

## POINTS OF VIEW

BY THE BY:

### Normalisation and De-institutionalisation in Nineteenth Century Scotland, II

*In an earlier article I suggested that, in his book, **The Insane In Private Dwellings**, Dr Arthur Mitchell (1864) adumbrated the present-day concepts of normalisation and deinstitutionalisation. A physician and Deputy Commissioner in Lunacy for Scotland, he argued that, for at least some patients with mental health problems, community care was both therapeutically preferable and more cost effective than institutional care. In his view, the incurable but manageable cases were prime candidates (MacKay, 2005). Fortunately, he had the support of his fellow Deputy Commissioner and of the General Board to which they reported.*

*At the outset, and here I boringly repeat myself, certain points have to be made. Mitchell was primarily interested in the pauper insane. In his book, the term 'insane' covers both mental illness and learning difficulties. I shall do my best not to use discarded terminology. However, it will, of course, appear in extracts from the literature of the day.*

*Who were the most appropriate guardians for community-based patients? The answer was simple: hard-working families. These included farmers, cottagers and artisans. Their selection could be done in one of two ways. A professional (for example, an inspector of poor) might make the first approach (Motion, 1908). Alternatively, the head of a household might offer the services of the family.*

*Whatever the selection method, an inspec-*

*tor of poor or Deputy Commissioner had to visit the house to assess conditions. As McPherson (1908) says, there were no rigid standards. Rather, there were general guidelines (Appendix B, Royal Commission, 1908). The bedroom to be occupied by the patient had to be well ventilated and free from damp; the bed itself had to be comfortable and the covers had to be 'suitable and sufficient'.*

*Guardians had to ensure that their charge had at least one full change of clothing; and all the clothes should be kept in a box or drawer so that they could be inspected by any of the statutory visitors. Guardians 'shall attend strictly' to the personal cleanliness of the patient and make sure that he or she eats with the family. Patients should be encouraged to 'attend Divine Service'.*

*Of course, the guardians themselves would have to be of good character: thrifty, hard-working, kind, considerate, temperate - these are some of the most frequently cited characteristics thought necessary for them to qualify.*

*Once a patient was installed in a private dwelling, the family received statutory visits. The parish medical officer visited once every three months; the inspector of poor visited at least twice a year; and one of the two Deputy Commissioners called at least once a year and reported to the Board on every individual case.*

*In the early 1900s, guardians received, on average, seven shillings per patient per week for food and clothing, and made a profit of*

about two shillings.

McPherson (1908) calculated that the difference in maintenance cost for an individual in a private dwelling as compared with one in an institution was £9 10s 9d per year, a considerable saving. The Deputy Commissioners felt that the optimum number of patients per family was two. But in certain circumstances, up to four could be accommodated.

Between 1860 and 1912 the numbers of patients in private dwellings rose from 330 to 1,910 - a six-fold increase. After about this time numbers began to decline. (This and the causes for the decline will be discussed in a third paper). During the same period the total number of pauper insane in Scotland rose from 4,980 to 15,964 - a three-fold increase. Not all patients in private dwellings came from institutions - a fair number were admitted from their own homes.

A typically effulgent description of the effects of what became known as the boarding-out procedure was provided in 1882:

*Let me sketch briefly what would be seen by a visit, say to Gartmore where thirty patients are provided for. The patients in this village would be found enjoying the amenities of private homes, and the majority the freedom of rural life, - their physical condition good, - their complexions indicative of life in the fresh air and of a satisfactory diet, - their clothing, cleanliness and tidiness as satisfactory as those of their neighbours and as the nature of their work will permit, - the homes in which they live clean and orderly, having been well selected, - their guardians generally good Scotch housewives, - the expression of their faces happy and contented, except where their insanity determines it otherwise, - their interest and participation in family matters evident, - and the individuality of each patient made prominent by being engaged each in a special sphere of duty.*

*A melancholic will be found acting as a nurse, a maniac with fixed delusions will be seen in full charge of the byre and its contents, another maniac will be found earning sixpence or a shilling a day on a farm, and only those will be found idle who are really incapable mentally or physically of engaging in work. (Fraser, 1882 - 83).*

Clustering was a feature of the boarding-out procedure. In other words, families in villages such as Gartmore and Kennoway were generous to patients. Interestingly, in some families care of patients carried through two or even three generations. But in a great many other villages, no-one was prepared to look after them.

Of course, not all placements were successful. In the early years incidents of abuse were few and far between. Fortunately, the Deputy Commissioners were empowered to revoke licences.

Lawson (1892 - 93) attempted to classify the clinical types amongst the community based cases. 'Imbeciles' made up the biggest group (50 per cent). 'Maniacs' made up 20 per cent. 'Idiots' comprised 16 per cent. And dements and melancholics made up the rest.

The early, individual reports on patients were very detailed. Mitchell and his fellow Deputy Commissioner were meticulous in recording home conditions, and the behaviour and attitudes of the guardians. Life, even in the best-kept dwellings, was not easy. But if the Commissioners are to be believed, it was better than in the asylums.

**D.N. MacKay**

Office 019, Enkalon Business Park, Randalstown Road,  
Antrim BT41,4LJ Northern Ireland

## References

**Fraser, J.** (1882 - 83). Reviews. *Journal of Mental Science*, 28, 589 - 597.

**Lawson, D.** (1882 - 83). In Fraser, J Reviews. *Journal of Mental Science*, 28, 589 - 597.

**MacKay, D. N.** (2005). Normalisation and Deinstitutionalisation in Nineteenth Century Scotland, I. *The British Journal of Developmental Disabilities*, 51, 173 - 175.

**McPherson, J.** (1908). Statement of evidence to the Royal Commission on the Care and Control of the Feeble-minded. London: HMSO.

**Mitchell, A.** (1864). *The Insane in Private Dwellings*. Edinburgh: Edmonton and Douglas.

**Motion, J. E.** (1908). Statement of evidence to the Royal Commission on the Care and Control of the Feeble-minded. London: HMSO.

**Royal Commission on the Care and Control of the Feeble-minded** (1908). London: HMSO.

## Acknowledgement

As always, I'd like to thank Mary Drain for her help in preparing this script. She does it willingly in her spare time.