

POINTS OF VIEW

BY THE BY:

Normalisation and De-institutionalisation in Nineteenth Century Scotland, III

Dr. Arthur Mitchell (1826-1909) was a pioneer of mental health care. As one of the Deputy Commissioners in Lunacy for Scotland, he cogently argued that, at least for some patients, community care was both therapeutically preferable and more cost effective than industrial care (Mitchell, 1864). In the face of much opposition from some of his colleagues, he put into effect a system of care the principles of which are, I would argue, the forerunners of the present-day concepts of normalisation and de-institutionalisation.

In two short pieces, I outlined the sort of dwelling and the sort of guardian Mitchell sought for the care of incurable but manageable cases who were transferred from institutions, or were admitted from their own homes. I also gave details of the guidelines of conduct guardians were expected to follow and how much they were paid (MacKay, 2005, 2006).

Between 1860 and 1912 the numbers of patients in private dwellings (the 'boarding-out' scheme as it came to be known) rose from 330 to just over 1,900. After about this time the numbers began to go down. The aim of this paper is to try and point out the reasons why the project went "galloping to its end in rapid decline" (Gibson, 1935).

Critics of the scheme, many of them medical superintendents of large institutions, launched savage attacks. Mental health problems they regarded as diseases. And diseases are the province of physicians. This was the opinion of an anonymous alienist:

*These writers are amiable amateurs, sanguine optimists, who, strong in non-medical theory as to mental disease, and electing a few glimpses of the superficial and favourable relations between the insane and sane, conceive that, given a tolerably clean and comfortable house, swept and garnished, though it may be by the spirits of gain and greed, or by an honest and enterprising clodhopper, a chronic lunatic is, under such governance, safe, well-treated; or as well-cared for, and with as good chances of amelioration and happiness as if he *were* in an asylum surrounded by every scientific contrivance and source of health, and under constant supervision, and, in one or more senses, under the care and treatment of an educated and experienced physician . . .*

(Anon, 1865-66).

Disparaging and sarcastic as this critique is, it is not the most savage. You have to smile at the notion of 'scientific contrivance'. What contrivances? Well, mortar and pestle, purgatives, possibly a rotating chair, cold bath, strait-jacket, and lance and basin for bleeding. If we had to classify Mitchell's approach, it would probably fit best under the heading of 'moral treatment'.

Then there were the fraudsters. For example, unbeknown to the Deputy Commissioners a family would offer to look after a patient, charging his or her relatives a tidy sum of money. Human failings obviously played a part too. For example, some inspectors of poor couldn't be bothered notifying patients or failed to carry out statutory visits to homes. Sutherland (1908), one of Mitchell's successors, was so annoyed with the lackadaisical efforts of some inspectors that he recommended the introduction of other officials to carry out their duties.

Public attitudes towards boarding-out were another factor. In a survey of thirty-five urban and large burghal parishes, Sutherland (1908) found that only eight had a "correct" approach and sixteen had a very unsatisfactory attitude. This latter point was neatly illustrated when a Mrs. Dalgairns offered to receive one female patient in her house near Dunfries with the approval of the Deputy Commissioners. She was a somewhat unusual guardian in that she belonged to a "better class".

On hearing of the request, neighbours complained. Petitions were drawn up. A woman testified that she had seen a naked man bolting from the house. A man said he had seen patients from the nearby Crichton Royal Asylum working in Mrs. Dalgairn's garden. He also referred to the murder of a young lady in England by a patient from Hoxton Asylum - "lunatics at large" were dangerous. Ladies would fear walking past Mrs. Dalgairn's house and would fear for the safety of their children. Another complainant asserted that the value of property in the neighbourhood would decline. (General Board of Commissioners in Lunacy for Scotland, 1859). I dare say we've heard similar complaints about community care in the last few years.

Of course, failures were bound to occur in private dwellings which had been vetted and passed by the Deputy Commissioners. When this happened the guardians had their licenses revoked. For example, some used their charges as cheap labour, making them work long hours. Others used mechanical restraint - an anathema to Mitchell and the Board.

Critics of the boarding-out scheme seized on these incidents and generalised. An anonymous medical superintendent wrote:

. . . as substitutes we have the domestic oubliette in the form of a box bed; the durance vile of solitude, or seclusion in a cottage, while the family are at harvest, or church, or market; or the rope and sheet which limit motion . . . although the straps and strait-jacket which at no distant period hung ostentatiously among the horse furniture upon cottage walls have disappeared, the wrists and ankles of individuals received into asylums within the current month prove that restraint . . . is still resorted to in the home and by friends of the insane. (Anon, 1868).

Tuke (1868-89), medical superintendent of Fife and Kinross District Asylum, visited the village of Kennoway, which in Mitchell's opinion had a good record for looking after patients. Declaring himself completely unbiased, he concluded:

If I had ever entertained any hypothetical sentiment about the 'traitement a l'air libre' it was utterly dissipated by my experience of Kennoway, for I can safely say that most of these patients would have had more free air, and of a better quality, and equal if not greater liberty in any well constructed and well regulated asylum.

By 1940 the number of boarded-out cases had dropped to about six hundred. Mitchell's pioneering work had come to an ignominious end. This despite the fact that other countries

had adopted the scheme: Holland, the United States, Germany, France and Hungary (Pollock, 1935-36). Of the reasons put forward for the eventual failure in Scotland, I suspect the most significant were increasing public apathy, the hostility of "orthodox" physicians, especially those in asylums, and the negligence of duty by inspectors of poor.

Mitchell's short treatise - it runs to only ninety-seven pages with large print - was published five years after the boarding-out scheme began. This is his conclusion:

Hitherto, in short, the experiment has been attended with a more decided success than could have been fairly anticipated - in its outset at least - and enough has already been seen and done to demonstrate the propriety and advantage of giving to this plan of providing for one class of the pauper insane a much wider extension.

Though never in robust health, he put a phenomenal amount of work into the scheme and must have been one of the most widely travelled of his generation. What a shame it petered out.

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References

- Anon.** (1865-66). Notes and News. *Journal of Mental Science*, 12, 279.
- Anon** (1868). Gheel in the North. *Journal of Mental Science*, 1868-69, 14, 431-492.
- General Board of Commissioners in Lunacy for Scotland** (1859). *First Annual Report*. Edinburgh: HMSO.
- Gibson, G.** (1925). The boarding-out system in Scotland. *Journal of Mental Science*, 71, 253-264.
- MacKay, D. N.** (2005). Normalisation and de-institutionalisation in nineteenth century Scotland, I. *The British Journal of Developmental Disabilities*, 51, 173-175.
- MacKay, D. N.** (2006). Normalisation and de-institutionalisation in nineteenth century Scotland, II. *The British Journal of Developmental Disabilities*, 52, 81-83.
- Mitchell, A.** (1864). *The Insane in Private Dwellings*. Edinburgh: Edmonston and Douglas.
- Pollock, H. M.** (1935). Practical considerations relating to family care of mental patients. *American Journal of Psychiatry*, 92, 559-564.
- Sutherland, J. F.** (1908). *Statement of evidence to the Royal Commission on the Care and Control of the Feeble-minded*. London: HMSO.
- Tuke, J. B.** (1866-69). The cottage system of management of lunatics as practised in Scotland, with suggestions for its elaboration and improvement. *Journal of Mental Science*, 14, 520-526.

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