

VOICES FROM THE PAST**Early Institutional Experience of Children with disabilities – The case of
Scotland**

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Introduction

In Scotland, public interest in children with disabilities followed an uneven path. The proponents for such interest included workers in medicine, education and training, public administration, law and order, religion and moral rectitude, philanthropy and charity. Their foci of attention were similarly divers. Initial attention towards children with ‘disabilities’ was directed towards those with sensory impairments. This was followed by provision for children with mental disabilities. Until the introduction of compulsory education in 1872, philanthropists and charities were largely unaware of children with physical impairments.

The Scottish experience was distinctive from the rest of the United Kingdom because of its own legal system, and was set against a background of heavy industrialization accompanied by poverty and bad housing. Legislation in such areas as poor law reform and education was not introduced simultaneously to that for England and Wales. The Church of Scotland maintained a strong influence in local government, through the network of clearly defined parishes, despite the secularization that was intent in such legislation as the Poor Law (Scotland) Act of 1843. The influence of Presbyterian clergymen and church elders committed to strongly held ideals of religious belief, respectability and self-help is often apparent in the institutions established for children with disabilities.

The following research makes use of archival sources on institutions receiving, accommodating and caring for children with disabilities, supplemented by some contemporary narrative and oral testimony. While the archival sources show that the attention paid to children with disabilities did not develop simultaneously for categories of impairment broadly grouped as sensory, mental and physical, they also

indicate that the responses to different forms of disablement followed diverse approaches and objectives.

Childhood, disability, and child disability

Harry Hendrick, a leading historian of childhood, observes that the recording of the history of children and childhood only began to attract wide interest during the 1970s, and that few works have concentrated wholly on the experience of childhood, instead incorporating children within other areas of study.¹ This is not to say that nothing has been written about the experience of childhood, especially those children affected by the worst examples of social deprivation. However work prior to the 1970s on charities and institutions for children, such as on William Quarrier's 'Orphan Homes of Scotland,' had a tendency to be reverential, hagiographic, and highly propagandistic.² The role of children with disabilities within society has received even less analytical attention.

What constituted 'disability' during a period when this all-embracing term had yet to gain much currency presents certain problems of definition. The boundaries between what might be seen as disability and 'ill-health,' can be vague. One of the implications of these ill-defined boundaries is the tendency towards generalization across conditions. For example, any comparison made by able-bodied 'normal' society between an individual with a leg paretic from polio and someone who had been born blind or someone else with learning difficulties, because they are all 'disabled,' invokes a generalization rarely appreciated by the subjects of that comparison. 'Disability' is therefore most often an external construct, and as a collective construct, is a product of the twentieth century. It then comes as no surprise that responses to 'disability' were subject to variation both in approach, and

time-scale of recognition before, during and after the creation of this construction. As child and infant mortality rates improved during the nineteenth century, and recognition of childhood as a distinct phase of life between infancy and wage-earning capability evolved, an awareness of child disability also attracted the attention of those taking an interest in the lives of the ‘unfortunate’.

Sensory impairment – an objective of integration

Cities were seen as the natural locations for institutions intended to handle large numbers of people, although policies were sometimes pursued to locate them so they might benefit from the more salubrious surroundings of the rural peripheries. In their more modest and humble beginnings, establishments often originated in urban environments, notably in Scotland’s most populous cities, Glasgow and Edinburgh, while Aberdeen and Dundee also played important roles.

The Glasgow Blind Asylum developed within a primarily urban environment because it was intended to serve both inmates and outmates. John Alston, who developed a raised alphabet which took his name in 1842, wrote a volume on the work of the asylum which was still in publication fifty years later. An 1895 reprint emphasized that, “Blind children can be trained to do almost anything.”³ Boys aged ten to sixteen years were accepted as residents and:

...during the time they are not attending their classes (sufficient time for recreation being allowed), they are employed in making nets for wall-trees, sewing sacks, and such work as they are found capable of doing, till their education is finished, and they have acquired strength sufficient to be put to regular trades in the Asylum, it being the great object of this Institution to give the pupil a regular education, and afterwards to instruct him in a trade so

as to enable him to earn his bread by his own industry, both of which, with very few exceptions, have been fully attained.⁴

Girls were also accommodated, their instruction being conducted along gendered lines. Alston noted that they, “assist in the household work, and, in addition to their general education, they are instructed in knitting silk purses, stockings, and caps.”⁵ ‘Religious instruction’ and ‘Sabbath-day exercises’⁶ were an integral part of the education provided in the asylum, while religious observance, temperance, and productivity were primary criteria in providing adults with employment. These ideals were inculcated in the children because one goal of the Asylum was that they should ultimately remain affiliated with the institution as adult outworkers. “Books printed in raised Roman letters” were dominated by titles on Biblical themes, it being Alston’s second aim, “of enabling every Blind child in the country to read the inestimable truths contained in the Word of God.”⁷

How readily the children responded to this aspect of their education is difficult to gauge. However the superintendent of Edinburgh Blind Asylum took great heart from the religious devotion shown by Robert Edgar, a deaf-blind inmate. This was because MacCulloch had concluded that the blind were, “not religiously inclined;” he had been shocked to learn that one blind man’s view that the Bible was “a matter of moonshine” was not an uncommon sentiment.⁸

In 1882, when the Glasgow Asylum relocated to a new purpose-built institution, it had thirty girls and thirty-three ‘lads’ in residence along with twelve women. Of the ‘lads,’ thirteen were learning trades and twenty were attending school. Its multi-purpose role as a residential asylum, school, and place of work is further illustrated by its Manufacturing Department which employed sixty-eight ‘blind men,’ one woman, and six lads, while five non-resident children also attended the school.⁹

Not all blind children however attended blind institutions and the 1881 Census, supplemented by information from John Macdonald, superintendent of the Mission to Out-door Blind, suggested around 240 blind children living at home, and 108 of these were not receiving regular education. Some children attended parochial board schools alongside sighted children to encourage “habits of self-reliance and energy.”¹⁰

There was a tendency by those involved with the Blind to reject notions that blindness was a ‘disability.’ In 1914, the Glasgow Asylum urged parents to:

... remember that your child is just an ordinary child – deprived of sight – and treat him accordingly. ...do not let him feel that his blindness makes him different to [sic] other children; but help him to realize that he is just the same as they, and “as good as anybody else.” ... do not discuss his blindness in his presence – and show your sympathy for him not by bewailing the fact that he is blind, but by helping him.

This gentle approach was in contrast with the views expressed by MacCulloch, superintendent of the Edinburgh Asylum, who appeared to have a genuine interest in those under his charge, but nonetheless objected to the assertions of some inmates that they, “were the same as everybody else.” He resented those who represented themselves and their fellows as “a *down-trodden* set of people,”¹¹ [original italics] and felt that, “the blind ... (should) have a due appreciation of what is done for them.”¹²

Deaf children were also gathered into institutional settings from early in the nineteenth century with similar objectives of preparing them to develop into self-supporting adults who would integrate with ‘normal’ society. Indeed, Thomas Braidwood, who opened a school in Edinburgh in 1760, has been attributed as pioneering deaf education in Scotland. The credibility of his role was enhanced by

comments of Dr Samuel Johnson, whose evaluation could have had no basis other than Braidwood's say-so, that "the improvement of Mr Braidwood's pupils is wonderful ... it is an expression scarcely figurative to say they hear with the eye."¹³ Laurent Clerc however suspected that Braidwood, "taught primarily rich, hard-of-hearing pupils,"¹⁴ and by 1783 Braidwood had moved his school to London. Institutions for the 'deaf and dumb' of a broader appeal opened in Edinburgh in 1810, Glasgow and Aberdeen in 1819, and Dundee in 1846. Donaldson's Hospital opened in Edinburgh in 1850 and accepted hearing as well as deaf pupils, but segregated them for the purposes of education.

The objective of these establishments was instructional, but while their 'blind' counterparts concentrated on preparing children as brush makers, mattress makers and rope makers, the deaf institutions focused on visual skills. The Glasgow institution cited, "the drawing class (as being) a useful one, and from the training received there, anyone who had the talent was assisted in qualifying himself for becoming in after years an engraver, carver, or stone-sculptor."¹⁵ It boasted of its successes in placing adolescent children in employment, but the occupations listed covered a broader spectrum, the 1871 report noting that:

... of those who left at last term, 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.¹⁶

A generation later, the institution was giving the girls, "instruction in Housework, Cookery, Laundry Work, Needlework, and Dressmaking." The boys were taught clay modeling, carpentry, tailoring and printing, perhaps representing a slight lowering of expectations in line with those jobs being secured in 1871.¹⁷

Despite the noble ideals of education, securing apprenticeships and employment, and professed preparation of deaf children for integration as adults into the world of the hearing, success cannot be evaluated solely by annual reports intended to convey messages of progress and achievement, and endeavoring to continue and expand the financial support of their charitable donors. The experience of children receiving the benevolence of these institutions could be less than pleasant. Bed-wetting for example was frequently cited at Donaldson's Hospital. Such behavior carried the threat, and often the reality, of temporary or permanent expulsion. The causes of bed-wetting were not given consideration, nor was it realized that the threat of punishment or expulsion might aggravate incontinence rather than cure it.¹⁸ At the Edinburgh Institution, the newly appointed oculist, George Mackay, complained that he "found some of the bigger children crouching over desks too low for them, in attitudes apt to induce deformity or ocular strain."¹⁹

The ultimate expression by children unhappy with life in an institution for the deaf was abscondence. A boy by the name of Maitland ran away from the Aberdeen Deaf and Dumb Institution. He nonetheless was so accustomed to institutional life that, upon arrival in Dundee having, "suffered considerably from exposure" after a walk of around seventy miles, Maitland sought out Dundee Deaf and Dumb Institution for help. He returned to the Aberdeen Institution somewhat chastened by his adventure.²⁰

The escape of Murdo Macaulay from the Glasgow institution on 31 August 1908²¹ had a less happy outcome. This nine-year-old boy had been brought from the Gaelic-speaking community of Ness on the Isle of Lewis three days earlier.²² The superintendent acknowledged that within those three days, "the boy had been very home sick, and several times attempted to get away, but he was always prevented in time."²³ At 6 a.m. after his third night, Murdo slipped out of the institution, alighted

onto the nearby railway line and followed its tracks away from the city. He was killed instantly by a train two miles from the institution.²⁴ The case highlights the trauma faced by a young child upon transfer from the family circle to an institution, in this instance far from his home and in an environment and culture wholly unfamiliar to him.

For those who settled into the regime of an institution, the intended aim of preparation for adult life, 'in the community,' was also open to challenge. During the 1930s, Jock Young was a boarder at the Glasgow institution where he enjoyed the friendship of other deaf boys. However, he felt that the school did not prepare him for leaving and finding work, while those jobs which did open to him were those stereotyped as being appropriate for deaf people. 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."²⁵

The controversy over the most appropriate means of deaf communication, which reached a hiatus with the decision of the 1880 Milan Conference to endorse oralism (a policy of teaching deaf people to articulate words verbally for a hearing audience) over signing and lip reading, had an impact on the delivery of education and training at deaf institutions in Scotland. There was disagreement among the institutions about which method should be adopted, and those institutions that did embrace oralism in part appeared to do so with a lack of commitment while being motivated by some obligation to conform with the Milan decision as embodying 'a cutting edge' methodology.²⁶

Aside from the cultural issues surrounding which modes of communication should be taught, institutions were conscious of the time required to instruct, "deaf children

(who) need more, rather than less, schooling than hearing children, a fact which is often forgotten or neglected by those who should be first to appreciate it.”²⁷ Despite complications added by attempts to introduce oralism to many pupils, there was sincere commitment by teachers of deaf children to help them achieve a certain educational level by the time they were deemed to have reached adulthood.

Mental impairment

The first institution for mentally disabled children was Baldovan Asylum, opened near Dundee in 1855.²⁸ Because of their conditions, few admissions entering Baldovan returned to outside care during childhood where, the visiting inspector reported in 1873, “they would be in a very wretched and forlorn condition.”²⁹ In 1909, Dr David Grieg, Medical Superintendent at Baldovan, endorsed the specialized institutional principle for child mental impairment, believing that, “children are still too often submitted to the errors of foolish parents and incompetent guardians or to the indiscretions of Parish Councils.”³⁰ Baldovan began with the noble objective of providing education and training for mentally impaired children, but this proved to be an unrealistic aim, for it was judged in 1873 that, “only a small proportion of the children are capable of useful training and about half are totally ineducatable.”³¹ Baldovan’s founding aim had been, “the Cure of Imbecile and Idiot Children,” by “rescuing (them) ... from their state of imbecility, and placing them in a position to act for themselves, or earn their own livelihood.”³² Although good propaganda for loosening the purse strings of donors, it proved to be an unrealistic ideal. In 1877, James Cox, the Commissioner of Lunacy, reported that, “persistent endeavours are made in a sensible direction to develop the bodily and mental powers of the children,”

but, for many, he concluded, the institution could only ever be “a comfortable home.”³³

Baldovan Asylum, whose inmate population leapt from twelve children in 1855 to 208 in 1913,³⁴ was not heavily supported by charitable donations, perhaps an indication that mentally impaired children attracted less empathy than those with sensory impairments. The output from crafts made by children undertaking ‘industrial training’ was therefore an important means of funding Baldovan. Annual reports for Baldovan Asylum do not reveal the volume of crafts merchandised, but those for the Scottish National Institution for Education of Imbecile Children, opened at Larbert in 1862, show that industrial production was at a prodigious level by 1906, - 108 dresses, 86 chemises, 181 pairs of drawers, and 60 nurses’ caps being only a small sample from the long list of items produced.³⁵

Legislation in the late nineteenth century gradually introduced criteria governing the education of children with sensory impairments. The Education of Defective Children (Scotland) Act however still left the education of mentally impaired children to the discretion of School Boards, and it was not until 1914, that the Mental Deficiency (Scotland) Act placed institutions such as Baldovan under the regulation of the General Board of Control which resulted in some children being re-certified and re-admitted while others were discharged.³⁶

Children with physically disabilities – Scotland’s forgotten offspring

(There) were blind and deaf and imbecile children, and for these institutions existed, to which they were sent. There were also the lame, the halt, the maimed, those suffering from spine and hip-joint disease, and many covered with sores. For these no suitable institution existed.³⁷

This summary of institutional provision for children with physical impairments encapsulates the situation which existed until 1874 when William Mitchell founded East Park Home for Crippled Children in Glasgow. The Education (Scotland) Act 1872 introduced compulsory education in Scotland to children between the ages of five and thirteen. Administration was undertaken by elected School Boards. Attendance officers, seeking out children who were failing to attend school, brought attention to physical impairment to a degree not previously appreciated.³⁸ This resulted in the formation of the Association for Visiting and Aiding Permanently Infirm and Imbecile Children which proposed, “to aid as many as possible of the Children in their own dwellings with medical advice and such medicine, food clothing, bedding, etc., as may be found necessary.” The Association acknowledged that, for many, “a temporary institution will require to be provided,”³⁹ and East Park Cottage Home opened on 16 September 1874.

Several children returned to their homes each year. These could be divided into two groups: those whose condition had improved; and those whose condition had not improved including terminally ill children whose families wished them to die at home.⁴⁰ Many children, however, required long term care.

By 1876, the enormity of the task, which the Association had set for itself had been recognized and emphasis was concentrated on the residential care which East Park Home was now providing. It was also decided that children with sensory and mental impairments should be redirected to existing institutions specializing in those conditions. On 18 October 1876, it was therefore proposed that the Association should simply be known as ‘The Association for Aiding Infirm Children.’⁴¹

East Park Home initially cared for seventeen children⁴² and early reports suggest the presence of much personal interest in each individual. This was repeated in other

institutions, but as they grew in size, such intimacy appears to have been diluted. By 1902, East Park Home was catering to 126 children including 36 with spine disease, seven with paralysis, six with infantile paralysis, twelve with hip joint disease, fourteen with general struma and 38 with rickets. There was one case of congenital deformity and one child with both legs amputated.⁴³

The Association was administered by people who had strong moral and religious convictions, and the donors to which they appealed for financial support shared similar characteristics of middle class respectability.⁴⁴ Words purporting to be those of children residing at East Park Home reflect these values although they are obviously not the true voices of the poverty-stricken wynds and vennels of Glasgow. David Lavery, who died in 1880, is reported as saying, “Yes, I would (like to get better); but I would rather go to heaven,”⁴⁵ while six-year-old Lizzie is supposed to have declared, “I am so glad I have a bad leg, for my friends do not love Jesus, and I should never have loved Him if I had not come here.”⁴⁶ Isabella Marshall’s voice, if not her words, sounded a little more plausible when she was quoted as saying, “see Jesus; all happiness, nae pain there.”⁴⁷ From 1905, the good work of the Home was conveyed visually in its annual reports by photographic images.

Undoubtedly many of the personnel caring for children in the Home were highly dedicated to the comfort of their small charges. However, certainly by the inter-war period, oral testimony has provided alternative perspectives.⁴⁸ Amy, a child patient at East Park Home, recalled a regime which greatly isolated children from the “outside world.” When her widowed father took her to the offices of the Home, he was told not to return for, “at least two to three months.” Children were prevented from standing at the gates of the Home because assistants from a nearby bakery were observed to be giving biscuits to them.

Amy complained that most staff, although addressed as ‘Nurse,’ were untrained. Her view was confirmed by Bessie who, as a teenager, took a position at East Park in pursuit of a career in child nursing. Bessie’s duties included getting children up in the morning and making their beds. While she maintained that East Park was a happy place in which to work, and Amy spoke highly of the Matron and senior staff, lack of training and the enormity of running the now large Home on limited resources undermined quality and individuality of care. Bessie recalled that “there was no training for new nurses ... they were calling you nurses to feed your ego, maybe, but you were actually in as helpers.” Above all, Amy resented the standardized clothing: “They institutionalised you in your look and everything, and that’s what I objected to.” Admitted at the age of three, as a teenager Amy pressured for her father to have her discharged, and she finally left the Home at the age of fourteen.

Defining childhood

Determining the transition age from childhood to adulthood adopted varied criteria but it had a major bearing on the future of a child with a disability as he or she matured. The 1872 Education (Scotland) Act’s introduction of compulsory school attendance until the age of thirteen provided a marker for East Park Home. During the last two decades of the nineteenth century, the destination of children being discharged from East Park Home on grounds of age highlights the absence of a clear strategy for continuity of their welfare. Some were sent to poorhouses while others were sent to industrial schools – run not by School Boards, but by the Delinquency Board. The industrial schools were favored by Mitchell while acknowledged as also being used for, “delinquent and incorrigible children.”⁴⁹ Other departing children of twelve or thirteen years were merely recorded as “taken by parents” or “returned to

parents,” but this might be interpreted as being upon the instructions of the Home and infer their dismissal rather than discharge. The attainment of “adulthood” clearly became a problem for the Home.

The Education of Blind and Deaf Mute Children (Scotland) Act of 1890 compelled School Boards to provide “efficient” education for such children until the age of sixteen, either in board schools, or in institutions approved by the Scotch Education Department.⁵⁰ However, these institutions often had their own criteria which barred admission to children under seven, East Park Home for example accepting John Ferris, ‘a blind boy ... who was too young to be admitted to the Blind Asylum.’⁵¹ Edinburgh Deaf and Dumb Institution accepted boys between the ages of eight and eighteen, and girls between eight and fourteen;⁵² the lower age was later reduced to seven, and the upper age for girls was raised to sixteen following the 1890 Act.⁵³ Maturation to adulthood presented a problem at Baldovan where, in 1877, Arthur Mitchell, the Commissioner of Lunacy, reported that four residents had been placed in adult asylums and one in the ordinary wards of a poorhouse, but five inmates, aged between 21 and 29 years, remained at the institution.⁵⁴

While ages of eligibility for accommodation in these institutions fluctuated with legislation and individual institutional policies, disposal of children, who often had only experience of one type of regime, presented a problem, which must have been traumatic for the individuals involved. Some were placed in adult institutions such as poorhouses, accommodating in excess of one thousand inmates in some Glasgow parishes. Others went to schools for able-bodied but wayward children. Some ended up homeless, wandering ‘at large’ in a society from which they had been detached throughout their formative years.

Many institutions were rigid in their benevolence, and their lack of flexibility also affected children with a combination of disabilities. In 1870, the Edinburgh Blind Asylum refused admission to Robert Edgar, “totally blind and deaf, and well-nigh dumb ... (and) it was suggested that he was more a subject for the Deaf and Dumb Institution.” However he was rejected there, “on account of his blindness (and) was then led back to the Blind School, where it was ... agreed that the poor boy should be taken on trial, and by way of an experiment, for three months.”⁵⁵ Glasgow Deaf and Dumb Institution stipulated, “that no Child be admitted who appears deficient in intellect; or, if found on trial to be so, must instantly be removed.”⁵⁶ Donaldson’s Hospital, a school for deaf children, deferred an application by Margaret Sinclair, who had a squint and showed, “low mental ability,” advising that she seek medical treatment to see if the two were related. It did agree to accept George Langlands as the governors did “not consider the deformity caused by the peculiar shape of the Head and irregular Spine should prevent his election.”⁵⁷ East Park Home, which early in its existence had deviated from accepting children with a wide range of impairments, came to arrangements with other institutions.⁵⁸

A question of finance

Charitable institutions, dependent upon subscriptions from a benevolent but fickle section of society courted by many worthy causes, were constantly aware of the need to have regular income to sustain their operations and to fund expansion. Industrial output on the part of ‘impaired children’ could be purported as moral therapy and training for a trade, but it was also a source of revenue for institutions. Of the Glasgow Blind Asylum, John Alston noted that he considered, “weaving the most advantageous, as giving the greatest amount of employment at the least expense.”⁵⁹

Publishing of detailed donor lists in annual reports was another tool to maximize donations from people with a consciousness of how their subscription might compare with that of friends and neighbors, and with a belief that it was a reaffirmation of their moral values.

Institutions endeavored to place themselves foremost in potential donors' minds by arguing the worthiness of their work. MacCulloch, superintendent of Glasgow Blind Asylum, proclaimed that blindness was a, "worse calamity" than deafness "and has, therefore, the stronger claim upon our sympathies."⁶⁰ Following passage of the Education of Blind and Deaf-Mute Children (Scotland) Act, which stipulated that parishes had to take financial responsibility for the education of blind and deaf children, Edinburgh Deaf and Dumb Institution expressed concern that charitable donations would be affected:

Some may fear that the springs of Christian charity will have a tendency to run dry in the presence of aid from the State, but this, it is hoped, will never be the case in our times. The field is large, the work great; the State merely steps in at the present time to see that the commonest educational necessities are to be had by all those who labour under the heaviest of disabilities. The philanthropist thus can still plentifully enjoy the luxury of doing good.⁶¹

Institutions for children combined ideals of self-sufficiency and Christian values for the children taken into their care, and for the governing principles behind both their management and their charitable support.

The medical presence

Surgical records of Glasgow Royal Infirmary indicate that amputations of limbs because of the effects of bone disease, and of accidents with machinery, carts and

trams, were performed periodically. Children were accommodated in the female wards of the Infirmary, but recognition of the particular needs of children came to fruition in 1883 with the opening of the city's Hospital for Sick Children. The Infirmary had opposed this development for two decades, justifying its own system of integrating children with female adults "to obviate the acknowledged evil arising from the collection of great numbers of children together."⁶² Two hundred and sixty children were admitted to the Hospital for Sick Children during 1883 and, of 68 operations performed, there were eight amputations, twenty-two excisions and twelve osteotomies.⁶³

Institutions tended to have a visiting surgeon who could be called upon to check the health of children and attend ailments. It was not until the end of the nineteenth century that forms of resident care were introduced. In addition to the services of a medical practitioner, Glasgow Institution for the Deaf and Dumb introduced an aurist in 1890,⁶⁴ followed by a dentist, and in 1909, an oculist.⁶⁵ By 1903, Dr Love, the aurist, was performing mastoid operations in a room provided by the institution,⁶⁶ and, in 1904, he was undertaking "interesting experiments" to establish any "remnant of hearing" in the children.⁶⁷ Glasgow Blind Asylum actively promoted measures to prevent blindness, noting that "the disease generally arises from purulent discharges from the mother getting into the baby's eyes at birth" and urging a cure be sought before labor, or that during the birth the baby's eyes be protected from discharges.⁶⁸

At Baldovan and the National Institution, children were classified according to their mental abilities, which were assessed on their abilities to speak, understand, read, and write.⁶⁹ There is no indication that classification was linked to any kind of psychiatric treatment. Indeed, Dr Grieg, who provided medical care at Baldovan for twenty-five years, regarded mental incapacity as a permanent infirmity and expressed

views consistent with those of the eugenics movement. Dr Grieg stood down in 1915 and was replaced by a resident medical superintendent. Although his departure may have been warranted by the increased roll at Baldovan, reference was made to the “many difficulties” now accompanying Grieg’s position.⁷⁰

The approach of the medical profession during a period of a rapid advancement of knowledge, but often in the face of overwhelming numbers of infirm children, resulted in a perception of a sometimes ambivalent attitude towards their small patients as individuals. The eminent surgeon, Sir William Macewen, operated on rickets sufferers following “the most careful investigation of the bone deformity and *by experimentation*”⁷¹ [my italics], while a case is cited of “a ten-years-old boy (who) had been in the wards for some time ... used for bandage practice and the application of splints. He had a right-sided torticollis. The moment Sir William made the minute incision for tenotomy, breathing ceased.”⁷² While experimentation was undoubtedly necessary, and submitted to by parents when all other avenues of hope had dissipated, children were vulnerable to decisions taken which were beyond their control or understanding. During the 1930s, Amy, a resident at East Park Home, had two operations on the knee of a leg, lame from poliomyelitis. The operations damaged ligaments and Amy was later informed that, as a result, she was unable to benefit from subsequent medical developments. Amy was particularly upset because she recalled that “the orthopaedic surgeon from Sick Children’s ... didn’t know that my father hadn’t signed the (consent) form. Somebody signed it, but it wasn’t my official parent.”⁷³ It was not only children from humble backgrounds who might feel aggrieved in this manner. Of Lady Victoria Campbell, daughter of the Duke of Argyll and also a childhood victim of polio, it was written that “there was 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, rendered a complete cure hopeless.”⁷⁴

Scottish medicine in the nineteenth century was a beneficiary of Sir James Young Simpson’s work with anesthetics, and that of Sir Joseph Lister and Sir William Macewen in antiseptic surgery. T. M. Devine notes that, “medical science had as yet no answer to tuberculosis, the greatest endemic scourge of the Victorian city” while also arguing that, “the contribution of medicine to the containment of the urban crisis is problematic.”⁷⁵ Anne Crowther has noted that provision of medical care to the poor was impeded by the lower status and income available to doctors administering to the poor law sector, the healing mission of their role being in conflict with the economic restraint required by their employers and by a prevailing ideology that responsibility for poverty, and the illness which was often in attendance, lay wholly with the poor themselves. It was not until the passage of the 1911 National Insurance Act, which went some way to safeguarding doctors’ interests in the private sector, that some of the aversion to tending poor law patients was removed.⁷⁶

Conclusion

As an overview of child disability in an extremely broad context and covering a substantial time period this article cannot be in-depth. However, it does demonstrate that institutional approaches to disability were irregular, those people active in this field often motivated by ideals encapsulating their perspectives of morality, respectability and independence. Institutional provision did not, of course, account for all children with impairments. While many remained with their families and communities, Lynn Abrams estimates that, by 1880, over 5,000 children, dependent upon poor relief, were “boarded out, the majority with strangers in rural areas, the rest

with relatives closer to home” and that this included children with mental impairments.⁷⁷

What emerges is that the approach directed towards children with sensory impairments was one of training and preparation with a view to ‘minimizing’ their disablement and introducing them to adult society as self-sufficient wage earners, although often within a narrow range of occupations to which it was deemed they were suited. While institutions for children with mental impairments began with an air of optimism, confinement ultimately became their main role with second order attempts made at whatever training could be offered within the institutional framework. Children with physical impairments were widely overlooked until the 1870s and the ‘problem’ of what to do with them when they became ‘adults’ was not readily resolved. Financial considerations were often uppermost in the minds of the administrators of these institutions and this had a bearing on the provision for children in their care. The medical provision and the medicalization of disability increased in momentum as the nineteenth century advanced but was sometimes impeded by the pace of the growth of knowledge and the high demand on facilities and services. The one component to the experience of child disability, missing during much of the period discussed, are testaments from the children themselves.

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- ⁵ *Ibid.*, p. 28.
- ⁶ *Ibid.*, pp. 18-19.
- ⁷ *Ibid.*, pp. 34-35.
- ⁸ MacCULLOCH, G., *Story of a Blind Mute who died in The Royal Blind Asylum and School, West Craigmillar, Edinburgh, 6th March 1877, in the 16th year of his age*, (Edinburgh; James Gemmell), 1881, p. 52.
- ⁹ Glasgow Asylum for the Blind, Annual Report to 16 January 1882, p. 7. Glasgow City Archives, TD997/2/1.
- ¹⁰ HAYTHORNTHWAITE, J. A., *Scotland in the Nineteenth Century*, (Aldershot; Scolar Press), 1993, p. 72.
- ¹¹ MacCULLOCH, G., *Story of a Blind Mute*, p. 54.
- ¹² *Ibid.*, p. 59.
- ¹³ JOHNSON, SAMUEL, *A Journey to the Western Islands of Scotland*, (London; W. Strahan and T. Cadell), 1775, p. 381.
- ¹⁴ LANE, HARLAN, *When the Mind Hears*, (New York; Vintage Books), 1989, p. 106.
- ¹⁵ Glasgow Institution for the Deaf and Dumb (GIDD). Annual Report, 1875, p. 8.
- ¹⁶ GIDD. Annual Report, 1871, p. 6.
- ¹⁷ GIDD, Annual Report, 1908, p. 6.
- ¹⁸ Donaldson's Hospital, Minute Book of Meetings of Governors, 1861-1888, National Library of Scotland (NLS), Dep.263/15.
- ¹⁹ Edinburgh Royal Institution for the Education of Deaf and Dumb Children, Annual Report, 1899, p. 13. NLS, Dep.263/156.
- ²⁰ Aberdeen Deaf and Dumb Institution, Minute Books, 11 and 18 Dec 1876. Aberdeen University Archives (AUA), MS3724.
- ²¹ Registrar of Deaths, Births and Marriages, Glasgow. Registration of death, 8 Sep 1908, Entry No. 251. Register of Corrected Entries, Vol. III, p. 218, 16 Sep 1908.
- ²² Eleventh Decennial Census of the Population of Scotland, Vol. 1, (Glasgow, 1902), p. 265.
- ²³ 'Sad Fatal Accident', *Highland News*, 5 September 1908.
- ²⁴ *Ibid.*. Also Glasgow Deaf and Dumb Institution, Annual Report, 1909, p. 5.
- ²⁵ 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.
- ²⁶ Alex Pender of Aberdeen Deaf and Dumb Institution was highly sceptical of employing oralism at his institution where he felt 'there are only a few ... which might be treated upon this system with any success.' Report, November 1883, AUA MS3428. He nonetheless endeavoured to introduce it and report it as successful. Annual Reports, 1885, AUA H89/8 and 1886, AUA, H89/9. His continued scepticism is revealed in a reply from Edward Illingworth, headmaster of Edinburgh Deaf & Dumb Institution, on 23 January 1903 in response to an enquiry upon teaching methods. AUA, MS3428.
- ²⁷ GIDD. Annual Report, 1912, pp. 6-7.
- ²⁸ HELEN J. MACDONALD, *Children under the care of the Scottish Poor Law, 1880-1929*, PhD Thesis, University of Glasgow, 1995, p. 173.
- ²⁹ Baldovan Asylum, Minute Book No. 3, 1874-1883. Department of Archives and Manuscripts, University of Dundee (DAMUD), THB 8/3/3.
- ³⁰ Baldovan Asylum, Annual Report 1909 – Report to Directors, 16 June 1909, pp. 9-10. DAMUD, THB 8/2/5.
- ³¹ Baldovan Asylum, Minute Book No. 3. DAMUD, THB 8/3/3.
- ³² Baldovan Asylum, First Annual Report, 22 January 1856. DAMUD, THB 8/2/1(1).
- ³³ Baldovan Asylum, Commissioner of Lunacy Report, 14 July 1877. DAMUD.
- ³⁴ Baldovan Asylum, Annual Reports. DAMUD.
- ³⁵ Scottish National Institution, Annual Report, 31 January 1906, p. 15. Glasgow City Archives (GCA), T-PAT 1.4.
- ³⁶ Baldovan Asylum, Annual Report, 1915. DAMUD.

³⁷ 'To the School Children of Glasgow'. A letter of appeal from East Park Home by William Mitchell, 1891. Heatherbank Museum of Social Work, Glasgow.

³⁸ The Association for Visiting and Aiding Permanently Infirm and Imbecile Children (AVAPIIC) reported that 'about one hundred and twenty such cases have been found in Calton, High Church, and Central districts, while nine other registrations districts have yet to be inquired into, where, without doubt, two or three hundred similar cases will be found.' AVAPIIC 'Statement and Object and Purpose of the Association,' 1874. East Park Home Archives (EPH).

³⁹ *Ibid.*

⁴⁰ East Park Home, Annual Reports 1880-1895, 1896-1914. EPH and Mitchell Library Glasgow Room.

⁴¹ East Park Home, Minute Book 1874-1893, 18 October 1876. EPH.

⁴² East Park Home, Report of Meeting on 22 October 1874. EPH.

⁴³ East Park Home, Annual Report, 1903, p. 3.

⁴⁴ Annual Reports give comprehensive lists of the names and addresses of each individual donor, enabling direct linkage to other records on socio-economic status, church membership, etc..

⁴⁵ East Park Home, Annual Report, 1880, p. 8.

⁴⁶ East Park Home, Annual Report, 1884, p. 6.

⁴⁷ East Park Home, Annual Report, 1882, p. 7.

⁴⁸ Fictitious names have been adopted to protect the identity of respondents. Interview with Amy, September 1999, and with Bessie, August 1999.

⁴⁹ MITCHELL, WILLIAM, *Rescue the Children*, (London: William Isbister Ltd.), 1886, p. 128. William Mitchell was on the Board of Green Street Industrial School. I am grateful to Hazel McFarlane for this information.

⁵⁰ DUNBAR, HELEN, *History of the Society for the Blind in Glasgow and the West of Scotland 1859-1989*, (Glasgow: Glasgow and West of Scotland Society for the Blind), 1989, p. 101.

⁵¹ East Park Home, Minute Book 1874-1893, 6 Dec 1875. EPH.

⁵² Edinburgh Deaf and Dumb Institution (EDDI), Annual Report, 1870, p. 4. NLS, Dep. 263/154.

⁵³ EDDI, Annual Report, 1891, p. 10. NLS, Dep. 263/156.

⁵⁴ Baldovan Asylum, Minute Book No. 3, Commissioner of Lunacy Report, 24 January 1877. DAMUD.

⁵⁵ MacCULLOCH, G., *Story of a Blind Mute*, p. 9.

⁵⁶ GIDD, Annual Report 1871, Regulation No. VII, p. 32.

⁵⁷ Donaldson's Hospital, Minute Book of Meetings of Governors, 3 July 1888, p. 663. NLS, Dep. 263/15.

⁵⁸ Glasgow Institution for the Deaf and Dumb agreed to offer seven places at a reduced rate while the National Institution at Larbert offered to consider placements after enlargement. EPH Minute Book, 22 Dec 1874. '5 children have been got into the Blind Asylum & paid for by the Assoc. at a reduced rate, 13 to Deaf and Dumb Institution on similar terms, and 3 Imbecile children whose parents are exceedingly poor have been got into Baldovan Asylum.' EPH Minute Book, 19 April 1876. Between March and May 1876, four children were admitted to Baldovan and paid for by AVAPIIC. Baldovan Asylum, Register of Admissions and Removals 1855-1900, DAMUD, THB 8/8/2.

⁵⁹ ALSTON, JOHN, *Statements of the education, employments, and internal arrangements*, p. 29.

⁶⁰ MacCULLOCH, G., *Story of a Blind Mute*, p. 5.

⁶¹ EDDI, Annual Report, 1891, p. 11. NLS, Dep. 263/156.

⁶² ROBERTSON, EDNA, *The Yorkhill Story*, (Glasgow: Yorkhill and Associated Hospitals), 1972, pp. 18, 28.

⁶³ Annual Report, 1883. Royal Hospital for Sick Children Archives, HB2/3/1.

⁶⁴ GIDD, Annual Report, 1891, p. 7.

⁶⁵ GIDD, Annual Report, 1909, p. 12.

⁶⁶ GIDD, Annual Report, 1903, p. 9.

⁶⁷ GIDD, Annual Report, 1904, p. 7.

⁶⁸ Glasgow Asylum for the Blind, Annual Report, 1914. GCA, TD997/2/4.

⁶⁹ Baldovan Asylum, Annual Report, 1913. DAMUD. Scottish National Institution Annual Report, year ending 31 January 1906. GCA.

⁷⁰ Baldovan Annual Report, 1915. DAMUD.

⁷¹ DUGUID, CHARLES, *Macewen of Glasgow*, (Edinburgh: Oliver & Boyd), 1957, p. 23.

⁷² DAVIDSON, R. A. M., *Sir William Macewen – A Memoir*, (Dumfries: Robert Dinwiddie), 1972, p. 4.

⁷³ Interview with Amy, September 1999.

⁷⁴ BARBOUR, Lady FRANCES, *Lady Victoria Campbell – A Memoir*, Second Edition, (London; Hodder & Stoughton), 1911, p. 8.

⁷⁵ DEVINE, T. M., *The Scottish Nation 1700-2000*, (London; Allen Lane), 1999, p. 339.

⁷⁶ CROWTHER, M. A., Paupers or Patients? Obstacles to Professionalization in the Poor Law Medical Service Before 1914. *Journal of the History of Medicine*, 39, 33-54, 1984.

⁷⁷ ABRAMS, LYNN, *The Orphan Country*, (Edinburgh; John Donald), 1998, p. 37.