart. The funeral is generally about four o'clock in the afternoon. M.C. died within the last few hours; I think she had friends in Musselburgh; they would know of her death; I don't know if they heard of her illness. The funeral would be intimated; I am sure the hour would be intimated to them by Aikenhead; I leave that to him; I am quite sure he would give notice. ...Our undertaker, Mr Gibson, attends to the funeral. He is paid for each funeral; 10s. for the coffin, and the grave-dues besides. I am not aware that any clergyman attends.'²⁵⁴

Dr Laurie, the asylum's physician, also described the informal nature of a series of burials emanating from Lilybank House:

Last winter, between 19th of October [1854] and the 28th of February [1855], 8 deaths occurred among the men, and 9 amongst the women. No *post mortem* examinations were made. Of the patients who died most of the men were upstairs, on the third floor; and most of the women in the room called the laundry. There were no extra nurses appointed in consequence of the sickness of the patients; no record was kept. The bodies of the patients were generally carted away, because no friends appeared to follow them. They were buried at the churchyard, Inveresk, without any religious ceremony whatever. The head keeper and undertaker attended.²⁵⁵

In death, as in life, once under the control and direction of places of confinement, inmates were given minimal consideration as people with individual needs and rights. They were instead expected to fit in with whatever routine best suited their 'carers.'

In institutions that were often large in size and managed by personnel who did not necessarily have specific skills for the management of the people under their care, it is understandable that there was rarely much evidence of empathy with the inmate population. However, the tenor of the sentiments expressed about inmates and patients suggest that lack of understanding was aggravated by widespread belief that they were not entitled to the same consideration as the rest of the population, that their membership of society was devalued because of the presence of an impairment, and that their presence in an institutional environment should not impede its smooth running as laid down by keepers and administrators. The personal identity of an individual within a custodial environment was suppressed by the greater needs of the institution and its personnel.

Conclusion

²⁵³ *Ibid.*, p. 102.

²⁵⁴ *Ibid.*, Testimony of Robertson Wilson, Inspector of Poor for the Parish of Inveresk, 19 November 1855, p. 364.

²⁵⁵ *Ibid.*, Testimony of George S Laurie, Surgeon, Musselburgh, 9 May 1855, p. 280.

Only a small proportion of people with disabilities spent part of their lives in institutions. Of those who did enter institutions, for many it was for a short period; for some it would be many years; in a few cases it would be for life. The types of institutions they experienced varied between those that were entered involuntarily and those that were entered by 'choice,' a choice that was nonetheless frequently made or influenced by family members, friends, or philanthropically minded people, rather than the individual concerned. Poorhouse admission was rarely by choice, while entry to blind and deaf asylums was usually by application in competition with other candidates for a limited number of vacancies. The objectives of the institutions covered a wide range including medical intervention, education, training, employment, and custody. However considerable commonality of experience arose in this diverse range of institutions.

The people who entered institutions were identified as being a 'problem' because in some way they deviated from the 'norms' of society. The purpose of the institution was therefore purported to represent a solution to 'the problem.' This might be through medical intervention, provision of training or education to make the 'disabled' person able-bodied, or to perform some kind of custodial role that would remove the 'problem' person from society until it was deemed that they were fit to re-enter it. Advocates of the residential institution principle frequently promoted the idea that the system was a humanitarian one that provided certain groups of people with a refuge in which they could withdraw from an environment imbued with hostility towards them because of their 'difference.'

While the various institutions undertook such roles as medical intervention, provision of work and leisure activities, teaching of both practical and educational skills, as well as supplying such basic needs as food and warmth, clothing and a place to sleep, these were not the only objectives. The committees of well-intentioned men who laid down policies usually had little contact with the end-user inmates and patients. The running of institutions was governed by their middle class ideals of engagement in employment and demonstration of religious piety. There was no toleration of intemperance, loose morals, uncleanness, mendicancy or insubordination. Adherence to regulations and authority was considered to be the key to efficient running of almost every institution. This meant that in day-to-day activities, keepers and attendants were motivated, not by altruistic concerns towards inmates' comfort and personal needs, but by instilling respect for the staff and the rules by which they

governed. Institutions were dependent on philanthropic support, charitable donations, poor law funds and private fees. Economic prudence was therefore always of immediate concern to institutions. Parochial boards endeavouring to keep rates low and obtain good value from poor law expenditure, charitable institutions dependent on goodwill through subscriptions, and commercial proprietors who competed to attract inmates for their fees whether from public or private sources and who aimed at making a profit on their activities had a common interest in keeping costs to a minimum. Control and discipline of the inmate population and control of finances were therefore important considerations that exercised the minds of the various levels of professional intervention. Social and economic control took precedence over patient care and interest in the individual.

The attendants and other personnel in institutions came from a variety of backgrounds so that there were significant numbers who were not trained to work with people with disabilities. While some affluent patients occupied comfortable accommodation within an asylum, with perhaps their own attendant, this was not the experience of the majority. Not only were keepers and attendants often hard-pressed to handle large numbers of inmates, but they saw them as less than fellow human beings and therefore felt no reason to consider them as individuals and to feel concern about their comfort and well-being.

Not unnaturally, inmates often resented the total loss of control of their lives. While the strict regimes of many institutions were designed to ensure compliance with their regulations and moral ethos, inmates nonetheless found ways of expressing their displeasure at being treated as objects rather than individuals. While the majority may have accepted their lot with resignation, inmates found ways of circumventing the rules. In some cases they openly challenged their tormentors even although they were aware that the punishment for insubordination could be harsh. In letters they frequently compared the custodial environment around them, not as one of safety and refuge from an unsympathetic world, but as one of incarceration. They found it difficult to differentiate between prisons for those who by breaking its laws did not conform with society, and their own situation in custody because they did not conform with society's concepts of 'normality.' This feeling was dramatically demonstrated by those inmates who absconded or escaped from institutional environments, even although their strict regimes made some provision for shelter and sustenance. Loss of identity, or imposition of an artificial identity as a deviant

member of society not entitled to its full privileges, were reasons why institutions were resented by those committed to their care. They were treated as objects, with such labels as *the* blind, *the* deaf, and *the* insane who, rather than being helped, were being punished by incarceration for failings in their physiology, their economic viability and their moral conduct, and who did not deserve to be consulted when decisions about them were being made. Most institutions did not provide the environments of care and refuge that their protagonists promoted them as offering.

Chapter 6

People with disabilities in a 'productive society'



John Smith of Tow (Photo: Shetland Museum)

Chapter 6

People with disabilities in a 'productive society'

The juxtaposition between work and disablement in the nineteenth century was paradoxical. Labelling of an individual as 'disabled' was often a direct reference to an impediment that intervened with participation in employment and fulfilment of the increasingly important work ethic. Ideas of respectability found increasing currency during the nineteenth century among the middle class and these filtered down through the working classes as goals of being 'morally upright and financially independent.'¹ Employment was a central component to the fulfilment of such an ideal, although disability could be a barrier to undertaking work, or to undertaking certain types of work. Yet people with disabilities were often encouraged, and expected, to perform work within the confines of the boundaries and restrictions that were placed in their way.

The pace of Scottish urbanisation rapidly increased during the nineteenth century and this influenced approaches to the provision of support for the destitute and the disadvantaged. By the middle of the century, new Poor Law legislation had been enacted in response to changes occurring in the structure of society. Poor Law relief entitlement was constructed around concepts of 'disablement,' but for many people lacking personal or family wealth, work was essential for the most basic means of support, whether on an individual basis or as a family unit. In order that they need not rely upon committees of poor relief and 'charitable' individuals and organisations, there were many people who would undertake virtually any task that might generate some income in order to maintain a degree of personal control over their lives.

When outside intervention arose, it was often aimed at keeping individuals and families at no more than subsistence level and might involve provision of some kind of work if this was feasible, this being deemed far more beneficial than charity. In these circumstances the nature of the work was influenced by the providers and consisted of what *they* considered both practical for the worker and productive for the sponsor. If confinement in a residential institution occurred, work by those who were 'able' was part of a regime that assisted the economics of the institution, was a form

¹ Hugh McLeod, *Religion and the Working Class in Nineteenth-Century Britain*, (London, 1984), p. 35.

of controlling the inmate population, and was believed to fulfil the moral and therapeutic benefits deriving from the work ethic.

Work, especially in coal mining, quarrying, and in industries using mechanical processes, was in itself one of the causes of disablement, as were other symbols of modernising society, notably transport. People who survived accidents that rendered them disabled and unable to return to their previous employment or trade had nonetheless to find new means of support. Many people with disabilities found their employment options limited because of barriers that were placed in their way. Some refused to acknowledge these barriers or to accept being perceived as 'disabled.'

This chapter will consider the relationship between disability and work. It will consider work as a cause of disablement. It will consider disablement as a barrier to work or certain types of employment and will look at the extent to which people with disabilities accepted or rejected the creation of barriers. It will examine how efforts were made to 'enable' some people with disabilities; and it will look at the role of work in institutional settings and the contradictions that resulted from that relationship between work and disablement.

People with disabilities in a changing society

Historian Christopher Whatley writes that Scotland was 'an economically backward, predominantly agrarian society, with a very small industrial sector and only a poorly developed putting-out system at the end of the seventeenth century.'² Yet he notes by 1830 it had transformed in to an integral component of the Britain which was recognised as the 'workshop of the world.'³ T M Devine notes that 'in the early years of the eighteenth century, at least eight out of ten Scots lived on the land and were employed in agriculture or related activities,'⁴ but by the 1820s, Scotland was undergoing a transition from one of the least urbanised societies in Europe to one 'well on the way to becoming dominated by a group of large cities and towns.'⁵ The rapid development of a market economy, the reorganisation by landowners of agricultural production, and the related migration of population from rural to urban settlement were all symptomatic of how, by the closing decades of the eighteenth

² Christopher A Whatley, 'The Experience of Work' in T M Devine and Rosalind Mitchison (eds), *People and Society in Scotland Volume 1, 1760-1830*, (Edinburgh, 1988), pp. 227-228.

³ *Ibid.*, p. 228.

⁴ T M Devine, *The Transformation of Rural Scotland*, (Edinburgh, 1999), p. vi.

⁵ *Ibid.*, p. 35.

century, 'the paternalistic traditions of the older world came under enormous pressure' and 'landlords were less compromising in the Age of Improvement.'⁶ The effects of these economic and demographic changes on people with disabilities require consideration. However, it is not only as a response to disablement that changing society requires to be examined, but as a cause of disablement.

The nineteenth century was a time of upheaval for all who had traditionally lived on the land and people with impairments could not expect to be immune from the seismic changes that were occurring. The pace of change nonetheless varied throughout Scotland, occurring more gradually in regions remote from the centres of rapid industrialisation. Malcolm Gray, writing about north-east Scotland, found that 'the social consequences [of new technology and specialisation] were considerable, for the basis of the cottage economy was eroded.'⁷ However Michael Robson found in the Borders that modernisation, which gained pace after 1800, 'did not so disrupt life on the farm as wholly to deserve that name of a revolution in agriculture,'⁸ while Alastair Orr in his study of the south-east Lowlands, a progressive area in its pursuit of capitalist agriculture, observed that 'relations of production remained stubbornly traditional.'⁹ Likewise R H Campbell notes that, because of its concentration on dairy farming and proximity to a plentiful supply of inward labour from Ireland, the south-western area of Carrick, Nithsdale, Kirkcudbrightshire and Wigtownshire continued to experience buoyancy in its rural population and agricultural employment.¹⁰ The urbanising and industrialising process did not move at a uniform rate across the disparate geography of Scotland. The experience of the rapidly expanding towns and cities was frequently very different from that of many rural and coastal parishes and this often continued to be the case for much of the century.

Industrialisation and urbanisation could hardly be accused of being causes of work-related disabling conditions *per se*. Life in the countryside brought its own perils, one example being Hawkie, the Stirlingshire chapman and itinerant, whose

⁶ *Ibid.*, p. 47.

⁷ Malcolm Gray, 'Farm Workers in North-East Scotland' in T M Devine (ed), *Farm Servants and Labour in Lowland Scotland 1770-1914*, (Edinburgh, 1984), p. 12.

⁸ Michael Robson, 'The Border Farm Worker' in T M Devine (ed), *Farm Servants and Labour in Lowland Scotland 1770-1914*, p. 72.

⁹ Alastair Orr, 'Farm Servants and Farm Labourers in the Forth Valley and South-East Lowlands' in T M Devine (ed), *Farm Servants and Labour in Lowland Scotland 1770-1914*, p. 29.

¹⁰ R H Campbell, 'Agricultural Labour in the South-West' in T M Devine (ed), *Farm Servants and Labour in Lowland Scotland 1770-1914*, p. 55.

lameness was caused by a scythe during harvesting¹¹ (see Chapter 3). While industry itself was not a new concept, its dramatic growth and increasing use of mechanisation brought additional hazards. Jacqueline Jenkinson notes that of the 572 accident admissions to Glasgow Royal Infirmary in 1845 many could 'be directly attributed to factory and works accidents, such as machinery, railway and coal pit accidents' while there were 'other types of accidents such as burns, falls from height, and being hit by weights ... which may well have occurred in the workplace.'¹²

During the first half of the century patients admitted to Glasgow Royal Infirmary with work-related injuries had a reasonable chance of surviving 'minor' injuries such as those resulting in the loss of fingers. The odds were considerably reduced when limbs had to be removed. Sixteen-year-old Alexander Smith had his right leg amputated three hours after it was crushed by falling stone in a coal pit on 14 March 1845. Although initially he showed promising signs of recovery, these were illusory and he died six days later.¹³ The same fate befell fifteen-year-old William Coulter two months later in the aftermath of the amputation of his left arm which had been 'caught in between two large rollers... "while feeding a flooring machine."¹⁴ Common causes of death resulting from such injuries and subsequent amputations were tetanus, gangrene, exhaustion, shock, pyaemia and septicaemia.

Young people, who might be less alert and more exposed to the dangers of mechanical devices, were often victims of disabling injuries. A culture of masculinity among young males may have been an additional factor.¹⁵ The consequences are indicated by a selection of amputees admitted to Glasgow Royal Infirmary during the 1860s and 1870s:

¹¹ John Strathesk (ed), *Hawkie – the autobiography of a gangrel*, (Glasgow, 1888), p. 11.

¹² Jacqueline Jenkinson, 'Feverish Times, 1816-60' in Jacqueline Jenkinson et al, *The Royal: the history of the Glasgow Royal Infirmary, 1794-1994* (Glasgow, 1994)

¹³ GGHBA. GRI. Surgical Casenotes. HH67/11/1, p. 18.

¹⁴ GGHBA. GRI. Surgical Casenotes. HH67/11/1, p. 95.

¹⁵ Arthur J McIvor, *A History of Work in Britain*, p. 129. McIvor has identified that before World War One, 'workers were inured to very high levels of risk and quietly accepted the prevailing hazards of work' notably in mines, on the docks, in shipbuilding and on the railways.

Table 6.1 Glasgow Royal Infirmary – Examples of amputation resulting from industrial injury, 1864-1879

Date	Name	Age	Injury and Treatment	Outcome
22 Jan 1864	Helen Leslie	13	Crush by machinery. Amputation of fingers.	Well
18 Dec 1865	James Gemmel	14	Printing press. Amputation at middle arm.	Well
19 Jan 1866	Mary Denville	18	Machinery in mill. Amputation of all fingers.	Well
29 Dec 1866	Gavin Pollock	14	Crush by machinery. Big toe amputated.	Successful
8 Apr 1867	John Flinn	19	Circular saw. Amputation of middle finger.	Successful
21 May 1867	Rose Anne Docherty	16	Useless hand from former smash. Hand amputated.	Successful
7 Jun 1867	Elizabeth Lucas	13	Machinery. Partial amputation of hand.	Successful
1 Dec 1871	Peter Watson	10	Machinery in cotton mill. Three fingers amputated.	Well
8 Aug 1871	Fred Graham	13	Mincing machine. Amputation of forearm.	Well
15 Mar 1873	John Lee	13	Mincing machine. Forearm amputated	Not known
21 June 1875	James Thomson	14	Biscuit machine. Amputation at wrist.	Well
2 Dec 1876	Robert Fraser	10	Punching machine. Amputation through elbow joint.	Successful
15 Jul 1879	William French	14	Pit accident. Projecting end of tibia sawn off.	Successful

Source: GGHBA. GRI. Record of Operations 1864-1890. HB14/5/28

Although the outcome of these operations is generally shown as ‘well’ or ‘successful,’ it is tempting to translate these terms as no more than indicating the survival of the patient from the time of their injury and subsequent operation until their discharge. Indeed, although ten-year-old Peter Watson was recorded as ‘well’ upon discharge, an additional remark records that he ‘took smallpox and was removed,’¹⁶ hardly a positive outcome following the removal of three fingers. What the Infirmary records listing these horrific injuries do not tell is what happened to these young people once they had recovered from their operations. Their employment options would have been severely reduced in many of these cases while there would have been few instances of recompense for work-related injuries. Indeed Bartrip and Burman, in their research on industrial compensation primarily in England, note that while there were instances of employers providing solace, compensation and medical assistance to injured workers, it was common for their responses to be indifference, dismissal and, in the case of a Dundee mill girl c.1831, even punishment.¹⁷ They also argue that the 1897 Workmen’s Compensation Act did little to provide injured workers with greater protection.¹⁸

The career path of one thirteen-year-old amputee, James Baird (1861-1933), illustrates what is perhaps one of the more ‘positive’ outcomes of an industry-induced physical disablement. Baird, son of an Ayrshire coal miner, left school at the age of twelve and began work underground as a draw boy, opening and closing ventilation doors and drawing the hutches through. When he was thirteen, a hutch ran over his

¹⁶ GGHBA. GRI. Record of Operations, 1864-1890. 1 Dec 1871. HB14/5/28.

¹⁷ P W J Bartrip and S B Burman, *The Wounded Soldiers of Industry: Industrial Compensation Policy 1833-1897*, (Oxford, 1983), pp. 28-29.

foot requiring its amputation above the ankle.¹⁹ He was no longer able to work underground, but he continued to work in the coal mining industry for some time, initially on the surface, separating coal from slag and later as a colliery check-weighman and as an unpaid miners' representative. Baird was more fortunate than most in that for some time he found alternative roles in the physically demanding environment of coal mining (see pp. 213-214).

The industrial environment that developed, particularly in growing urban settings, during the nineteenth century contributed other dangers that could result in disabling accidents. This notably occurred in the arena of transport where accidents resulted from work-related incidents and other forms of misadventure, McIvor noting that by the late nineteenth century railway workers were experiencing an annual injury rate of 7.8% with a death rate of a further 0.5%.²⁰ McIvor has calculated that railway workers spending thirty years in an industry where broken bones and crushed hands and fingers were common could not expect to leave injury-free.²¹ An indication of the nature of these is again provided by surgical admissions to Glasgow Royal Infirmary:

Date	Name	Age	Nature of accident	Outcome
18 Oct 1866	James Fisher	18	Railway waggon. Smashed leg.	Amputation of thigh. Death
6 Jul 1869	Alexr McCulloch	20	Locomotive ran over foot.	Amputation at ankle. Well
15 Mar 1873	James Andrews	13	Tramway car.	Amputation near hip joint. [Outcome not recorded]
6 Jan 1880	Robert Jack	8	Run over by tramway car.	Leg amputation. Successful
4 Jun 1880	David Grey	4	Crushed by tram car.	Amputation at thigh. Dead
19 Jun 1880	George Black	5	Tramway car. Smashed foot.	Amputation. Successful
11 Mar 1881	Alexander Robb	14	Run over by railway waggon.	Leg amputated. Successful
4 Jul 1881	Alexander Lamont	23	Crushed under railway engine.	Amputation of foot. Successful
28 Aug 1881	John Pollock	40	Fall from railway engine.	Amputation of leg. [Outcome not recorded]
7 Sep 1881	David Murray	50	Railway smash.	Arm amputated. [Outcome not recorded]
18 Sep 1881	William Barr	59	Fall under a waggon	Thigh amputation. Dead

Source: GGHBA. GRI. Register of Operations 1864-1890. HB/14/5/28

Details of the circumstances of these accidents are scant and while those affecting young children clearly did not result from industrial injury, the effects on future

¹⁸ *Ibid.*, pp. 207-212.

¹⁹ Correspondence from William Bramwell Baird, Bishopbriggs, Glasgow. James Baird, described as a Collier, aged 13, was admitted to Glasgow Royal Infirmary on 25 September 1874. His foot was amputated and he was discharged on 18 Nov 1874 when he was described as 'well.' GGHBA. Glasgow Royal Infirmary, Register of Admissions 1874-1878, Surgical, No. 2042. HH67/56/34.

²⁰ Arthur McIvor, 'Work and Health, 1880-1914. A note on a neglected interaction', *Scottish Labour History*, 24, 1989, p. 53.

²¹ Arthur J McIvor, *A History of Work in Britain*, p. 17.

employment prospects for those who survived would have been as cataclysmic as it was for older children and adults.

The transformation could be dramatic when impairment occurred during adult life after a trade or career had been established. Shetlander Peter Sandison (1806-1893) was a mariner with his own command which he held until 1839 when his thighs were broken in a shipwreck. He was crippled for life and instead of being a ship's captain he had to be content with a job as a night watchman in Glasgow.²² Explosions and misadventures with gunpowder resulted in a wide variety of disabling injuries. James Carson, aged 32, lost both arms as the result of a gunpowder explosion in 1881. Little over a month following his admission to hospital for the amputation of his shattered hands, he was discharged as 'well.'²³ Neil Dougall (1776-1862) had a maritime career cut short when he was blinded and lost his right arm as the result of a cannon explosion in 1794.²⁴ His subsequent earnings were dependent upon teaching music and accommodating 'a few respectable boarders,'²⁵ the latter income probably essential in Scotland as it was in England where T R Armitage of the British and Foreign Blind Association a decade after Dougall's death noted that 'the ... difficulty of finding remunerative employment for blind organists and teachers of music exists ... as is too well known to the managers of our institutions.'²⁶

A graphic description of an accident resulting from explosives was given by 36-year-old victim, Malcolm Duncan:

Previous to 4 September last [1879] I had been employed at the Sandlodge Mines which are carried on by the Sumburgh Mining Company (Limited) for about four years. I wrought as a labourer above for three years and during the last year I wrought below. The mine has been for sometime under the management of John James Hamilton who resides close by the works. John Walker No 1 Polwarth Terrace Edinburgh visits the mine at times and directs the working when he is present. During the year I wrought below there were always above a dozen of miners who were employed below - sometimes during that time there were about 16 or 17 men employed below and about 12 above. After I went below I wrought on wages and was employed in shovelling ore and at times at heaving up ore from the inclining shaft to the foot of the main shaft from where it was taken up by steam. I never saw any rules published at the works and none were ever read to me. I never heard anything said regarding rules of working. John Murray, Alexander Murray, Francis MacPherson, Nicol Laurensen and I entered into a contract in the spring of last year to "cut out" at £7.10 a fathom length, the "drive" of which was 5 feet by 6. We did not have a written contract as far as I am aware. I was not present when the terms were agreed on. We wrought by turns two at a time and on a stretch of eight hours at a time. Before two left they were always relieved by another two.

²² Ronald Sandison, *Christopher Sandison of Eshaness (1781-1870) – Diarist in an Age of Social Change*, (Lerwick, 1997), p. 17.

²³ GGHBA. GRI. Register of Operations. HB14/5/28.

²⁴ 'Memoir' in Neil Dougall, *Poems and Songs*, (Greenock, 1854), pp. 17-18.

²⁵ *Ibid.*, p. 21.

²⁶ T R Armitage, 'On Piano-tuning as an Employment for the Blind', *Journal of the Society of Arts*, Jan 1871, p. 128.

We paid for the powder and the other requirements and for the sharpening [sic] of the tools. The tools used in boring were "pumpers" or drills made of steel and hammers. After the powder had been put in we put in wadding and rammed it with an iron tamping rod or stemmer which we had for the purpose. We did not use any pricker when a charge missed fire. We generally bored it out or unrammed it. This did not occur often. On fourth September last John Murray and I went below at two o'clock and after boring three holes we stemmed two and set fire to them. One of these charges missed fire and after waiting about an hour we went to it and commenced to unram it with the drill. The hole at first was twenty inches depth of pow[d]er in it. When we had bored about 9 inches, it went off and severely injured my hands (I was holding the drill at the time and Murray the hammer). The explosion also seered Murray's hands and arms and the hammer drove out three of his teeth. Doctors Burgess, Scalloway, and Macmillan, Dunrossness, were called. They found it necessary from the extent of the injury received by me to amputate both my hands.²⁷

Duncan's account was corroborated in the evidence given by his three fellow workers, at least one of whom had left the mine within three months of the incident and had added that their rescue had been delayed by quarter of an hour because the cage had been left unattended while the engineer had gone for his supper. Duncan would have had no further prospects of employment as a miner following the loss of both hands and proof of negligence on the part of the company would have been of little consolation to him.

Even when workers were fortunate enough to have some kind of support on which to fall back, this was rarely adequate to address the hardship they experienced. John Davidson, a 39-year-old man from Rutherglen with a wife and four young children, was both blinded and paralysed as the result of an accident. He received 7/6 weekly from a Friendly Society and 2/6 from a lodger, but the Glasgow Mission for the Outdoor Blind had to grant him some additional money while a possible claim against the railway company responsible for his injuries was considered.²⁸ Matthew Higgins, blind, and with similar family responsibilities, received 5/- weekly from the Hammerman's Society, while his wife earned 2/6 per week, but he too needed help from the Mission to aid him with financial difficulties.²⁹

James Campbell Ure, another victim of hazardous work involving explosives, lost his eyesight as a result of a mishandled blasting operation during construction of the Glasgow to Oban railway.³⁰ Campbell had only ever known a life of heavy labour, but following the loss of his vision and his traditional livelihood, made a considered decision to earn his living as an artist. He taught himself to draw on cloth and then directed 'female hands' to stitch over the lines 'in Berlin wool of various colours

²⁷ Shetland Archives. Precognition anent Accident in Sandlodge Mines 1879. AD22/2/16/4.

²⁸ MOBGWS, Minute Book 1899-1903, 20 Mar 1899, p. 11.

²⁹ *Ibid.*, 1 Sep 1902, p. 164.

³⁰ G A Johnston Ross, *The Story of a Working Man's Blindness*, p. 6.

selected by himself.’³¹ He used his sense of touch to aid composition of large-scale subjects such as the track layout at Invergordon railway station, eliciting the praise of the stationmaster: ‘I believe that few men in your position, even with their eyesight, could have made this drawing.’³² His work as an artist did not make him fully self-supporting, his autobiography being intended to supplement earnings, while to provide additional income his wife opened a shop in Inverness.³³

The total number of blind people recorded in Scotland in the 1871 census was 3,109, including 830 children and elderly people. The 1871 census concluded that the majority of sightless people had become blind during adulthood and further sought to attribute male blindness as occurring between the ages of 20 and 60 because of employment related accidents.³⁴ It must therefore have been a considerable frustration for blinded men to have henceforth felt constricted to working with such mediums as rope and cane when they had previously worked in other trades.

Marion Brown of Sanquhar (see pp. 63-64, 259-264), among her many ailments, encountered brief bouts of blindness. In 1869 this was accompanied by loss of speech and Marion expressed how she felt ‘lonely when I could neither speak nor see.’³⁵ Eight years later during another short period of blindness, she wrote that ‘the doctor blames me looking so steady at my work for my eyes turning sore.’³⁶ Her remarks convey feelings of isolation during deprivation of sensory faculties, the cause being attributed to work, in her case as a seamstress, and the medical explanation took on an accusative tenor of careless self-affliction. McIvor points out that a tradition of ‘blaming the victim’ was common among employers, citing ‘accidents at work [being] the result of reckless behaviour, stupidity or oversight, or alcohol abuse, and industrial disease contracted because of hereditary weaknesses, personal habits, manners and lack of personal hygiene and cleanliness’ and that medical evidence was often used ‘to prove the victim was to blame for his or her own misfortune.’³⁷

Professional preoccupation with the causes of insanity looked to work for some of the answers. In 1837 W A F Browne (1806-1885) (see pp. 94-96) cited figures which,

³¹ *Ibid.*, p. 43.

³² *Ibid.*, pp. 48-49.

³³ *Ibid.*, Prefatory Note and p. 56.

³⁴ Census of Scotland 1871 Report, Vol. II, p. xx.

³⁵ ‘Correspondence of Marion Brown,’ Marion Brown, Sanquhar, to John Glencross, Dunmore, 28 July 1869.

³⁶ ‘Correspondence of Marion Brown,’ Marion Brown, Kirkconnel, to Marion Glencross Bryden, Dunmore, 16 April 1877.

³⁷ Arthur McIvor, ‘Work and Health, 1880-1914’, p. 61.

he argued, suggested a lower risk of insanity for those following the 'simplicity' of agricultural life than for those employed off the land. He also cited poverty as a defence against exposure, leaving the rich more vulnerable.³⁸ Middle class men were considered at risk because of the weighty matters that challenged the strength of their mental processes as they grappled with the intricacies of commerce, science and philosophy.

Dr David Lindsay (b. 1858), a general practitioner who had practised in Hamilton for seven years, entered Gartnavel in November 1891 as a voluntary patient, but was certified five months later. Lindsay attributed one of the reasons for his admission as 'an incurable lunatic,'³⁹ to 'the awful responsibility for a medical man ...exhausting the body and mind,'⁴⁰ especially his mind which was 'never free day or night.'⁴¹ He told the medical staff at Gartnavel that 'he is greatly depressed and blames his former hard work.'⁴²

Frame, (see pp. 102, 122,164-164) the 'late inmate of Glasgow Royal Asylum,' in his non-expert opinion believed that genteel women often became insane from circumstances which were the direct opposite to those to which their husbands were exposed: 'the evil effects which naturally proceed from an enervating system of education, combined with an idle, aimless life.'⁴³ Type of work, the indulgent rewards accruing from work, and too much or too little work were readily attributed as possible causes, among others, of mental illness and impairment among genteel society.

William Baillie (1789-1869) (pp. 43-44, 69-70) came from an 'aristocratic' family with an estate in Inverness-shire. He departed for India in 1811 to take up a position as a writer,⁴⁴ but swiftly made a decision to leave Bombay for Baghdad in pursuit of the 'residency' for the East India Company.⁴⁵ By October 1813 a friend was urging

³⁸ W A F Browne, *What asylums were, are and ought to be*, (Edinburgh, 1837), pp. 59-60.

³⁹ GGHBA Gartnavel Royal Asylum. Letter from David Lindsay, Gartnavel Royal Asylum, to Rev Hugh Fleming, Mordington Manse, [Berwickshire], 2 Feb 1892. HB13/11/2

⁴⁰ GGHBA Gartnavel Royal Asylum. Letter from David Lindsay, Gartnavel Royal Asylum, to a Dr Hamilton, 22 Jan 1892. HB13/11/2

⁴¹ GGHBA Gartnavel Royal Asylum. Letter from David Lindsay, Gartnavel Royal Asylum, to Rev Hugh Fleming, Mordington Manse, 2 Feb 1892. HB13/11/2

⁴² GGHBA Gartnavel Royal Asylum. House Surgeons Notes for Physicians, New Males 1891-1893, p. 108, 15 Jan 1892. HB13/5/127

⁴³ Anon, *The Philosophy of Insanity by a Late Inmate of the Glasgow Royal Asylum for Lunatics at Gartnavel*, (Edinburgh, 1860), p. 60.

⁴⁴ Obituary in *Inverness Advertiser*, 6 April 1969.

⁴⁵ HCA Baillie of Dunain Papers. Letter from William Baillie, Bombay, to Isabella Baillie (his mother), 22 Oct 1811. D456/A/31/17.

his family to assist with his return home because of ‘a disordered mind.’⁴⁶ Baillie, from his arrival in Europe in 1814, received the attention of numerous medical men over the ensuing years. His poor mental health, following his pursuit of employment and reward in India and the Persian Gulf, was attributed to ‘a coup de soleil,’⁴⁷ and ‘having resided in a hot climate.’⁴⁸ This belief remained fifty years later when his mental health was attributed to ‘sunstroke’ while in India.⁴⁹ Baillie’s mother also blamed his condition on ‘the zealous discharge of his duties at this station [Baghdad].’⁵⁰ There would be a natural family disposition to seek a respectable explanation for the mental deterioration that occurred between William’s optimistic departure for India in 1811, and his traumatic return three years later. His professional commitment abroad was the one cited by the medical fraternity and accepted by the Baillie family. While it is dangerous to speculate from the correspondence about William Baillie during the decades that followed, his condition may not have resulted from overwork or tropical climatic conditions, but from a form of epilepsy.

The disabling conditions encountered by the labouring population should not be overlooked. While the effects of industrial injury were often immediate and highly visible, the debilitating effects resulting from bad and often misunderstood working conditions could gradually, but irreversibly, plunge workers and those dependent on their support into destitution. Wohl’s appraisal of the effects of industrial diseases primarily concentrates on the English experience,⁵¹ yet the effects of lung diseases and poisonous substances such as arsenic and lead would have been just as devastating in Scotland’s workshops, factories, coal mines, bleachfields and other places of manufacture and production. The work of Johnston and McIvor demonstrates how asbestos manufacture, introduced in Scotland in the 1870s, has resulted in a legacy where, by the dawn of the 21st century, ‘asbestos-related diseases

⁴⁶ HCA Baillie of Dunain Papers. Letter from James Calder, Bombay, to unidentified recipient, 28 Oct 1813. D456/A/31/22.

⁴⁷ HCA Baillie of Dunain Papers. Unattributed medical report, c. 1814-1817. D456/A/8/128.

⁴⁸ HCA Baillie of Dunain Papers. Dr George Rees, Hackney, London, to undisclosed male recipient, 18 Dec 1817. D456/A/8/26.

⁴⁹ Obituary in *Inverness Advertiser*, 6 April 1869.

⁵⁰ HCA Baillie of Dunain Papers. Scroll from Isabella Baillie to East India Coy, c.1815. D456/A/7/4.

⁵¹ Anthony S Wohl, *Endangered Lives, Public Health in Victorian Britain*, (London, 1984), pp. 257-284.

... account for some 400 deaths every year ... with many more being severely disabled.’⁵²

The economic advances of the nineteenth century had a range of implications for the creation of disablement across all classes of society. While economic resources of the wealthy enabled them to come to terms with disablement in some degree of material comfort, the labouring classes were often left in unenviable positions for their future survival. That they survived through major traumas seemed to be taken as cause for celebration by the infirmaries and the positive outcomes recorded in hospital discharge records make no recognition of the consequences that serious permanent impairments would have on many of these people and their families.

Getting on with it

The poor law system was intended to stave off destitution in severe cases of hardship and the reforms introduced in 1845 resulted in a disablement rule that interpreted the phrase ‘not able to work for their living’ as meaning only the disabled, not the unemployed.’⁵³ However there was a tradition of muted support for poor relief by those who had to finance it as noted of James Anderson, an Aberdeenshire farmer in 1780. Rosalind Mitchison described him as an example of ‘these self-supporting middle ranks [in which] particularly strong resistance to the support of the poor was to be found in the nineteenth century.’⁵⁴ The Poor Law was variously interpreted by Parochial Boards and Inspectors of Poor, providing a litany of cases on which the legal profession could apply its skills. The vagaries of the Poor Law were such, that for many people with disabilities, ‘self-help’ was not an ideal for which to aspire, but an unavoidable daily approach to life. It is therefore necessary to examine the role of the poor law administrators in their attitude to work, and the approach to work in general terms by people who might be considered disabled.

The Poor Law accepted that ‘those who have reached 70 years, are regarded as disabled by old age alone,’⁵⁵ but in order to minimise the granting of relief they were not necessarily excluded from work. The Poor Law Commission found evidence of the provision of occasional casual work to tide over, for example, those who were

⁵² Ronald Johnston and Arthur McIvor, *Lethal work: a history of the asbestos tragedy in Scotland*, (East Linton, 2000), p. 1.

⁵³ Michael Lynch, *Scotland: A New History*, (London, 1992), p. 393.

⁵⁴ Rosalind Mitchison, *The Old Poor Law in Scotland*, (Edinburgh, 2000), p. 118.

⁵⁵ Alexander McNeel-Caird, *The Poor-Law Manual for Scotland*, (Edinburgh, 1851), p. 8.

impeded from gaining full employment 'from the usual problems of age: failing sight, arthritic fingers or unsteady balance.'⁵⁶ Instances were found where communities either provided the infirm with small tasks to enable them to generate a few pennies of income when they were otherwise unfit for regular employment, or the means for limited self-employment to be conducted. In close-knit communities such motivation might have been encouraged through familiarity with individuals identified as needing some measure of support, but this was often accompanied by a desire to prevent a rise in pauperism.

Work as a form of dignity-sustaining charity was alluded to in the parish of Crossmichael, Kirkcudbrightshire, in the 1790s where the principal heritor adopted several measures aimed at keeping the poor roll in check. These included 'furnishing constant employment in his gardens and policy to several old and blind men, at the rate of 6d per day, which prevents them from becoming public burdens.'⁵⁷ In the 1830s in the Bunkle and Preston parish of Berwickshire, a blind man, reputed to have lived to the age of 108, was supported through his old age by the family with whom he had been in service.⁵⁸

Agnes King, in her memoirs, recalled that Samuel Cameron, judged as being of weak intelligence, was returned from Morvern, Argyll, to Bunessan in the parish of Kilfinichen and Kilvickeon, his parish of *foris familiaration* on the Isle of Mull. Cameron immediately found his own way back to Morvern and, King infers perhaps as a reward for his ingenuity, was given a job as a post runner on Ardtornish Estate.⁵⁹ In 1861 on the Isle of Mull, Betsy Alison, an 'imbecile from infancy, very short sighted' could 'knit at stocking making' and could 'be entrusted to take charge of her mother's house and child';⁶⁰ while Hugh McKinnon, who suffered from 'melancholy temperament from religious feelings' was 'working as a cobbler when he can get employment [and] while not employed at this he is making heather brushes for sale.'⁶¹

Crafts that lent themselves more readily to the sense of touch were considered noteworthy activities for blind people, such as Alexander MacLellan, a 'blind pauper'

⁵⁶ Rosalind Mitchison, *The Old Poor Law in Scotland*, p. 221.

⁵⁷ Sinclair, *Statistical Account of Scotland*, Vol. 1, p. 176.

⁵⁸ NSA, Vol. 2, p. 120.

⁵⁹ Philip Gaskell, *Morvern Transformed*, pp. 229-230. Memoirs of Miss Agnes King (born c. 1844), written c. 1902, and referring to the period c.1855 to c.1863. Gaskell has established from the papers for Ardtornish Estate that Cameron received payments for carrying letters in 1862 and 1864.

⁶⁰ ABA. Minute Book, Parochial Board of Kilninian & Kilmore, 11 Feb 1861. CO6/7/28/2

⁶¹ *Ibid.*

from Islay who in 1849 was described as ‘an excellent heather rope maker.’⁶² Instances arose where such skills were sustained in advanced years, such as from the 1790s a woman over ninety in Dunfermline who ‘has been blind almost these six years,’⁶³ while, of two blind paupers in Fossoway, Perthshire, it was commented, ‘...it is surprising how much they can spin.’⁶⁴ In a society with minimal support systems, the two blind paupers of Fossoway may not have considered their spinning extraordinary, but rather an essential and natural means of generating some income from a well-practised skill. It was however frequently accepted that blindness was an inhibitor to employment, even in rural districts, and resulted in applications for poor relief as demonstrated by examples from the late nineteenth century. James Leith, a 54-year-old labourer, is described in 1898 as ‘disabled by partial blindness,’ although his condition was compounded by ‘weakness in his legs’⁶⁵ while Barbara Pottinger in 1873 is similarly described, being ‘partially blind and weak in body.’⁶⁶ That blindness was not the prime factor in considering granting poor relief is perhaps indicated by the Inspector’s 1876 comments about David Rendall, an 18-year-old blind man from the Orkney island of Westray. Relief was granted, but the inspector’s accompanying comments suggested both a reprimanding tone to Rendall’s parents (he lived with a stepmother at the time of his application), and also his indignation at the deficiencies in the provision of training for the blind:

Unable at present to do anything for his own support being Blind and not having been learned to do any kind of work which a Blind person might be expected to learn to do, not having had an opportunity of learning.⁶⁷

In the Northern Isles during the latter nineteenth century the view nonetheless prevailed that blindness stood in the way of employment. John Flood, whose occupation, suggestive of some diversity, was recorded as ‘fisher, etc.,’ was nonetheless described in the 1860s as ‘partially blind, consequently unable to engage in most of ordinary labour.’⁶⁸ John Leith, aged 37, was similarly noted, ‘applicant Blind, consequently can perform no labour.’⁶⁹ Both men were admitted to the Poor

⁶² ABA. Islay Combination Parochial Board Minute Book 1846-1853, 26 Jul 1849. CA/7/14.

⁶³ OSA, Vol. 13, p. 437.

⁶⁴ OSA, Vol. 18, p. 466.

⁶⁵ OLA Record of Poor Applications, St Andrews & Deerness 1874-1930, CO6/13/8, Ref. No. 3/98, 12 July 1898.

⁶⁶ OLA, Record of Poor Applications, Westray 1861-1889, CO6/21/13. Ref. No. 71, 23 Sep 1873.

⁶⁷ *Ibid.*, Ref. No. 88, 12 Dec 1876.

⁶⁸ OLA, Record of Poor Applications, South Ronaldsay and Burray 1856-1892, CO6/16/39, Ref. No. 49, c.1864.

⁶⁹ *Ibid.*, Ref. No. 178, 18 Jun 1878.

Roll. Flood remained there, his allowance periodically supplemented with coal, blankets and clothing, until his death in 1896,⁷⁰ while Leith stayed on the roll until 1911 when he became the recipient of an old age pension.⁷¹

The Kirk Session of the minister of Roseneath took great heart from the actions of a pauper lunatic under its care in the 1830s:

Formerly the individual had been confined for more than a twelvemonth, and was dismissed perfectly cured. For five years he continued sane; and, during that time, he liquidated, from the proceeds of his spade labour, at the rate of £5 per annum, the whole outlay which the session had incurred.

The repayment of the debt was acknowledged by the presentation of a Bible to the man, 'which he had not in his possession more than two or three months, before a relapse ensued.'⁷² Any suggestion that the two events were connected was presumably unintentional.

In cases such as these, poor law and other charitable intervention is seen as portraying a contradiction of attitudes. On the one hand people with disabilities were being provided with work, sometimes no more than token tasks, to keep them off the poor roll; while other instances suggest that people were being singled out for charitable support on the assumption that, because of an impairment, they could not and should not undertake employment. Those who received help from friends and neighbours gave rise to particular gratification by parochial boards when it absolved them from giving poor relief assistance in cash or kind.

People with impairments who sought to maintain a semblance of 'normal' life outside charitable or institutional environments might experience barriers inhibiting them from tackling work which they considered themselves quite capable of undertaking. Christian Watt (1833-1923) found herself deprived of her livelihood as a fish vendor following her first confinement in Cornhill Asylum, not because the fish wholesalers of Fraserburgh declined to supply her – she was self-employed so there was no reason why they should not do so – but because of the prejudice which she experienced from former customers who would no longer patronise her trade. Watt recalled, 'I went to the farms in the country, and in many places where they could see me coming I found the door barred in my face, once it got around I had returned from the asylum' and she would return home 'with a full heavy creel and a heavy heart.'⁷³

⁷⁰ OLA, General Register of Poor, South Ronaldsay and Burray 1846-1876, CO6/16/33, p. 81.

⁷¹ OLA, General Register of Poor, South Ronaldsay and Burray 1876-1896, CO6/16/34, p. 25.

⁷² NSA, Vol. 8, p. 130.

⁷³ David Fraser (ed), *The Christian Watt Papers*, p. 108.

Christian Watt contrasted this with her relationship with the Aberdonians with whom she came into contact when she became 'the hospital fishwife' in 1880. Here she found the porters at the fish market 'all so kind to me' adding that she got to know 'the trawl skippers and their wives, and all the shore-porters and stevedores and gutting quines.' Watt adds that she 'did a lot of embroidery for Aberdeen shops, besides working in the hospital laundry.'⁷⁴ She was given a high degree of latitude to perform a role that gave her a renewed sense of worth and this was aided by her freedom to go beyond the confines of Cornhill. This suggests that contradictions arose in the attitudes not only of charities and poor law officials, but of ordinary citizens. She had been shunned by the people who knew her in her own community when she endeavoured to resume a normal working life to support her family. Yet she had been encouraged and trusted by the asylum officials to take on several working roles both within and outside the asylum where strangers displayed no qualms over embracing her in friendship.

A contrasting example was witnessed by James Baird Anderson who was brought up in the home of his grandfather, James Baird, the Ayrshire draw boy introduced earlier in the chapter who lost his leg at the age of thirteen. Anderson believed that Baird 'attained a certain status in the community despite his handicap, or perhaps because of it.'⁷⁵ In 1882, James Baird joined The Salvation Army and, when it established a life assurance society, he became one of its agents requiring him to travel from place to place and periodically move home.⁷⁶ How Baird coped with this was narrated by his grandson, James Baird Anderson:

My grandfather had an artificial foot that he'd made himself. He carved a solid piece of timber into the shape of a foot. ... to that was riveted four upright metal supports which formed the cradle for ... a sheaf of leather to go round the inside, and inside that his leg went, wrapped in various clothes, clothing parts. Now it so happened that when we were going on holiday – a house would probably be booked on the coast somewhere, Ardrossan or Saltcoats or Troon – he would, being a spare time agent, having a spare-time agency... have had to collect [subscriptions] in advance. So I was called in to help him. His agency lay in the Galston area so I used to go round with him on the Friday night. On one occasion [when] we were going round an accident happened. A rivet came adrift on this artificial leg and he was left limping along. So he had to have this immediate repair. But it was not taken to a repairer. He repaired it himself by getting in touch with his brother-in-law who had a garage business including a furnace. He limped down the hill leaning on my shoulder, down to Titchfield Street where Young's garage was. He took off his injured leg, this damaged foot of his, and I was told to operate the handle, the bellows, and we got this thing up to red-hot heat. He stuck this piece of metal in the flame until it was red hot, stuck it on, got a rivet and hammered it in. And then when all was done, he plunged it into the water and it went sssshhh-sshh-ssss... and he cooled the thing down until he was able to put his leg back in it.

⁷⁴ *Ibid.*, p. 120.

⁷⁵ Correspondence from William Bramwell Baird, Bishopbriggs, Glasgow.

⁷⁶ *Ibid.*

And we carried on as if nothing had happened, ... collecting his agency. That was the kind of man he was.⁷⁷

Although artificial limbs had been in commercial production for many years, there being five manufacturers in Glasgow in 1881, nine in 1912, and fourteen in 1918,⁷⁸ it was not until the late 1920s that James Baird had his first professionally made prosthetic limb fitted. James Baird Anderson accompanied his grandfather to Glasgow for the fitting:

There were several people all lined up waiting. ...he was measured ... and an artificial limb was fitted which was feather-light. This other one he'd made himself was very heavy and for years he'd climbed up and down tenement stairs in Glasgow, Falkirk, wherever he was appointed, dragging this great leg. ...he didn't complain, he carried on. [His new limb] must have been a tremendous relief. It was made of very light aluminium metal. Where his cast-iron rods had been was now light aluminium. ...it was solid and it was thinly made, and he didn't have to wrap it up with so many rags to fill up the space. It was his left foot. He had a walking stick which he carried in his right hand.⁷⁹

James Baird Anderson believed that it was soldiers being fitted with artificial limbs resulting from injuries sustained during World War One that made James Baird consider acquisition of a professionally-made prosthesis.⁸⁰ Until that time, and indeed for another decade, Baird had considered no remedy other than one of self-help.

Morris Goldberg, the Polish immigrant who suffered from severe bronchial and swelling of the legs 'more or less for eight or nine years which always improved in summer and got worse again in winter'⁸¹ culminating in his death in 1884 at the age of fifty, was frequently disabled from working and therefore unable to support his family (see pp. 115-116, 190). His employment during his final years was variously described, perhaps an indication of the multifaceted enterprise undertaken in order to counter underemployment, but perhaps also an indication of how disabling illness disrupted employment patterns. In January 1880 Goldberg was described as a blacksmith,⁸² an occupation which would have challenged his declining health. During that year he also described himself as a traveller⁸³ and a carpenter.⁸⁴ In 1881, the Jewish Hebrew Philanthropic Society, which had several times aided him and his

⁷⁷ Transcript of a 'Conversation with James Baird Anderson, 27 August 1997' courtesy of William Bramwell Baird and James Baird Anderson.

⁷⁸ Glasgow Post Office Directories, 1881/82, 1912/13, and 1918/19.

⁷⁹ Transcript of a 'Conversation with James Baird Anderson, 27 August 1997' courtesy of William Bramwell Baird and James Baird Anderson.

⁸⁰ *Ibid.*

⁸¹ GGHBA. Western Infirmary, Glasgow, Casebook Ward II, Page 30, 23 Dec 1884.

⁸² GGHBA. Glasgow Royal Infirmary, Register of Admissions 1877-1882, Medical, No. 39, 8 Jan 1880. HH67/56/35

⁸³ *Ibid.*, No. 911, 13 May 1880, and No. 48, 10 Jan 1881.

⁸⁴ *Ibid.*, No. 1928, 30 Oct 1880.

family, felt that he was 'able to go about a little business [and] it was decided to lay out 30/- for goods.'⁸⁵ The sequence of events suggests that Goldberg was an artisan, but, unable to cope with work at a forge, had been obliged to become some kind of trader. His brief spell as a carpenter suggests that he did not find the transition to selling an easy one, and that he unsuccessfully endeavoured to continuing working with his hands in a trade less physically demanding than that of a blacksmith.

George Gibson, born around 1836, the son of a handloom weaver in whose occupation he would have been expected to follow, was unable to do so because his stature was impeded by 'dwarfism' (see pp. 48-50). His short limbs were unsuited to the stretch required by the loom and in his youth he was restricted to filling the pirns. In adulthood, Gibson turned his hand to stocking knitting and putting fringes on doylies, jobs which were arguably 'women's work.' Gibson seems to have been anxious to be self-supporting and was a man with an independent pride. When no other options were available to him, he hawked matches and 'small wares,' but there were times when he failed, resulting in sojourns in the poorhouse,⁸⁶ tribulations that were solely the result of his slightly different physical dimensions to those of other members of the community.

Individual efforts to maintain independence at times went hand in hand with poor relief support. In 1868, sixty-four year old Alex Stewart of Charlestown, Banffshire, described as 'partially cripple,' sustained himself on one shilling weekly earned by knitting. Upon occasions when he was unable to survive on this, Aberlour Parochial Board granted him relief.⁸⁷ Thirty years later, Joseph Moggach of Keith who 'was born a cripple' was earning six shillings weekly as a clerk, yet during the following six years, although being 'well meaning and steady,' could 'barely keep himself' and voluntarily entered Elgin Combination Poorhouse only to re-emerge during the summers when better able to cope and also to secure employment.⁸⁸

The Shetland parish of Dunrossness, rather than give credit for the support previously provided by family members, tended to take a jaundiced view when poor relief was sought without an adverse change of circumstances occurring:

Alex Anderson, Nesting, has hitherto kept [sic] his sister in law Margt. Johnson, a pauper of weak mind, but now requests the board to allow a small remuneration for lodging & care.

⁸⁵ SJAC. Minutes book of the Glasgow Hebrew Philanthropic Society 1875-1881, 1 May 1881. SOC.BOG 0004.

⁸⁶ 'Death of "Wee Geordie"', *Dunfermline Press*, 21 October 1899.

⁸⁷ LHCMCE. Poor Relief Applications, Aberlour Parish, ZPA6 5/2, No. 89.

⁸⁸ LHCMCE. Register of Poor, Botriphnie Parish, ZPBn A5/103, No. 50.

The Board think that as he kept [sic] her so long, he might have continued in his kindness without coming to the Board. The Inspector was instructed to let him have the smallest usual allowance in such cases as doubtless he gets work out of her.⁸⁹

The Board was also alert to opportunities to withdraw from previous commitments as in the case of John Smith of Tow. In 1870, 'his allowance [was] ordered to be stopped, because tho' cripple in his feet, he was strong and well able to work with his hands, and he had recently married a strong able bodied wife.'⁹⁰ People with impairments who endeavoured to work could find themselves in a cycle of vacillation between meagre earnings and pauperism and the vagaries of the poor relief system.

Poor relief was designed to aid 'disabled' people identified by broad-ranged definitions, but poor boards were always seeking ways to minimise their financial outlays. People with impairments could not automatically depend upon poor relief as a cushion of support and many chose specifically to avoid reliance on it. Many people with disabilities determined to pursue working lives both through exertion of independence and as a matter of necessity, while it was not unusual for some philanthropically minded individuals and bodies to provide support through the provision of work even if this was token in nature.

Training and type-casting

As the nineteenth century advanced, there was a tendency for people with impairments to be stereotyped into occupations that outsiders thought appropriate to their skills. Institutional providers of education, training and employment were part of this process, making it necessary to consider the training and employment that they provided and to evaluate who were the foremost beneficiaries.

People with sensory impairments who entered institutions were trained in skills that it was believed would equip them to re-enter 'normal' society as self-supporting individuals who would not be a burden on the Poor Law. John Alston, publisher of books for blind readers in a raised type style that carried his name, also saw this as a measure that would result in 'wandering, mendicant habits' and public begging being replaced with 'habits of industry.'⁹¹ The employment categories for which they were prepared was however a narrow one. This was demonstrated, for example, by the

⁸⁹ Shetland Archives. Dunrossness, Sandwick and Cunningsburgh Parochial Board, Minute Book 1845-1872, 24 June 1868, p. 78. CO6/5/30

⁹⁰ *Ibid.*, 18 Mar 1870, p. 91.

⁹¹ John Alston, *Statements of the education, employments, and internal arrangements, adopted at the Asylum for the Blind, Glasgow*, Seventh edition, (London, 1894, first published 1842), p. 14

blind institutions where training and employment was primarily confined to such tasks as rope making, carpentry, mattress manufacture and basket weaving.

The blind asylum in Edinburgh was founded in 1792 and opened in 1793. It was followed by similar establishments in Glasgow (1828) and Aberdeen (1843) and they provided both training for employment and employment itself. The lives of those contracted were often heavily regulated to ensure such virtues as diligence, cleanliness, godliness and temperance (see Appendix 1). Recognition of the 'beneficial' effects of this training were recorded in the 1830s in Bolton parish, Haddingtonshire, which had sent a young man to Edinburgh Blind Asylum 'at an expense of five shillings a week to the parish ... with a view to his being instructed in some *art* [my italics] by which he may be enabled to support himself,'⁹² and in Dailly parish in Ayrshire, where two girls who had attended the same institution were 'able, by knitting, to gain a little for their own support.'⁹³

Employers who offered work to blind people were not solely motivated by philanthropic ideals. In 1840 Mr Cowan of 17 Princes Street, Edinburgh, submitted a proposal to the Edinburgh Blind Asylum containing an offer of employment. Cowan however laid down several stipulations concerning the inmates whom he would find acceptable:

...the work done for us ... might be executed by blind children from ten to fourteen years of age. Next to good character, cleanly habits are of most important to us, and this we should expect to find more in girls than in boys. We could send the articles on which they are to be employed to the asylum, but in that case it would be necessary to send teachers to instruct them, and on the whole it would be more convenient for us to have the work performed on our own premises.⁹⁴

The work being offered was the folding of envelopes. It was accepted, but was soon abandoned as 'it was proved by experiment that this cannot be done by feeling alone without the aid of the eye, and keep the paper uninjured.'⁹⁵ Mr Cowan's conditions suggest that control of the work and workers were of paramount concern to him. The shortcomings of the children in performing this task were an expedient reason for terminating an arrangement that may have been motivated by an objective of securing cheap, and easily manipulated, child labour. Cowan placed quality production above the application of philanthropic idealism if indeed he held such sentiments.

⁹² NSA, Vol. 2, p. 276.

⁹³ NSA, Vol. 5, p. 386.

⁹⁴ REBAS Minute Book 1835-1849, p. 119.

⁹⁵ *Ibid.*, p. 124.

The work provided by the blind institutions was generally lucrative to both employers and employees. It was emulated by custodial institutions operating under the penal system and had not gone unnoticed in other quarters. In Dumfriesshire the *New Statistical Account* identified unemployment as a concern, 'especially for aged females, and chiefly in winter.' As a remedy, it proposed 'some parts of the manufactures of the blind in Glasgow and Edinburgh, such as mattresses and other work not fit for machinery, (such) as coarse bonnets.'⁹⁶ This proposal that the enterprise of the blind asylums be copied, did not however take account of the policy pursued by the blind asylums of only selecting workers capable of high productivity.⁹⁷ Indeed Ritchie noted that they '... trained only such as they could hope to absorb as wage-earners [and] in neither country [Scotland and England] were all the trainable and employable blind adequately catered for.'⁹⁸

However before such institutions were established for the visually impaired, blind people could be found in diverse occupations such as that of the blind fisherman in Ulbster, Caithness.⁹⁹ In the northeastern parish of Fettercairn, the schoolmaster, 'a very old man [who] has been blind these 16 years' was sustained initially through the aid of a succession of unpaid assistants. The heritors considered that the schoolmaster's blindness resulted in 'inconveniences' yet, in opting for a qualified paid assistant to succeed him, resolved that the blind schoolmaster should nonetheless continue in his post for the remainder of his life.¹⁰⁰ The experience of Edward Milligan from the Dumfriesshire parish of Kirkbean was portrayed as a glowing example of success in the face of adversity. The son of a stone mason who began his working life as a shoemaker, he was depicted as a lad o' pairts who, through his own efforts, became a lecturer in medical science in Edinburgh. He died, aged forty-seven in 1833, and 'for several years previous to his death, he was stone blind; but such was his strength of mind, that ... he continued his course of lectures with great success till his last illness.'¹⁰¹

The measure of such toleration was however variable. Although consolation was taken that the schoolmaster of St Andrews, Orkney, was 'a qualified person,' he was

⁹⁶ NSA, Vol. 4, pp. 577-578.

⁹⁷ Gordon Phillips, 'Scottish and English Institutions for the Blind, 1792-1860', *The Scottish Historical Review*, Vol. LXXIV, 2, 198, (Oct 1995), pp. 194-196.

⁹⁸ J M Ritchie, *Concerning the Blind*, p. 74.

⁹⁹ OSA, Vol. 10, p. 2.

¹⁰⁰ OSA, Vol. 5, p. 33.

¹⁰¹ NSA, Vol. 4, pp. 237-238.

accused of being 'so nearly blind as to be incapacitated for discharging the duties of his office, and cannot be compelled to provide a substitute.'¹⁰² Dr Thomas Blacklock (1721-1791), who had been blind from infancy and was described as both 'eloquent' and 'amiable,' was ordained as the minister of Kirkcudbright in 1762. However, the opposition that he experienced eventually resulted in his resignation.¹⁰³ Although the experience of toleration of blindness was varied, these instances indicate that in the early part of the nineteenth century visually impaired people were employed in a wide range of tasks.

The first census to record blind people by occupation was that of 1871 (see pp. 53, 56-59, 277). Sixteen men and four women were recorded as working in the fishing industry, while small numbers carried on a wide range of occupations. Substantial numbers worked in agriculture, the prime occupation of the rural population. However the figures indicate that, because of the efforts of the blind institutions, blind employees were already stereotyped into textile related activities, most notably working with rope and cord. Of the 'professional' category, 65 were musicians and music teachers, while of those working with plant-based materials, 85 were working with cane, rush and straw.

	Male	Female	Total
Government servants	4	0	4
Army and Navy	14	0	14
Clergy, teachers, artists, lawyers, physicians & musicians	81	4	85
Domestic	14	33	47
Merchants & hawkers	50	8	58
Carriers and porters	40	0	40
Agriculture & horticulture	138	6	144
Fishing and husbandry	20	0	20
Building and manufacturing	77	25	102
Textiles	157	118	275
Food and drink	43	1	44
Skins and hair	25	1	26
Wood, cane, resins and paper	91	4	95
Mining & heavy industry	45	1	46
Casual labour	62	0	62
Independent Means	45	88	133
Paupers	116	174	290
Unstated occupation	243	461	704
Total	1265	924	2189

Source: Extracted from Census of Scotland 1871 Report, Vol. II, pp. 543-544.

¹⁰² NSA, Vol. 15, p. 188.

In 1869, the Glasgow Mission to the Blind had published a list of 205 blind adults who were in occupations in and around the city. Nineteen males were employed as basket makers, brush makers, mat makers and bag sewers, sixteen of these at the Blind Asylum. The largest category of male occupation was that of musician (23), while knitters (49) and house managers (22) were the dominant female occupations. The sundry list of other occupations included four nurses, two teachers, a fireman, two bakers, fourteen tea merchants, a master sweep, a window cleaner, three commission agents, a storekeeper and a spirit merchant. This data suggests that blind people continued in a diverse range of employment. However the figure for those in textile and craft employment in the city was much greater than indicated by the Glasgow Mission to the Blind because it and the Glasgow Blind Asylum were often competing rather than complementary organisations. While the asylum tended to have first call on able bodied blind people, the Mission recorded twenty-three adults on its list as 'unemployed but able,' a modest ten per cent of the total.¹⁰⁴

The Mission helped blind people to begin and sustain trades and small scale enterprises. In 1899, the Mission recorded such assistance as '£4 to purchase a bedstead and a stock of fish or fruit for hawking, also to hire a wheelbarrow' to 76-year-old Thomas Drummond;¹⁰⁵ £3 to Thomas Mullen (52) 'to enable him to start trading in tea and tobacco';¹⁰⁶ £7 to Alexander McGilvary of Overmill, near Ayr, 'to pay arrears of rent and give him a fresh start with his poultry farm';¹⁰⁷ and £5 to George McMillan (37) 'to enable him to purchase a stock of drapery goods.'¹⁰⁸ Aside from this and the employment provided by the blind asylums in Glasgow and Edinburgh, Helen Dunbar notes that no specific employment was created until 1902 when David Laidley's firewood factory opened in Glasgow. Laidley was superintendent of the Aid Association for the Outdoor Blind, established in 1894, and he operated from offices at 6 Main Street, Anderston.¹⁰⁹ He provided employment for seventeen blind and four deaf-blind males, 'many of them ... capable of doing tasks other than cutting wood or delivering circulars.'¹¹⁰ Firewood production was aided by

¹⁰³ NSA, Vol. 4, p. 18.

¹⁰⁴ Helen Dunbar, *History of the Society for the Blind in Glasgow*, p. 42.

¹⁰⁵ MOBGWS. Minute Book 1899-1903. 16 Feb 1899, pp. 5-6.

¹⁰⁶ *Ibid.*, 16 Feb 1899, p. 7.

¹⁰⁷ *Ibid.*, 16 Feb 1899, p. 7.

¹⁰⁸ *Ibid.*, 24 Apr 1899, p. 17.

¹⁰⁹ The *Post Office Glasgow Directory* for 1904/05 shows that this address was shared by the Association with three companies and three individuals. p. 344.

¹¹⁰ Helen Dunbar, *History of the Society for the Blind*, p. 44.

the Glasgow Mission to the Blind, noting that James Mulholland 'earns 8/- from making firewood' and wished a grant 'to start firewood making,'¹¹¹ while 57-year-old George Lightfoot had been given '£8 to start a firewood factory.'¹¹² However, after consideration of 'a letter from Mr Provan (blind) ... asking that a depot might be opened for the manufacture and sale of firewood'¹¹³ in 1902, the Mission's deliberations concluded that:

The information showed that [a depot for the manufacture and sale of firewood] involved considerable outlay, and that it inevitably could not be carried on profitably, and might incur considerable loss of capital.¹¹⁴

The Mission decided that they could not adopt Mr Provan's suggestion. This suggests that Laidley was motivated both by his own experience of blindness from which he had recovered and the Mission's reluctance to extend its provision of aid beyond assistance in the field of work to the actual provision of work itself. His positive discrimination emphasises that he was aware of the difficulty that blind people encountered in securing employment. Four of the employees had come from the poorhouse,¹¹⁵ fulfilling the prevailing ideology of civic responsibility in their transformation from paupers to wage earners. The Mission's statement, and periodic assistance in helping with stock purchase and arrears of rent, also suggests that the help it granted to blind people engaged in activities such as hawking firewood was not necessarily making them self-sufficient, but that it remained an important goal that they at least go through the motions of adhering to the ethos of work even if it resulted in inadequate monetary gain. This echoed the sentiments of T R Armitage on the English experience of the 1870s when he noted that 'it is difficult for the blind to support themselves by any handicraft, without their wages being supplemented by some form of charity.'¹¹⁶ In 1903, James Mulholland's income had reduced to '6/- making up firewood' and the Mission 'granted the sum of £3 to pay arrears of rent of work-shop and carry on his business.'¹¹⁷

It is difficult to envisage the level of livelihood that the twenty-three 'musicians' on the Glasgow Mission to the Blind's list might have achieved, but it is likely that most of them combined street entertainment with engagements at functions such as

¹¹¹ MOBGWS. Minute Book 1899-1903, 28 Apr 1902, p. 155.

¹¹² *Ibid.*, 26 May 1902, p. 153.

¹¹³ *Ibid.*, 28 Apr 1902, p. 146.

¹¹⁴ *Ibid.*, 26 May 1902, pp. 152-153.

¹¹⁵ Helen Dunbar, *History of the Society for the Blind*, p. 44.

¹¹⁶ T R Armitage, 'On Piano-tuning as an Employment', p. 127.

¹¹⁷ MOBGWS. Minute Book 1899-1903, 23 Feb 1903, p. 186.

weddings or in short-term seasonal work. The Mission recorded, for example, in 1899 that Michael Byrne (34) 'makes 4/- weekly by playing violin and his wife makes 2/- by selling drapery goods, etc.' They had two children to support and the Mission had to come to their financial assistance because of the inadequacy of their earnings on the street.¹¹⁸ Laurence Ritchie (1824-1871) (see pp. 68-69), invariably known as 'the blind violinist' in his parish of Bonhill and described as a musician of considerable talent, is probably a typical example of Scotland's many blind musicians. His ability to earn an adequate livelihood was difficult despite allusions to 'his pecuniary success' from playing on the steamers that cruised on Loch Lomond.¹¹⁹ This was seasonal employment and he had to find other means of income during the winter months.¹²⁰ Ritchie came from a moderately comfortable, land-owning, farming family as had his wife, Jean Gray,¹²¹ and his musical career represented a diminution of status, a perspective with which the writer of his obituary concurred, noting that 'his life-long privation precluded him from engaging in common manual occupation.'¹²² Ritchie had seven children who became orphans when he died at the relatively young age of 48. His wife had predeceased him by one year. What arrangements were made for his children, aged from six to nineteen years, is unclear, but it would appear that they were dispersed around relatives and friends. His third child, John, is recorded as staying at six different places between the death of his father and an application for poor relief two and half years later when, as an apprentice tailor, he was 'wholly disabled by abscess.'¹²³ John Lawrence lived until 1929 and when John Neill compiled his *Records and Reminiscences of Bonhill Parish* in 1912, he wrote that Laurence 'has a son in Alexandria, a master tailor.'¹²⁴ This is probably a reference to John, but the absence of any mention of his six siblings suggests that the children were scattered upon being orphaned.

The seasonal nature of Laurence Ritchie's employment is recorded in John's 1875 application for poor relief: 'Father came to loch in the summer and stopped in

¹¹⁸ *Ibid.*, 20 Mar 1899, p. 10.

¹¹⁹ 'Musical Entertainment', *Dumbarton Herald*, 18 Dec 1851.

John Neill, *Records and Reminiscences of Bonhill Parish*, (Hoddleston, 1979), p. 151. (Originally published 1912.)

¹²⁰ 'The Late Lawrence Ritchie, Violinist', *Dumbarton Herald*, 7 Nov 1872.

¹²¹ John Neill, *Records and Reminiscences*, p. 144. Dumbarton Local History Archive, family history papers.

¹²² 'The Late Lawrence Ritchie', *Dumbarton Herald*, 7 Nov 1872.

¹²³ Dumbarton Local History Archive. Bonhill Parochial Board Poor Relief Application Book 1866-1876, Ref. 3-2-1-2, Entry No. 1322, 30 April 1875.

¹²⁴ John Neill, *Records and Reminiscences*, p. 145.

Bonhill.¹²⁵ His occupation, which it is inferred was dictated by his blindness, was instrumental in the decline in the fortunes of himself and his family. Yet we are also told that he was 'passionately fond of music'¹²⁶ which resulted from 'the fostering care and encouragement of shrewd maternal instinct.'¹²⁷ Ritchie's dedication to music was described by his friend, John Robertson:

Mr Ritchie ... is one from whom Providence has been pleased to withhold the light of day; but this deficiency appears to have been compensated for by an exquisite taste for music, and a correct and acute ear, which early developed itself. Many are the times we have seen him perched among the brushwood, by the river's side; or like the "bird of the wilderness," hidden in some sequestered nook of his father's farm, pouring forth, to nature, his "wood notes wild," and preparing the way for that honourable career which now procures for him the title of first-class violinist.¹²⁸

Robertson's eloquent words describe a boy who was at one with nature as he honed his musical skills. Yet the picture that he painted might also depict a youth who felt alienated from the life of the farm and the land on which he knew he would never have the opportunity to work, and so withdrawing into the solitude of its remotest corners.

Ritchie's working life was replicated by Angus McLaughlan, also blind, and who:

'was a bit of a character in his time. He got a livelihood for many years by performing upon his fiddle in the Clyde river steamers; and he was an especial favourite, we believe, with the Captain of the *Undine*.

Predeceased by his wife by two years, McLaughlan died as a pauper in Campbeltown poorhouse.¹²⁹

While blind people were steered towards occupations which were amenable to touch and hearing, deaf people were trained for those occupations for which hearing was deemed to be unimportant and for which 'normal' vision was considered acceptable compensation. The Glasgow Deaf and Dumb Institution noted employment that had been secured for pupils departing in 1870:

... two have been apprenticed to the trade of boat-building, others to the trades of tailor, shoemaker, cabinet-maker, and bag maker – one stout fellow has gone to be a quarryman – one of the girls has become a mill-worker, and another is learning to be a milliner.¹³⁰

The following year boys were cited as becoming apprenticed as bookbinders (two), printer, wood-carver, draughtsman, designer and blacksmith while two girls were

¹²⁵ Dumbarton Local History Archive. Bonhill Parochial Board Poor Relief Application Book 1866-1876, Ref. 3-2-1-2, Entry No. 1322, 30 April 1875.

¹²⁶ John Neill, *Records and Reminiscences*, p. 144.

¹²⁷ The Late Lawrence Ritchie', *Dumbarton Herald*, 7 Nov 1872.

¹²⁸ 'Musical Entertainments', *Dumbarton Herald*, 18 Dec 1851.

¹²⁹ 'Sudden Deaths', *The Argyllshire Herald*, 26 Oct 1867.

¹³⁰ GIDD Annual Report, 1871, p. 6.

learning dress-making and two had become farm servants.¹³¹ However seventeen pupils had left in 1870 and twenty-one in 1871 making it likely that the outcomes quoted in the annual reports, which had objectives of conveying success and eliciting charitable support, ignored other pupils whose career prospects were less promising.

Of the girls who left in 1872 it was reported that some were 'at their homes assisting at house-work'¹³² while in 1885 it was admitted that 'the girls mostly returned to work in their own homes,'¹³³ a possible euphemism for failure to secure remunerative employment. Of the boys who secured apprenticeships, this in itself is no indicator of the tasks they were initially allotted or of eventual qualification to a trade. A first-hand account from the twentieth century is not inappropriate in its demonstration of perspectives that developed in the nineteenth century and remained entrenched during the inter-war period. During the 1930s, Jock Young was a boarder at the Glasgow Deaf and Dumb Institution until he reached the age of leaving and finding work. He wanted to be an electrical engineer but, 'they wouldn't take me because of my deafness and I was sent to cobblers' workshops employing deaf people. Deaf people could get jobs as joiners, painters, and cobblers, but I wanted to be an electrical engineer.'¹³⁴ The only jobs that were available to him were those stereotyped as being appropriate for deaf people.

The two asylums that were established during the middle of the nineteenth century specifically to receive mentally impaired children, Baldovan Institution, Dundee (1855) and the National Institution, Larbert (1862), began with idealistic aims of training the children received into their care. At Baldovan frustration soon set in and in 1873 it was recorded that, 'only a small proportion of the children are capable of useful training and about half are totally ineducatable [sic].'¹³⁵ However work was nonetheless part of the regimes of these institutions, Baldovan receiving little support from charitable contributions and having to generate much of its own income. The National Institution was, by the end of the nineteenth century, generating a prodigious quantity of clothing and textile items suggesting that there was a paradox whereby administrators judged most of the children as 'ineducatable' yet their institutions profited considerably from crafts skills to which their small hands became adept at

¹³¹ GIDD Annual Report, 1872, p. 5.

¹³² GIDD Annual Report, 1873, p. 5.

¹³³ GIDD Annual Report, 1886, p. 4.

¹³⁴ Oral testament from Jock Young. 'Narratives of Twentieth Century Deaf Life in Scotland' joint conference, Scottish Oral History Group and Scottish Sensory Centre, Edinburgh, 18 November 2000.

mastering. This is affirmed by the case of Margaret Allan, a ten-year-old 'imbecile pauper' for whom Upper Strathearn Combination Poorhouse in Perthshire wished to relinquish responsibility. When she was brought before the Parochial Board of Crieff in 1875, she was described as 'capable of instruction,' but also as having 'habits' which were 'hurtful to the other inmates of the House.'¹³⁶ The governor of the poorhouse was motivated by his wish to have Margaret removed to Larbert Institution, not for the educational benefits which might result, but to resolve an 'inmate management' problem. However her 'capability of receiving instruction' was no doubt a good 'selling point' in seeking her admission at Larbert.

People with disabilities took on a variety of occupations yet increasingly encountered conflicting responses from the 'able-bodied' population concerning what they should, or should not, do. People with sensory impairments whom institutional settings were specifically striving to place into situations of financial independence experienced a marked ambiguity in societal attitudes. Although actively training them for employment, and providing employment in the case of the blind asylums, these institutions limited horizons and opportunities by their validation of stereo-types of what blind and deaf people 'could,' or 'could not,' do through the very specific foci of their training and work provision. Choice of employment narrowed as the century advanced, institutions being part of a process where they provided training in 'appropriate' skills and then benefited from those skills through the provision of work that generated income for the institution. People with disabilities living within society undertook a wide range of occupations, but opportunities open to them became increasingly stereotyped while the remunerative reward attainable was often less than that available to able bodied people.

Work as part of the institutional regime

Work was a dominant feature of the regime of inmates confined to institutions. What constituted 'work' and the role it played in the administration of asylums and other institutions containing people considered disabled requires consideration from several perspectives. Important aspects were the functions of work as a means of controlling those incarcerated, and of aiding the economics of running what were often establishments of considerable size. Whereas institutions for people with

¹³⁵ DAMUD. Baldovan Asylum, Minute Book, THB8/3/3.

¹³⁶ PKCA. Upper Strathearn Combination Poorhouse, Minute Book 1861-1875, CC1/19/2/1/1.

sensory impairments had overt objectives of training their charges for employment and, in the case of blind asylums, also taking on a role as employers, poorhouses were intended for people who were disabled from undertaking work, while lunatic asylums professed objectives of recuperation and cure.

The early town's hospitals in Scottish cities were established with the objective of supporting the able bodied through the provision of work and the Glasgow establishment opened in 1733 as The Charity Work House.¹³⁷ A particular target had been beggars who 'spend as much of their Time going about exposed to Cold and Rain in obtaining the Necessaries of Life from others, as might, if properly employ'd in Labour suited to their Abilities, go a good way toward their Maintenance.'¹³⁸ This aim was quickly assessed as being 'altogether visionary,' labour proving extremely difficult to enforce. Within eight years the policy had changed to admission of 'the aged and infirm – the friendless and destitute – the helpless and hopeless.'¹³⁹ While the principle had therefore been firmly established by the nineteenth century that poorhouses were for the 'helpless and hopeless,' many residents were expected to undertake tasks, some of which took on the semblance of full-time employment. Such work on the part of inmates helped keep down running costs and was a means of keeping the inmates busy. However they did not always willingly comply with this regime. Jean Muir, a fifty-nine year old sewer who suffered from 'debility,' was recorded in 1874 at Logierait Poorhouse in Perthshire as 'refusing to work, and being required by the Governor to do so, using insulting language towards him and the servants.' Muir argued that she 'was paid for her by her Parish, and was past the age to work.'¹⁴⁰ At the same institution two decades later, Thomas McLeish, a tailor aged sixty-eight who suffered from rheumatism, 'refused to work, got up in a passion, and [was] making a great noise.' Following a three-hour confinement in the probationary ward he 'promised to start work next morning.'¹⁴¹ While McLeish's general demeanour was described as 'bad temper,' Muir's was recorded as 'good.' An aversion to compulsory work imposed by the poorhouse was not therefore limited to inmates of an obstreperous and cantankerous nature.

¹³⁷ HMSW. 'Regulations for the Town's Hospital of Glasgow', (Glasgow, 1841), p. viii.

¹³⁸ RCPSG. 'A Short Account of the Towns Hospital in Glasgow', (Glasgow, 1742), p. 14.

¹³⁹ HMSW. 'Regulations for the Town's Hospital of Glasgow', pp. ix-x.

¹⁴⁰ PKCA. Logierait Poorhouse. Offence and Punishment Book 1864-1903, 4 Sep 1874.

CC1/19/1/13/1.

¹⁴¹ *Ibid.* 25 Mar 1895.

The same philosophy was employed in mental asylums, John Batty Tuke noting that it was the medical superintendent's 'duty ... to guard the economy of the place.'¹⁴² Notably he expressed displeasure that the medical aspect of his position was impeded because he was expected to devote attention to 'the house steward and farmer business.'¹⁴³ In contrast, John Alston of Glasgow Blind Asylum listed with an air of pride roles of the superintendent and the matron which saw them embrace functions in the sphere of education, management, sales, accounts and as general overseers.¹⁴⁴ Robert Jamieson, physician superintendent at Aberdeen Royal Asylum from 1852 until 1884, believed work to have therapeutic value, 'exercise and employment [being] essential ingredients of moral treatment.'¹⁴⁵ John Fraser, who superintended Fife and Kinross District Asylum between 1873 and 1878, 'firmly believed in reducing the numbers of those who were idle during the day to a minimum, and had plans of turning the asylum into a "veritable bee-hive" in keeping with the beliefs of Browne.'¹⁴⁶

W A F Browne's 'beliefs' had been expressed half a century earlier in his 1837 publication, *What Asylums were, are, and ought to be*, when he was the medical superintendent of Montrose Royal Lunatic Asylum. He idealised a visit to the asylum that was 'as if you had entered the precincts of some vast emporium of manufacture,'¹⁴⁷ where the inmates 'are anxious to be engaged, toil incessantly, and in general without any other recompense than being kept from disagreeable thoughts and the pains of illness.'¹⁴⁸ Even Browne's ideas were not totally new. Foucault cites Philippe Pinel (1745-1826) who along with Jean-Baptiste Pussin (1745-1811) pursued a policy of non-violent, non-medical management in the large multi-purpose Bicêtre complex in Paris in the 1790s where they regarded 'the surest and perhaps the sole guarantee of the maintenance of health and good habits [to be] the law of rigorously executed mechanical work.'¹⁴⁹ However in 1889 Tuke expressed his concern at the focus on work and that lunatic asylums were not emulating the curative role of hospitals. He felt that 'patients should be tended by properly trained nurses, not by

¹⁴² J Batty Tuke, 'Lunatics as Patients, not Prisoners', *The Nineteenth Century*, April 1889, 25, p. 599.

¹⁴³ *Ibid.*, p. 600.

¹⁴⁴ John Alston, *Statements of the education*, pp. 25, 27.

¹⁴⁵ Robert (Seumas) B Lobban, 'Healing for the Body as Well as the Soul', p. 126.

¹⁴⁶ Gillian Doody, 'A Study of Fife and Kinross District Asylum', p. 25.

¹⁴⁷ W A F Browne, *What Asylums were, are, and ought to be*, (Edinburgh, 1837), p. 229.

¹⁴⁸ *Ibid.*, p. 230.

¹⁴⁹ Michel Foucault, *Madness and Civilization*, p. 245.

ordinary attendants casually drawn from the servant and labouring classes.'¹⁵⁰ Tuke felt that asylums were entrapped by traditions and the recruitment of attendants was part of this pattern. In Worcester Asylum in the English West Midlands attendants were employed for artisan skills which could be used to maximise the economic activities of the patients rather than for any therapeutic skills.¹⁵¹ Superintendents of United States mental asylums 'noted the value of unpaid resident labor to offset the costs of running institutions.'¹⁵² During Dr Alexander Mackintosh's tenure as Physician-Superintendent of Gartnavel Asylum (1849-1874), Macdonald notes that he 'had been actively opposed to the idea of recruiting attendants who were ready-trained, or who had previous asylum experience, actually discriminating against such applicants.'¹⁵³ The ideals held by Batty Tuke of the mental asylum as a caring environment administered by staff trained in psychiatric nursing was not reflected by many of his counterparts. Their preference was for personnel whom they could mould in order that their institutions ran as efficient machines where the inmates were fully occupied in order to deter them from causing disruption because of boredom and idle hands while also contributing to the economics of their establishments in their workshops and gardens. Promotion of such concepts as 'moral therapy,' emulation of the work ethic of the outside rational world, was a convenient explanation that such approaches were for the therapeutic benefit of the patients - rather than a way of controlling and subduing them or using them as captive labour in an economic enterprise.

At Glasgow's first asylum in Dobbies Loan, Ann Sneddon found that 'the water supply..., initially only adequate with the back-up of a large well, proved by 1822 to require additional pumping to reach the higher wards. The labour that this provided for patients was regarded as being good for their health.'¹⁵⁴ Ironically, the poor tended to accept the imposition of work, but reluctance arose from the better-off patients, unfamiliar with menial chores.¹⁵⁵ This problem endured at the end of the nineteenth century when Clouston, physician-superintendent of Edinburgh Royal Asylum, 'rated the therapeutic benefits of physical labour very highly, and ...

¹⁵⁰ J Batty Tuke, 'Lunatics as Patients, not Prisoners', p. 603.

¹⁵¹ L D Smith, 'Behind Closed Doors: Lunatic Asylum Keepers, 1800-1860', *Social History of Medicine*, 1988, 1, 3, p. 315.

¹⁵² David L Braddock and Susan L Parish, 'An Institutional History of Disability', p. 36.

¹⁵³ Kenny Macdonald, 'Keepers to Carers' in Jonathan Andrews and Iain Smith (eds), *Let there be Light Again*, p. 86.

¹⁵⁴ Ann Sneddon, 'Environment and Architecture', p. 29.

lamented that private patients, by virtue of their class, could not be sent to work as well.¹⁵⁶ Browne was obviously aware of this when he proposed ‘gradations of employment,’ suggesting for more refined inmates ‘intellectual pursuits’ (for gentlemen) and such activities as reading, harp, piano and ornamental productions for ladies.¹⁵⁷ To illustrate the practical application of intellectual work, Browne informed his readers that ‘the manuscripts of these pages were transcribed, and the proofs corrected by individuals in the asylum under my charge.’¹⁵⁸ What constituted ‘work’ even in an institutional context could therefore take on very different characteristics for those inmates not from the labouring classes.

Enforced chores, as often incorporated within the regime of an institution, could be resisted or resented, and inmates’ ‘co-operation’ depended upon the degree of supervision and discipline exercised. Conversely, chores in such establishments could be accepted as relief from long monotonous hours of confinement, presenting themselves as forums for social interaction with other inmates, and providing some feeling of self-worth to people who had long experience of despair, impoverishment and low self-esteem. Browne was certainly of the opinion that therapeutic benefits resulted from assigning purposeful employment to inmates.¹⁵⁹

James Frame, ‘A Late Inmate of the Glasgow Royal Asylum,’ wrote in support of the value of ‘keeping the fingers employed at some light and useful labour, if possible, in the field or garden’¹⁶⁰ and he maintained that there was curative value for female patients, needlework for ‘ladies’ and household work and assisting the nurses for ‘others.’¹⁶¹ The writer had been an inmate at Gartnavel for short spells in 1843 again in 1856,¹⁶² but his testament was published anonymously and dedicated to Dr Alexander McIntosh, the superintendent, for his ‘extreme care and kindness.’ It was extremely hagiographic in style and must be doubted as being consensual with the sentiments of the wider inmate population. Many of the statements, such as the writer’s comments on attitudes to work and its value, would not have looked out of place in the superintendent’s annual report:

¹⁵⁵ Robert (Seumas) B Lobban, ‘Healing for the Body as Well as the Soul’, p. 126.

¹⁵⁶ Allan Beveridge, ‘Life in the Asylum’, p. 432.

¹⁵⁷ W A F Browne, *What Asylums were, are, and ought to be*, p. 230.

¹⁵⁸ *Ibid.*, p. 231.

¹⁵⁹ *Ibid.*, p. 192.

¹⁶⁰ Anon, *The Philosophy of Insanity by a Late Inmate of the Glasgow Royal Asylum for Lunatics at Gartnavel*, (Edinburgh, 1860), p. 63.

¹⁶¹ *Ibid.*, p. 64.

¹⁶² *Ibid.*, pp. 26-27.

Though several of the patients refuse to labour, some from laziness, others from an opinion that they ought not to do any thing beneficial to a house fully paid for their support, not a few apply to useful labour wither in the open air, or at their own trades within doors. Two looms and five spinning wheels are generally kept at work; clothes are made or mended; stockings and worsted gloves are knit; and occasionally, a little muslin is flowered, though, on the whole, this is the least profitable manufacture, because when any freak or wrangling occurs, the figures are apt to rise on the wrong side. Every encouragement, however, is given to the exertions of industry, because nothing contributes so much to promote a cure, and prevent a relapse.¹⁶³

An inmate, who spent two years as a pauper lunatic in an unnamed asylum in England, approved of work as it provided ‘a relief from loneliness’ and, when deprived of work, wrote, ‘I could only walk about to ease my misery.’¹⁶⁴ Informal arrangements are illustrated by the case of Shetlander John Gaudie who, during his incarceration in the Crichton Royal Hospital, ‘when in good humour and liberally supplied with tobacco ... assist[ed] the attendant in many of the appointed duties.’¹⁶⁵

The work regime of mental asylums remained unaltered at the close of the nineteenth century. Mary Coutts, an inmate of Aberdeen Asylum for four months during 1908, observed that ‘some [patients] ... work harder than the prisoners in a penal settlement, without the slightest benefit to themselves, and without a break for any sort of pleasure.’ She believed that those who paid for private patients were unaware of ‘the tasks they are set.’¹⁶⁶ She described the work undertaken:

... the bulk of the household sewing is done by the patients, even the attendants’ uniforms being made by them. One woman, a shirt maker, quite sane, who entered the asylum through a nervous breakdown after a serious operation, has been daily making shirts for the male patients for nine years, and has every chance to be –

“Sewing at once with a double thread
A shroud as well as a shirt.”¹⁶⁷

Employment assigned to people detained in lunatic asylums went beyond a range of mundane tasks to keep idle hands busy. Browne recorded that an excavation thirty feet deep and forty-five feet in circumference had been undertaken at Hanwell Pauper Middlesex Asylum for the construction of a well, ‘this work having in a great measure been accomplished by the labour of the patients.’ This resulted in the completion of the project for £318 2s 10d, £331 17s 2d below budget.¹⁶⁸ The same benefits could

¹⁶³ *Ibid.*, p. 84.

¹⁶⁴ Anon, *Life in a Lunatic Asylum – an autobiographical sketch*, (London, 1867), p. 33.

¹⁶⁵ DGHBA, Crichton Royal Hospital Case Notes, Patient No. 298, 1 June 1845.

¹⁶⁶ Anon (Mary Coutts), *Britain’s Siberia – The High Statistics of Insanity by A Certified Lunatic*, (London, 1908), p. 4.

¹⁶⁷ *Ibid.*, p. 4.

¹⁶⁸ W A F Browne, *What Asylums were, are, and ought to be*, p. 191, extracted from the Sixth Report of the resident Physician and Treasurer of the Hanwell Pauper Middlesex Asylum, 1837, p. 4.

accrue to Scottish asylums, running costs being positively affected as illustrated by extensive works undertaken at Gartnavel Royal in 1864:

The Garden and Farm have produced fair crops, with one or two exceptions. Five imperial acres of ground on the Farm have been drained, the drains being 3½ feet in depth and 15 feet apart; 132 yards of drains have been cut in the Garden, and 873 in the drives, with 9-in. and 6-in. pipes, and 23 additional grating-stones so placed as to lead the water into them. With the exception of the field-drains, which were cut by the Contractor, the Patients and Servants have done this work, as well as the other Farm and Garden work, including the reaping and gathering in of the crops, making a new road to remove the cartage from the East House door, a new footpath of 600 yards, and improving the other roads and policies besides. The granary-lofts have had new ventilators placed in the walls, on the most approved plan, which answer admirably; and the boundary paling has been renewed.¹⁶⁹

With the exception of some of the drainage work that was not entrusted to the patients, the work they were charged to undertake reinforces the analogy with the penal settlement described by Mary Coutts. Excavation of ditches to chest level and manhandling of heavy masonry was not what poor boards expected their paupers to be undertaking upon certification. The boards had accepted that these lunatics were not able-bodied and, as demonstrated in Chapter 2, the fees to an asylum for those certified insane were considerably higher than the costs of keeping paupers through out relief or in a poorhouse. Poor boards would have been perturbed if they knew that their disabled paupers for whom they paid highly were being used by the asylums as able-bodied workers to their financial advantage. It was therefore not only private patients who saw injustice in a system where relatives were paying fees for their care and accommodation while they were also being allocated work. Poor boards, for which asylum fees even at pauper rates represented a considerable outlay, were anxious that such expenditure was essential. This concern was demonstrated in 1874 when the Inspector of Poor for Dunrossness parish wrote to Royal Montrose Asylum urging the discharge of 'our patient Mrs Goudie' who had stated in a letter to her daughter 'that she was well and employed in the wash house' indicating 'that she must have very considerably recovered.'¹⁷⁰

Work undertaken by people with disabilities assigned to institutions was justified by their administrators as being beneficial to them as part of a process of rehabilitation towards the norms embraced by rational society. However it also benefited the administration process as a means of controlling the inmate population by giving them fixed tasks that took up much of their waking hours, and of contributing to the economics of the institution as an enterprise. The work allocated

¹⁶⁹ GGHBA. Gartnavel Royal Asylum, Annual Report, 1865, p. 15. HB13/2/51.

could vary according to the background of the inmate, ranging from the parlour activities of the wealthy to the hard labour required of some projects involving earthworks and excavations. Genteel work often had little economic utility while much of the manual work expected of inmates from the labouring classes had a direct influence on either income generated from, or expenditure saved by, the institution. Some patients welcomed work regimes for the activity that they offered and for the social intercourse with their peers that resulted. Some other patients rebelled against what they saw was an abuse of their misfortune. Their distaste extended to both families and poor boards who paid the fees of people who were considered unfit to take a part in outside society which by implication often inferred they were unfit for the rational world of work.

Conclusion

In nineteenth-century Scotland work was a contributory cause of disablement, resulting in the removal of, or creating a serious impediment to, an individual's ability to support himself and his dependants. 'Disablement' was also recognition that an individual was in circumstances that justified him not working and therefore making him a legitimate recipient of charity and relief. This was tempered by strategies to remove characteristics of 'disabledness' through provision of training and employment, but was restricted by confines placed by the providers of what type of work was 'suited' to the impairments of the recipients. Institutional confinement inferred that inmates were unfit for the rational world of work yet work was a feature of life in asylums and poor houses, both as a means of managing their inmates and of managing their finances.

In agricultural occupations the dangers ranged from sharp-bladed instruments to occasional unpredictability of livestock, especially horses and cattle. The risk of serious injury in mines and quarries was compounded when these industries were mechanised, while the use of technological developments designed to maximise output in the expanding manufacturing and heavy industries brought further hazards. In environments where care was essential children and youths were especially vulnerable. Industrialisation developed in tandem with transport networks that brought additional risks of injury to both employees and the public at large. When

¹⁷⁰ Shetland Archives. Dunrossness Parochial Board, Letter Book No. 1, p. 27. CO6/5/10.

smashed digits and limbs occurred and required amputation, the survival rate from the latter was low until later in the nineteenth century when innovations such as antiseptic surgery increased the chances of recovery. In such cases patients were often recorded as 'recovered' or 'cured' upon discharge, even although there was no real cure for a lost leg or arm and amputees would be faced with considerable difficulty re-entering the world of work and productivity.

People with disabilities were faced with unenviable options in the sphere of employment, especially those males who were expected to be breadwinners for their families. People with disabilities either adapted to a world structured for the able-bodied and earned a living in whatever ways they could; or succumbed to submission to parochial poor law officers. Poor relief was often a last resort and indeed it was administered in such a way as to make it an unattractive solution and to encourage claimants or their relatives to seek alternative remedies to poverty. There were however people with impairments and disabilities who did not acknowledge such categorisation and who were proactive in rejecting societal labelling by pursuing employment embracing a wide diversity.

Charities, organisations and institutions aiding people with disabilities were motivated by concepts of rationality and respectability, and often professed an aim of assimilation and integration. This conformed to the prevailing belief that men's lives, and those of single and widowed women, should be governed by the work ethic and provision of economic independence for themselves and their families. Preparation of young people with impairments to take up work in 'normal' society was intended to nurture them into independent adults and to avoid their future dependency on other individuals, charity, or the Poor Law. Institutions specialising in sensory impairments were prominent examples of the pursuit of this outcome. The blind asylums provided employment as well as training, and while blind employees could earn wages comparable to the sighted, the institutions selected only those with the greatest potential of high productivity.¹⁷¹ Mental institutions which initially had high ideals of training young people with mental impairments to become productive members of

¹⁷¹ The Glasgow Asylum for the Blind, for example, in 1898 stated: 'Blind persons, above sixteen years of age, properly recommended, to the satisfaction of the Managers, *capable of learning a suitable Trade*, [my italics] can be admitted to the [Industrial] Department when there is accommodation, and when the condition of Trade warrants an increase in the number of workers, for such period, and under such arrangements as may be fixed by the Managers...' Glasgow Asylum for the Blind, Annual Report, 1898. Glasgow City Archives ref TD 997/2/2. This statement suggests that

society soon found the task to be overwhelming, yet in-house production by inmates was significant and an essential part of the economics of maintaining these institutions. The type of work was dictated by the needs of the institutions themselves and by perceptions surrounding what people with different impairments could be expected to undertake. Boundaries were therefore often set that curtailed the ambitions and exercise of choice of people with disabilities in the field of employment unless they themselves challenged and rejected such strictures.

Blind adults who worked for blind asylums while living as outworkers had considerable constraints and conditions imposed upon them and their 'freedom' to live in the community was therefore subjected to significant curtailment and monitoring. Adults with mental impairments and illnesses were provided with work in custodial institutions such as asylums and poorhouses. Often described as a component of 'moral therapy,' work was a means of occupying a confined population otherwise exposed to long hours of boredom, but was also a means of managing the economics of these establishments. Many inmates accepted work as part of their confinement and even welcomed it as the therapy by which it was justified. Others however recognised it as exploitation, especially in those situations where fees were being paid on their behalf in return for the care and treatment that were the primary reasons for their admission.

The relationship between disability and employment was an uneasy one. The prevailing ethos of the period was the encouragement of self-sufficiency and independence and this was encouraged to a varying extent among people with disabilities of different categories. Simultaneous to this approach, barriers and restrictions were placed around the work that it was deemed people with disabilities should undertake, regulated both by the interests of intervening institutions and organisations. It was also inhibited by the preconceptions and prejudices of those in positions to influence the provision of education and preparation towards employment, and the supply and allocation of work itself. Many people with disabilities accepted this regime, but there were some who rejected the notion that their impairment should limit their choice of work or that others should impose work upon them and expect them to unquestioningly accept such impositions.

recruitment was conducted to suit the commercial needs of the Asylum above the employment needs of blind people.

Chapter 7

Personal relationships



Marion Brown of Sanquhar (seated) with Helen Glencross c.1877
(Photo courtesy of Louise Marsh Richards via Penny L Richards)

Chapter 7

Personal relationships

In nineteenth-century Scotland the presence of disability within the family group stimulated divergent responses. In addition to a frequent acceptance of its 'normality' in much of a society that was resigned to the presence of poor health and debility, disability had the potential to draw families closer together, to stimulate resentment among family members who saw a disabled relative as a burden, and to be a factor in the fragmentation of family ties during a time of demographic change marked by migration to urban centres and by emigration.

From the perspective of a person with a disability, the proximity of close family members could be a comforting source of support. However, a disabled person might also sense resentment in an environment where family income was severely stretched and financial strains were aggravated by the presence of an unproductive member. As the composition of families altered over a period of time, the situation of a disabled family member might also change from experience of security and affection to that of being a 'burden.'

The nineteenth century was a period of substantial population mobility in Scotland. A significant proportion of this took the form of emigration, primarily to USA, Canada and Australia.¹ The process of emigration caused fragmentation of families and, in giving consideration to people with disabilities in the home environment, this chapter will also look at the changing nature of the concept of 'home.' Many families had deep roots in compact geographical areas that had been sustained over many generations. Emigration represented a cataclysmic severing of these associations, but it was frequently embraced with enthusiasm and optimism as new lives were sought in new lands. Sea voyages were recognised as being potentially arduous undertakings requiring a strong sense of adventure. They were not for the feint-hearted and a robust constitution was a desirable attribute. The position of the disabled body in this mass movement of people outward bound from Scotland will also be examined as families underwent fragmentation and redefinition.

¹ Malcolm Gray, 'The Course of Scottish Emigration, 1750-1914: Enduring Influences and Changing Circumstances' in T M Devine (ed), *Scottish Emigration and Scottish Society*, (Edinburgh, 1992), p. 17. Historians have found that Scotland, along with Ireland and Norway, consistently had the highest European emigration levels. See Jeanette M Brock, *The Mobile Scot 1861-1911*, (Edinburgh, 1999), pp. 31, 202.

Relationships and emotions of a more personal level will also be considered. By the later decades of the nineteenth century, such ideologies as Darwinian natural selection, eugenics and National Efficiency increasingly exercised the minds of those concerned about such things as social order, public health and the resilience of the British Empire. By this period there was also a contention that people with disabilities should not marry and procreate. This was reinforced by a widely held belief that mental and sensory impairments and poor physique were reproduced through childbirth and this would therefore exacerbate 'problems' of this nature. There were notions that people with mental impairments might have unrestrainable erotic and sexual urges that had to be suppressed while there were also assumptions that people with disabilities could forego any emotional feelings and needs. This chapter will therefore consider the emotional and romantic needs of people with disabilities and how these were expressed. The role of marriage and how this served different purposes will also be discussed.

The chapter will conclude by considering a case in which many of these issues arise, that of Marion Brown from the Dumfriesshire parish of Sanquhar.

Family frameworks of fortitude and fragility

In 1835 the minister of Lochmaben wrote that 'the independent feeling which was wont to make the sons and daughters of the poor labour hard to support their parents, and to avoid the disgrace of being told that they were upon the poors' roll, is now fast dying away.'² Although the reverend gentleman painted a pessimistic picture of familial care, many family members did not flinch at taking responsibility for younger as well as older relatives who were not able-bodied.

Examples from Orkney demonstrate that those shouldering such responsibilities were diverse and that it was a role that was by no means restricted to female family members. Andrew Muir, a 60-year-old farm worker from Lady parish cared for his 19-year-old son who, in 1869, was 'wholly disabled from supporting himself by a scrofulous swelling of the knee joint', a responsibility which he had assumed 'for some years since his wife deserted him.'³ In the same parish until the age of 25 years, William Allan had been looked after by his father, a crofter and fisherman, who by 1880 was struggling to cope. The Inspector of Poor recorded that 'Father ...is willing

² NSA, Vol. 4, p. 397.

³ OLA, Record of Poor Law Applications, Lady 1857-1926, CO6/9/2, Ref. 1869/10, 25 Dec 1869.

still to do all he can but finds he cannot keep him [William] as he ought to be kept, seeing that he has another son equally helpless, and also two other children dependent on him and attending school.’⁴ On the island of Sanday, Robert Skea, a single man in middle age ‘wholly disabled’ by tuberculosis, was recorded in 1859 as ‘living with his parents at his brother’s house and is kindly treated by him.’⁵ While some of these cases came about because there was no female to dominate the care role and there were instances where the male carer was struggling to cope, they nonetheless show both a willingness and diversity in those family members who accepted such *responsibilities*.

The extended family was a common occurrence and could result in a considerable sense of obligation for those in the prime of their lives. For example in 1861 in the three-roomed house of Dugald Livingstone, a farmer aged 33 at Balure, Lismore, there were in addition to himself, his wife, and two infant children, his brother (29), his widowed mother (67), a pauper aunt (73), and a deaf pauper uncle (66). His brother, a ploughman, was a valuable member of the household, but the three elderly relatives, as well as the two infants, potentially represented a substantial commitment for Livingstone and his wife.⁶

The strain placed on a family surviving on meagre resources is demonstrated by the 1887 case of William McKay, an elderly bedridden man confined to the home of his son, James McKay in Melness, Sutherland. The situation of William McKay is explained in three letters addressed to John Murray, Inspector of Poor in Tongue. These were from McKay’s son, James, who looked after him, from McKay himself, and from another son, Isaac, who did not contribute to his father’s upkeep. The letters appear to have been written in concert.

The first letter, from James, was written to Murray on 4 October 1887. This was in response to a letter from the Inspector a week earlier in which he wished to know if James would support his father without parochial aid. This suggests that a request for aid had already been made, but had been received with some scepticism by the Inspector. James replied that he had ‘supported his father for the last eleven years, five of which [he] had to wash and attend him, there being no woman in the house.’ He had a croft, which must have been highlighted earlier by the Inspector as being an

⁴ OLA, Record of Poor Applications, Westray 1861-1889, CO6/21/13, Ref. 109, 30 Jan 1880.

⁵ OLA, Record of Poor Applications, Lady 1857-1926, CO6/9/2, Ref. 1859/2, 10 Feb 1859.

⁶ Comann Eachdraidh Lios Mòr. 1861 Census, Lismore, Div 2, p. 6, No. 32.

asset that negated the need for parochial assistance, but James informed him that he 'had to pay three rents the first year' ... adding, 'for the last three years I have not earned a shilling and I strove to support [my father] without asking any Parochial aid untill [sic] I completely failed.' James added that 'Isaac, My Brother, have [sic] not aided my father in the least for the last eleven years', but he qualified this by intimating that this was 'owing to his being living in a separate house and bringing up a large family of his own.' He concluded by writing, 'I am unable to support him any further and if the Board refuses to give him some aid they are to be held responsible for the consequence.'⁷

William McKay, James's father, wrote a letter on the following day to the Inspector. In this he stated:

My son James is not at home but I am sure he cannot support me. He was doing all he could before and I am sure he will do it yet but he can only get too [sic] or three months of work in the year and that will be very little for him and me and I am now 80 years and can do very little for myself.⁸

James's letter was postmarked 'Tongue' on 5 October and it may well have been that, in an endeavour to get some income from casual work, he was 'not at home', but in Tongue, a distance of around fifteen miles, by what would have been a rough track, from the croft at Skinnet.

The third letter, from Isaac, was also in response to a letter from the Inspector. It indicates that the parochial board was endeavouring to deflect James's pleas for aid by trying to transfer some of the burden to his brother, Isaac. Isaac's curt reply reads:

Your note I received about my father, you know perfectly well that I have plenty to do for myself these times enough to keep my own family without supporting my father. I will not help him for I can't.⁹

The correspondence to the Inspector of Poor from the McKay brothers has a tenor of ultimatum. However this appears to have been prompted by the burden and desperation of a family who had done its best, unaided, for many years to cope, but was now begging for help in a battle which it saw as hopelessly lost. The rhetoric of the letters should not be misinterpreted. James McKay wanted to be in a position to care for his father, but with the household facing destitution he was no longer able to do so. This would have been no easy task in a part of Scotland where economic

⁷ NHA. Parochial Board records of Tongue and Farr. Letter from James McKay, Skinnet, Melness, to John Murray, Inspector of Poor, Tongue, 4 Oct 1887.

⁸ *Ibid.* Letter from William McKay, Skinnet, Melness, to John Murray, Inspector of Poor, Tongue, 5 Oct 1887.

survival was extremely difficult. Cynical parochial boards endeavouring to balance pauper aid with prudent fiscal management of rates had a tendency of not giving congratulatory recognition to families who had struggled on for many years without seeking their support. Because families had legal and moral responsibility towards their dependents, poor boards held the view that when they had managed in the past it was no less than their duty and that they should be able continue to manage. The McKay case suggests that families reached points of desperation where this simply was no longer possible for them.

Not all people with disabilities experienced attempts by relatives to make their lives easier. Family structures became weakened or severed for a variety of reasons and nineteenth-century Scotland also had a mobile population of travellers, itinerants, vagrants and other people with no permanent home. For them, deterioration of their circumstances could be particularly severe as illustrated by the case of another Orcadian, seventy-year-old Christiana Learmonth. Partially disabled by 'old age', she had no fixed residence or a parish of settlement. By 1862 she was destitute 'having travelled as a common beggar for about seventeen years.'¹⁰ People in such circumstances were candidates for the poorhouse when faced with destitution, but the parish on which responsibility for their support fell would be the subject of ongoing dispute and contest between parochial boards.

If a family had already become fragmented, it could prove difficult to bring about a close-knit sense of compassion and obligation where this had not existed for some time. This was especially true in the case of mental illness. It was often an exception to the general preference on the part of poor law officials, and relatives, for sustenance of home-based life. The extent of the family network in such cases could have a major bearing on the action adopted. Certification of insanity inevitably led to institutionalisation, but even when this did not occur, for families with the financial resources to pay for asylum admission it could be an attractive means of absolving direct responsibility for a mentally impaired relative.

Admission of a family member to an asylum could also be used for disposal of a family member who had become an 'inconvenience' with mental impairment being used to disguise underlying reasons. Writing in 1837, W A F Browne accepted that

⁹ *Ibid.* Letter from Isaac McKay, Skinnet, Melness, to John Murray, Inspector of Poor, Tongue, 4 Oct 1887.

¹⁰ OLA. Record of Poor Applications, Lady 1857-1926, CO6/9/2, Ref. 1862/5, 12 Jun 1862.

this occurred, but was of the opinion that it was the rich who were more vulnerable to ‘the cupidity or malice of interested or indifferent friends.’¹¹ The poor, he believed to be:

...protected from such injustice by their very poverty. No one is interested in secluding them; in fact, should selfish feelings predominate, it is the interest of the parish upon which they are dependent, and by the charities of which they must be supported during confinement, to deprive them, when afflicted with insanity, of the superintendence of medical men as long as possible.¹²

However as asylum provision and medical interest in different forms of mental infirmity expanded later in the century, segregation of rich people with mental impairments from their poor counterparts tended to be catered for within the asylum system itself. In 1853, when Browne’s own optimism about successful intervention in mental morbidity had diminished significantly, he aired the view that patients were ‘being sent to asylums because they have become burdens, ...their presence [at home] is incompatible with the interests or comforts of the other members of the family, ...they are cast off from the community as offending members, ...whenever affected with bodily ailment or infirmity, they are sent to asylums to die.’¹³

In an era when insanity among women was frequently attributed to ‘childbirth’ and ‘puerperal mania’, it may have presented little difficulty for a husband to use this as legitimisation for the institutionalisation of a wife for whom his passions had diminished. If mental health had previously affected other family members, this also smoothed the way for the institutionalisation of an unwanted spouse. This happened in the case of Mary McFarlane in 1821 whose ‘first two fits of lunacy occurred during nursing’ and ‘the third during pregnancy;’ and for whom the information had been forthcoming that ‘two of her cousins are deranged.’ Mary was violent to herself and lost rationality ‘when contradicted and particularly when her husband speaks to her.’ That she might have had any particular cause to fear her husband was totally discounted: ‘*Imagines* [my italics] her neighbours have used her ill as also her husband.’¹⁴ If Mary McFarlane had suffered domestic abuse at the hands of her husband, perhaps compounded by the strains of post-natal depression and child nursing, she may have had no course of defence once her sanity had been questioned

¹¹ W A F Browne, *What Asylums Were*, p. 113.

¹² *Ibid.*, p. 114.

¹³ Crichton Royal Asylum 14th Annual Report, 1853, quoted in Scull et al, *Masters of Bedlam*, p. 114.

¹⁴ GGHBA. Glasgow Asylum, Case notes, female, 1818-1821, p. 171. HB13/5/4.

by her husband with his recommendation that she be placed in an asylum for her 'care.'

In another case, there is no evidence in the asylum records to confirm or refute the accusations of Margaret Cochran who alleged in 1865 that her husband, Captain John Cochran of Ayr, had 'reviled [his] wife and family for a low street walker.'¹⁵ However Margaret Cochran certainly believed that her incarceration in Gartnavel Asylum was linked to her husband's infidelity, 'low drinking'¹⁶ and 'going with other women.'¹⁷ Fifty-year-old Emma Broadley's admission to Gartnavel in 1863 was recorded as being against a background of previous insanity although she had not previously been admitted to an institution (see pp. 166-167). She was 'certified insane and sent to the asylum' because she made daily visits to a 'gentleman' in his office becoming 'the pest of his life ... [until] he could stand it no longer.' He 'demanded of her brother to have her locked up in Gartnavel' and, following a scuffle at the office to which the police were called, this is exactly what happened.¹⁸ Broadley's case notes do not reveal whether there was any romantic intent behind her visits, but her consequent disposal as a nuisance was quickly achieved. There were numerous circumstances that resulted in asylum admission, but it would seem that the certification process could certainly facilitate use of asylums as places for incarceration of the nagging, persistent or troubled wife, relative or suitor.

Chapter 5 (pp. 127-130) describes Catherine and Marion Stewart's committal to Gartnavel Asylum in 1864 and relatives' placing of their funds with a *curator bonis* who became responsible for managing payment of their board and expenditure. When these funds became exhausted four years later there were no relatives to sustain the surviving sister in some comfort within Gartnavel. Abandoned, she became a pauper lunatic at Govan Poorhouse for the remainder of her life. John Biggar, Reformed Presbyterian Church minister in Wishaw, was admitted in August 1854 to Gartnavel Asylum as a private patient 'supported by his friends.' When this support terminated two years later 'he became an object of parochial relief ... [and was]

¹⁵ GGHBA. Gartnavel Asylum, Case notes, female, pp. 350-351, undated letter, Margaret Cochran to Captain John Cochran, Ayr. HB13/5/90.

¹⁶ *Ibid.*

¹⁷ GGHBA. Gartnavel Asylum, Case notes, female, 7 Feb 1865, pp. 350-351.

¹⁸ GGHBA. Gartnavel Asylum, Case notes, 22 Jul 1863, p. 88. HB13/5/90.

removed to the lunatic asylum of the Abbey parish of Paisley, where he still [1862] remains in a state of insanity.’¹⁹

Even when long-term support was provided by relatives, the person with the impairment might still find this security coming to an abrupt halt as in the case of Ann Fraser. In 1865 she was described as:

[a lunatic] sent from Inverness to Murray’s Asylum at Perth, on the application and surety of her sisters, who paid her board for thirty years. Being reduced circumstances, they withdrew their guarantee, and called on the Inspector of Kinnoull, in which the asylum is situated, to relieve the lunatic as pauper.²⁰

As a consequence, on 30 September 1865 Ann was sent by Kinnoull Parochial Board to Murthly Asylum, the district asylum for Perth, and she died there on 31 March 1869.²¹ However Ann’s case notes reveal that ‘reduced circumstances’ was probably not the only reason why her sisters’ financial support was discontinued. Admitted to Murray’s Asylum in 1830 at the age of twenty-one, she was soon described as ‘a hopeless case of mania.’²² A patient who was continually tormented by her condition, she was subjected to restraint and shower baths because of her habit of breaking windows and violent behaviour. Her insanity was attributed to the effects of a mercurial ointment applied to an eruption on her head.²³ She was known for spitting, vomiting, not ‘being alive to the calls of nature’²⁴ and for being violent, abusive and destructive. In 1857 it was recorded that ‘she is seldom visited by any friends and she never refers to home or friends or expresses any wishes or wants of any kind.’²⁵ In 1864 she had an attack of broncho-pneumonia and her condition was considered so serious that one of her sisters was sent for. However the asylum recorded that ‘Ann ... did not recognise her and paid no attention whatever to her.’²⁶ Notwithstanding that, after thirty years of separation, the sisters’ feelings of affection and obligation had undergone a gradual diminution, it was probably this visit that prompted their decision that their financial support should be discontinued. Ann was a stranger to them and they probably concurred with the asylum’s view that her condition was hopeless. With her transfer to Murthly Asylum, Ann Fraser had effectively been

¹⁹ PLM, Mar 1862, p. 313.

²⁰ PLM, Nov 1865, p. 120, Perth Sheriff Court.

²¹ PKCA. Murthly Asylum administration records, ref. 243.

²² NHS Tayside, Murray Royal Hospital Archives. Murray Royal Asylum Case Notes, Ann Fraser, 1830-1865, pp. 171-177, 19 Feb 1833.

²³ *Ibid.*, 21 June 1830.

²⁴ *Ibid.*, 19 Feb 1833.

²⁵ *Ibid.*, 7 Jan 1857.

²⁶ *Ibid.*, 1 Jan 1865.

written off by her siblings who felt that there was no point in making further financial or personal sacrifice for her.

The responsibility previously assumed by immediate relatives of those eventually claiming poor relief could vary considerably. Some relatives went beyond the call of duty, some avoided responsibility, and others did as best they could but reached a point where they could no longer cope with the needs of the 'disabled' person. Some people simply had no relatives, while there were instances of more than one person with a disability in the same household. In other cases, immediate relatives moved away and took on other responsibilities or priorities in their new place of residence which weakened their commitment to their former home. An Orkney example is 79-year-old Mary Davidson who was partially disabled and was confined to bed. She had two sons, one in Shields who 'never writes to her' and another in Australia who 'went to the Gold Diggings and not heard from ... since.' A daughter living with her at the time of the claim in 1873 was 'confined to bed and unable to do anything for her own support.'²⁷ Any feelings of concern by the two men for their mother and sister were diminished by their absence from the family home and detachment from their daily difficulties.

However a contrasting case is provided by that of Margaret Todd of Forfar who was placed in Montrose Asylum in 1864 'being insane and irresponsible for [her] actions.'²⁸ When dispute over who should pay Todd's fees arose between the Inspectors of Poor of Forfar, and the nearby parish of Lethnot where her husband lived and worked as a labourer, it transpired that although she was separated from her husband she received money and visits at her home from him periodically. When questioned in Forfar Sheriff Court, Todd's husband said: 'I got no word about her being taken to the asylum; had I received notice that she was to be taken to the asylum, I would have paid for her being taken to some place where she could have been kept privately.'²⁹ Despite their separation, Todd's husband wished to take responsibility for her. The sheriff however interceded to point out the impracticalities of such a proposition noting that, as he earned £16 annually, he could not pay for her 'except to a very limited extent.'³⁰ The Todd case is one where, rather than a family member, even when estranged, trying to evade responsibility for a mentally troubled

²⁷ OLA, Record of Poor Law Applications, Westray 1861-1889, CO6/21/13, Ref. 62, 3 Nov 1873.

²⁸ PLM. Sep 1865, p. 21.

²⁹ *Ibid.*, p. 22.

relative, it was the authorities, normally noted for their attempts to instil financial responsibility and obligation on poor law applicants, who noted that the willingness of Todd's husband to provide for her care was well beyond his earning capability and that he should not be saddled with such an impossible burden.

Sometimes the authorities took positive steps to implement an alternative arrangement to that offered by the nuclear family. The circumstances in the household of fifteen year old outdoor labourer Ann Paul of Aberlour are not stated except that it was recorded in 1870 that she was the 'daughter of pauper Elspit Gray and has been attacked with severe fits for some time back.' Because of epileptic fits the doctor had recommended that 'she should be removed from her mother's house to a quiet house.' The parochial board complied with the doctor's recommendation.³¹ It was not recorded whether this action was approved by either Ann Paul or Elspit Gray, *or if indeed any consultation* occurred.

As already seen in the case of William Baillie of Dunain, *the family relationships* of the landed classes were often marked by formality and distance, and concern for a mentally infirm relative was also often conducted by correspondence while direct care was entrusted to paid professionals and servants. Thomas Balfour (1810-1838), eldest surviving son of Captain William Balfour of Shapinsay, Orkney, was similarly the subject of such correspondence after he became mentally disturbed in 1837, shortly after resigning a two-year tenure as Tory MP for Orkney and Shetland and becoming frustrated over the shortcomings of his own personal wealth which prevented him advancing to marriage his long engagement to Eleanor Edmeston. Despite the reservations of his uncle, John Balfour, the real seat of family influence and wealth who suggested that 'quiet[ness] with moderate amusement such as might be found at home among his own family are more likely to prove beneficial',³² Thomas was entrusted to the care of Dr Smith, physician, and Dr Abercrombie, specialist in mental illness, at Saughtonhall private asylum in Edinburgh. When Thomas was considered sufficiently improved to be discharged from Saughtonhall, he did not return to the 'quiet' of his father's island home, but to lodgings in Lasswade with his brother, William, as companion. From Lasswade William wrote of the 'civil and attentive'

³⁰ *Ibid.*, p. 23.

³¹ Elgin Heritage Centre Archive. Moray Poor Relief Applications, Aberlour Parish, No. 96, 24 Feb 1870. ZPA6 5/2.

³² OLA. Balfour Collection. Letter from John Balfour, Charlton Grove, London to Captain William Balfour, Kirkwall, 22 Sep 1837. D2/2/1.

nature of their landlady, but commented that 'our rooms are rather cold.' Yet they lived relatively well, William recording that 'we pay 10/- each per week for two bedrooms and a sitting room, 2/6d per week for coals and 2/6d each to a servant for attendance.'³³ This arrangement left Thomas within proximity to Drs Smith and Abercrombie and he may at that time have been considered unfit for the voyage to Orkney even although an intended recuperative continental journey two months later was already being discussed. It may also have been that, much as Thomas's family longed for his recovery, they preferred to entrust this to the supervision of a younger brother at a distance rather than have a more direct input within the embrace of the family estate. Within a matter of weeks Thomas went into a rapid decline and he died on 30 March 1838.³⁴

The attitude of families, extended families, and close friends to someone with a disability was a varied experience. Evidence suggests that many did genuinely wish to support kin with impairments, not least because of awareness of the uncertainty of life that highlighted the need for mutual care. However economic crises and familial reconfiguration through marriage, the arrival of children or the departure of those embracing adulthood, could upset the commitment to care. The nature of an impairment could also be a factor, some families finding it difficult to cope with mentally troubled members. If a mentally ill person was certified, this would lead to institutionalisation, an option that expanded considerably after 1857. A 'private' mental patient in an asylum was expected to find life more bearable than a pauper patient, but financial circumstances and separation from regular contact could result in private patients being abandoned by their families and being transferred to pauper wings of the Royal asylums, to district asylums, or to poorhouse lunatic wards. There were also mentally troubled people who were placed in asylums for purely selfish motives, a tendency that the moneyed classes were better placed to adopt. The growth of institutional options in respect of people with a wide range of impairments, coupled with a society that was increasingly mobile through demographic change and in which large numbers often experienced conditions of severe hardship which itself was aggravated by the effects of disability, all had the effect of undermining what was otherwise a frequent willingness to care for impaired relatives for as long as possible.

³³ OLA. Balfour Collection. Letter from William Balfour, Lasswade, to Captain William Balfour, Kirkwall, 15 Feb 1838. D2/44/3.

Emigration and disability

The movement of people from countryside to town and from the Old World to the New World became a feature of nineteenth-century demographics that left few Scottish families unaffected. The case of Mary Davidson from Orkney in the previous section cites how family support of a disabled relative could be undermined by emigration, in that instance by the departure of a son to Australia to prospect for gold. The letters of Marion Brown of Sanquhar illustrate how disablement could both inhibit fulfilment of aspirations to emigrate,³⁵ and provide financial support channels from emigrants to family members in Scotland whose disablement resulted in excessive financial pressures for themselves and their families. Fragmentation of families through emigration could have a range of repercussions for family members with disabilities.

Forms of impairment of a more 'subtle' nature, such as the physically disabling conditions that accompanied ageing after lifelong strenuous labour in an adverse climate and under poor living conditions, did not necessarily prevent reunification of family members separated by emigration. They could however complicate the process of reunification. This is illustrated by the case of Alexander Thomson whose son, James Thomson, had served an apprenticeship as a baker in Aboyne, Aberdeenshire, and emigrated to Canada in 1844 when he was twenty-one years of age. During the following decade James worked as a baker in Montreal and in Edwardsburgh (now Cardinal) on the St Lawrence River, south of Ottawa. He later worked in a lumber office in Chicago, and in California he combined baking and lumbering experience with mining and gold prospecting which enabled him to buy a farm at Edwardsburgh and to make a visit to Scotland in 1853. He corresponded with his father and sister in Aboyne from 1844 until 1856 when they, and a nephew and two nieces, joined him in Canada.

³⁴ OLA. For background material see *Poor Mad Tom*, unpublished paper for a talk by Alison Fraser, Principal Archivist, Orkney Library & Archives (1994).

³⁵ The practicalities of Marion being permitted to enter the USA are not discussed in her letters. However, it appears that Pennsylvania state poor law legislation, as amended in 1828 and which restricted the arrival of disabled aliens, may in practice have permitted her to settle provided her relatives there provided a bond. See Gerald L Neuman, 'The Lost Century of American Immigration Law (1776-1875)', *Columbia Law Review*, Vol. 93, 8, December 1993, p. 1858.

In 1855 James's father, Alexander Thomson, was a retired blacksmith whose livelihood came from collecting bridge tolls on behalf of the Marquis of Huntly. James's sister, Helen, wrote of impending financial difficulties when the factor told Alexander that it was the intention to cease paying him a wage, 'giving him nothing but house and garden for attending the bridge.'³⁶ Helen conveyed Alexander's thoughts when she wrote, 'He thinks sometime he would like to go to America and I should like very much to go if it were to be any advantage to the children.'³⁷ James felt that he would be better able to care for his father and sister if they were in Canada, speculating that 'I suppose in a few years more, when you get a little older they would deprive you of that [the house and garden] too', continuing, 'it appears plain to me that the time has now arrived for you to leave your native land and sojourn in a strange country.'³⁸ James also however expressed a reservation to Helen: 'I would not want Sandy to come here and leave you behind. I would not want you to come and leave him. I would rather that you would all come together.'³⁹ Sandy was James's elder brother, whose employment included that of blacksmith and ploughman, and who had often enquired of James about emigration to North America.

Their father had however highlighted factors which might inhibit Sandy from emigrating. In 1854, he wrote, 'I can say very litel [sic] about Sandy coming to Canada as he is often complaining about weaknes [sic] in his legs and knees'⁴⁰ and, as they corresponded about his own emigration and the postponing of their departure, he wrote again of 'Sandy being in a weak state with pains in his back and knees.'⁴¹ As the date of their sailing became imminent, James acknowledged his sorrow upon learning that 'Sandy is still so weak as to be unable to come ... to Canada.'⁴² The letters between James and his father ceased with the emigration of Alexander, Helen and the children of Mary Ann Smith. Mary Ann was the sister of James and Helen.

³⁶ Richard Arthur Preston (ed), *For Friends at Home – A Scottish Emigrant's Letters from Canada, California and the Cariboo 1844-1864*, (Montreal, 1974). Letter from Helen Thomson, Bridgend, Aboyne to James Thomson, Edwardsburgh, 12 Sep 1855, p. 237.

³⁷ *Ibid.* Letter from Helen Thomson, Bridgend, Aboyne to James Thomson, Edwardsburgh, 12 Sep 1855, p. 237.

³⁸ *Ibid.* Letter from James Thomson, Edwardsburgh to Alexander Thomson, Aboyne, 9 October 1855, pp. 244-245.

³⁹ *Ibid.* Letter from James Thomson, Edwardsburgh to Alexander Thomson, Aboyne, 9 October 1855, p. 245.

⁴⁰ *Ibid.* Letter from Alexander Thomson, Aboyne to James Thomson, Edwardsburgh, 15 November 1854, p. 224.

⁴¹ *Ibid.* Letter from Alexander Thomson, Aboyne to James Thomson, Edwardsburgh, 5 February 1856, p. 250.

She died in 1851 and her husband deserted their children leaving Alexander and Helen to assume responsibility for them.⁴³

Sandy did not emigrate with the others despite it being an ambition which he had nurtured for a decade.⁴⁴ One reason given was that he had two children under apprenticeship contracts.⁴⁵ Unlike Christina Watt,⁴⁶ the principal reason appears not that he would have been prevented from landing in Canada, but that the disabling conditions cited in his knees, legs and back would have made the sea voyage too arduous an undertaking. James Thomson later undertook an unsuccessful prospecting expedition in the Cariboo range in the Rocky Mountains at which time he lamented that 'poor old Father [was] toiling and labouring when he ought to be enjoying the evening of his days in ease and comfort.'⁴⁷ While the family's emigration in 1856 was spurred by concerns surrounding deterioration of Alexander's financial situation in Scotland which might later be aggravated by erosion of his health and loss of his house, he survived in Edwardsburgh until 1864 by which time he was 82 years old.⁴⁸ In the case of Alexander, impending physical decline had been a motivating factor for his emigration, while for his son, Sandy, it had been both motivation and deterrent.

Although disablement could result in loved ones being left behind during family emigration, disablement of an émigré could also have a harsh effect on families separated by oceans. Mary Ann Wodrow Archbald (1768-1840) was brought up in Eastwood, Glasgow, in a comfortable 'established church' household. Upon marriage, she settled on the Isle of Little Cumbrae where her husband leased a farm from a relative until he felt he could no longer pay increasing rents. This prompted the family's emigration to Montgomery County, New York State, in 1807. Mary was widowed in 1824, following which, as a result of long grieving, she was reported as becoming 'increasingly debilitated physically', and 'emotionally and materially

⁴² *Ibid.* Letter from James Thomson, Edwardsburgh to Alexander Thomson, Aboyne, 24 June 1856, p. 255.

⁴³ *Ibid.* Letter from James Thomson, Nevada City, California to Helen Thomson, Aboyne, 27 July 1851, p. 154; and letter from James Thomson, Edwardsburgh to Alexander Thomson, Aboyne, 22 May 1854, p. 213.

⁴⁴ *Ibid.* Letter from James Thomson, Edwardsburgh to Mary Ann Smith, 26 June 1845 p. 92.

⁴⁵ *Ibid.* Letter from Alexander Thomson, Aboyne to James Thomson, Edwardsburgh, 5 February 1856, p. 250.

⁴⁶ David Fraser, *The Christian Watt Papers*, (Edinburgh, 1983).

⁴⁷ *Ibid.* Letter from James Thomson, in the Cariboo to Mary Thompson, Edwardsburgh, 27 July 1862, in James Thomson's diary, p. 304. James's wife, Mary, added the letter 'p' to her renditions of their surname.

⁴⁸ *Ibid.* Letter from William Scott, Mimico, Ontario, to James Thomson, Edwardsburgh, 25 April 1864, p. 332.

dependent on her eldest son.’⁴⁹ Correspondence conducted by Mary with cousins in Scotland reveals that, twenty-seven years after her arrival in the USA, she lamented that she would end her days ‘in what I still think of a land of strangers.’⁵⁰ As Mary experienced the disablement which so often occurred with ageing, it was her correspondence links with Scotland that sustained her while her own family embraced adulthood, marriage and careers that weakened the bonds with their mother.

The trans-Atlantic dimension took a different course in the case of the mental impairment of Andrew Bremner (1866-1958) of Garafraxa, Canada. When, in 1886, 20-year-old Andrew Bremner came to the attention of South Ronaldsay and Burray Parochial Board in Orkney, he was described as ‘a native of Canada at present on a visit to friends in the Island of Burray and reported to be of unsound mind.’⁵¹ It is recorded however that Bremner’s family was originally from Orkney and it was a brother, James, living there, who made application for relief on Andrew’s behalf.⁵²

James stated that he was arranging to have Andrew returned to Canada in the company of a friend who was due to sail on 31 August 1886.⁵³ However, at a subsequent meeting of the Board, it was recorded that ‘James had failed to induce him to return home’ and that ‘Andrew has now become dangerous to the Lieges.’⁵⁴ Andrew Bremner was removed to Montrose Royal Asylum where he remained until 1900 when he was transferred to Stirling District Asylum.⁵⁵ In 1908 he was moved

⁴⁹ David A Gerber, ‘Ethnic Identification and the Project of Individual Identity: The Life of Mary Ann Wodrow Archbald (1768-1840) of Little Cumbrae Island, Scotland and Auriesville, New York’, *Immigrants & Minorities*, 17, 2 (July 1998), p. 11.

⁵⁰ *Ibid.*, p. 13. Quoted from a letter from Mary Ann Archbold, Auriesville, New York, to Margaret Wodrow, Scotland, 12 June 1828, in the History of Women Collection, Women’s History Archive, Smith College, Northampton, Massachusetts.

⁵¹ OLA. South Ronaldsay and Burray Parochial Board Minute Book 1878-1887, CO6/16/4, 27 August 1886.

⁵² OLA. Record of Poor Applications, South Ronaldsay and Burray 1856-1892. CO6/16/39, Ref. 263, 5 October 1886. Andrew’s brother, James, was born in Canada in 1858 and he may have migrated to Orkney and lived there for a short time. (‘Bremner – West Garafraxa Township’ family file, Accession No. A1995.115, Wellington County Museum & Archives, Fergus, Ontario.) However, Andrew had two elderly unmarried uncles, one of whom was also James, living at Gallowhill, Burray, and it may have been this James, the brother of Andrew’s father, who had received him as a visitor and was endeavouring to return him to Canada (Census Return, Burray & South Ronaldsay 1891, 9: Gallowhill, Burray (11) – or James, the brother, may have been staying with James, the uncle, when Andrew arrived on South Ronaldsay in 1886. The General Register of Poor contains two entries (27 August 1886 and 5 October 1886), both of which refer to James as being the *brother* of Andrew.

⁵³ OLA. South Ronaldsay and Burray Parochial Board Minute Book 1878-1887. CO6/16/4, 27 August 1886.

⁵⁴ *Ibid.*, 5 October 1886.

⁵⁵ OLA. South Ronaldsay and Burray Parochial Board Minute Book 3 April 1900-3 June 1907, CO6/16/7. 2 May 1900.

from Stirling to Edinburgh Royal Asylum,⁵⁶ and in 1909 a letter from the Canadian Department of Emigration informed the Parochial Board that John Bremner, a brother of Andrew, had been traced living in Fergus, Ontario, while another brother was known to have visited Andrew at the asylum that winter where he found him 'at work for the institution driving a team' which he considered 'sufficient to compensate the institution for his support.'⁵⁷

Andrew Bremner was returned to Canada in 1909 in the company of an attendant from Edinburgh Royal Asylum.⁵⁸ Having learned that Andrew had been left some money by his father, the South Ronaldsay and Burray Parish Council then decided to pursue reimbursement towards the outlay which it had incurred during the twenty-three years that Andrew had been a pauper lunatic under its charge. Solicitors in Canada reported that the father's estate came to \$3077.20. 'This estate was divided into seven shares,' wrote the solicitors, 'Andrew Bremner being entitled to one seventh, but according to his father's will he had been advanced \$115 during his father's lifetime and that his distributive share or portion of the estate was \$324.60.' Andrew's share had been paid to 'the Official Guardian of infants, and said sum was deposited in the High Court of Ontario to the credit of [the] lunatic.'⁵⁹ Continued efforts brought the response that 'the sum of money in the custody of the Guardian is so small and having regard to Lunatic's precarious condition as to the future, the Guardian will not consent to pay money in question over to the Parish Council.'⁶⁰ The Parish Council decided to pursue its claim no further.

Aside from the Parochial Board, and the Parish Council which succeeded it, having been uncharacteristically willing to assume financial responsibility for Andrew Bremner for more than two decades, the case is an interesting one from the perspective of family responsibility. Andrew's brother, James, in Orkney was quickly relieved of financial responsibility and he had endeavoured, unsuccessfully, to return Andrew to Canada. A brother from Canada had visited Andrew around 1908/09 prior to another brother, John, being 'found at Fergus, Ontario.' As the correspondence seeking reimbursement of the Parochial Board's outlays was being pursued, it was

⁵⁶ OLA. South Ronaldsay and Burray Parochial Board Minute Book 3 July 1907-15 November 1915, CO6/16/8. 29 July 1908.

⁵⁷ *Ibid.*, 6 April 1909 – letter from Emigration Branch, London, dated 17 March 1909.

⁵⁸ *Ibid.*, 3 November 1909.

⁵⁹ *Ibid.*, 27 July 1910.

⁶⁰ *Ibid.*, 14 December 1910.

revealed that Andrew was ‘now residing with his brother in West Garafraxa.’⁶¹ When application for poor relief had first been made in 1886 on behalf of Andrew, his address was given as Garafraxa, Wellington, Ontario.⁶² The evidence suggests that Andrew’s relatives had never really been ‘lost’, that when Andrew received an advance of his inheritance his brothers in Canada were quite happy to see him depart on a journey to Scotland, while James, the brother in Orkney, was equally happy to make Andrew’s care the responsibility of the Parochial Board having been unable to dispatch him back to Canada. Indeed, Andrew was one of ten siblings who spent most of their lives around West Garafraxa⁶³ and the family appears to have been quite content to avoid any obligation towards Andrew until it could escape responsibility no longer. Indeed, being aware that he was performing useful work at Edinburgh Royal Asylum, the Bremner family in Canada may have sensed some benefit in reclaiming Andrew. The family’s ability to successfully forget Andrew for twenty-three years was aided greatly by the compliance of the Parochial Board. Following his return to Canada, it was recorded that ‘Andrew helps to work the farm’ of his brother, John, and he ‘did a lot of work.’⁶⁴ John, who had complained about the financial burden which would result from Andrew’s return to Canada, had a 300-acre farm and ‘a large herd of pure bred Shorthorn cattle’ some of which had been imported from Scotland.⁶⁵ If Andrew was ill done to by his family, he may have felt that justice was eventually his as he outlived them all, surviving to the grand age of ninety-two years.

The case of Christian Watt previously cited (pp. 100-102, 126-127, 172, 212-213), and that of Marion Brown and her aunt, Agnes Scott, detailed later in this chapter, show how a disabling condition could be a barrier to emigration and resulted in the fragmentation of families that would not otherwise have occurred. This happened both because of impairment itself and due to obligations of care towards a disabled relative prevented from travelling with able-bodied family members. Such examples show that the link between disability, emigration, and integrity of the family unit were of greater complexity than simply representing a scenario where the able-bodied were free to emigrate while people with disabilities and their ‘carers’ were left behind. It

⁶¹ *Ibid.*, 27 July 1910.

⁶² OLA. Record of Poor Applications, South Ronaldsay and Burray 1856-1892. CO6/16/39, Ref. 263, 5 October 1886.

⁶³ ‘Bremner – West Garafraxa Township’ family file, Accession No. A1995.115, Wellington County Museum & Archives, Fergus, Ontario.

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*

shows that emigration was an option for some infirm family members faced with the onset of a disabling condition so as to benefit from the support of family members who had previously emigrated. It highlights that disablement could occur after emigration and that the support mechanisms of the fragmented family were weakened as a result of emigration. And in the case of Andrew Bremner it highlights how family members separated by the vastness of the Atlantic Ocean were sometimes happy to use this in their efforts to avoid familial responsibility towards a sibling with a disability.

Opportunities for romance

Some interventionists were of the firm believe that people with various types of disability should not marry or have children, primarily because of their assumption that their disabilities would be replicated in their children and increasingly undermine the able-bodiedness of society. James Frame, short-term inmate and long-term publicist for Gartnavel Asylum, closed his *The Philosophy of Insanity* (1860) by quoting the institution's views on 'intermarriages.' This concluded that:

...marriages ought not to take place between individuals predisposed to insanity, or between those of a highly nervous temperament, or possessed of a strongly marked strumous constitution; and that when an individual predisposed to insanity determines on contracting a matrimonial alliance, he should seek for a partner of a robust constitution, and carefully avoid the nervous and the strumous.⁶⁶

Frame's lack of personal comment suggests that he concurred with this belief. He fails to convey any reflections as to whether his own insanity might have been inherited, whether he harboured concerns that it might be reproduced in his children or grandchildren, and whether he considered his long-suffering wife as conforming to the recommended criteria of 'robust constitution.'

Much as exponents of such philosophies as Darwinism and eugenics might have abhorred it, people with disabilities had desires and aspirations to develop loving relationships in the same manner as able-bodied people. As late as 1929 efforts were being made by interventionists to control and prevent expression of these natural feelings as demonstrated by the physician Sir Thomas Oliver in his address at the North-Eastern Home for Feeble-Minded Boys in Jarrow, Northumberland. He argued that 'the reproduction of mental defectives [remained] an ever-increasing menace' and that society demanded a response 'for its own protection ...sterilisation as a

⁶⁶ Anonymous, *The Philosophy of Insanity*, p. 99.

preventive ...form of treatment.’⁶⁷ However the dreams and desires of people with all types of impairments could not be switched off at will.

Attitudes to the romantic and emotional needs and desires of people with disabilities are demonstrated in the 1869 court case concerning the rape of Ann McPhail of Tiree (see pp. 124-125). Her statement indicates that she did not welcome the accused, John McFadyen, forcing himself upon her, telling Catherine McKinnon, with whom she boarded, that ‘she could not help it that he had got the better of her.’⁶⁸ Guilt was nonetheless cast in McPhail’s direction. McKinnon stated that McPhail ‘had always a craze about wishing to be in the family way and I have known her to put clothes over her stomach to give herself this appearance.’⁶⁹ Sarah McFadyen had earlier terminated McPhail’s boarding arrangement with her upon hearing a rumour, denied by McPhail, that she had been saying she was in love with her brother-in-law, James McFadyen.⁷⁰ Janet McIntyre, with whom McPhail boarded during her pregnancy, said that ‘she had delusions, imaging foolish things talking about men and sweethearts or about having children’,⁷¹ while Dr Alexander Buchanan remarked that ‘she has a strong erotic tendency and has often expressed this desire to me.’⁷² Most of the female witnesses were married, but they appear to have lacked any understanding that McPhail might have natural yearnings for love and to raise a family. McIntyre referred to her romantic yearnings as ‘foolish’ while the doctor demonised these by collectivising them as ‘a strong erotic tendency.’ Because McPhail was perceived as an ‘idiot’, she was either expected to forego any emotional feelings towards men, or these feelings were debased as being animal instincts without rationale or circumspection. The responses from many of the witnesses have parallels with Linda Mahood’s work on the child-saving movement in Scotland. Mahood found that there was an ‘assumption that the family was a safe haven, guaranteeing a girl’s purity and protection, [that] presented a problem for girls who could not stay at home.’⁷³ If girls fell outwith that perceived protection they were often seen as part of, rather than victim of, a problem and this can also be detected in witness responses about McPhail’s character. Jonathan Andrews argues that there was also a link made

⁶⁷ ‘Sterilisation: Physician on the Menace of Mental Defectives’, *Evening Times*, 18 July 1929.

⁶⁸ ABA. Precognition, 1869, versus James MacFadyen, Tiree. Statement of Catherine McKinnon, 5 Oct 1869.

⁶⁹ *Ibid.*

⁷⁰ *Ibid.*, statement of Sarah McFadyen, 5 Oct 1869.

⁷¹ *Ibid.*, statement of Janet McIntyre, 5 Oct 1869.

⁷² *Ibid.*, statement of Alexander Buchanan, 5 Oct 1869.

between uncontrolled sexuality and the disabled mind as demonstrated between 1863 and 1903 by casenotes of Broadmoor mental asylum in Berkshire. These suggest that sexual offences resulted in much more severe periods of incarceration than occurred for other criminal offences which resulted in jail sentences rather than asylum confinement. Casenotes focus on patients practicing homosexuality and masturbation which are used to confirm mental deviance,⁷⁴ although James Mills suggests that masturbation by the inmates of Indian 'native only' lunatic asylums was actually 'a means of resisting the alien colonial order.'⁷⁵

The directors of the Edinburgh Blind Asylum were fully aware that blind people were no different from other people in having aspirations of romance and marriage. Like every other aspect of the lives of both inmates and outmates at the asylum, the directors endeavoured to maintain complete control over any association between men and women. Segregation was one way of keeping contact to a minimum and this was widely achieved by the regulation of inmates' daily routine from the time they awoke to the time they went to bed. A limited amount of 'free' time was allowed for compulsory walking for the purpose of exercise on weekdays, while as acknowledgement of good behaviour they were permitted time outside the asylum on Saturday afternoons. These brief interludes of escape from the rigorous supervision of the institution were opportunities when males and females did meet. Inevitably such a strict regime occasionally encouraged a little high spirits when its gaze was momentarily removed. Such an instance occurred in 1842 when 'John Valentine from Dundee ... had been brought home to the Institution in a state of intoxication....' In his company had been 'three of the other lads belonging to the Asylum ... and four of the girls.' Because Valentine had been 'a repeated offender' since his admission to the asylum seven years earlier, he was dismissed. The Chaplain was instructed to speak to one of the males 'about his religious principles' while the four women were 'not to be allowed to go out on Saturday afternoons or at any other time excepting for the usual exercise until further notice.'⁷⁶ A financial penalty, a deduction from wages, was subsequently imposed on the three remaining males.⁷⁷ This incident shows that opportunities did arise for mixed company even under a regime that endeavoured to

⁷³ Linda Mahood, *Policing gender, class and family: Britain, 1850-1940*, (London, 1995), p. 107.

⁷⁴ Jonathan Andrews, 'Sex and the criminally insane at Broadmoor Asylum, 1863-1903', a paper presented at the Centre for the History of Medicine, University of Glasgow, 23 March 2004.

⁷⁵ James H Mills, *Madness, Cannabis and Colonialism*, p. 2.

⁷⁶ REBAS. Minute Book 4, 1 June 1842, pp. 178-179.

exercise almost complete control while there were inevitably occasions when liaisons of a clandestine nature were achieved despite the Asylum's rigid discipline.

There had been some toleration of marriage by the Asylum during its earliest years, but it still exercised control and sanction as an adjunct to this 'liberal' approach as illustrated by the case of Dennies McQueere.⁷⁸ McQueere wrote to the directors in 1796 'informing of his intention of marrying at Lanark, and asking permission of the managers.'⁷⁹ The sanction of the directors was not automatic and despite a reference produced on 'the good character of the woman',⁸⁰ it was only after the asylum had made enquiries to ascertain her age and financial circumstances that it agreed to accede to McQueere's petition.⁸¹ The Asylum took these matters seriously and this was demonstrated in 1828 when it came to light that John Strachan, 'one of the blind-men ... had contracted a marriage with Jean Miller, one of the female blind without consulting the Directors.'⁸² This resulted in the Directors deciding that in future they would exercise absolute control over any matrimonial aspirations by people under their supervision.⁸³ This policy was pursued and requests could be refused. One of these was from William Jardine, 'one of the men in the weaving department', and Mary Windlass, 'formerly an inmate ... who had left ... for domestic service ... her sight being considerably restored,' in 1847.⁸⁴ The couple were of some maturity, Jardine being thirty-six years of age and Windlass twenty-four,⁸⁵ but there is no evidence that they challenged the Directors' refusal to approve their marriage.⁸⁶

When, in 1846, 'Thomas Manderson and Agnes Miller, a day worker and partially blind, employed in the Female department, both of whom had long been inmates of the institution'⁸⁷ requested permission, the directors were so horrified to find that Miller was 'enciente'⁸⁸ [sic] that they could not bring themselves to record her condition in English. Manderson admitted to being the father. The directors' prime concern was the effect that 'the criminality of these parties' would have on the

⁷⁷ *Ibid.*, 11 July 1842, p. 180.

⁷⁸ Shown in REBAS Admission Register as Dennis Macquire.

⁷⁹ REBAS. Minute Book 1792-1806, 5 July 1796, p. 111

⁸⁰ *Ibid.*

⁸¹ *Ibid.*, 2 August 1796, p. 112.

⁸² REBAS. Minute Book 1825-1835, 18 June 1828, p. 104.

⁸³ *Ibid.*, p. 105.

⁸⁴ REBAS. Minute Book 1835-1849, 14 Dec 1847, p. 422.

⁸⁵ REBAS. Admission Register 1793-1963, refs 192 and 281.

⁸⁶ REBAS. Minute Book 1835-1849, 10 Jan 1848, p. 424.

⁸⁷ REBAS. Minute Book 1835-1849, 10 August 1846, p. 370.

⁸⁸ Should be rendered as 'enceinte', French for 'pregnant.'

reputation of the Asylum.⁸⁹ The institution decided to dismiss them both, but Miller had fled two days before the meeting.⁹⁰ The directors did later soften their stance when, following their marriage and because of circumstances of ‘great want’,⁹¹ agreed to readmit Manderson to the asylum.⁹² These cases, with differing outcomes, show that the Asylum exercised, and was accepted by inmates as exercising, control over the most personal aspects of their lives. The directors demonstrated some toleration towards blind people marrying, but had to be assured of the respectability of both parties and their ability to be self-sufficient, an imposition not experienced by sighted people, or indeed blind people not on the books of the asylum many of whom were often considered by the directors to be indigent and dissolute anyway. Indeed those unions receiving approval were marked by the acceptance, as in the case of Dennies McQueere, that it would result in the financial support of a ‘helpless’ blind person rather than being any kind of concession to a commitment to true love and devotion.

While efforts were made to steer some people with disabilities away from romantic associations and marriage, some disabled people embarked upon marriage for its practicality as much as for the emotional rewards. In 1791, Thomas Garrick of Collessie parish in Fife, reputed to be 108 years age and deaf, had three years earlier married his third wife, a woman of forty-five. Garrick remained very much in control. Despite his deafness, great age, and dependency on poor relief, he was reported by the parish minister as never having known a day of sickness, ‘wears his own hair’, and ‘still keeps the whole house under proper subjection.’⁹³ But there were others, some of independent spirit in certain aspects of their lives, who nonetheless demonstrated the need of a supportive partner in the conduct of the domestic aspects of their lives. One of these was James Baird (Chapter 6), who as a teenager in 1874 lost his lower leg in a mining accident. He did not find this an impediment to marrying and raising a family. However, despite being a man of independent spirit and dogged determination, he clearly placed heavy reliance on his wife. When she died after twenty-nine years of marriage, ‘he could not cope on his own for long and he wrote to a childhood friend, Grace Stewart of Newmilns, now a colleague working for The Salvation Army in Dublin, asking her to marry him. They were married in

⁸⁹ REBAS. Minute Book 1835-1849, 10 August 1846, p. 370.

⁹⁰ *Ibid.*

⁹¹ *Ibid.*, 31 Aug 1846, p. 372.

⁹² *Ibid.*, 31 Aug 1846, p. 372 and 14 September 1846, p. 374.

⁹³ OSA, Vol.2, pp. 417-418.

1920 and she cared for and supported him until his death twelve years later.’⁹⁴ Baird’s overtures to Grace Stewart appear to have been motivated by purely practical objectives, while Grace’s response might equally have been spurred by charitable ideals inspired by her religious convictions.

Geordie Gibson, the Dunfermline ‘dwarf,’ similarly appears to also to have been motivated by practical considerations in pursuit of a wife. On St Valentine’s Day 1885, when around 49 years old, he placed an advertisement in the form of a six-verse self-appraisal in the *Dunfermline Press*. Perhaps his expectations were too high in seeking a wife who was:

Accomplished, good and beautiful,
And a matron’s duties know,
Able to bake, wash, and dress,
Like wise to knit and sew.

Her temper must be very sweet,
Harmonious, and funny,
She must know a little music,
And have a little money.⁹⁵

He remained single, but only until 1891 when he married Jane Murray. By this time he had been a regular ‘visitor’ at the Dunfermline Poorhouse and, according to the newspaper recording his death, his marriage resulted from a courtship ‘conducted on business principles’ with the objective of discontinuing his periodic need to submit to parish support. Jane Murray would equally have been a beneficiary of this achievement as she had resided in the poorhouse for twenty-one years. While their union achieved a substantial degree of success, they lived on a frugal income and the poorhouse did occasionally still have to come to their aid.⁹⁶

James Ure Campbell (pp. 97, 205-206) was already married when he was blinded by an explosion during railway construction in 1876. However, as he endeavoured to find new means of generating a livelihood through artistic and literary endeavours, his wife also entered the public sphere by opening a shop so that Campbell’s meagre and uncertain income might be supplemented.⁹⁷ His wife’s role became not only one of moral and domestic support, but she took on a major part of the responsibility for their financial support.

⁹⁴ Correspondence from William Bramwell Baird, Bishopbriggs, Glasgow.

⁹⁵ Published 14 February 1885 and recalled in ‘Death of “Wee Geordie”’, *The Dunfermline Press*, 21 October 1899.

⁹⁶ ‘Death of “Wee Geordie”’, *The Dunfermline Press*, 21 October 1899.

⁹⁷ D A Johnston Ross, *The Story of a Working Man’s Blindness*, p. 55.

Baird and Gibson, rather than being thwarted from matrimony by their 'disabilities,' sought it is a highly practicable solution to some of the difficulties which they encountered. This is a recurring theme in associations between disablement and matrimony, the linking of support, not so much in moral or romantic terms, but in highly practical terms, both from the perspective of the individual with a disability and those who directed and intervened in their lives. Where these practical aspects to a romantic association were not apparent to able-bodied society, they often disapproved of any display of, or aspiration for, affection that appeared to be stimulated only by emotion. The notion that people with disabilities had the same needs as other members of society for affection and commitment with a partner, and aspirations to raise their own families, was often received with both surprise and repugnance. As seen with the examples from the Edinburgh Blind Asylum, these responses became more ingrained as the century advanced, no doubt driven by the spread of such influences as eugenics which increasingly placed parameters on what constituted a 'rational' human being and resulting in the alienation of those who were identified as 'other.'

The case of Marion Brown

Marion Brown (1843-1915) was the principal writer in a fifty-year correspondence between Scotland and the USA where the recipients of the letters were Marion's uncle, John Glencross (1821-1894), and her cousin, Marion Glencross Bryden (1852-1919).⁹⁸ This occurred during the period 1852 to 1903 and described the life of a family of agricultural labourers living in the vicinity of Sanquhar in the county of Dumfries. The recipients of these letters were family members in Dunmore, a township in Pennsylvania to which a considerable number of people from Sanquhar appear to have emigrated.⁹⁹ Contemporary local historian James Brown described a 'process of depopulation' which began in Sanquhar during the 1840s, stating that this was precipitated by the combining of small farms into large ones, and extensive use of machinery supplanting the need for intensive agricultural labour.¹⁰⁰ During the period

⁹⁸ 'Correspondence of Marion Brown, Sanquhar, Dumfriesshire, to Dunmore, Pennsylvania, 1852-1903' (CMB), in the private collection of Louise Marsh Richards, unpublished 1994 transcription courtesy of Penny L Richards.

⁹⁹ The earliest letter is dated 1852 and is a letter from the minister of Sanquhar introducing Helen Brown, the wife of John Glencross upon her emigration to USA. James Glencross, the brother of John Glencross, was the main correspondent from Sanquhar between 1855 until his death in 1866.

¹⁰⁰ James Brown, *History of Sanquhar*, (Dumfries, 1891), pp. 291-292.

of the correspondence, three members of the family in Scotland experienced intermittent and sometimes prolonged disability while others encountered disablement for short periods. Marion Brown experienced an array of disabling conditions.

When nineteenth-century narrative encapsulates situations in which sensory and physical disability existed, it conveys an impression of the acceptance of disability as a fact of life. This is reinforced by the Marion Brown letters which suggest that familiarity with disablement relegated its occurrence below that of other family priorities of unemployment and underemployment, poor crop yields, difficulties experienced with animal husbandry, and of financial crises which endangered continued tenancy of accommodation. Emigration for some family members became the solution to economic tribulations, and this resulted in the able-bodied becoming the emigrants, and those in poor health or with feelings of obligation to provide care, remaining in Scotland. The former tended to be male led, while the women of the family dominated the latter.

Marion's aunt, Agnes Scott (1817-1902), expressed to her brother, James Glencross (1824-1866), in 1855, that she and her husband would have emigrated if their mother had not been old and frail so that 'she cannot go betwixt the bed and the fire, [and] she is to be carried in a chair to the fireside.'¹⁰¹ A decade later, Agnes was widowed at the age of forty-eight and her own health gradually deteriorated. She became dependent on her niece, Marion Brown, who also frequently expressed her longing to emigrate to Dunmore, but for whom this remained no more than a dream - firstly because of her own varying and complex disabling conditions, and later because 'I still find it my duty to stop with my aunt.'¹⁰² Marion Brown's personal situation included prolonged periods of being bedridden and unable to walk, bouts of blindness and loss of speech, and 'such a queer stupid head I can tell nobody what it is like,' brought about, according to her doctor, by 'the nerves that goes from the spine of my back to my brain that causes my head to be so bad.'¹⁰³ Other relatives included an uncle who was no longer able to visit 'now his knees failes him;'¹⁰⁴ Nanny, whom we are told had 'a rheumatism in one side of her head or some disease in her ear, and her stomach is bad also and she is gie sully at present', but who 'got [her sore head]

¹⁰¹ CMB, James Glencross, Sanquhar, to John Glencross (his brother), Dunmore, 18 April 1855.

¹⁰² *Ibid.*, Marion Brown, Sanquhar, to James Bryden, Dunmore, 14 June 1872.

¹⁰³ *Ibid.*, Marion Brown, Sanquhar, to Marion Glencross and John Glencross, Dunmore, 13 April 1868.

¹⁰⁴ *Ibid.*, John Glencross (son), Sanquhar, to John Glencross (father), Dunmore, 15 December 1858.

bleed with leeches;¹⁰⁵ and Marion Brown's sister who died from tuberculosis.¹⁰⁶ Marion Brown's cousin, Tam Scott (1855-1928), first suffered a slight injury 'when a horse ran away with him'¹⁰⁷ and later he was affected by tubercular symptoms¹⁰⁸ and by depression¹⁰⁹, while his second son, Tam Scott junior, suffered mental impairment at the age of seven when he was kicked on his face by a horse.¹¹⁰ This left him unable to work when he reached adulthood¹¹¹ while the description of his injuries at the time of the accident suggest that he must have been left with significant facial disfigurement.

These members of the household were inhibited from joining other relations in the USA, despite a strong and unrelenting desire to do so, because of both personal health and disablement impediments, and a profound sense of obligation towards other members of the extended family who were similarly affected at various times. The greatest restraint was placed upon the female members of the household. This was illustrated in 1866 when the household was left without an adult male, considered essential for attending to most of the farming duties, upon the death of James Glencross. James's brother, Joseph (1819-1898), moved in to take on the obligation of head of the household, and other male relatives followed in his stead, but failed to make a go of it so that, in 1869, the responsibility again fell to Joseph. A year later, however, Joseph and his family emigrated to Dunmore, fulfilling the dream which Marion Brown and her aunt constantly shared, but had been unable to bring to fruition because of their disabilities and senses of obligation. Yet Marion looked kindly upon Joseph's good fortune: 'it has to be better for him in America as here; we should not grumble at him going away.'¹¹² Gendered roles, in addition to raising children, frequently required women to care for the infirm and elderly within the home while the obligations of the men were as wage earners and providers for their families.¹¹³ If

¹⁰⁵ *Ibid.*, James Glencross, Sanquhar, to John Glencross, Dunmore, 3 March 1859 and 23 March 1859.

¹⁰⁶ *Ibid.*, Marion Brown, Sanquhar, to James Bryden and Marion Glencross Bryden, Dunmore, 17 May 1883.

¹⁰⁷ *Ibid.*, Marion Brown, Sanquhar, to James Bryden, in Scotland, 31 May 1872

¹⁰⁸ *Ibid.*, Marion Brown, Sanquhar, to Marion Glencross, Dunmore, 6 October 1873.

¹⁰⁹ *Ibid.*, Marion Brown, Kirkconnel, to James Bryden, Dunmore, 12 February 1874.

¹¹⁰ *Ibid.*, Marion Brown, Sanquhar to John Glencross Bryden, Dunmore, undated.

¹¹¹ *Ibid.*, Marion Brown, Sanquhar, to Marion Glencross Bryden, Dunmore, 6 January 1898.

¹¹² *Ibid.*, Marion Brown, Sanquhar, to Marion Glencross, Dunmore, 28 October 1870.

¹¹³ Although Eleanor Gordon and Gwyneth Nair, in their recent Glasgow study conclude that 'Victorian middle class women had scope to make their own choices, shape their own experiences and make their own histories', Gordon has also written that, in the nineteenth century, 'the increasing separation of home and work which industrialisation entailed, and the increasing prosperity of the middle classes, gave rise to the notion that women's role should be concerned exclusively with the

emigrating offered the best opportunity for the males to fulfil this aim, this was acknowledged by those left behind and they did not express the resentment that might have been expected.

The extended family of which Marion Brown was a member evolved during the forty years¹¹⁴ covered by her own direct role in the correspondence with kin in the USA. This is most notable during the approach of her aunt's death in 1902 by which time the structure of the family had changed. Tam Scott was the head of the household that had progressively extended to include eleven children. His wife, Robina (1858-1920), in 1881, had already told Marion that she 'ought to be in the poorhouse.'¹¹⁵ In 1886, Marion Brown, when she was forty-two, described herself as 'nothing else but a tree blown down with as many roots left in the earth as to keep it alive but cannot lift its head.'¹¹⁶ At this time she had been unable to walk for seven years,¹¹⁷ but had experienced periods of being bedridden since at least the age of twenty-one.¹¹⁸ She felt increasingly unwelcome by Robina in the Scott household. Fortuitously, aged forty-eight, yet still experiencing periodic pain, confinements to bed, and medical treatment in the form of plaster bandages, Marion was nonetheless able for the first time to take up employment. She was employed as the operator in

domestic role.' Eleanor Gordon and Gwyneth Nair, *Public Lives: women, family and society in Victorian Britain*, (New Haven, 2003), p. 8; Eleanor Gordon, 'Women's Spheres' in W Hamish Fraser and R J Morris (eds), *People and Society in Scotland, Volume II, 1830-1914*, (Edinburgh 1990), p. 206. This was in contrast to the eighteenth century when 'many employments for women were simply an extension of their domestic tasks' and the concept of 'housewife' would not have existed with the bulk of the population. R A Houston, 'Women in the economy and society' in R A Houston and I D Whyte (eds), *Scottish Society 1500-1800*, (Cambridge, 1989), p. 122. It is reasonable to conclude that rural households in the hinterland of towns such as Sanquhar would have displayed features of both perspectives of the role of women well into the nineteenth century. Rosalind Marshall observes that in agricultural communities in the eighteenth century 'it was still the women who did all the dairy work of milking, making butter and producing cheese, and they too performed the seasonal tasks at harvest time as well as doing other unskilled work.' Rosalind K Marshall, *Virgins and Viragos*, (Chicago, 1983), p. 233. Many of the features of this scenario were familiar to the environment in which Marion lived until 1873, her aunt insisting on continuing to make 'swine curds' for several years after Marion considered her no longer physically fit to take on this strenuous work. For working class wives, Barbara Littlewood, also notes 'sweated home-work remained a feature of nineteenth century life and included 'taking in washing, or lodgers, minding other people's children, sewing for neighbours, or helping on her husband's farm, or trade, or shop.' Barbara Littlewood, 'Foreword' in Glasgow Women's Studies Group, *Uncharted Lives*, (Glasgow, 1983), p. 7. Marion's own life suggests the presence of these blurrings between that of a dependent (in her case as an invalid rather than a wife) while taking on domestic activities which either contributed in kind to the running of the household, or made a monetary contribution to the household economy – Marion, despite long periods of being confined to bed, was recorded as a dressmaker for three decades of her adult life.

¹¹⁴ Marion Brown's first letter was written in 1865 and the last surviving letter in 1903.

¹¹⁵ CMB, letter from Marion Brown, Sanquhar, to James Bryden and Marion Glencross, Dunmore, 5 September 1881.

¹¹⁶ *Ibid.*, letter from Marion Brown, Sanquhar, to John Glencross, Dunmore, 7 January 1886.

¹¹⁷ *Ibid.*

¹¹⁸ *Ibid.*, letter from Marion Brown, Sanquhar, to John Glencross, Dunmore, 20 June 1865.

the Sanquhar telephone exchange when it opened late in 1892 and she slept there rather than return home except once weekly.¹¹⁹ When her aunt died, she wrote, 'Aunt is gone and I have no place I can call home.'¹²⁰

The letters written by Marion Brown and her relatives suggest sustained fatalistic acceptance of misfortune intertwined with ongoing gratitude for each day of life gained in an environment where death from accident, disease, or epidemic, could, and frequently did, strike without warning. There was no apparent resentment on the part of family members with impairments at their misfortune, even when it divided families, emigration being available to the able-bodied and denied to the infirm. Those who left Scotland repeatedly demonstrated their feelings of responsibility to those remaining by remittance of money to assist with medical bills and general subsistence in times of hardship. The Glencross family emigrants were not wealthy people, earning their livelihoods as miners and smallholders and also subject to economic fluctuations and environmental interventions, yet the contact and support was sustained over two generations and involved cousins, Marion Brown in Sanquhar and Marion Glencross Bryden in Dunmore, who never met.

Where there was close contact between family members there were different degrees of intensity of feeling and these could be of greater negativity when the familial links were indirect. Robina Scott, wife of Marion Brown's cousin, Tam, did not have the same toleration of, or sense of obligation to, Marion Brown as did those relatives with blood links. There may have been personality clashes between Marion and Robina, but dearth of economic resources and of accommodation space in a household consisting of husband, wife, eleven children, one of whom was brain damaged, an infirm elderly aunt, and a frequently bedridden cousin, must have placed great strain on Robina who would have seen the familial obligation to Marion as tenuous.

The extensive correspondence conducted by Marion Brown gives an insight on her family life spanning the years of innocence and optimism of her youth to the frustration and disappointment harboured in old age. Despite her dreams of a new life in USA, sustained over several decades, she spent her whole life in Sanquhar. It was a life marked both by her dependency on other family members, and her own support for family members who experienced short-term or long-term infirmity. The family

¹¹⁹ *Ibid.*, letter from Marion Brown, Sanquhar, to Marion Glencross Bryden, Dunmore, 19 Jan 1893.

¹²⁰ *Ibid.*, letter from Marion Brown, Sanquhar, to Marion Glencross Bryden, Dunmore, 1 June 1902.

atmosphere that accompanied this dependency varied as the family structure changed over time. The close relationship and support provided by uncles and her aunt during her younger years was later replaced by an often-grudging intolerance from Robina Scott, wife of Marion's cousin. There were many reasons for the uneasy relationship between Marion Brown and Robina Scott. Yet Marion was not dismissed directly from the household, although after many years she did exercise a belated independence as the family structure weakened further as the imminent demise of Marion's aunt, the last link with the 'old family', drew closer. Simultaneous to this, moral and financial support came from emigrated uncles and cousins in USA and this continued over many years despite their own difficult circumstances. Support for disabled family members manifested itself in several ways in the Glencross-Scott-Brown family. It was sometimes given with resentment and often it presented difficulties, but that support was nonetheless highly resilient despite weakening links of relationship in Sanquhar, and the distance in space and time from those relatives who had emigrated.

Conclusion

In nineteenth-century Scotland personal relationships between people with disabilities and 'able-bodied' people were demonstrated in a variety of ways and they illustrate different desires and objectives coming into play. People with disabilities were restricted from the full range of relationships experienced by 'able-bodied' society. However 'able-bodied' people, wittingly or unwittingly, were often part of the process that marginalised relatives, friends and neighbours with disabilities from full social intercourse.

People with disabilities were no different from others in wanting and needing a range of inter-personal relationships. These included friendship, affection, love and marriage. An adjunct to this was often the need for some kind of practical support in a society that was constructed to accommodate the 'majority', the able-bodied, and to forget the 'minority', in this case people who had to accommodate a diverse range of disabilities in their daily lives. People with disabilities did not want to be treated as 'different' or to experience patronage from the 'able-bodied' motivated by some noble sense of duty or obligation. They simply sought genuine friendship, affection and love through varied relationships in the same way as expected and desired by their able-bodied peers.

People with disabilities found these relationships through normal networks of family and friends. They entered into romantic relationships despite the barriers that were frequently placed firmly in their way. Sometimes these relationships were motivated by highly practicable considerations such as the physical and economic support that might be found in a marriage partner. In cases of disabled males, such utility-inspired marriages sometimes suggest that, while masculinity was demonstrated through the assertive nature of such relationships, that the prevailing ethos of male breadwinner was to some degree being compromised through at least partial delegation to the female partner.¹²¹

The cases examined show that able-bodied people in nineteenth-century Scotland frequently had a deep-rooted feeling of empathy for family members and friends with a disability. They were aware of the fragility of life and good health and took on roles of support with a high degree of willingness as part of a natural order of the strong aiding the weak in the knowledge of the transitory nature of able-bodiedness. However these attitudes were undermined by other familial obligations such as raising children, by economic pressures, and by demographic influences. Pressures on the cohesion of the family unit could be exacerbated by changing ratios of wage-earners and those dependent upon their support, changing kinship within an evolving household structure, and the severing of proximity to family members with disabilities through demographic movement prompted by economic needs, but also by aspirations to move from country to city, to emigrate, to work in industry instead of agriculture, or to seek adventure. Some of these movements were taken as an escape mechanism when the sense of responsibility appeared to become too onerous. The institutionalisation of a mentally impaired relative was often undertaken with good intentions by families in a position to pay for private care, but these arrangements sometimes faltered after a period of time, partly because they experienced a financial drain on their resources if the period of confinement became prolonged, but also aided by reduced proximity to a mentally troubled friend or relative as a result of the encarceratory process. Motivation for personal involvement with a close friend or relative with a disability was increasingly undermined as the nineteenth century advanced because of the growth of the asylum system as an option for treatment of, or indeed disposal of, a mentally disabled relative, but also because of the increasing

¹²¹ See, for example, the case of James Ure Campbell. G A Johnston Ross, *The Story of a Working Man's Blindness*, p. 55.

impact of population movement prompted by industrial expansion, urbanisation, and emigration, and because of financial pressures that remained for many families.

Relationships of a more intimate nature for people with disabilities were undermined by growing dogmas such as eugenics. As people with disabilities were increasingly perceived as imperfect and inferior, able-bodied society expressed abhorrence that they should marry and procreate and so run the highly perceived risk of reproducing their 'imperfections' as a societal 'problem.' People with mental impairments were especially a focus of thinking that classed them as being devoid of rationality and whose emotional and romantic needs and expressions were discounted as being 'animality.' However people with sensory and physical disabilities were also the targets of such thinking. In this area of relationships, people with disabilities were perceived even by their friends and relatives less sympathetically, and indeed sometimes people with disabilities also harboured views of themselves as unentitled to relationships that involved emotion, love and marriage.

The nineteenth century was marked by tensions between natural feelings of care and compassion that accompanied close relationships, familial or otherwise, and the wider needs and desires of daily life. There were also tensions between the acceptability of a 'spiritual' love and affection based on family relationships and also strongly linked to 'duty', and love and affection of a deeply personal nature involving emotion, passion, sexual desire, need and expression, marriage and procreation. Some people with disabilities chose to conduct their lives within these sometimes opposing and contradictory constraints, but there were others who rejected them and set their own agendas.

Chapter 8

Conclusion



Mr Pinkerton's New Leg (*The Bailie*)

Chapter 8

Conclusion

Perhaps the most striking feature of this investigation into the experience and representation of disability in nineteenth-century Scotland is that 'disability' as an all-embracing common experience did not exist. People were frequently categorised as 'disabled,' or as 'able-bodied,' but the term 'disability' occurred only rarely, and in these circumstances it was not used to collectivise a broad range of impairments into a labelled entity (seemingly until late in the twentieth century). When disabled/able-bodied terminology was used, it was applied in terms of ability to work, and entitlement or otherwise to poor relief or other forms of community support. Being disabled was not a direct reference to a physical, sensory or mental impairment, but to societal expectations of an individual being able to support him/herself and dependants. As such, a 'disabled' person might just as likely be an abandoned or widowed mother of young children in good health as it might be someone regarded as crippled, blind, deaf, fatuous, furious, or any other number of descriptions suggesting physiological non-conformity with wider society. So, disability was overwhelmingly an economic category in Victorian society.

People who were visually, hearing, physically or mentally impaired saw themselves as being quite different from one another. This is conveyed in the letters penned by Marion Brown, and continues today as exemplified by Harlan Lane in his discussions on the history of deaf experience when he rejects deaf people being categorised as disabled in the same way as blind people.¹ In nineteenth-century Scotland, people with impairments did not see themselves as *having anything* in common under a general condition called 'disability,' nor did the wider society in which they lived. This is seen, and was reinforced, by the different approaches of those who intervened in their lives. As the nineteenth century progressed, there was an increased tendency to place people with mental impairments into asylums, although whether the objective was primarily for the protective benefits they were purported to give people with mental impairments, or for the benefits that might accrue to outside society by their removal, is a continuing debate. Those interventionists directing their efforts towards the lives of people with sensory

¹ Harlan Lane, *When the Mind Hears*, p. xiii.

impairments had a different objective. Through programmes of training and provision of work their aim was to turn 'disabled' people into 'able-bodied' people, but they were selective of those deaf and blind people chosen for these regimes, while the goal of creating able-bodiedness was conducted within parameters and boundaries set by able-bodied society. During a period when chronic ill health, especially among the poor, was commonplace, people with physical impairments were to a large extent both integrated and hidden within able-bodied society. These included people with debilitating conditions that made them bedridden, people with tubercular diseases and other conditions that ate away at the bones and joints, and people who lost limbs through accident or disease. While the medical profession increasingly intervened in their lives as medical knowledge and expertise developed, physical debilitation was only a question of degree and of 'when' for many poor people. As a result, physical impairment was both accepted and ignored because of its regular presence. It therefore follows that the experience of different disabling conditions was extremely diverse, and was also represented in a variety of ways.

During the nineteenth century, Scotland underwent transformation from a society with significant employment in agriculture to one with a high dependency on industry. This was accompanied by demographic change, and the growth of large urban conurbations characterised by anonymity which contrasted with rural society where roots were long established and there was support and familiarity among friends and neighbours. Some changes, such as the reform of the Poor Law in 1845, were seismic, but other changes were not only gradual, but were geographically uneven. The research has therefore made a point of not only examining what occurred in the cities, but of considering experience in the towns, villages, and countryside from Galloway and the Borders to Shetland, and in communities such as the Jews of Glasgow, and the Gaelic-speakers of the Highlands and Hebridean islands. What emerges is diversity of perceptions and experience through both time and space. In rural communities people with disabilities continued to be widely accepted throughout the nineteenth century although, as family support weakened through the migration of young able-bodied members to the cities leaving the elderly to cope alone with infirmities and impairments, pressure on parochial boards undoubtedly tested the charitable credentials of some heritors and inspectors of poor. It was also easier for migrated family members to ignore obligations of responsibility towards disabled relatives from whom they were now separated. Community

tolerance of those needing charitable aid declined much earlier in the cities where traditional methods of ecclesiastically prompted poor relief were already breaking down early in the century and precipitated the reforms brought about by the 1845 Act.

The story about people with disabilities, along with the able-bodied whether they had a 'professional' interest in people with impairments, provision of poor relief, etc., or were ordinary people going about their daily business, is that they were individuals. While there was undoubtedly a 'mass' of people who behaved in a certain manner and conformed to certain stereotypical expectations of them, there was no single response to disablement, either by people with disabilities, or in either non-disabled or disabled perception of disability. While, for example, there was a growing intolerance by the beginning of the nineteenth century towards long-standing traditions of vagrancy and alms-giving with which disablement was often associated, both begging and hawking and toleration of vagrancy remained highly resilient at the end of the century in some parts of Scotland.

However a change in attitudes undoubtedly occurred during the course of the nineteenth century. This is seen in the increasing intervention to counteract or contain various forms of impairment as well as in the nostalgia expressed later by diarists in mourning the passing of the 'curiosities' who had formerly added colour to both town and village. It might be argued that such sentimentality was all very well when the village idiot, the crippled beggar, or the blind street violinist, had become less prolific in public life and was therefore likely to give only occasional harassment to genteel perambulators in the streets. However evidence has been presented that suggests that many people with disabilities were highly integrated into local communities where they were known, they were welcomed for the colour that they added to village culture, and that in small communities this remained the case at the end of the nineteenth century. It was the anonymity that occurred in the growing cities that could result in the greatest marginalisation of people with certain types of impairment. It might therefore be argued that exposure to the rapid urbanisation process in nineteenth-century Scotland, while bringing some benefits from advances in science and technology, nonetheless undermined the security that people with disabilities experienced in the community inclusiveness of the countryside, village and small town. The chaotic industrial city, undergoing relentless expansion, may have provided some benefits to people with disabilities in the sphere of specialised training, targeted employment, and proximity to medical and surgical advances. But these

perceived benefits might also be seen as a means of containing physiological deviance in environments where rural structures of family and community had been weakened or ruptured. The industrial city could therefore be a hostile place for people with disabilities.

A particular influence on intolerance towards people with disabilities occurred with the growth of the asylum system, notably for people with mental impairments. In examining attitudes directed at people with disabilities, N Weinberg has observed in the modern context that 'there is a positive relationship between contact and perceived similarity: as contact increases, perceived similarity increases.'² Conversely it might be argued that, in nineteenth-century Scotland, as contact between 'normal' society and people with disabilities decreased, people with disabilities were increasingly categorised as deviant and perspectives of otherness rose. It was an increasing consciousness of this 'otherness' that stimulated policies of confinement, medical intervention, and specialised education and training. However there was a counter reaction from some quarters spurred by other priorities, most notably economics and the prudent management of poor rates and charitable donations. Ultimately it is important to recognise that while great institutions and prominent personalities in such fields as medicine and philanthropy have been given high profile in the history of disability, many people with impairments may not have viewed their interest as a positive experience and in any case it may have been for very small portions of their lives or not at all.

The manner in which people with disabilities were perceived during the period under study has been a variable one. What occurred in Scotland in terms of the increasing asylum provision, and other forms of interest and intervention, had often been preceded in other industrialised nations such as France, Germany, England and USA with specialists from Scotland travelling to Europe and North American to study methodologies and engage in dialogue with their foreign counterparts. However there were also cultural aspects to attitudes to impairment that were influenced by other forms of 'difference,' such as the wild Highlander or immigrant Jew in Scotland, or in the 'devotion' to superstition and tradition by the native peoples of colonised lands as demonstrated by James Mills in the case of the native population of India under the

² N Weinberg, 'Another perspective: attitudes of persons with disabilities' in H E Yaker (ed), *Attitudes towards persons with disabilities*, (New York, 1988), quoted in Patrick Devlieger et al (eds), *Rethinking Disability*, p. 13.

British Raj.³ However, for the purpose of this study, contrasting experience has been greatest for people with disabilities, not between those in Scotland and other industrialising or agrarian countries, but between those in Scotland's cities and those in its rural hinterland, especially as the century advanced. While people with disabilities became increasingly marginalised as 'other,' this perspective came more from the moneyed classes who were less directly exposed to contact with people with impairments. This influenced some of their number into taking direct action over the 'problem' that they perceived in disablement and goes some way to explaining why not all philanthropists, physicians, educationalists and other interventionists took a sympathetic and understanding view of the people they were purporting to be helping. It is perhaps ironic that, according to Albrecht et al, at the beginning of the twenty-first century, 'affluence, better medical care, and the wonders of science, together with long lives, have brought us all closer to the daily experience of disability.'⁴ In the nineteenth century, poorer people, while widely ignorant of the finer physiological circumstances that caused the disablement of their relatives or acquaintances, often displayed greater empathy because their own personal circumstances made them aware of the often fleeting nature of good health and ablebodiedness. There were however marked differences in perception depending on the nature of the impairment portrayed by a person with a disability, there being more pronounced display of intolerance towards people with mental impairments. People with disabilities themselves were not immune from such feelings. This is not surprising since there was no common identity or sense of solidarity between people with different types of disabilities. Lack of a common 'disabled' identity appears to have persisted until the late twentieth century when it was realised by a growing number of people with disabilities that they, not professional 'interventionists,' were in the best position to articulate their needs and lobby for their rights through such means as advocacy. However this common cause is nonetheless marked by continued, and new, division as demonstrated by hearing impaired people and the ongoing conflict between manual and oral communication, and now compounded by the new controversies surrounding cochlear implants. Legislation such as the 1995 Disability Discrimination Act in the UK and the 1990 Americans with Disabilities Act in USA have not signalled the integration and inclusion that may have been expected, and perhaps unsurprisingly if

³ James H Mills, *Madness, Cannabis and Colonialism*.

⁴ Gary L Albrecht, Katherine D Seelman and Michael Bury (eds), *Handbook of Disability Studies*, p. 1.

legislation is considered necessary in the first place to engineer changes to societal attitudes.

While there was variance in the way that people with disabilities were perceived during the course of the nineteenth century in Scotland, the experience of disability itself was also an irregular one. A prime objective of this thesis has been to hear the voices of people with disabilities. This has sometimes been through intermediaries by either direct or indirect statement, but even in such circumstances their voices do not speak in unison. In the spheres of work, community life, institutionalisation, and personal relationships, people with disabilities are increasingly seen to have had their horizons, aspirations and expectations limited by both 'professional' and lay people from 'normal' society, while they were simultaneously embarking upon objectives of 'normalising' and enabling them. Whether this was specifically a trend that began in the nineteenth century and replaced a more tolerant and inclusive attitude of the eighteenth and preceding centuries, as argued in the case of England by such historians as Brendan Gleeson⁵ and Deborah Stone,⁶ requires further research in the case of Scotland, and indeed elsewhere, through avenues that demonstrate what people with disabilities themselves were recording about their lives. However the nineteenth century, particularly the second half of that century, was a period of profound change for many people with disabilities living in Scotland.

Undoubtedly there were many people with disabilities who accepted their lot in resignation that their circumstances were the fruits of some form of divine intervention that should not be challenged. In this, they were no different from many of the poor able-bodied people who 'knew their place' and fatalistically accepted circumstances that they found distasteful, but considered to be the 'norm.' However there were also people with disabilities who openly defied and rejected allusions to 'difference' being directed at them. The indomitable spirit of such people rejected disablement and flouted conventions and suggestions that they should not live in their own homes and communities, that they should not work and support their families, that they should not have emotions and feelings, or enter into romance, marry and have children, and be full and invisible members of 'normal' society. This trend becomes more noticeable in the later nineteenth century and is probably as much a response to increasing attempts to regulate and intervene in their lives as it is a

⁵ Brendan Gleeson, *Geographies of Disability*, pp. 74-98.

⁶ Deborah A Stone, *The Disabled State*, pp. 29-55.

reflection of a slight weakening of respect for, and compliance with, the interference of social superiors. This was mirrored at the time in the rise of such movements as Chartism, trade unionism, and demands for political emancipation. Both the threat and experience of the asylum system could stimulate a reaction against wider attempts to govern the lives of people with disabilities, a view supported by American writers Braddock and Parish who argue that ‘the congregation of people with similar disabilities for treatment and services also made possible the development of group identities, which ultimately facilitated the rise of political activism in the modern era.’⁷ Such resistance and reaction on an individual personal level and, as witnessed in the 1867 protest against daily religious services in Edinburgh Blind Asylum (Chapter 5) at group ‘political’ level, was already to be found in people with disabilities in nineteenth-century Scotland.

This research has been undertaken by someone who is currently able-bodied, but who has felt anger at some of the circumstances that were encountered by people with disabilities in the nineteenth century. Perhaps the greatest cause of anger is that many of these circumstances resonate with circumstances that can still be identified in the twenty-first century despite its ideals of inclusion and creation of a level playing field for all members of society. Devlieger, Rusch and Pfeiffer track disability through a cycle of religious/moral, medical, social and cultural models. This research has examined a period when the moral/religious model was being displaced by the medical model of disability, while it has approached the topic from a dominantly social perspective. However Devlieger et al rightly observe that ‘these models are juxtaposed in contemporary society with pockets of moral, medical, social, and some cultural model thinking simultaneously being practiced.’⁸ In promoting the cultural model which aims at the conceptualisation of disability ‘as same and different,’⁹ this thesis suggests that there were times and places in Scotland during the nineteenth century where this may well already have been the case, representing another strand to the diverse experience in a historical context.

This thesis is a broad sweep of the experience and representation of disability in nineteenth-century Scotland. A hundred years embraces several generations and exceeds the bounds of most lifetimes. Although Scotland is a small country, in many

⁷ David L Braddock and Susan L Parish, ‘An Institutional History of Disability’, p. 11.

⁸ Patrick Devlieger et al (eds), *Rethinking Disability*, p. 15.

⁹ *Ibid.*

ways it is an extremely diverse one. 'Disability,' as an all-encapsulating twentieth century concept, brings together circumstances that were not seen to be complementary, compatible or comparable within the values of the period. However the circumstances of the individual people's experiences portrayed and analysed in this study has a common denominator in that they all encountered circumstances of being regarded as 'other' which potentially had confining and stigmatising effects on their lives, their hopes, their dreams and their aspirations.

Direct testament from people with disabilities has been the vital missing component from much of the growing historical research on facets of disablement. There is scope to redress this balance, particularly through the use of personal correspondence and diaries that were only ever intended to be private to the writer or a small circle of close confidantes. Inevitably there remain untapped sources of this type of material, relating not only to the nineteenth century, but both to earlier periods and the twentieth century. The second half of the twentieth century has been marked by the diminution of the custodial institutional option with the introduction of schemes such as 'care in the community' that are portrayed by their advocates as having praiseworthy integrative aims. But as has been demonstrated by nineteenth-century attitudes and policies towards impairment in such fields as poor relief and boarding out, there is often an underlying catalyst of financial prudence behind moves presented as being of benefit to the 'client.' The changes that have occurred in Scotland during the last fifty years present further opportunity for research into the history of disability through the experience of those who should be the first and foremost focus of any such research, people with disabilities, and the role of oral testimony has the potential to be introduced as a vital new source for historians researching this recent experience.

It is hoped that this study has given voice to some people who had little opportunity for self-expression when they were alive, and has reinvigorated the voices of those who, over a hundred years ago, refused to be categorised and contained by those who attempted to intervene in and direct their lives. This research has taken an all-embracing holistic approach to 'disability.' However, as knowledge about various disabling conditions increases, there is scope for specialised research to be undertaken on the experience and *representation of individual impairments*, many of which were neither recognised nor understood in the nineteenth century and earlier periods. This thesis is not a job done, but a call for historians to give voice to other marginalised

and excluded members of society, and to delve further into the experiences of people with disabilities in the wide range of thematic approaches that beg investigation.

Appendix 1

Census returns as identification of 'other'

Decennial censuses in Scotland began in 1801 when they were conducted to count the number of dwellings and people in the country. In 1841 the census tabulated information for each individual household for the first time. This was limited to name, age, marital status, occupation and place of birth. However, in subsequent censuses, identification of people who might be described as 'other' was gradually introduced, initially in the sphere of disability, but in 1881, Gaelic language was added as an additional topic of enquiry.

The depth of inquiry into disability expanded with the passing of each decade. Enumerators were required to establish information as follows:

- 1851 If Deaf-and-Dumb or Blind.
- 1861 If Deaf and Dumb or Blind, with the addition of 'from birth' if applicable.
- 1871 If (1) Deaf and Dumb, (2) Blind, (3) Imbecile or Idiot, (4) Lunatic, with the addition of 'from birth' if applicable.
- 1881 As 1871.
- 1891 If (1) Deaf and Dumb, (2) Blind, (3) Lunatic, Imbecile or Idiot, with the addition of 'from childhood' if applicable.
- 1901 If (1) Deaf and Dumb, (2) Blind, (3) Lunatic, (4) Imbecile, Feeble-minded, with the addition of 'from childhood' if applicable.¹

Three examples for the Parish of Govan, Police Burgh of Partick, in 1891 are shown:

1. 3rd Ward, Page 5, Schedule No. 27, shows John Lamont, aged 14, who is recorded as 'Blind from Birth'. By this time, there was a recognition that the time of onset of blindness could not always be traced to the time of birth and this entry should have indicated 'from childhood', not 'from birth'.²
2. 4th Ward, Page 5, Schedule No. 28, includes Janet McNiven, an unmarried woman aged twenty-eight. In addition to being recorded as 'Imbecile from childbirth', along with her sister and mother she is noted as speaking 'Gaelic & English'.³
3. 4th Ward, Page 39, Schedule No. 195, records Edward Hunter, aged twenty-four, under the column for sensory and mental impairment as having 'Spine disease'. The census enumerators were not required to record physical impairment, but they occasionally chose to enter such information showing their association of sensory, mental, and physical impairment as fulfilling a perception that all of these conditions could be collectivised as 'disability'.⁴

¹ HMSO, *Guide to the Census Reports, Great Britain 1801-1966*, (London, 1977), p. 201.

² MLGR, 1891 Census, Ref 646-3, District 19, p. 5.

³ *Ibid.*, District 24, p. 5.

⁴ *Ibid.*, District 20, p. 39.

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The undermentioned Houses are situate within the Boundaries of the

Civil Parish of <i>Govan</i>		Quoad Sacra Parish of <i>Whiteinch</i>		School Board District of <i>Govan</i>		Parliamentary Burgh of <i>Govan</i>		Parliamentary Division of <i>Partick Division of Lanarkshire</i>		Royal Burgh of <i>Govan</i>							
Municipal Burgh of <i>Govan</i>		Police Burgh of <i>Partick</i>		Burgh Ward of <i>3rd Ward</i>		Town of <i>Govan</i>		Village or Hamlet of <i>Govan</i>		Island of <i>Govan</i>							
No. of Houses	ROAD STREET, &c., and No. or NAME of HOUSE.		HOUSES		NAME and Surname of each Person.	RELATION to Head of Family.	CONDITION as to Marriage.	AGE		PROFESSION or OCCUPATION.	Employer.	Employed.	Whether Em- ployer or Employed, but working on own account.	WHERE BORN.	Gaelic or G. & E.	Whether 1. Deaf and Dumb, 2. Blind, 3. Lunatic, Im- becile, or Idiot.	Rooms with One or more Windows.
	In- habited.	Dis- habited (U.) or Building (B.)	Male.	Female.													
25	1145	<i>Sumburgh R²</i>			<i>Ellen Currie</i>	<i>Wife</i>	<i>mar.</i>		<i>34</i>					<i>Ireland</i>			
					<i>Dorah S^o</i>	<i>Daugh.</i>			<i>12</i>	<i>Scholar</i>				<i>Lanarkshire Possilpark</i>			
					<i>Margaret S^o</i>	<i>Daugh.</i>			<i>11</i>	<i>Scholar</i>				<i>S^o S^o</i>			
					<i>Mary S^o</i>	<i>Daugh.</i>			<i>10</i>	<i>Scholar</i>				<i>S^o Govan</i>			
					<i>William S^o</i>	<i>Son</i>			<i>8</i>	<i>Scholar</i>				<i>S^o S^o</i>			
					<i>Alasd. S^o</i>	<i>Son</i>			<i>6</i>	<i>S^o</i>				<i>S^o S^o</i>			
					<i>Charlotte S^o</i>	<i>Daugh.</i>								<i>Dumfriesshire Clydesdale</i>			
					<i>Edou S^o</i>	<i>Daugh.</i>								<i>S^o S^o</i>			
						<i>Son</i>								<i>Lanarkshire Whiteinch</i>			
26	1145	<i>S^o S^o</i>	1		<i>James Eaglehawk</i>	<i>Head</i>	<i>mar.</i>			<i>Chalmers Engineer</i>		X		<i>Ayrshire Crosshill</i>			2
					<i>Mary S^o</i>	<i>Wife</i>	<i>Mar.</i>							<i>S^o Maybole</i>			
					<i>James S^o</i>	<i>Son</i>	<i>Unm.</i>			<i>Engineer (Apprentice)</i>		X		<i>Lanarkshire Glasgow</i>			
					<i>Gilbert S^o</i>	<i>Son</i>	<i>Unm.</i>			<i>S^o S^o</i>		X		<i>S^o S^o</i>			
					<i>Jessie S^o</i>	<i>Daugh.</i>				<i>Scholar</i>				<i>S^o S^o</i>			
					<i>Fred S^o</i>	<i>Daugh.</i>				<i>S^o</i>				<i>Ayrshire Wallaston</i>			
27	1145	<i>S^o S^o</i>	1		<i>John Mills</i>	<i>Head</i>	<i>mar.</i>			<i>Iron plates</i>		X		<i>Perthshire Brechin</i>			2
					<i>Mary S^o</i>	<i>Wife</i>	<i>mar.</i>							<i>Ayrshire Irvine</i>			
					<i>John Lamont</i>	<i>Nephew</i>	<i>Unm.</i>			<i>Scholar</i>				<i>Perthshire St. Glasgow</i>			
28	1145	<i>S^o S^o</i>	1		<i>James Wales</i>	<i>Head</i>	<i>mar.</i>			<i>Blacksmith</i>		X		<i>Ireland</i>			2
					<i>Martha S^o</i>	<i>Wife</i>	<i>mar.</i>							<i>S^o</i>			
					<i>Dorah S^o</i>	<i>Daugh.</i>				<i>Scholar</i>				<i>Lanarkshire Whiteinch</i>			
					<i>Mary S^o</i>	<i>Daugh.</i>				<i>S^o</i>				<i>S^o S^o</i>			
					<i>Bella S^o</i>	<i>Daugh.</i>				<i>S^o</i>				<i>S^o S^o</i>			
					<i>Robert S^o</i>	<i>Son</i>				<i>S^o</i>				<i>S^o S^o</i>			
29	1145	<i>S^o S^o</i>	1		<i>Jasper Mc Kay</i>	<i>Head</i>	<i>mar.</i>			<i>Frameway Conductor</i>		X		<i>Shetlandshire Radcliff</i>			2
Total of Houses...			44	Total of Males and Females...			11	14									8

NOTE.—Draw the pen through such of the words of the headings as are inappropriate.

Total of Windows... 8

[Signatures]

The undermentioned Houses are situate within the Boundaries of the

Civil Parish of <i>Govan</i>	Quoad Sacra Parish of <i>S. Mary's</i>	School Board District of <i>Govan</i>	Parliamentary Burgh of <i>Govan</i>	Parliamentary Division of <i>Partick Lanarkshire</i>	Royal Burgh of <i>Govan</i>
Municipal Burgh of <i>Govan</i>	Police Burgh of <i>Partick</i>	Burgh Ward of <i>Partick 4th</i>	Town of <i>Govan</i>	Village or Hamlet of <i>Govan</i>	Island of <i>Govan</i>

ROAD, STREET, &c. No. or NAME of HOUSE.	HOUSES		NAME and Surname of each Person.	RELATION to Head of Family.	CONDITION as to Marriage.	AGE [last Birthday]		PROFESSION or OCCUPATION.	Employer.	Employed.	Neither Em- ployer nor Employed, but working on own account.	WHERE BORN.	Gaelic, OR G. & E.	Whether 1. Deaf and Dumb. 2. Blind. 3. Lunatic, Im- becile, or Idiot.	Rooms with One or more Windows.		
	In- habited.	Dis- habited (U.) or Building (B.)				Males.	Females.										
342 <i>Cambridge Rd.</i>	1		William Woodsie	Head	Mar.	42		Cabinet maker	X			Argyleshire, Kilwinning			4		
			Christina Do.	Wife	Mar.	38						Do. Kilmarnock					
			Maggie Do.	Niece	Unm.	11		Office Girl		X		Do. Waterside					
			Harriett Do.	Niece	Unm.	11		Scholar				Lanarkshire, Motherwell					
			William Kaudies	Nephew	Unm.	22		Sailor		X		Argyleshire, Ayr					
341 <i>Do</i>	1		Adam Sprott	Head	Mar.	45		Draper	X			West Lothian, Broxburn			3		
			Henrietta Do.	Wife	Mar.	42						Dumfriesshire, Bonhill			3		
342 <i>Do</i>	1		Alexander Macdonald	Head	Mar.	25		Grocer's Assistant		X		Lanarkshire, Govan			3		
			Catherine Do.	Wife	Mar.	29						Do. Do	G. & E.				
			Catherine McHivren	Mother-in-law	Widow	70						Argyleshire, Islay	G. & E.				
			Janet Do.	Sister-in-law	Unm.	28						Lanarkshire, Govan	G. & E.				
342 <i>Do</i>	1		William S. Law	Head	Mar.	22		Chemist & Druggist	X			Stirlingshire, Colmont			4		
			Jeannie Do.	Wife	Mar.	28						Lanarkshire, Botwell					
343 <i>Do</i>	1		John Baird	Head	Mar.	42		Ship Blacksmith		X		Argyleshire, Beith			3		
			Mary Do.	Wife	Mar.	38						Do. Stewarton					
			Lizzie Do.	Daughter	Unm.	14		Dressmaker		X		Lanarkshire, Govan					
			Thomas Do.	Son	Unm.	14		Pupil Teacher		X		Do. Do					
			Andrew Do.	Son	Unm.	14		Mercantile Clerk		X		Do. Do					
			James Gibson	Boarder	Mar.	22		Baker		X		Argyleshire, Stewarton					
344 <i>Do</i>	1		Daniel Mackenzie	Head	Mar.	49		Commercial Traveller		X		Lanarkshire, Cleland			3		
			Jessie D. Do.	Wife	Mar.	38						Aberdeenshire, Tyrie					
			Wilhelmina Do.	Daughter	Unm.	11						Lanarkshire, Partick					
345 <i>Do</i>	1		Agnes Gordon	Head	Unm.	21		Retired Dressmaker		X		Stirling			2		
			Andrew Beattie	Lodger	Unm.	24		Chemist's Assistant		X		Kinrossshire, Forres			1		
346 <i>Do</i>	1		Thomas Parlant	Head	Mar.	46		China Merchant	X			Lanarkshire, Partick			3		
Total of Houses...	8		Total of Males and Females...			72	13									Total of Windowed Rooms	27

NOTE.—Draw the pen through such of the words of the headings as are inappropriate.

The undermentioned Houses are situate within the Boundaries of the

Civil Parish of		Quoad Sacra Parish of		School Board District of		Parliamentary Burgh of		Parliamentary Division of		Royal Burgh of								
Govan		Whitburn		Govan		Govan		Parkhill Lanarkshire		Govan								
Municipal Burgh of		Police Burgh of		Burgh Ward of		Town of		Village or Hamlet of		Island of								
Govan		Parkhill		4th Ward		Govan		Govan		Govan								
No. of House	ROAD, STREET, &c., and No. or NAME of HOUSE.	HOUSES		NAME and Surname of each Person.	RELATION to Head of Family.	CONDITION as to Marriage.	AGE [last Birthday]		PROFESSION or OCCUPATION.	Employer.	Employed.	Neither Employer nor Employed, but working on own account.	WHERE BORN.	Gaelic, or G. & E.	Whether 1. Deaf and Dumb, 2. Blind, 3. Lunatic, Imbecile, or Idiot.	Rooms with One or more Windows.		
		Inhabited	Uninhabited				Males	Females										
105	102 George St	1		Robert Hunter	Head	Mar	47		Joiner		X		Canada B. S.			3		
				Christina D	Wife	Mar	47						Forshire Perth					
				Edward D	Son	Un M	22						Lanark Glasgow		Shine Disease			
				John D	Son	Un M	22		Baker		X		D					
				Robert D	Son	Un M	22		black (coal)		X		D					
				Christina D	Serv	Un M	17		Laundrymaid		X		D					
106	2 D	1		Helen Thomson	Head	Mar	56		Joiner		X		Perthshire Fife Bute			2		
				Jane D	Wife	Mar	54						D					
				Sarah D	Serv	Un M	14		Scholar				Lanarkshire Whitburn					
				Maria D	Serv	Un M	14						D					
107	D D	1		Donald Anderson	Head	Mar	47		Joiner		X		Perthshire Forthgall	976		22		
				Isabella	Wife	Mar	38						Ross'sh Ullapool	976				
				John	Son	Un M	13		Scholar		X		Lanarkshire Parkhill					
				Mary	Serv	Un M	12		D				D					
				Annabella	Serv	Un M	8		D				D					
				Alice	Serv	Un M	6		D				D					
				Mary McVae	Boarder	Un M	16		D				Ross'sh Ullapool	976				
				Thomas McVae	D	Un M	16		Ship Carpenter		X		D					
				Thomas McVae	D	Un M	16		Grocer Assistant		X		Lanarkshire Annandale			1		
108	D D			David Paterson	Lodger	Un M	19		Freestone Quarry				Ross'sh Elgin			2		
109	114 D D	1		Alexander Glass	Head	Mar	40						Inverness					
				Mary D	Wife	Mar	40						D					
				Mary D	Serv	Un M	14		Domestic Servant		X		Ross'sh Hopeman					
				James D	Son	Un M	12		Scholar				D					
				Alexander D	Son	Un M	10		D				D					
Total of Males and Females...							12	12									Total of Windowed Rooms	10
Total of Houses...		4															(Score Sheet D)	

NOTE.—Draw the pen through such of the words of the headings as are inappropriate.

Appendix 2

Regulations respecting the Conduct and Employment of the

Blind admitted into the Asylum at Edinburgh

- I. Family worship shall commence every week day morning at half past six o'clock from 1st March to 1st October, and at half past eight o'clock during the other months of the year, and at every weekday evening throughout the year except on Saturday at six o'clock, - the time occupied not to exceed half an hour. It being a particular design of the Directors to promote the Religious Instruction of the Blind, as well as to encourage Industry and aid Indigence, there shall besides the ordinary Family Worship morning and evening, be a portion of every Saturday after two o'clock, and of every Monday morning as may be found convenient, appropriated to the reading and explaining the Scriptures, Catechising, and addressing them suitably with regard to their Religious and Moral character by the Chaplain of the Asylum, on all which services the Blind are peremptorily required to attend.
- II. If any absent themselves without a satisfactory reason from these exercises or refuse to join therein, or behave unbecomingly, they shall if they persist in such conduct, after being duly admonished, be dismissed from the Asylum.
- III. It is strictly enjoined that they shall "Remember the Sabbath Day to Keep it Holy," and that all shall be regular in their attendance on the Public Worship of God at their respective places of worship; those having families being accompanied by them, and that none may have excuse, the Directors have provided Church accommodation in Lady Yesters Church.
- IV. The Blind shall be taught such as those trades carried on at the Asylum as the Directors, with the advice of the Manager, shall think them capable of learning.
- V. As a general rule they shall be employed on piecework and paid accordingly. In those cases where fixed wages are paid in order to give every encouragement to the diligent and industrious, the Manager shall keep a regular account of the quantity of work done by each, as far as practible [sic].
- VI. The Blind shall be allowed an Hour for Breakfast from 1st March to 1st October; but during the rest of the year, they must have breakfasted before they come to the Institution; and the hour from a quarter before two to a quarter before three shall be allowed for dinner daily throughout the year.
- VII. Those who are not in the Asylum by the time the bell is rung for Worship or Work in the morning or after meals, shall be fined one penny for each offence, and twopence if the time exceed one quarter of an hour. The only entrance to the premises shall be by the area door, which shall be locked immediately after the bell has been rung.
- VIII. None shall be permitted on any pretext whatever, to leave the premises, or to receive visitors during the hours of work.
- IX. All idleness and disorderly conduct shall be punished by fine and, if persisted in, by dismissal.

- X. All insubordination or the use of improper language shall be instantly checked by the Manager or Overseer and reported to the Directors, who shall inflict such punishment as they shall think fit.
- XI. Every instance of intoxication shall be visited by the severe reprehension of the Directors and repeated acts of intemperance shall be followed by dismissal.
- XII. Smoking tobacco in any of the premises and spitting on the floors and the carrying or using of lucifer matches are strictly forbidden.
- XIII. All are enjoined to appear at all times neat and clean in their persons.
- XIV. None shall be allowed to work for themselves, after work hours, or at home on pain of dismissal.
- XV. Those who are absent on account of bad health must give notice to the Manager on the first day of their illness who shall inform the Surgeon thereof whose certificate must be procured before any allowance be made, such allowance not to exceed 4/- per week without the sanction of the visiting Directors, who shall report to [the] next monthly meeting of the Directors with whom the final decision shall rest.
- XVI. If any shall be found guilty of pawning, selling, or otherwise disposing of any part of the Clothing furnished to them by the Institution they shall be punished with the utmost severity. The clothes shall be inspected occasionally in presence of the visiting Directors.
- XVII. None shall be allowed to marry till the consent of the Directors be obtained; and in no case where both parties are blind.
- XVIII. The Directors reserve to themselves the privilege of judging in all cases which of the inmates shall reside in families of their own selection.
- XIX. A list of the Residences of all the Blind, and of places of worship which they attend, shall be kept by the Manager, to whom any change of residence or place of worship shall be notified within one week after such change shall have been made.
- XX. The Blind shall not be allowed to associate with any one who has been dismissed from the Institution for improper conduct.
- XXI. All shall promptly obey whatever orders they may receive from the Manager and overseer, being at liberty, however to bring any complaint under the notice of the Visiting Directors, or before the General Board of Directors at their monthly meetings.
- XXII. All fines for any breach of the foregoing rules to be deducted from the wages of the transgressors.
- XXIII. The Manager to keep a record of offences and punishments for the guidance of the Directors in judging of the character of the Individual Inmates.
- XXIV. A Copy of these Rules shall be furnished to each of the Inmates; and that none may plead ignorance the Manager, or Chaplain shall be required to read them to the whole Inmates of the Asylum, and others employed in it, after calling over the roll on the first Monday of January, April, July and October immediately before paying the wages.

By Order of the Directors
(signed) William Low, Secry

Edinburgh 14th [May] 1849

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