Appeasing the saint in the loch and the physician in the asylum: The historical geography of insanity in the Scottish Highlands and Islands, from the early modern to Victorian eras.

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Abstract

This thesis examines the historical geography of lunacy in the Scottish Highlands and Islands. Using a wide variety of sources, the objective is to construct an expansive picture of the manner in which those labelled as "mad" were treated and managed in this peripheral region of mainland Britain, from the Medieval Period to the late-Victorian period. The scope includes Medieval Celtic manuscripts, nineteenth-century folklore collections, Lunacy Commissioners' reports, Sheriff Court records, asylum case notes and various other documents besides.

These sources open windows on a variety of vocabularies, writings, stories and proclamations through which madness was socially constructed, and then substantively treated, in this remotest of regions. In effect, the thesis sets regional folklore, as a way of accessing the "traditional" worlds of Highland madness from the "bottom-up", in counterpoint to the likes of Lunacy Commissioners reports, as an instance of the "modernising" of these worlds through medical-institutional means from the "top-down". The interlocking binaries here are to an extent then scrambled by exploring different dimensions of this interaction between "bottom-up" and "top-down", charting continuities as well as breaks in attitudes and practices, and thereby constructing a tangled picture of how the Highlands have come to tackle this most challenging of human conditions.

The account that follows is thoroughly informed by the historical, social and spatial context of the Highlands, always recognising that madness and its responses must be seen as indelibly placed, contextually shaped and 'read' through the region. While the historiography of madness and psychiatry has already considered the Scottish Lowlands experience from various angles, the Highlands have remained all but untouched and their archives unopened. This thesis begins the task of addressing this serious lacuna.

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Acknowledgments

Locations and abbreviations of archival sources

These archival abbreviations will be used in the footnotes, with the specific page and description of the source quoted, but will not reappear in the consolidated bibliography.

Name	Location	Abbreviation
Argyll and Bute Council Archive	Argyll and Bute Council, Lochgilphead	ABC
Argyll and Bute Hospital Archive	Argyll and Bute Hospital, Lochgilphead	ABH
Dumfries and Galloway Archive	Archive Centre, Dumfries	DG
Highland Council Archive	Highland Archive Centre, Inverness	HC
House of Commons Parliamentary Papers	http://parlipapers.chadwyck.co.uk	PP
Inveraray Jail Archive	Inveraray Jail, Inveraray and http://www.inverarayjail.co.uk/the-jails-story/prison-records.aspx	IJ
Inverness District Asylum Archive	Raigmore Hospital, Inverness	IDA
MacLagan Manuscripts	School of Scottish Studies, University of Edinburgh	MMS
National Archives of Scotland	National Register House Edinburgh	NAS
New Statistical Account Of 1834-45	http://edina.ac.uk/stat-acc-scot/	NSA

School of Scottish Studies Archive	School of Scottish Studies, University of Edinburgh	SSA
Skye and Lochalsh Archives	Skye and Lochalsh Archive Centre, Portree	SLA
Strathclyde Health Board Archive	Mitchell Library, Glasgow	SHB

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Introduction: The Coming of Psychiatry into the Highlands in the Nineteenth Century

On June 30th, 1864, Malcolm McLeod arrived at the newly opened Inverness District Asylum, on Dunain Hill in the outskirts of Inverness. The new asylum overlooked the town and the Beauly Firth; with its buttresses and towers, it was the pinnacle of Victorian asylum architecture, grandiose, imposing, organising both interior and exterior space in such a way that would, it was hoped, bring the unreasonable back into the land of reason. By the time McLeod arrived, it had been in operation for a little over a month and was by that time the home of fifty-six patients. On arrival, McLeod's bodily condition was weak, his habits "dissipated." The medical certificates received by the asylum on admission confirmed that he was "in a state of complete dementia manifested by complete incoherence, loss of memory, and stupidity."[1] He had journeyed a long way, not from his native parish of Duirinish (the peninsula on the Isle of Skye that is between Loch Dunvegan and Loch Bracadale), but rather from Gartnavel Royal Asylum in Glasgow, his abode for much of the previous five years.

McLeod was, in fact, one of sixteen patients to arrive at the Inverness District Asylum that day, all transferred from other asylums in Scotland. He had made the trip north from Glasgow with fellow Gartnavel patient and Duirinish native, Kenneth MacDonald. They remained friends, of a sort, at the asylum, although the case notes observed that their friendship was characterised more by "bickering and wrangling from morning till night" than any kind of harmony. McLeod's mental state was so deteriorated, however, that after MacDonald was dismissed on March 2nd, 1865, McLeod retained "no remembrance to whom it has been already stated he seemed so attached and who was dismissed some months ago cured."[2] During the 1860s, and the final years of his life, McLeod's behaviour was described as:

> not less peculiar and he may be described as spending his time partly in sleep, partly in cynical remarks, partly in interrogating those who approach him, partly in expressing his contempt for everything and every body and delights in interjecting his conversation with vituperations and oaths.[3]

He died from "congestion of the lungs" on March 18th, 1870.

Prior to becoming an asylum patient, McLeod was a spirit dealer in Duirinish,

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[1] IDA case notes, v.1 224-226
[2] *Ibid.*
[3] *Ibid.*

and his admissions papers in both Gartnavel and Inverness attributed his insanity to "intemperance." Perhaps, this was a value judgment by conservative Scottish society about his occupation and drinking habits. Descriptions of him in Gartnavel case notes commented on his "paroxyms of excitement and incoherence," his tendency to swear a great deal and be abusive, and his views of the Glaswegian doctors who had attended him: "Queen's doctors, the dirty bastards, I know them. To hell with them."[4] In spite of his swearing and general irritability, a Lunacy Commissioner, in October 1861, ordered that he be removed from the asylum and put into the care of his brother back on Skye. Accordingly, he was sent home and remained there until August 5th, 1863, when he again appeared at Gartnavel in the company of the Inspector of the Poor for Duirinish who was readmitting him on the grounds that he had become "much excited, noisy, and unmanageable. He wandered about the country, talked always of going to Glasgow and swore vehemently on the slightest interference."[5] He was as irascible as ever, "cursing those around for thieves, buggers."[6] When the Inverness Asylum started admitting patients at the end of May, 1864, Gartnavel authorities did not waste much time in sending this troublesome patient their way.

The story of McLeod of Duirinish encapsulates many of the experiences of the "mad" Highlander in the middle of the nineteenth century. It provides a view into the relationship between "everyday" understandings of madness in the Scottish Highlands, and the coming of "modernity," in the form of the lunatic asylum, the Lunacy Commissioners, and Victorian medical paradigms of insanity itself. As late as the end of the eighteenth century and very beginning of the nineteenth century, there were virtually no state provisions for, or interest in, the insane in the Highlands. It was all local, with sufferers being financially supported by kirk sessions[7] and cared for by neighbours and relatives without any input, for the most part, from modern medicine. Then, in the 1830s and 1840s, this all changed as infrastructure and political interest increased in the Highlands, and state provisions for the insane were more actively pursued. Such provisions ranged from more diligent supervision of patients boarded-out in their communities, to the eventual construction of the asylums in Inverness and Lochgilphead.

The multiple issues which emerge from these scenarios can be constructed as

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[4] SHB, HB13/5/55, 175.
[5] *Ibid.*
[6] *Ibid.*
[7] A body made up of ministers and elders of the Church of Scotland, whose duties included enforcing Christian standards of behaviour, providing for the care of the poor, licensing beggar rolls, and maintaining parish charity rolls. (DG, Dumfries Kirk Session Database, http://www.dgcommunity.net/historicalindexes/dfskirksession.aspx).

circulating around tensions between "bottom-up" understandings of insanity in a periphery of the British Isles; those of local, predominantly Gaelic-speaking Highlanders, and "top-down" understandings; authorities who were often, but not always, English or Lowlanders, and included doctors, Lunacy Commissioners, Inspectors of the Poor, judges, and police. McLeod himself was arguably conscious of these relationships, expressing his sense of, and annoyance at, class and geographical divisions with his invective about "the Queen's doctors" in Glasgow being "dirty bastards." Are these the nonsensical ramblings of a madman?– that was how the asylum staff would have understood it – or do they maybe reflect wider cultural and social tensions? Richard Moran has argued that the labelling of certain types of discourse as "mad," especially if it comes from someone in a lunatic asylum, invalidates and silences them.[8] My own extensive research of Highland psychiatric case notes has uncovered references in the words of patients to major events of Highland history, such as class conflict, the Clearances, and mass depopulation, and these events perhaps blur the distinctions between delusion and reality (as Moran has suggested). It raises the question of, "Who is mad anyway?" and requires an examination of what it means to be mad, in any given time and place. By including some of their words here, the Highland mad have a voice in their construction, in their 'regional fate' as it is depicted in and interpreted from historical documentation.

The introduction of asylums to the Highlands is not simply a tale of yet another colonial imposition on beleaguered Gaels. While objects such as 'lunatic asylums' were certainly imposed on the landscape,[9] locals were adopting "new" constructions of insanity, enfolding them into their culture and beliefs, and making liberal use of both asylums and lunacy laws committing people to institutional care. McLeod's comings and goings from the asylums demonstrate how these different social constructions of madness, often informed by the pragmatics of caring for the insane, interfaced with one other, frequently in surprising ways. We see him in the Lowland Asylum; we see him "boarded-out," placed in the care of his relatives and supported by the local parish; we see the failure of this solution and his return to Gartnavel; and finally, we see him brought to the brand-new Highland asylum, where he spent the rest of his days. In McLeod's history, the Lowland-based authorities, the Lunacy Commissioners, wanted him boarded-out in Duirinish; it was his family, through the authority of the Inspector of the Poor, who sent him back to the asylum. The "abnormal" was therefore identified

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[8] Richard Moran, *Knowing Right from Wrong: The Insanity Defense of Daniel McNaughton,* (New York: Free Press, 1981).

[9] That in itself is a problematic statement, since local administrative bodies in Inverness had been struggling to acquire funding to build an asylum from the 1840s.

in the matrix of the local, and as will be shown with reference to many different spaces, it always was: a prevalently local construction, although responsive and adaptive to ideas from elsewhere.

While a sharp lens is focused on the middle of the nineteenth century, I also pull back from this period, attempting to formulate an idea of how insanity and abnormality were understood and dealt with in the Highlands before the coming of the "modern" institution. Behavioural abnormalities, believed to be madness or caused by supernatural beings, existed in Highland culture long before the nineteenth century. I have combed through what few sources remain from this earlier period, mainly data contained in folklore collections, searching for hints as to this "pre-modern" geography of lunacy. Folklore and folktales, some as old as the Middle Ages, indeed contain references to madness, stories involving mad people, and cures for insanity and epilepsy.

Madness and its cures were very much situated within the geography of the region; cures were usually associated with geographical features like lochs and streams. Madness and other categories of abnormal behaviour were frequently associated with supernaturality, coming from outwith the sufferer; not a disease or imbalance of the brain or other organs in the body, as it was viewed in medical paradigms. Here, the locus of care was mostly within the community, a parochial epistemology, and as the chapter on folk medicine will show, there were many sites of local knowledge throughout the Highlands, suggesting that for the most part, people turned to their nearest friends, relatives, and neighbours, and were unlikely to travel more than thirty miles, if that, seeking a cure. Removing mad relatives to asylums more than one hundred miles away, as some people were doing with particularly problematic individuals as early as the 1820s, was a significant change of practice and direction. As is implied in McLeod's case, and undoubtedly hundreds of others, communities found him too troublesome to deal with and were determined to send him away. Thus, the "top-down" methods for managing the insane were embraced by the "bottom," and the whole idea of "top" and "bottom" is hence inverted and made co-dependent. What this thesis examines are the spatial manifestations of this complicated relationship in all its facets. It asks questions pertaining to how madness was recognised by Gaels, how such recognition changed over time, and how it reacts both to earlier "folkloric" ideas and treatments, and later ones which appeared as a result of state intervention.

It is hoped that this work draws some lines on the relatively blank space that are current "maps" of psychiatric and Highland history. I examine how madness and certain problems in managing it revealed themselves in the context of the Highland

space and place; issues related to culture, infrastructure, and language that did not present themselves in the same way elsewhere in Britain. Thus, it is always being informed by geographical considerations and an awareness of place. It will certainly shed light on two Victorian lunatic asylums, the Inverness District Asylum mentioned above and the Argyll and Bute Hospital in Lochgilphead, which have hitherto received barely an acknowledgment in the existing historiography of madness. It also takes a step which is not frequently encountered in histories of British psychiatry: the inclusion and aggregation of folk knowledge and practise and utilisation thereof as a method for reconstructing, in some sense, what pre-modern insanity may have been like for both sufferers and their communities. Folklore collections are not usually cited, to any extent, in histories of medicine (psychiatric and others) but they nevertheless open a window to oral traditions of healing, which by their very nature are fluid and not often recorded.

The study of insanity in Britain's urbanised areas has generated a substantial amount of research (some of which will be discussed in the following chapter). But psychiatry peculiar to its Gaelic-speaking fringes remains a comparatively unknown subject. The Highlands themselves, of course, are not, and much scholarship has been devoted to many other elements of the social and cultural history of this area. Indeed, with the devolution of Scotland (and continued debate about creating even more political autonomy) and increasing investment in establishing a Scottish national identity, interest in Highland history is expanding. Gaelic is argued – not uncontroversially, of course, as not all regions of the country were Gaelic-speaking – as being an integral part of "Scottishness," and the Highlands are marketed enthusiastically as quintessentially Scottish.[10] Such discourse not only brings the tourists to the north, but also academic study, and the next chapter will discuss some of the strands of Highland history which have been thoroughly investigated. Insanity is not such a subject; the presence of Highland madness in Scottish historiography is as miniscule as it is in that of psychiatry and medicine. Madness has been used elsewhere, from colonial Africa to London, as a vehicle for exploring socio-cultural attitudes, fears, and norms. Michel Foucault, whose ideas play a prominent role in this research, made a radical impact on the history of medicine and psychiatry and the manner in which such histories were "done," with his suggestion that reason and what he calls "unreason" are two sides of the same coin; that what constitutes reason and social norms can be understood by seeking an understanding of madness and unreason. One of the key

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[10] T.C. Smout, "Perspectives on Scottish identity," *Scottish Affairs*, no.6, winter (1994): 101-113.

points made by Foucault is that these understandings are dynamic – constantly shifting, both madness and reason perennially re-establishing themselves in relationship to one another. The manner in which this happens is greatly telling about the nature of power in the society being scrutinised.[11] He has undertaken post-structural analyses of power through his investigations of how Western European countries manage and control their most powerless, such as the insane, the poor, and those incarcerated in prisons.[12] The nature of power in the Highlands has been a prevailing theme in much of its historiography. The "colonial" story of the Highlands as an unhappy subject of English and Lowland intervention, as well as the "revisionist" story reflecting more on the feudal nature of the Highland clans and how much the struggles of the nineteenth century were more of a reinvention of clan feuding than a matter of English colonisation, are essentially narratives about power.[13] Looking at the treatment of the mad in the Highlands offers a different perspective on power, revealing how it was never straightforward; it was on a continuum from the central to the local, teetering from one to the other. Tracing power through the experiences of the insane contributes to a deeper understanding of how the Highlands were "modernised" in the nineteenth century, and how modern institutions, from the lunatic asylums to the secular, bureaucratic administrative bodies comprising of civil servants who removed control from religious or feudal ones, were integrated into Highland life. Although I look to thinkers such as Foucault, especially, and historians such as Roy Porter, I never lose sight of the historical-geographical context of the Highlands and Islands of Scotland. Chris Philo, in a 1995 paper, offers insights as to the importance of such *contextual* accounts:

> There are various reasons for pursuing this "contextual" line of inquiry, and in doing so I echo recent commentators on the history of geographical inquiry in supposing that a "contextual" account – as opposed to one stressing "great thinkers," "influences" and "paradigms" … will

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[11] Michel Foucault, *History of Madness,* Jean Khalfa, ed. Jonathan Murphy, trans., (New York: Routledge, 2006).

[12] Michel Foucault, *Discipline and Punish: The Birth of the Prison,* Alan Sheridan, trans., (New York: Penguin, 1981).

[13] I use the term "feudal" to describe early modern Highland society, although it was not precisely akin to feudalism in England and elsewhere in Europe. Fry contends that society in the Highlands was a mixture of "Gaelic tribalism" and "European feudalism," for "feudalism meant hierarchy." In feudal states elsewhere in Europe, this meant that "the king stood at the top, above various ranks of vassal, reaching down to the peasantry at the bottom." In Scotland, this was the weakest link and the reason the system is not viewed as entirely feudal.   While clan chief was essentially the top rank of vassal, he did not necessarily owe his rank to the king nor have any fealty towards him (hence, Highland early modern history being very much shaped by negotiations and wars between successive monarchs and clan chiefs). Fry then explains that: "further down the chain the links became stronger. The chief relied on the heads of the cadet branches of his family, the *daoine uaisle* or gentlemen of the clan, to perform whatever tasks of military or agricultural organization needed to be done." These individuals held authority over ordinary clansmen and women, "who fought for their chief or worked his land in return for protection." (4-5).

enrich this history…[14]

Always cognisant of the context, I regularly allude to and grapple with Highland history, culture, and the topographic nature of the region itself, but always supplemented by the critical examination of paradigms and influences from outside the Highlands (as captured in more traditional social and economic history accounts). Therefore this project contributes a contextually grounded and, at the same time, quite theoretical level of engagement, tackling both the social geography of the Highlands and the social geography and history of madness.

In what follows, Chapter One offers an examination of historiographical trends in the fields of history of psychiatry, medicine, and Scottish history. Here I highlight themes in the literature which guide my research and also emphasise the scarcity of research into the history of Highland madness and psychiatry. The chapter then turns to an analysis and critique of my primary sources.

Chapter Two is the first of the empirical chapters, an analysis of the manner in which insanity was constructed in Gaelic folktales, from the Middle Ages to the nineteenth century. I examine how madness was characterised in this story and the manner in which it was configured in the greater context of the role which folktales play in oral cultures. Crucially, I also engage with types of "abnormal" behaviour which are not described as "insane" in folktales, but more or less construed as entanglements of the human with the supernatural world. Abnormal or societally transgressive behaviour emerging from such tales is often of violence, but also theft and general mischief. The social transgression is usually induced by supernatural beings. Examples of the supernatural interfering with the human include witchcraft, encounters with fairies, and the Second Sight.[15] All of these would be later characterised by psychiatry as delusion and hallucination.

Chapter Three focuses entirely on what Gaels did in fact characterise as madness, and looks at cures and treatments thereof. Folk collections contain a variety of remedies for a wide range of ailments, including insanity and epilepsy. The chapter discusses the nature of an oral medical tradition and the history of medical practice in the Highlands as much as it can be ascertained, looking back to the Middle Ages when medical texts guided practice. It closely examines the curative practices themselves, the patterns they followed, and emphasises the geographical nature of the belief structure, illustrating how topographical features such as lochs and springs had supernatural

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[14] Chris Philo, "Journey to asylum: a medical-geographical idea in historical context," *Journal of Historical Geography,* 2:21 (1995): 148-168.
[15] Visions which can predict future events.

power derived from saints as well as very much defining and figuring in how medicine was practiced.

Chapter Four starts by explaining the transition from the folk or traditional understandings and management of insanity to modern positivist medical paradigms, usually characterised by the seeking of institutional provisions for the mad. This is really a refashioning of the social transgression, from the supernatural to the psychological. While acknowledging that folk belief and scientific constructs of madness coexisted in the mid-nineteenth century, this chapter elucidates how Highlanders started making use of the institutional spaces being made available, re-characterising violent behaviour especially in such a way as to trigger mechanisms that would place the mad in asylums and infirmaries.

Chapter Five discusses the role of the state, and its expansion, in managing the Highland insane. It begins with the examination of the boarding-out system, paying families to maintain lunatics in their homes, which set apart Scots lunacy provisions from the rest of Great Britain. Boarding-out evolved out of utilitarianism, an alternative way of controlling the insane given the scanty asylum provision throughout the country, but was later incorporated by the Lunacy Commission and 1840s Lunacy Acts into a governmentally sanctioned and controlled system. The chapter also investigates forms of confinement which did exist in the Highlands, including local prisons and infirmaries, and finally looking into the practice, growing more and more common into the 1850s, of transporting Highland lunatics to Lowland asylums. It looks at the issues associated with such provisions and also the experience of individuals who were transported into asylums where the language and culture were different from their own.

Lastly, Chapter Six turns to the two asylums which were built in the Highlands in 1863 and 1864: Argyll and Bute Hospital in Lochgilphead and Inverness District Asylum (later called Craig Dunain) in Inverness. It begins with a study of decision-making processes over whether or not asylums were needed in the Highlands, and then addresses questions of where to put them and how large they should be. Then it examines various aspects of the first ten years in the histories of the asylums, including issues associated with patients housed in Lowland asylums all being sent to the Highland ones and challenges posed by isolation (especially in the case of Argyll and Bute) and having no walls. I look at the demographics of patients sent to the asylums, their home parishes, marital status, occupation, and so on, and discuss theories of geographical patterns of admission. The chapter ends with a close examination of case notes from Inverness District Asylum, trying to reconstruct, as much as is possible from case notes, the experiences of patients in this institution.

Chapter 1: Review and Critique of Secondary and Primary Sources

I. Historiography of Insanity

This project examines the geography of insanity, the management of the insane, and, as much as can be ascertained, the meanings ascribed to madness itself in the Highlands and Islands of Scotland during the early to mid-Victorian period, wherein care transformed from primarily community-based mechanisms to more centralised forms of institutionalisation. This chapter will be a selective journey through the relevant literature, highlighting works exemplifying themes significant to my thesis, not a comprehensive overview of the entire field. I look at how insanity discourses emerge from a particular geographic region, subject to historical idiosyncrasies and cultural constructs of health and illness, diagnosis and cure, public safety verses personal liberty, while being informed by theories on madness and power, especially as expounded by Foucault. The Foucaldian works looked to in this thesis are *Madness and Civilisation,* his classic and most famous work on insanity, and *Abnormal*, a compilation of lectures Foucault gave at the Collège de France.[16] I draw more inspiration from *Abnormal*, precisely because, as will be shown, it is particularly concerned with the context of legal and medical institutions encountering madness that is identified, named, and pathologised *prior* to being relocated to non-local institutions of care and restraint.

As this literature review illustrates, most of the scholarship on madness and its management has been primarily engaged with metropolitan geographies. Madness in Britain isolated from the city, from the university, and from the physician and the asylum has been largely untouched by mainstream literature in the historiography of psychiatry. There have been no extensive research projects focusing specifically on insanity in the Scottish Highlands during the early to mid nineteenth century. While historians such as R.A. Houston and Jonathan Andrews have explored aspects of treating madness in a Scottish context, most historical studies of psychiatry and Scots medicine in general have scrutinised the Lowlands and metropolitan regions. Social and economic historians, however, have discussed the vast cultural and economic discrepancies between rural and urban regions, and between the Highlands and

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[16] Michel Foucault, *Madness and Civilization,* Richard Howard, trans., (New York: Routledge, 1988); orig. 1961. Michel Foucault, *Abnormal: Lectures at the Collège de France, 1974-1975,* Valerio Marchetti and Antonella Salomoni, eds., Graham Burchell, trans., (New York: Picador 1999).

Lowlands. They have emphasised how people in the nineteenth-century Scottish Highlands and Islands faced vastly different challenges as compared to their Lowland counterparts. The late-eighteenth and nineteenth century Highlands were undergoing a process of substantial social reorganisation; the dissolution of the old feudal society, mass emigration to the cities and to America, the Clearances, the increasing influence of capitalism and, at the end of eighteenth century, economic reorganisation from the communal runrig system to the crofting system. Linguistic barriers between Gaelic and English were being chipped away, as Gaelic slowly retreated to the fringes of the Highlands, but throughout most of the Victorian period it was still the dominant language. While the Highlands were desperately poor and huge numbers of people were emigrating elsewhere, industry was booming in the metropolitan areas and Scottish universities were some of the most prestigious in Great Britain, especially in the field of medicine.[17]

The majority of literature on eighteenth and nineteenth century insanity, as I will show, does not address psychiatric medicine in isolated regions of Britain nor does it deal with the specific problems emerging from the discursive relationship of psychiatry, medicine, and community, as well as legal and bureaucratic apparatuses or the lack thereof, in those non-English speaking rural areas. My research suggests that the trends observed in Scotland's urban centres, those of medicalisation, profesionalisation, and the rising dominance of the scientific method and somatic orientation in an embryonic "psychological" medicine, did not take place in the same way or at the same time in the Highlands and Islands. As Scottish historians have extensively documented in other fields such as economics, ethnomusicology, and social history, people in the Highlands and Islands had their own distinctive culture and lived under vastly different circumstances to those in metropolitan areas. This thesis explores what it meant to be considered mad in the Highlands, what happened to those labelled as such, and contends that there was a great paradigm shift on both those counts from the middle of the nineteenth century.

I.1. Foucault and Theoretical Foundations

My discussion of a history of insanity begins with Foucault and two of his works on the history of "psychiatry," the treatment of people categorised as mentally ill or in

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[17] T.M. Devine, *The Scottish Nation, 1700-2000,* (New York: Penguin Books, 2000). Michael Fry, *Wild Scots: 400 Years of Highland History,* (Edinburgh: John Murray, 2007). Helen Dingwall, *A History of Scottish Medicine,* (Edinburgh: Edinburgh University Press, 2003). David Hamilton, *The Healers: A History of Medicine in Scotland,* (Edinburgh: Firebird Press, 1981).

need of "psychiatric" intervention, which feature prominently in the theoretical foundations underpinning my work: *Folie et déraison. Histoire de la folie à l'âge classique* (or its original English title, *Madness and Civilization)* and *Abnormal. Madness and Civilization* has received no shortage of criticism over the years, but it still provides a foundation for social constructivist analyses of insanity in society. The first English edition was originally published in 1965, abridged substantially from the original French version.   More recently, in 2006, Routledge published an English translation of the unabridged *Histoire de la folie à l'âge classique,* called *History of Madness.*[18] The book is Foucault's great phenomenological analysis of madness in the so-called Age of Reason. Foucault looks at the mad person's place, both literally and figuratively, chiefly in the larger context of the "long" eighteenth century in Europe. He asks why was it in the eighteenth and nineteenth centuries mad people were confined in large numbers relative to the Renaissance and Middle Ages and why society became obsessed with delineating the insane from the insane. Foucault's main contention is that "madness" was created over the course of these two centuries, and that the face of the madman became one of Western society's greatest fears. Thus "society" needed to hide madness and at the same time confine and control it.   The Enlightenment intellectuals saw Reason as one of the defining and all-important characteristics of "man;" they articulated this need and justification to confine the mad, who in a sense reflected animality and femininity and needed to be duly restricted so Reason could flourish. Over the course of the text, Foucault grapples with how society has assigned and reassigned meaning to madness from about 1500 to 1800.

Madness and Civilization and *History of Madness* develop a theme emphasising the transformation of the mad person from an individual visible in the community to someone hidden behind the walls of the psychiatric institution. Other historians such as Roy Porter have challenged Foucault's argument on the grounds that his generalisations are too broad, do not account for differences in treating mental derangement throughout Europe, and reflect a faulty historical timeline.[19] While Porter's criticisms are arguably valid for much of England,[20] the narrative Foucault then pursued offers a useful model for understanding how insanity in Scotland's Highlands transformed from something

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[18] Michel Foucault, *History of Madness*. Much of the criticism levelled at Foucault by English-speaking critics attacked his (apparent) lack of empirical data backing up his claims, as well as the lack of references. *History of Madness* contains both and shows Foucault as a thorough historian, as well as theorist and philosopher.

[19] Roy Porter, *Mind Forg'd Manacles,* (Cambridge, MA: Harvard University Press, 1987), 8.

[20] Chris Philo has disputed this particular claim of Porter's, contending that Foucault's narrative works well in England too. See Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales: The Space Reserved for Insanity*, (Lampeter, Wales: Edwin Mellon Press, 2004).

external, visible to the community and reckoned to be caused by either supernatural powers or traumatic events, to something internal, a dysfunction in the person's brain or body requiring removal from the wider community to the wards of an asylum. The Scottish case arguably truncates Foucault's narrative, setting in close temporal proximity his claims about a "chaotic" Medieval experience of madness – its many points of contact with "everyday" life – and his claims about the eighteenth and nineteenth century birth of the asylum and the institutionalisation of "madness" as the worst, most disruptive form of unreason. Of course, it is more nuanced and complex than that – manageable lunatics were still kept in their communities long into the nineteenth century, supported by parish funds, and there are cases in which an insane relative was kept locked away from view in the family home. Also, the asylum itself was very visible, a large, imposing building at the top of a hill, even if its inmates were not. Nonetheless the space that the mad inhabit in the older Gaelic culture, at least in their appearance in Gaelic tales, is markedly different from the one that they come to inhabit in the nineteenth century.

While *Madness and Civilization* provides an overall paradigm of a social constructivist analysis and, as stated above, illustrates how the birth of the asylum quickly altered the constitution of madness, my Highland case study has lead me to the *Abnormal* lectures. Here, Foucault explores, through specific case studies of his own, how *local* constructions of madness and abnormality were, over time, integrated with "psychiatrised" ones and, quite crucially, formed into a legal construct. The nineteenth–century Highlands provides a microcosm of the processes forming the backbone of *Abnormal:* the psychiatrisation of abnormality coupled with the rise of the psychiatric expert and legislation like "dangerous lunatic" acts, leading to the creation of a specific "juridico-medical" madness. The main questions that Foucault explores through *Abnormal* inquire into how power is constituted through the framework derived from legal and medical discourse about deviance and madness; in a word, "abnormality." Foucault undermines the concepts of "truth," "expertise," or transcendental categories: rather, there are historically and geographically contingent categories. In other words, normality and deviance are both socially constructed within given contexts, times, and places. Two of the main conceptual frameworks underpinning the lectures are "monsters" and "the norm." His own summary of what he means by monsters is:

> I would say that until the middle of the eighteenth century monstrosity had a criminal status inasmuch as it was a transgression of an entire system of laws, whether natural laws or juridical laws. Thus it was monstrosity in itself that was criminal. The jurisprudence of the seventeenth and eighteenth centuries tried as far as possible to remove the penal consequence of this

inherently criminal monstrosity. [21]

He emphasises a conceptual shift in juridico-medical focus from unnatural monstrosity, the epitome being the figure of the hermaphrodite which he argued was the ultimate transgression of nature, to moral monstrosity. When discussing moral monsters, he describes "a monstrosity of conduct" rather than "a monstrosity of nature."[22]   The reason that the hermaphrodite epitomises the monstrous is that it transgresses the laws of nature by the mixture of two states, which according to "natural law," as it was understood, should be separate – in this case the male and the female. But it is also the mixture of human and animal, and even life and death (the example he gives is the fetus that only lives for a few minutes after it is born). He then states that the "mixing of two realms" in such a way that violates natural law is not enough to be considered monstrous. It must also challenge "the interdiction of civil and religious or divine law."[23] These two prongs of Foucault's monstrosities are useful tools for analysing the mad and madness in Gaelic folklore; frequently the insane appear at the intersection of supernatural and natural, and at the boundaries of moral transgressions, always mixing realms.

Sexuality and sexual deviance feature prominently in the lecture series as particular forms of monstrosity, most frequently in the form of the hermaphrodite, mentioned above, and the masturbator. These sorts of figures do not explicitly feature in Gaelic folklore,[24] but if we accept Foucault's conceptual monster as "a blending and mixture of two realms" and also "the transgression of the natural limit," then it becomes clear that monsters (in this context) and madness in Gaelic folklore are inextricably linked.

Later on in the lectures Foucault constructs the argument that it was through the juridical system that psychiatry asserted its power, as it could offer explanations for the "motiveless" crime, which had eluded the judicial system since the nineteenth century, for the "modern" judicial system was designed to punish rationality. Both the criminal's *motives* and his or her *reason* must be punished – the exercise of punitive power requires both these things – but when no such things existed, the judicial system

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[21] *Ibid*. 77.

[22] *Ibid*. 73.

[23] *Ibid*. 62-63.

[24] This is a hesitant statement to make since much of the Gaelic folklore that is accessible comes from Victorian collectors, who were synthesising their informant's data and publishing it in a way that would be acceptable to an upper class Victorian audience. Explicit sexuality was not. But if one reads ancient Gaelic poetry, such as the Ulster Cycle, it is far more ribald than the works which came from of the Victorian folklore collectors.

turned to proto-psychiatric expertise, bound up in the so-called insanity defense.[25] Psychiatry itself turned its gaze and its main focus to what Foucault calls "public hygiene," the assertion that it has the power to control the "dangerous individual." He writes:

> To justify itself as a scientific and authoritative intervention in society, the power and science of public hygiene and social protection, mental medicine must demonstrate that it can detect a certain danger, even when it is not yet visible to anyone else; and it must demonstrate that it can perceive this danger through its capacity as medical knowledge.[26]

Psychiatry, in effect, was a source of early detection and, more generally, of "proving" the presence of mental "illness." Once such illness was present, it cancelled out motives/reasons. Psychiatry as public hygiene emerges as a dominating feature of the empirical data in this study that came from state apparatuses. Hospital admissions papers – legal documents signed by legal authorities such as the sheriff substitute for the county – emphasise the idea of the "dangerous individual," and the role of psychiatry as having the expertise and power to control the dangerous individual, as the primary reasons for committing him or her to a hospital or mental asylum, in effect deciding in advance on someone's "abnormality" and taking preventative measures in the form of a spatial separation from "society"

Foucault finds that the sort of questions asked about the mad person before the nineteenth century were whether or not the subject suffered from dementia, an alienation of consciousness, which made him or her unfit to be a subject of legal rights.[27] However, the nineteenth century saw the erection of "the great taxonomic architecture of psychiatry."[28] There were different types of madness, different diagnostic categories: there was partial madness, continuous madness, monomania, mania, idiocy, and so on. Critically for legal psychiatry by the 1840s, one's murderous actions could be considered mad, while the individual might appear quite sane in other regards. The role of the expert, though, was not only in trials where the alleged lunatic had already committed a crime and his or her motives, or lack thereof, needed to be evaluated by someone with medical expertise.[29] It also became the provenance of medical experts to evaluate individuals on the likelihood that they had a condition

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[25] *Ibid.* 114.
[26] *Ibid.* 120.
[27] *Ibid.* 141.
[28] *Ibid.* 140.
[29] Joel Eigen, *Witnessing Insanity: Madness and Mad Doctors in the English Courts*, (New Haven, CT: Yale University Press, 1995). Nigel Walker, *Crime and Insanity in England: Vol 1 The Historical Perspective*, (Edinburgh: Edinburgh University Press, 1968). R.A. Houston, *Madness and Society in Eighteenth Century Scotland,* (Oxford: Oxford University Press, 2000).

which *might* cause them to become dangerous and disorderly. This was a critical juncture at which the medico-legal administration's obsession turned away from dementia and delirium, and "internal disruptions of relationships between parents and children, brothers and sisters, husband and wife, become the site of [psychiatric] investigation."[30] Psychiatrists were called upon by the family, first and foremost, to evaluate disruptive, problematic family members. Thus psychiatry became not only a technique of "correction and "restitution," but one of "family justice."[31]

This contention is supported by the work of other historians of psychiatry, including Joel Eigen, Nigel Walker, and R.A. Houston, who have contributed detailed analyses of court transcripts in insanity trials and civil commitment hearings. The vast majority of non-expert testimony pleading with the jury or judge for the alleged lunatic's removal to an institution came from family members. Such testimony was often interpreted by a medical expert as evidence that the person was indeed a dangerous lunatic. The medical expert placed himself between the family, the community, the prison, and the asylum. The mid-to-late nineteenth century is where we move away from the "monstrosities of nature" discussed earlier, for the lunatic no longer appears against "the background of a common truth" or as a monstrosity transgressing laws of nature, but rather against "the background of restraining order" of a political and social nature.[32]

Another key element of the *Abnormal* lectures is "normativity." A construction of "the norm" emerges from the production of truth, which labels and seeks to control undisciplined individuals through legal and medical edifices and knowledge. "The norm," Foucault argues, "[i]s not simply and not even a principle of intelligibility; it is an element on the basis of which a certain exercise of power is founded and legitimised."[33] He continues to expound that the nature of power transformed from something that had "the essential function of prohibiting, preventing, and isolating rather than allowing the circulation, change, and multiple combination of elements,"[34] to something which had "central, creative, and productive mechanisms."[35] The purpose

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[30] Foucault, *Abnormal,* 146. The specification of "medico-legal administration" is my own framework, rather than the one Foucault used in this context. He was far broader, using the term "psychiatry." However, my data and that of others, such as Jonathan Andrews, who have looked at asylum case notes indicate concern with patient's delirium and delusions once they are inmates. Foucault's argument here is still important, however, since the data very much supports his contention that dysfunctional and often violent familial relationships were prime evidence for assessing a person's insanity and possible dangerousness.

[31] *Ibid.* 147

[32] *Ibid.* 156.

[33] *Ibid.* 50.

[34] *Ibid.* 51

[35] *Ibid.* 52

of the former construction of power was to establish and maintain processes of production in which one social class profited and others did not. It was power constituted in a feudal or caste society, but Foucault does not dispute that it accurately describes relations between state and citizenry in eighteenth and nineteenth century France and England. Rather, he argues that "a number of political forms of government were defined, or at least schematised and theorised … State apparatuses and the institutions linked to them were set up, or developed and perfected."[36] These sorts of mechanisms allowed power to be increased and "exercised in a continuous manner," but at an individual cost less than found in feudal societies and absolute monarchies, where the violator of the law was made into a spectacle. Foucault explains that dramatic enactments of discipline were part of feudal and early modern societies because the violation of law was taken as an insult to the sovereign himself.[37] When the modern state emerged, the theoretical foundations of punishment required it to be proportional to the severity of the crime.[38]

Foucault's theoretical frameworks provide a lens through which we can look at the Highlands and Islands case study, and he provides one method (obviously there are many) for describing how social apparatuses and power relations changed over time in this geographical area. As stated, in *Madness and Civilization* he makes an argument illustrating that the treatment of those designated as mad is an expression of power and authority in a given society. Constructions of madness create power relations between those labelled as "sane" and those labelled as "insane," distinguish between "reason" and "unreason," and justify the inclusion and exclusion of certain types of people, and establish social norms.[39] The lectures comprising *Abnormal* formulate his later thoughts on the subject and provide specific historical examples illustrating the discourse of abnormality, but it was *Madness and Civilization* which catalysed the exponential growth of literature under the rubric of social construction of madness.

Most historians of psychiatry have, as we shall see, approached the study of madness with more of an emphasis on social history rather than the philosophico-historical methodology characterising most of Foucault's works. They make the case for examining the historicity of madness by analysing and contextualising it in a wider framework of social, cultural, and political developments. The scholars described below broadly represent two methods of approaching the history of madness: Andrew

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[36] *Ibid*. 86.
[37] *Ibid*. 87
[38] These are themes Foucault expounded on in more detail in *Discipline and Punish: The Birth of the Prison*.
[39] Foucault, *Madness and Civilization.*

Scull is representative of and has prolifically published on "top-down" histories, meaning histories of the "mad-business" as a form of social control, the asylums and other sociological power structures acting on the mad and madness; while Roy Porter, for example, has taken more of a social and cultural history perspective, engaging not only with institutional history but the experiences of the mad themselves. They both, however, recognise the intrinsic social contructivity of the manner in which insanity is managed, a key theme throughout the historiography. Scull, for instance, argues that "Reform [of treatment of the mentally ill] did indeed have deep structural roots in the changing nature of English society, but these roots were embedded to a far greater extent and in far more complex ways in the nature of capitalism as a social phenomenon."[40] Porter adds that madness "is articulated within a system of sociolinguistic signs and meanings."[41] What constituted "madness" was generated by an ideological, linguistic, and institutional superstructure; discourse surrounding madness was constantly being negotiated by and through other social institutions. By institutions, I mean familial, religious, and governmental systems – the interactions of which form a community with beliefs, practices, and ideology specific to a geographic region. Attitudes towards insanity, as Porter reminds us, "are not an island," but rather deeply intertwined with attitudes about the self, religion, rationality, social health, the role of the state, and so forth.[42] In order to deconstruct what it meant to be mad that implies a very personal/experiential vision, we must engage with the language of madness itself and how this discourse and the figure of "the madman" that it embraced was negotiated by and interwoven through a network of institutions.

I.2. The history of psychiatry in other geographies

Even though many historians have disagreed with Foucault's assertions, the publication of *Madness and Civilization* inspired a new generation of academics to plunge into the history of psychiatry. Initially many historians immediately following Foucault did not challenge his contentions – which nicely fit into the Enlightenment view, ironically enough – that the eighteenth century was a "dark age" for the mad, with a reputation for brutality and superstition. For example, Michael MacDonald, in his book *Mystical Bedlam* on the alienist Richard Napier in seventeenth century England, treats the eighteenth century as a Dark Age for mental patients and everything after that

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[40] Andrew Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth Century England,* (New York: Penguin, 1982), 15.
[41] Porter, *Mind Forg'd Manacles,* 16.
[42] *Ibid*. 31.

as an improvement.[43]   Of course, Foucault's inversion of the progressivist case, the argument that the Victorian era and Pinel, Tuke, and Esquirol represented a different sort of coercion than the whips and chains of the previous era, but coercion nonetheless, was a call eagerly taken to arms by 1960s reformers.   The 1960s and 1970s witnessed the anti-psychiatry movement and widely read publications by "renegade" psychiatrists like R.D. Laing and Thomas Szasz, who attacked the whole paradigm of "mental illness,"[44] as well as Erving Goffman's micro-sociological critique of asylums as "total institutions."[45]

In spite of the radicalism of the 1960s, Foucauldian narrative was not to be the only history of psychiatry. Alongside Foucault, Roy Porter has probably had the most singular effect on the history of psychiatry in terms of organising scholarship in the field in the 1960s and 1970s, in addition to contributing substantive works of original research himself. During his appointment at the Wellcome Institute for the History of Medicine, Porter organised a seminar series on the history of psychiatry at Wellcome.[46] His personal research interests brought him to the much-maligned eighteenth century, writing *A Social History of Madness* and *Mind Forg'd Manacles.* The former is his analysis of a collection of patient narratives from the eighteenth, nineteenth, and twentieth centuries.[47]   Porter thought it important to look at the experiences of the mad from their own perspectives.   To achieve this, he mainly engaged with published material.   The subjects of his analyses include Sylvia Plath, Nietzsche, John Perceval, two of Freud's case studies, Vaslav Nijinsky, and George III.   This was, in effect, a history of madness "from below," from the patients or recipients of psychiatric treatment.

Mind Forg'd Manacles provides a nuanced examination of social attitudes towards the mad during the eighteenth century.   It offers multiple explanations for madness and treatment of the mad, indicating there was no one, singular "mad" for all of eighteenth century England. Madness transcended social class; it was a broad social

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[43] Michael MacDonald, *Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth Century England,* (Cambridge, UK: Cambridge University Press, 1981).

[44] R.D. Laing. *The Divided Self: An Existential Study in Sanity and Madness,* (London: Penguin Books, 1965). Thomas Szaz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct,* (New York: Harper and Row, 1961). Both Szasz and Laing insisted that psychiatry is a pseudo-science and that mental illness is wrongly characterized as a disease. A disease must be something that can scientifically be shown to exist and no psychiatric disorder fits that definition. They consider psychopathology to be "problems in living" rather than a disease of the mind.

[45] Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, (New York: Anchor Books, 1961).

[46] Andrew Scull, *The Insanity of Place/ The Place of Insanity: Essays on the History of Psychiatry,* (London: Routledge, 2006), 42

[47] Roy Porter, *A Social History of Madness: Stories of the Insane*, (London: Weidenfield and Nicholson, 1987).

category spanning from the stark, raving mad lunatics begging in the streets to the "melancholy vapours" suffered by the upper class.[48] Eighteenth-century mad-doctors had not yet developed a collective identity, and it was not unusual, for example, for a madhouse keeper to advertise a "secret remedy;" and all sorts of treatments, from humourally-based bleeding and purging to a work-and-rest regime vaguely resembling nineteenth-century "moral treatment," were available. Andrew Scull, critiquing *Mind Forg'd Manacles,* suggests that although most of this book is excellently researched history, Porter has overextended himself in his efforts to "rescue" the Georgian Age.[49] For instance, Scull argues that Porter extends the circle of "proto-moral therapists" beyond the actual evidence in his efforts to include some practitioners whose connections to Tuke's and Pinel's moral therapy are dubious at best.[50] In spite of its flaws, however, *Mind Forg'd Manacles* remains one of the seminal texts in the history of English psychiatry.

In any case, Porter's cultural-literary humanist interpretation provides rich information, guiding elements of this thesis that grapple with asylum admissions testimony, folklore and other aspects of "history from below," a defining feature of Porter's work. He was an indefatigueable scholar; his passion and interest had a resounding influence in the field of history of medicine and psychiatry, as his ability to nurture scholarship spawned an entire field of research. Jonathan Andrews, Penny Tucker, and others collaborated with him on a history of Bethlem Hospital.[51] He and W.F. Bynum published several collaborative works and together, ran a history of psychiatry symposium at the Wellcome Trust, which, as Bynum says, "vitalised a field of enquiry and produced three volumes of essays (*The Anatomy of Madness*, 1985-88), which are still widely cited."[52] Porter was also editor of *History of Psychiatry* from 1990-2001 and *History of Science* from 1972-2001.

Scull comes from the American sociological tradition and his analyses are, unsurprisingly, more sociological in their interpretation, and he too has published voluminously on the social history of madness in nineteenth century Britain. His first book was *Museums of Madness*[53] and he followed it with *Madhouses, Mad-doctors, and*

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[48] *Ibid*.
[49] Scull, *The Insanity of Place*, 50.
[50] *Ibid*. 53.
[51] Jonathan Andrews, Asa Briggs, Roy Porter, Penny Tucker, and Keir Waddington, *The History of Bethlem,* (London: Routledge, 1997).
[52] W.F. Bynum, "Excellence Attracts: Roy Porter at the Wellcome Institute." http://www.wellcome.ac.uk/About-us/75th-anniversary/WTVM051182.htm.
[53] Andrew Scull, *Museums of Madness : the Social Organisation of Insanity in 19th century England*, (London: Allen Lane, 1979).

Madmen: A Social History of Madness in the Victorian Era[54], edited a collection called *Social Order/Mental Disorder: Anglo-American Psychiatry in a Historical Perspective*,[55] and he updated the 1979 work with *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (1993).[56] Additionally he has collaborated with Andrews to write a history of the emergence of the mad-doctor in the eighteenth century as well as written numerous journal articles on various aspects of eighteenth, nineteenth, and twentieth century madness.[57]

Museums of Madness, *one of Scull's earliest and most well-read texts, formed part of the chorus of revisionist history of psychiatry, appearing alongside Porter's early texts, and contributing to the body of literature which included and was inspired by (although critical of) Foucault. Scull's 1993 book is a return to the same subject with all the maturity and research experience gained in the past fourteen years.[58] Both the 1979 texts and the 1993 texts detail the emergence and growth of the psychiatric profession, making a strong argument that its ascension to authority was measure of its ability to assert expertise as a means of social control rather than as something emerging from any actual epistemological base. The weakest aspect of Scull's analysis, however, is his representation of psychiatry as a monolithic entity, following an evolutionary model of development. Although sharply critical of psychiatric knowledge, he constructs a straightforward historical narrative. He could have, but does not, employ some of the methodological techniques from the history of science, such as the analytical frameworks of Thomas Kuhn, Ludwig Fleck, Steven Shapin and Simon Schaffer, to evaluate conflicts within the profession and the social and cognitive processes by which various paradigms emerge, for a time, as dominant theories in the field and also capture the uneven geographical placement and dispersion of psychiatric expertise.[59]*

Scull, Porter, and their co-workers in the late 1970s and early 1980s are now the tip of the historical iceberg on asylums and general histories of madness and mad-

[54] Andrew Scull, *Madhouses, Mad-Doctors, and Madmen: A Social History of Psychiatry in the Victorian Era*, (London: The Athlone Press, 1981).

[55] Andrew Scull, *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective,* (Berkeley, CA: University of California Press, 1989).

[56] Andrew Scull, *The Most Solitary of Afflictions :Madness and Society in Britain, 1700-1900,* (New Haven, CT: Yale University Press, 1993).

[57] Jonathan Andrews and Andrew Scull, *Undertaker of the Mind: John Munro and Mad-Doctoring in Eighteenth Century England*, (Berkeley, CA: University of California Press, 2001), and *Customs and Patrons of the Mad Trade: The Management of Lunacy in Eighteenth Century London*, (Berkeley, CA: University of California Press, 2003).

[58] Andrew Scull, "Museums of madness revisited*," Social History of Medicine,* 6 (1993): 3-23.

[59] Thomas Kuhn, *The Structure of Scientific Revolutions*, 3rd. ed. (Chicago, IL: University of Chicago Press, 1996). Ludwig Fleck, *The Genesis and Development of a Scientific Fact*, (Chicago, IL: University of Chicago Press, 1979). Steven Shapin, Simon Schaffer, *Leviathan and the Air-pump: Hobbes, Boyle, and the Experimental Life*, (Princeton, NJ: Princeton University Press, 1989).

doctoring in Britain. Scholars begin to take seriously differences in the workings of the "mad-business" from one place to another, and also bring into prominence the tangled relationship between spatial "centre" and "peripheries" in the imposition of psychiatry and its institutions. Elaine Murphy has written on the administration of insanity in England during the nineteenth century, focused on the bureaucracy and administrative law rather than broader, Foucauldian social theorising, and also on the relationship between Poor Law and insanity in London.[60] Other scholars who have worked on the eighteenth and nineteenth century English Poor Law include David Wright in his essay on discharging pauper lunatics at the Buckingamshire Asylum[61] and Peter Barlett, who has also studied the relationship between the Poor Law and the asylums.[62] Another comprehensive text on the history of institutions in geographical context is Chris Philo's *A Geographical History of the Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales,* reaffirming Foucault's ideas in an English and Welsh context, arguing that asylums were a function of social power and the expressions of the power of medicine over infantilized patients.[63] Philo introduces a geographical sensitivity to the analysis he presents. This perspective is a cue for my own concerns with the specificity of the Highlands.

Historians have explored similarities and differences in insanity provisions between Britain and its greater periphery, its colonies, tracing concurrent lines of development from privately run madhouses to the creation of public asylums in the latter half of the century. Waltraud Ernst has examined colonial asylums in British India, designed for the "mad" European in South Asia.[64] In an African context, colonial psychiatry is discussed by Richard Keller in several papers, including "Pinel in the Maghreb: Liberation, Confinement, and Psychiatry in French North Africa"[65] and

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[60] Elaine Murphy, "The new poor law guardians and the administration of insanity in east London, 1834-1844," *Bulletin of the History of Medicine*, 77:1 (Spring 2003): 45-74. Elaine Murphy. "The administration of insanity in England, 1800-1870," in Roy Porter and David Wright eds., *The Confinement of the Insane : International Perspectives, 1800-1965*, (Cambridge, UK: Cambridge University Press, 2003), 334-49. Elaine Murphy, *The Administration of Insanity in East London 1800-1870,* Ph.D. thesis, University of London, (2001), 2 vols.

[61] David Wright, "The discharge of pauper lunatics from county asylums in mid-Victorian England: the case of Buckinghamshire, 1853-1872, in Joseph Melling and William Forsyth, eds., *Insanity, Institutions, and Society 1800-1914: A Social History of Madness in Comparative Perspective,* (London: Routledge, 1999), 93-113

[62] Peter Bartlett, "The asylum and the poor law: the productive alliance," *Insanity, Institutions, and Society 1800-1914: A Social History of Madness in Comparative Perspective,* in Joseph Melling and Bill Forsyth, eds., (London: Routledge, 1999), 48-68.

[63] Chris Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales*, (Lewiston, UK: Edward Mellen Press, 2004).

[64] Waltraud Ernst, *Mad Tales from the Raj: The European Insane in British India: 1800-1858,* (New York: Routldge, 1991).

[65] Richard Keller, "Pinel in the Maghreb: liberation, confinement, and psychiatric reform in French North Africa," *Bulletin of the History of Medicine* 79:3 (2005): 459-499.

also his book on psychiatry in French North Africa.[66] Through work such as this, as well as papers by Catherine Coleborne, Mark Finnane, Susan Piddock and Eric Cunningham Dax regarding Australia, and Emma Spooner regarding New Zealand, we can begin to see how well the English "story" about the development of institutionalisation and psychiatric treatment transfers to distant British colonies.[67] What this and similar lines of research has often found is that the colonies were sites of experimentation and improvisation with various methods of management. Some Australian asylums, for instance, were not necessarily purpose-built but rather modified from other types of buildings. Both Castle Hill Asylum in New South Wales and New Norfolk Asylum in Tasmania were originally constructed to house convicts. In the case of the former, the first attendants were also convicts, an example of that colonial practice of using anyone who was available. The colonial literature reveals a hodgepodge of asylum regimes, philosophies, and implementation of medical and moral management; suggesting that, when the asylums are far away from a site of central management and enforcement through bodies such as Lunacy Commissions, those in charge of the insane operate in accordance with their own local practices, traditions, and beliefs, while paying lip-service to the British asylum model.

Closer to Scotland, Finnane also brings out the relationship between the emerging theories of psychiatry and Britain's colonial relationship with Ireland.[68] Ireland, notably, had district asylums before they were built anywhere else in Britain or its colonies, and by the 1890s it had more district asylums than its neighbours. Finnane describes how a distinctive *lack* of localism characterized Irish politics, thus decisions made in Dublin and Westminster more readily impacted the whole country and faced less opposition from county gentry and politicians. It had other effects as well. For instance the Poor Law systems in both England and Scotland, implemented through local government or the kirk respectively, would not function in Ireland as the counties had ineffective local governments.[69] There was virtually no support via parochial boards and other local bodies for the insane poor, a vacuum for the asylums to fill.

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[66] Richard Keller, *Colonial Madness: Psychiatry in French North Africa,* (Chicago, IL: University of Chicago Press Chicago, 2007).

[67] Catherine Coleborn, *"Madness" in Australia: Histories, Heritage, and the Asylum,* (St. Lucia, QLD: University of Queensland Press, 2003). Eric Cunningham Dax, "The first 200 years of Australian psychiatry," *Australian and New Zealand Journal of Psychiatry,* 23:1 (1989): 103-110. Mark Finnane, "Asylums, families, and the stats," *History Workshop Journal,* 20:1 (1985): 134-148. Susan Piddock, "Convicts and the free: nineteenth-century lunatic asylums in South Australia and Tasmania (1830-1883)," *Australasian Historical Archeology,* 19, (2001): 84-96. Susan Piddock, *A Space of their Own: the Archaeology of Nineteenth Century Lunatic Asylums in Britain, South Australia, and Tasmania,* (New York: Springer Science, 2007).

[68] Mark Finnane, *Insanity and the Insane in Post-Famine Ireland*, (London: Croom Helm, 1981).

[69] Finnane *Insanity and the Insane*, 25.

Finnane discusses the implementation of the extensive Irish asylum system, as well as a social history of how the Irish constructed madness and the mechanisms of institutionalisation. He emphasises what made Irish provisions unique and how the Irish incorporated the asylums into their mental health culture.

I.3. The Scottish "mad-business" in the eighteenth and nineteenth centuries

A small amount of the insanity literature has brought Scottish asylums and Scottish provisions for the insane into focus, emphasising the apparent distinctiveness of Scottish provisions for the insane poor. However, this small corner of scholarship in the history of madness has not, in any great detail, delved into sub-national or regional variation. It has not made much out of the rural-urban divide, the Highland-Lowland divide, or the Gaelic-English (or Scots) divide. Martin M. Whittet, who wrote a small book about the history of Craig Dunain Hospital in Inverness for the hospital's centenary, is one of the few to address specifically Highland issues.[70] The book emphasises the importance of Gaelic language and Gaelic culture amongst both patients and staff. However, Whittet was a psychiatrist – the superintendent of the hospital in 1964 – rather than a professional historian, so this is not the most "academic" piece of history, and while he makes effective use of the sources he had available, such as Asylum Annual Reports, he did not have access to that many different types of sources. Nor was he covering the broader scope of the history of Highland management of the insane; rather, he presented a typically progressivist version of the hospital's history, from ignorance and brutality to (mid-twentieth century) knowledge and enlightenment.

Academics best known for the work on the history of madness in Scotland include R.A. Houston, Lorraine Walsh, and Jonathan Andrews. They all argue for a separate scholarship of Scotland, explaining that the management of lunatics there was substantially different to that in England, and all address aspects of the manner in which madness was socially constructed in a Scottish context. Their studies begin to get close to the substantive concerns touched in my thesis, while still leaving the Highlands as a relatively obscure region. Scotland had a separate legal system from that of England and Wales, played out in quite subtle, but importantly different versions of lunacy and poor laws, with a degree of autonomy in how it managed state-run institutions. By far the most extensive piece of work on the subject of Scottish insanity has been Houston's *Madness and Society in Eighteenth Century Scotland,* his opus scrutinising sheriff court

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[70] Martin M. Whittet, *Craig Dunain Hospital, Inverness: One Hundred Years, 1984-1964*, (Inverness: Robert Carruthers and Sons, Courier Office, 1964).

brieves, proceedings wherein people's mental competency was assessed in order to determine whether or not they were capable of managing their own legal and financial affairs, mainly in terms of owning property.[71]   Houston looks at all aspects of the testimony given by witnesses in court, usually people who knew the alleged mad person, in order to draw out the social construction of not only madness, but normativity. His methods provide guidance for my own study, and also fall in readily with Foucault's theories on abnormality, as what the witnesses were seeking for and testifying about clearly became conjectured as deviance from a norm. Houston casts a light on *a priori* assumptions about social norms made by the witnesses as they testify, as well as discussing what it meant to be mad in eighteenth century Scotland, both for the sufferers themselves and their families and communities, asking, quite critically, about how madness was known and visible to a community. His research, as the title indicates, is limited to the eighteenth century and also it does not venture far from the Lowlands.   Most cases come from Edinburgh and Glasgow, as well as rural Lanarkshire, the Lothians, and the Borders, which makes the subject of how madness was assessed in Gaelic communities distinct from his work.   Given the temporal framework in which he was working, Houston does not venture into the centralisation and medicalisation of the psychiatric care apparatus which occurred in the mid-nineteenth century.

On a smaller scale, however, Houston has engaged with nineteenth century developments in psychiatric medicine and the legal status of the insane. In a 2006 paper, he brings attention to the problem of the dangerous and criminal insane, which was regarded as a different class of person than the not-dangerous but merely poor insane.[72] Houston writes that boarding-out, the system of paying people to maintain lunatics in their home, occurred more frequently in Scotland than elsewhere but then explains that dangerous lunatics, who were not boarded-out for obvious reasons, are useful for studying the development of asylums since they usually required institutional care. "Dangerousness" in Scots law was usually ascertained through a criminal trial, either determining whether the accused was fit to stand trial or, if he or she was, if they had committed the crime with intent.[73]   Prior to the 1740s, there were no asylums in Scotland so dangerous lunatics were housed in jails.   Houston's contention is that, in spite of having few statutory provisions for lunatics, Scottish authorities nonetheless managed dangerous lunatics through these existing but often complex poor law

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[71] R.A. Houston, *Madness and Society in Eighteenth-Century Scotland.*
[72] R.A. Houston, "Poor relief and the rangerous and criminal insane in Scotland, C. 1740-1840," *Journal of Social History*, 40:2 (2006): 453-476.
[73] *Ibid*. 457

structures. His case studies exemplify how the kirk session and civil authorities handled dangerous lunatics in the absence of specific legislation. Later in the nineteenth century, legislation became more refined and asylums more numerous, reflecting changing ideology and circumstances about the role of the state and community in caring for and treating the insane. Importantly, Houston challenges the dichotomy in the historiography between national and local, church and secular, family and strangers. Instead, he insists that care occurred along a continuum, often utilising more than one resource.[74] My own research for the mid-to-late nineteenth century Highlands also suggests that a similar continuum existed well into the later Victorian period, if not longer.

Walsh has contributed a chapter examining the development and management of Dundee Royal Asylum, an institution founded in 1812, and Andrews has written several similar analyses of Glasgow Royal Asylum as well as discussing the history of the Scottish Lunacy Board.[75] He has also edited (and written in) a volume of essays on Gartnavel Royal Hospital, published for its 150th anniversary.[76] While similar in many respects to English public asylums, the Scottish asylums nonetheless possessed distinctive elements, and therefore they deserve special attention. Scotland was much slower than England and Ireland to accept institutionalisation as the best solution for dealing with "problem" populations like the poor and insane. It had a system of poor relief sustained through charitable and voluntary endeavour, structured around the kirk and the parish.[77] Funds raised through the kirk would be used to care for lunatics within the homes of families, the previously mentioned "boarding out" system.[78] This system, prevalent in the eighteenth century, was operated to some degree throughout the nineteenth century and, in the Highlands, to quite an extensive degree until the 1860s. Walsh suggests that industrialisation and population rise in Scotland's cities put pressure on the kirk funds, the end result being that they had to find another way to provide institutional care for the insane, with the asylum providing the solution. The

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[74] *Ibid*. 467

[75] Lorraine Walsh, "'The property of the whole community.' charity and insanity in urban Scotland: the Dundee Royal Lunatic Asylum, 1805-1850." in Joseph Melling and William Forsyth, eds., *Insanity, Institutions, and Society 1800-1914: A Social History of Madness in Comparative Perspective,* , London: Routledge, 1999), 180-199. Jonathan Andrews, "Raising the tone of asylumdom: maintaining and expelling pauper lunatics at the Glasgow Royal Asylum in the nineteenth century." Melling and Forsyth, 200-222. Jonathan Andrews, *They're in the trade … of lunacy, they "cannot interfere" - they say': The Scottish Lunacy Commissioners and Lunacy Reform in Nineteenth-Century Scotland*, Wellcome Institute for the History of Medicine; Occasional Papers No. 8, (London: Welcome Trust, 1998).

[76] Jonathan Andrews and Iain Smith, eds., *Let There be Light: A History of Gartnavel Royal Hospital from its Beginnings to the Present Day*, (Belfast: University of Ulster, 1993).

[77] Walsh, "Property of the whole community," 181.

[78] For a more detailed study of boarding-out, see Harriet Sturdy, "Boarding-out the Insane, 1857-1913: A Study of the Scottish System," PhD Thesis, University of Glasgow (1996).

Scottish asylums were founded by lay people and it was only as late as the 1830s and 1840s that medical men asserted control.[79] General dislike of English interference as well as pride in the kirk session system fuelled Scottish opposition to attempts to reform the system until finally, in the 1850s, it was conceded that an asylum system based on a few royal asylums in the main towns and cities, together with a chaotic mix of parochial arrangements, was inadequate for dealing with large numbers of pauper lunatics.

In addition to the establishing Scotland's distinctiveness, Andrews grapples with the management and treatment of Glasgow Royal's pauper lunatic population.[80] The article follows the history of Glasgow Royal, from approximately the establishment in 1857 of the Scottish Lunacy Commissioners to the radical reorganisation of Glasgow's lunacy board in the late 1880s. Unlike Walsh, but useful for my work, Andrews contextualises the asylum's history within both Victorian ideological frameworks and the economic and social forces of localism, urbanisation and the weakening influence of the kirk.[81] He has expounded in more detail on the institutional history of the Scottish Lunacy Board in his 1998 book.[82] This text brings out both the successes and failures of the board and provides a bureaucratic history of the medico-legal establishment in Scotland. It is closely tied with the work that he and Walsh have done on the poor laws, and reasserts the ubiquitous theme of the ongoing but uneven professionalisation of psychiatry.

All of this work by Walsh, Andrews, and Houston indeed attributes most of the developments in care of the insane to industrialisation and urbanisation. The historiography leaves the rural Highlands and Islands alone, but alludes that lunatic management in those areas might be quite different, as they remained significantly "underdeveloped" (within the paradigm of Victorian ideas of "modernity") and isolated throughout the entire nineteenth century. How much Victorian sensibility about mental illness affected Gaelic society remains unanswered by the historiography. Problems associated with poverty were just as acute in the Highlands, if not more so, as less infrastructure existed to cope with them.   Houston's article lightly touches upon the problems associated with rural landlords and poor relief, stating that "well-off rural Scots were prepared to pay towards the maintenance of the poor only provided their

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[79] Walsh, 185.
[80] Andrews, "Raising the tone of asylumdom."
[81] Andrews points out in one instance that more effort was expended in prioritising private asylum accommodation over pauper accommodation because it was believed that the lower classes had no capacity for appreciating "the superior comforts of the richer classes" (217). It was also believed that low morality, which was something the poor apparently suffered from more than the wealthy, contributed to insanity, whereas degraded socio-economic conditions did not.
[82] Andrews, *They're in the Trade*.

giving was voluntary and their control over its destination was clear."[83]   As stated above, however, his case studies are all from Edinburgh and the Lothians, while Andrews and Walsh's chosen asylums are in industrial cities. In short, madness in the Highlands remains more or less unexplored by academic inquiry.

I.4. A Historiography of Scotland

Scholarship in Scottish history, to which I now turn briefly, emphasises the fact that Highland and Lowland Scotland may as well have been two separate countries even though none of the psychiatric scholarship really contends with this problem.   In order to make a strong case that insanity is culturally constructed and is best understood in its social and historical context, a thorough knowledge of Scottish social history configures this thesis. I examine several strands of literature, all of which construct the Highlands and Lowlands as two separate, but deeply interrelated, political, economic, and social entities.

Finnane has made the case that the social upheavals in nineteenth century Ireland very much informed their understanding of insanity.[84] Scotland too underwent dramatic social changes.   Historians such as T.M. Devine, Michael Fry, Robert Dodgshon, and Eric Richards, have studied patterns of social change in the Highlands, tracing the shift from a "feudal" to a capitalist society that occurred in the eighteenth and early nineteenth centuries and resultant conflicts, such as 1715 and 1745 Jacobite rebellions, the Clearances, and the Crofter's War of 1880.[85] They attribute the motor of change in the Highlands being driven by events in the industrial Lowlands. Devine adopts a broadly demographic method of analysis, focusing on the impact of economics on the migration and structure of society, while Fry's analysis of the same events reflects an interest in social history and social and political relations. Richards looks at the Clearances, working from more a broadly social history perspective. They all make the case that there was no one "Clearance," but rather that the migration, forced and otherwise, followed different patterns in different parts of the country.   Richards' examination of these events lodges at both micro and macro-levels, looking at

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[83] *Ibid*. 454.
[84] Finnane, *Insanity and the Insane.*
[85] T.M. Devine and Thomas Martin. *Clanship to Crofter's War : the Social Transformation of the Scottish Highlands*, (Manchester, UK: Manchester University Press, 1994). Eric Richards, *The Highland Clearances*, (Edinburgh: Birlinn Ltd. 2008). Ewen A. Cameron. 'Embracing the past : the Highlands in nineteenth century Scotland," in Dauvit Braun, Richard J. Finlay, and Michael Lynch, eds., *Image and identity : the Making and Re-making of Scotland through the Ages*, (Edinburgh: John Donald, 1998), 195-219.

demographic patterns of population movement as well as individual case histories. Dodgshon, an historical geographer, has also scrutinised the social and economic change redefining the Highlands between 1493 and 1820, specifically engaging with the impact of the Clearances on social and economic infrastructure.[86]

Jane Dawson and Malcolm Chapman have researched identity and the Highlands and idealised notions of Victorian "Highlandism."[87] Dawson's 1998 paper discusses the emergence of a Gaelic identity during the early modern period. She argues that the division between Highlands and Lowlands is an early modern construction. In order to make her case, she explains that medieval Scots who spoke Gaelic had a social identity based upon kinship groups and clan membership, as well as geographic location. They also had strong connections with Irish Gaels, reinforced through "a network of seaborne communications which connected the constituent parts of the Gaelic world."[88]

One of the more significant Gaelic clans of the early medieival period was Clan Donald, which gained control of much of the Western Isles and the west coast from the Vikings after the Battle of Largs in 1263 and took the title of "Lord of the Isles." The Lordship of the Isles was a significant political and governmental entity in Medieval Scotland and Britain, nominally under the King of Scotland but treated as a semi-autonomous entity until 1493 when the last Lord of the Isles, James MacDonald II, had to forfeit his title and estate to James IV of Scotland. During this period of relative stability, hereditary scholary classes thrived, including bards, judges, pipers, and, notably for the purposes of my research, physicians. Literate Gaels served as physicians to their clan chiefs, read Latin and Gaelic, and had epistemic connections with classical medicine as it was studied and understood elsewhere in Europe; for instance relying on medical texts such as Bernard de Gordon's *Lilium Medicine* (Fig. 1.1) and manuscripts from Hippocrates, Avicenna,

Fig. 1.1. A page from a Gaelic translation of Gordon's *Lilium*, circa 1600.
(Source: National Museuems of Scotland)

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[86] Robert A. Dodgshon, *From Chiefs to Landlords: Social and Economic Change in the Western Highlands and Islands c.1493-1820*, (Edinburgh: Edinburgh University Press, 1998).
[87] Jane Dawson, 'The Gaidhealtachd and the emergence of the Scottish Highlands', in B. Bradshaw and P. Roberts, eds., *British Identity and British Consciousness*, (Cambridge, UK: Cambridge University Press, 1998), 259-300. Malcolm Chapman, *The Gaelic Vision in Scottish Culture*, (London: Croom Helm, 1978).
[88] *Ibid*, 262

Averroes, and Galen, many of which were translated into Gaelic. John Bannerman has written extensively on what is arguably the most well-known of these hereditary physician families, the Beatons.[89] The first half of his book records the geneology of various lines of the family, and the second half contends with their training, their role in society, and their written medical tradition, which seems to have survived until the late-seventeenth or early-eighteenth century. They even had schools, in which the study of and training in medicine was carried out and often students were made to transcribe the manuscripts into Gaelic.[90] According to Bannerman, a visitor to South Uist in 1695 reported Fergus Beaton as having Gaelic manuscripts of Avicenna, Averroes, Gordon, Joannes de Vigo, and Hippocrates.[91] In any event, Bannerman suggests that these scripts were "a striking demonstration of of the importance of the medieval learned orders, and therefore of their schools, in the very maintenance of literacy."[92] Although he discusses the manuscripts themselves and the learned culture to which they belonged, Bannerman does not provide many concrete eamples of the cures provided. He does, however, discuss the decline of the hereditary physicians (along with other hereditary learned men) during the seventeenth century, a decline that increased rapidly during the turbulent eighteenth century. Fergus Beaton of South Uist, mentioned above, was one of the last Beaton doctors "fully trained in the traditional manner who can certainly be identified as practicing professionally in the eighteenth century."[93]

Medicine declined rapidly in part due to the existence of "modern fashion in medicine in Lowland Scotland" and also the increating Anglicisation of Highland nobility and politics cannot be discounted.[94] After James IV allied himself with the Duke of Argyll, removing the Lords of the Isles from power and breaking up their lands, the kings of England and Scotland played a more significant role in the Highlands, often through their allies who were sympathetic or, in the very least,

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[89] John Bannerman, *The Beatons: A Medical Kindred in the Classical Gaelic Tradition,* (Edinburgh: John Donald, 1986).
[90] *Ibid.* 98.
[91] *Ibid.* 121
[92] *Ibid,* 111.
[93] *Ibid,* 121. Bannerman qualifies this statement, adding that Francis Beaton can only "just" be identified as the last hereditary physican in the medieval tradition because it is likely that Donald Beaton and the hereditary family "in the persons of John and Neill MacLean" were serving Sir Donald MacDonald of Sleat in 1716. Additonally, Norman McLeod of Dunvegan seemed to be employing the Morisons of Skiniden on Duirinish, who had been practicing in Dunvegan on a hereditary basus from the last quarter of the seventeenth century. The last physician of this family, Alexander, born in 1717, was an estate factor for the McLeod's of Dunvegan, in addition to a physician, before he emigrated to North Carolina, "compelled ... by the modern way of improving estates in Scotland." (122-123). He may have had some training in the "old ways,: as he admitted to being able to read Gaelic manuscripts "in the old Gaelic character, but it was only with difficulty." (124).
[94] *Ibid,* 124.

opportunistic lairds in the region.[95]   James VI, especially, pushed the power of the Crown further into the north of Scotland, for instance requiring chiefs to produce a legal title to the lands they held. Some clans, such as the McLeods of Lewis, never had one and the king confiscated their lands, regranting them to a group of Lowlanders in the hope they could turn the bogs of Lewis into fertile pasture.[96] Then in 1608, James sent a naval expedition to the Highlands in order to execute laws and collect rents for the king, in his capacity as Lord of the Isles. One of the more significant events was the "kidnapping" of twelve clan chiefs, held captive in Lowland castles until they accepted nine statutes laid out for them by Archbishop Andrew Knox. The Statutes of Iona, as they were known, may or may not have been enforced, but they brought the Highland chiefs that much closer to the "hearth of a modern Scottish state" and can be viewed as a significant step along the road away from any kind of sovereignty and towards marginalisation.[97] Dawson thus singles out the seventeenth century as the time when the identity of the Gaelic-speaker and the Highlander became fused; while it had some basis in geography, it was mainly fuelled by changing economic and political conditions.

Devine and other historians have noted that the rate of social change accelerated significantly in the latter half of the eighteenth century after the Jacobite Uprising and the repression which followed.   This greatly accelerated the decline of the clans, both politically and economically, and the Highlands withdrew even further into the political periphery of Britain, now far removed from the fourteenth century when the Lords of Isles and other powerful clan chiefs played a significant role in Scottish politics.[98] The Edinburgh-based arm of British rule also held this view, and during the eighteenth and nineteenth centuries used rhetoric such as the "Highland problem" to describe the social and economic situation in the north, and the discourse painted the Highlands as a wild and remote region. With the entrenchment of separate Highland and Lowland identities came hostility towards the "other," despite, and partially because of, frequent contact. While kings of Scotland up until James IV had spoken Gaelic and dealt with the Lord of the Isles and other chiefs as nearly autonomous sovereign entities, James VI had no Gaelic and a view towards the Highlands as a savage and barbaric region requiring taming and Anglicisation. Parliament, for instance, passed the Act for the Settling of Parochial Schools, which declared that "Inglishe" be taught in schools and the "Irishe

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[95] Cregeen, 153.
[96] Fry, 12. They could not and eventually sold their interests to MacKenzie of Kintail, more of a sympathetic ally to James VI and MacKenzie was later made by James into the Earl of Seaforth.
[97] *Ibid,* 14.
[98] Devine, 172.

language" "may be abolishe and removeit."[99] Hence from about 1616, Gaelic was associated with Ireland, the "other," and effectively removed from the discourse of a "civilised" Scotland. This construction of Highland and Lowland identities – alongside the economic and social disparities between the two regions, strengthened by industrialisation in the Lowlands, the Enlightenment, and economic difficulty such as famine in the Highlands – was a well established fact of life for nineteenth-century Scots.

Chapman's work on folklore, "Celticism," and the Romanticist construction of the Highlands also influences my later discussions of folklore and identity. Chapman conducts further investigation into this "other," the "Highlander" as constructed by Victorian romanticists, folklorists, and natural scientists, all with widely varying agendas. He offers a thorough exposition of not only folklore collection, but also its intellectual roots, finding ontological groundwork in the Enlightenment and in the dichotomy of realist and Romanticist philosophies dominating eighteenth and nineteenth century intellectual life. Much of this book is centred on what Chapman refers to as "how the Highlander has come to occupy this paradoxical place in Scottish and British history."[100] This theme manifests in how, on the one hand, since the eighteenth century "Scottish people increasingly looked to the Highlands to provide a location for an autonomy in which they could lodge their own political, literary, and historical aspirations," while, on the other hand, the population of the Highlands was being scattered due to social and economic deprivations, Gaelic was being actively discouraged, and the Highlands were often viewed as "the barbarous antithesis of southern civilisation."[101] A more thorough discussion of Chapman's work will ensue in the empirical chapters on folktales and folk cures.

Additionally there is an ocean of literature about the spread and influence of Christianity in Scotland during the early modern and modern periods. The Church of Scotland, later the Free Church of Scotland, and – in some areas such as Barra, South Uist, and Knoydart – the Catholic Church dictated behaviour and social mores, influenced and reinforced gender distinctions, putting strict prohibitions on sexuality and other licentious behaviour such as drinking, but at the same time promoted literacy and education so that Scotland had one of the highest literacy rates in nineteenth century

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[99] Fry, 15.
[100] Chapman, 9.
[101] *Ibid*, 13.

Europe.[102]   Normative values in Scotland were found in the dominant religions; and, when madness appeared, it frequently manifested itself as delusion and hallucinations filled with vivid religious imagery.

Much religious historiography has contended that the peculiarities of Scottish Protestantism set it apart from Christianity in England and Wales. However, this argument has been challenged by historians like Callum Brown in his study of Scotland's religious identity and Linda Colley in her broader overview of British identity. They have contended that, while the 1707 Act of Union preserved the Church of Scotland, there was a significant amount of evangelical interchange between England and Scotland.[103] Looking at a wider European scale, they have also suggested that English and Scots shared a Protestant culture, existing in opposition to the Catholicism of their European neighbours. Religion, however, has never been far divorced from politics; the civil wars from the time of the Glorious Revolution to the Jacobite Uprising reflect the morass of shifting political allegiances, blood feuds between various clans, as well as religious conviction.[104]

Historians such as George Robb have continued to argue for the uniqueness of Scottish Presbyterianism, for instance asserting that the Highlands "remained on the fringe of Christian Europe well into the eighteenth century."[105] He differentiates Highland and Lowland religious beliefs, suggesting that, prior to the eighteenth century, religion in the Highlands was a combination of Christian and Pagan elements, interlaced with folk mythology, superstition, and ritual. On the other hand, Lowland Presbyterianism in the seventeenth and eighteenth centuries was influenced by the stringent mores of the Calvinists (this would later come to the Highlands through the evangelical revivals of the nineteenth century). Robb's work reflects interest in how the Presbyterian Church increased its power in the Highland and Islands. By the mid-nineteenth century it had a firm, if not entirely stable, foothold throughout Scotland. This instability is marked by events such as the 1843 rupture, the Disruption as it was known, when the Established Church split as a result of internal disagreement and the more evangelical wing became the Free Presbyterian Church of Scotland, or the "Wee Frees" as they were (and are) colloquially called.

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[102] Ian Smith, John W. Sawkins, Robert I. Mochrie, "Money, sex and religion : the case of the Church of Scotland," *Scottish Journal of Political Economy*, 54:2 (2007): 195-219. T.M. Devine, *The Scottish Nation*.

[103] Callum Brown, *Religion and Society in Scotland Since 1707*, (Edinburgh: Edinburgh University Press, 1997), 189. Linda Colley, *Britons: Forging the Nations, 1707-1837,* (New Haven, CT: Yale University Press, 2005).

[104] For a detailed, blow-by-blow account of the conflicts in this period, see Fry, 16-80.

[105] George Robb. 'Popular religion and the Christianization of the Scottish highlands in the eighteenth and nineteenth centuries'. *Journal of Religious History*, 16:1 (1990): 18-34.

Fry and Devine also contend that evangelicalism emerged as a defining characteristic of West Highland Christianity. Around and after the time of the Disruption, revival swept through the Hebrides and the Northwest. However, it should be noted that forms of evangelicalism, imported from the Lowlands in the seventeenth century, had existed in the Highlands prior to the Disruption. The Society for Propagating Christian Knowledge (SSPCK), the evangelising wing of the Established Church that regarded itself as being on a mission to bring the gospel to the Highlands, set up numerous religious schools.[106] Indigenous religious influences also appeared in the form of *Na Daoine,* or "The Men," lay preachers who were instrumental in converting entire communities to evangelicalism. They first appeared in Easter Ross in the 1740s and remained a powerful force throughout the nineteenth century. Indeed, Robb contends that: "The advance of confessional religion owed much to the proseletysing influence of the Kirk and the schools, but it benefited from the disruption of Highland Society which followed Culloden."[107] Social disruption and economic deprivation primed the region for evangelicalism, and "superstitious and folk beliefs became vulnerable to displacement."[108]

While not initially involved in the split which took place in the Kirk in the Lowlands, *Na Daoine* later became associated with the Free Church and were instrumental in winning many people in the Hebrides (except for Barra and South Uist, which were primarily Catholic) and the Western Highlands over to the Free Church and thereby establishing its influence there. Unlike the Established Church during the turn of the century, which insisted the Gaels learn English in order to understand the Bible, the "Wee Frees" encouraged Gaelic-speaking ministers and even published a Bible in Gaelic.[109] The Church of Scotland, on the other hand, had a policy during the early nineteenth century of discouraging Gaelic. The SSPCK sent English-speaking ministers and teachers to the Highlands in an effort to drive Gaelic to extinction. Eventually, the anti-Gaelic approach was abandoned as completely impractical and the Established Church tried to recruit Gaelic-speaker ministers, which it did only slowly and sporadically. The cultural and linguistic distance maintained by the Established Church was one of the reasons why many Highlanders turned to the Free Church in the years immediately following the Disruption. Additionally, the Established Church had, in

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[106] There were sixty-nine schools by 1748. Source: Society for Propogating Christian Knowledge List of Schools, Highland Folk Musuem, http://www.ambaile.org.uk/en/item/item_page.jsp?item_id=17297.
[107] Robb, 30.
[108] *Ibid.*
[109] It would so happen that one of the prominent folklore collectors of the late Victorian era, John Gregorson Campbell, was such a minister; a native Gaelic-speaker from Argyll who spent most of his career in the parish of Tiree and Coll.

some instances, failed to side with its parishioners at the time of the Clearances, and, as Robb observes, this "further alienated the Highlanders from the Establishment."[110] The evangelical message gave communities, wracked by Clearance and famine, hope in the message that suffering in this life must be endured in order to achieve eternal salvation. The Established Church was associated with the power of the landowning classes; thus the rush of crofters and labourers into the Free Church was a kind of political defiance.

Historians have harnessed the above explanations to illuminate why the Free Church gained a much larger following in the Highlands than the Lowlands. Such academics include Alasdair Roberts, David Paton, and Ian MacDonald who have written about how aforesaid religious practices in the Highlands diverged from that elsewhere in Britain, given the geographic isolation, the dominance of Gaelic (until the twentieth century) and the belief in the supernatural that refused completely to give way in spite of the better efforts of the Presbyterians.[111] The prominent role of religion and that particular strain of Highland evangelicalism yields insights about the social construction of insanity, normativity, and responsibility. While the Scottish historiography has explored both religion and madness, it has not integrated them in any substantial way, in spite of the amount of existing research on religion and the frequency with which religion was used as a litmus test for people's reason, or lack thereof. It was both a cause and a cure for madness.

Devine and Fry develop the broader theme of how the aggregation of state power in the Highlands was an ongoing process, catalysed by the 1707 Act of Union and 1745 Rebellion but continuing throughout the nineteenth century. From schools, to roads, to the Poor Law, to famine mitigation in the 1840s and 1850s, and of course to management of the insane and imbeciles, the government had been taking an interest in and control over aspects of Highland life that had previously been the purview of the Church or the landlords.[112] Several examples directly relevant to the how the insane were managed include criminal justice and the provisions for the poor. Historically,

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[110] *Ibid.* 32.

[111] Alasdair Roberts. "Mass in the kiln*," Innes Review*, 41:2 (1990): 227-229. Alasdair Roberts, "Whisky and priests in the Highlands," *Northern Scotland*, 24 (2004): 17-44. David Paton. "The myth and the reality of the 'Men:' leadership and spirituality in the northern Highlands, 1800-1850," *Records of the Scottish Church History Society,* 31 (2002): 97-144. Ian R. MacDonald. "Aberdeen and the Church in the Highlands," *Records of the Scottish Church History Society*, 32 (2002): 71-9. Ian R. MacDonald, *Glasgow's Gaelic churches: Highland Religion in an Urban Setting 1690-1995*, (Edinburgh: Knox, 1995).

[112] This increase of state control culminated in the Crofter's Act of 1886. It fundamentally altered relationships between tenants, landlords, and the role of the state in the Highlands. It was, in a way, the conflagration of a shift in power relations in the Highlands that had been ongoing for about a decade. The nearly absolute power of landlords gave way to the power of the state. Thus, the axis of power changed from one of landlord and tenants to one of government and people. From the 1880s, the state would regulate the relationship between landlords and tenants and was the ultimate arbiter in any conflict.

criminal justice was arbitrated by the lairds in Burgh Courts, but this was done away with by the Heritable Jurisdiction Act (1746), which transferred these powers to sheriffs who were crown appointees. The transformation of power contained in the Heritable Jurisdictions Act meant that the lairds or clan chiefs were no longer the completely paternalistic landlord, arbitrator, and judge for their tenants. In terms of poor law administration, support for the poor had previously been solely in the hands of the kirk and the laird, but in 1843, it was reconstituted with local – but secular – parochial boards. In some areas the kirk and the landlord still played a role and paid into poor relief funds, but usually the poor law was administered by the parochial board. Both of these, and many other changes which took place in the Highlands, indicate greater responsibility and power of the state and the secular over the previously existing types of local authority. As with other Western European polities, there was simply a more powerful state by the end of the nineteenth century and far less political capital and rhetoric invested in notions of *laissez-faire*, the benefits of a complete free market, and Victorian individualism. It was accepted that the state can and should regulate such things.

Power was not only reconstructed by legislation such as the Heritable Jurisdiction Act and parochial boards, it was being reconstituted throughout the social fabric, as the clan system, essentially a form of feudalism, was replaced by a mercantilist economy. The traditional Gaelic township, known as a *baile,* consisted of a settlement of tenant farmers, cottars, and domestic servants, who had communal land holdings and farmed using runrig techniques. In the final quarter of the eighteenth century, communal townships were transformed. Along the Great Glen, the Black Isle, and Southern Highlands, a class of independent farmers emerged and with them a class of labourers who worked for them. It was a similar system to how farms were structured in the Lowlands, but the farms were generally smaller and poorer.[113] In the West, Northwest, and Western Isles, the *baileanna* were divided into smallholdings – crofts – possessed by single tenants. The grazing land remained communal but the runrig farms were divided into separate holdings too small to fully support a family, thus requiring people to find work as labourers elsewhere, most commonly on larger farms or in the fishing and kelp industries, and earn an income.[114] By the time asylums were built in Inverness and Lochgilphead, this was a well-established economic system

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[113] Fry, 153.

[114] Devine, *The Scottish Nation,* 182. It should be emphasised, before any further discussion of Clearance ensues, that Highland peasants had never been wedded to any static idea of owning land. Possession in land was by custom or short annual leases, and the "local" law, unlike in the Lowlands and elsewhere in Europe, offered peasants very little protection. Chiefs traditionally moved their people about as a result of gaining land from or losing land to their neighbours.

and a glimpse of it can be seen through the window of asylum registers which list people's occupation and social status. The vast majority of male asylum patients were labourers and crofters, and female patients were domestic servants.

Carving crofts out of runrig farms resulted in numerous evictions and it was relatively common for communities to be moved from inland glens to moorland and seaside areas where they were expected to live on fishing and potatoes. While some of these settlements were harsh, barely sustainable, people were not always sent to try to scrabble a living from virtually nothing. The energy for "improvement" in the Highlands during the beginning of the nineteenth century cannot be over-emphasised. People regarded as "improvers" such as Henry Dundas and the Duke of Argyll viewed their work as a philanthropic undertaking. It was for the people's own good, with added benefits such as developing a population with maritime skills that was useful for the navy, as well as fisheries, and diversifying the Highland economy; in its current form around the turn of the century, it struggled to sustain the growing population.

Thus the period between the late-1700s and 1880s saw a mass depopulation of the Highlands. While many Highlanders were indeed forcibly removed when the estates on which they lived were sold or reorganised for commercial purposes – the worst excesses of the Clearances – others took upon themselves to leave for the Central Belt, England, North America, Australia, and New Zealand. An 1831 census of Argyllshire revealed a population of 100,973, but by 1881, this was reduced to 76,468.[115] Even as Highland landowners were selling their estates and many Highlanders were leaving, social welfare mechanisms such as poorhouses, funds for poor relief (which included funds to provide care for the insane), and public hospitals were being built, such as the Northern Royal Infirmary in Inverness. In the meantime, the Highlands were looked to as an economic arm of the British empire, a provider of raw goods such as wool, timber, kelp, and fish. The reorganisation of land and power led to an increasing population of wage labourers, which worked well when the industries in question were booming, but also resulted in sharp increases in destitution when those industries crashed or withdrew.

Foucault has argued that the treatment of the insane is illustrative of power relations between those with the power and those who are the object of power. In most regions of Britain, especially after the eighteenth century, the state was the dominant shareholder of power. In the Highlands, the arm of state and bureaucratic power was slower to impact the region than it was elsewhere, and the empirical data shows that the

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[115] Alexander Mackenzie, *The History of the Highland Clearances,* (Inverness: A&W Mackenzie, 1883; reprint, Edinburgh: Mercat Press, 1991), 525.

insane were long dealt with by local authorities and managed according to local custom and belief. The increasing role of the state in other areas, due to the decrease in the power of lairds until they became little more than landholders, inevitably led to its increasing role in dealing with lunacy, although it very much interacted with local categories and customs and, as we will see, it did not always have the final word.

Madness cannot be excised from culture, since both its treatment and its manifestation is defined by the mad person, their community, and those given the power and knowledge to treat it. The expansion of "modernity," and the modern state, as briefly described here in the more holistic sense of Highland history, and its interactions with existing cultural themes and practices, is the theme that reappears throughout this thesis on Highland madness. My research traces the emerging "top-down" system of managing madness in the Gaelic regions of Scotland, the imposition of modern bureaucracy and medical paradigms, of Lunacy Commissioners, dangerous lunacy laws, asylums, and so on. But this was a two-way dialogue. Much as Highlanders turned imports like crofting and Protestantism into very much their own cultural symbols, contextualising it within the Highland environment and geography, they adopted the "new" forms of madness, and put their own stamp and identity on its management and interpretation, both in and out of the asylum.

II. Analysis and critique of primary source material

This section reviews the primary material used in this thesis. It is composed of archival material based in six cities and towns in Scotland, as well as material published in books and digitalised in online archives. These locations are the National Archives of Scotland in Edinburgh, the School of Scottish Studies archive in Edinburgh, NHS Strathclyde Archive in the Mitchell Library, the Special Collections of Glasgow University Library, NHS Highland Archive at Raigmore Hospital in Inverness, the Highland Archive in Inverness, the Inverness Library, the Argyll and Bute archive in Lochgilphead, the Argyll and Bute Asylum archive in Lochgilphead, the Lochaber Archive in Fort William and the Skye and Lochalsh Archive in Portree. Other primary material came from digital collections, including Tobar an Dualchais, the New Statistical Accounts, the House of Commons Parliamentary Papers, and the Inveraray

Jail Prison records.[116] Asylum case notes, admissions reports, asylum general registers, procurator fiscal and police records, were all handwritten. The folklore material came from published sources, both recent publications and older but digitalised nineteenth century collections. All of the material used is in English, although a substantial amount of information has been translated, usually at the time it was initially recorded, from Gaelic. Information from sources in archives was transcribed into a Microsoft Word (or Excel, in the case of the registers of Inverness District Asylum, Argyll and Bute Asylum, and Gartnavel Asylum) document for later analysis.

The majority of written material on the treatment and management of mental health in the Highlands comes from the authorities in a governmental and/or medical capacity, which contributes to a "top-down" perspective on how insanity was understood. However, many of the sources discussed here document folkloric practices and tales which promise, with caveats, a "bottom-up" point of view on the treatment of insanity. Sources such as asylum admissions documents, which took testimony from an alleged lunatic's friends, relatives, and neighbours in order to determine whether or not the person was dangerous, in effect incorporate elements of both perspectives. This project brings the "top-down" and "bottom-up" together, formulating a picture of what constituted the nature of responses to "madness," as well as normality, in the Highlands during the social upheavals of the nineteenth century.

The majority of data gathered from archives in this project covers the initial period in the middle of the nineteenth century when the mad Highlander was no longer only regarded as a problem for his or her family and immediate community, dealt with solely on a local level. However, the folkloric material covers a much longer, if rather indeterminate, timeframe. Lunacy became a problem for society as whole and subject to ideas, institutions and legal procedures with jurisdictions encompassing more than a handful of parishes. The discourse about the mad Highlander had its own flavour but when medical paradigms of madness and its treatment were brought to the Highlands, they had foundations in the discourse about insanity found throughout Great Britain and Europe. Yet, the data held in the above-named archives indicates that this sort of trans-European discourse had little, if any, effect on how mad Highlanders were treated

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[116] New Statistical Account, http://edina.ac.uk/stat-acc-scot/; House of Commons Parliamentary Papers, http://parlipapers.chadwyck.co.uk/marketing/index.jsp.; Tobar an Dualchais, http://www.tobaranndualchais.co.uk; Inveraray Jail, http://www.inverarayjail.co.uk/ the-jails-story/prison-records.aspx. A recent revisit to the Inveraray Jail's website, where these records were originally accessed, has revealed substantial changes to the search interface for the records with negative implications for future research. Catering to the "genaeology tourist" industry, the website only appears to permit searching for prisoners by name or age, whereas when I conducted this research in Autumn of 2008, one could access and scroll through the entire database.

before the 1820s. Scant written documentation remains describing what exactly Gaelic communities did with their insane pre-1820. What there is exists in the form of folktales and folklore and the occasional acknowledgement of a lunatic in kirk session records, indicating that the church was giving the relatives money to support him or her (a system that would in one form or another remain in Scotland until the early twentieth century, with now a version of it seemingly making a comeback). As the nineteenth century progressed, sources offering glimpses of the mad increase greatly due to the burgeoning bureaucracy of the British state, as outlined previously, its expanding influence in the Highlands, and its culture of documenting all of its processes, from sheriff records of detaining a problematic individual to medical reports and asylum case notes following the lunatic's progress into the asylum.

The care and management of the insane by the mid to late-nineteenth century can thus be described as a discursive encounter between the "ordinary people," faced with the difficulties posed by a mad member of their community, and the state, together with the medical profession. Hence the importance of Foucault's work in *Abnormal* to this project, as he outlines the discourse emerging out of and defining these processes. The kind of lunatic which inhabited the nineteenth century effectively emerged out of this discursive and provincial exchange, which was both geographically specific to the Highlands but reached into developments in caring and understanding the insane that were permeating discourse about the mad in the rest of Britain.

II.1. Folk tales and Folk medicine

Folk tales and accounts of "folk" remedies for insanity constitute the main body of the evidence for how Gaels constructed and treated madness before modern conceptual models thereof made inroads into the Highlands and Islands. Early-modern Gaelic culture was primarily an oral one, and the geography of the Highlands was very much known through stories and songs. A more extensive discussion of the practice of collecting items of folklore will ensue in the empirical chapters, but it is certainly vital to appreciate the context of the folklore, as well as that of its collectors and translators. The tales and descriptions themselves cannot be precisely dated, but were for the most part collected and published in the latter half of the nineteenth century. These stories are generally instructive, undoubtedly entertaining, and illustrative of moral requirements and social norms. "Folk" knowledge and practices addressing madness are also found in Thomas Pennant's 1772 account of his travels through Scotland, Dr. Arthur Mitchell's 1862 paper on superstition and lunacy in the Scottish Highlands and

Islands for the Society of the Antiquaries in Scotland, and in the New Statistical Accounts.

All of the above folkloric sources were published in English, although most would have been told as part of the Gaelic oral tradition. As researchers, we have to work with the author's translation of whatever idiosyncracies the original speaker may have had, and take account of the subjectivity of the author's interpretation and translation. In some cases, the collectors themselves were Gaelic speakers and did their own translations. In other cases, they had to have material translated by a third party. Eugene O'Brien, in *The Ethics of Translation,* writes: "Because translation generally involves changing the language of the other into that of the self, its ethical component would seem obvious."[117] O'Brien argues that the meanings of words are not fixed, but rather they are rendered through a "process of interpretation." It is therefore at the translator's discretion how they engage with meaning and what sort of connotations they choose to convey to their audience.[118] There are cultural, historical, and idiomatic references in one language which do not really fit into the other without a degree of creativity from the translator. The subjectivity of translations must be taken into account when using these sources, and at the same time it needs to be understood that the authors were usually trying to convey a particular construct of Scotland, the Highlands, and Gaelic folklore to their English-speaking audience.

Folklore studies find their intellectual roots a century earlier, in the Enlightenment, towards the end of the eighteenth century. Enlightenment intellectuals projected both what they approved and disliked about their own culture on a socially constructed "other," in this case the "Celt" or "Gael." The "Gael" represented both what intellectuals (depending on their predilictions) felt had been lost in modern, urban culture and simultaneously represented the barbaric state over which civilization had arguably been such an improvement.[119] The best known – and certainly most infamous – Enlightenment publication of folklore was James MacPherson's *Ossian Cycle.* MacPherson published these poems between 1760 and 1763 and claimed they were translations of the poems of the Gaelic bard Ossian, narrating the Fingal epic. About a decade after the poems were published, their authenticity was brought into question. MacPherson was discredited, quite emphatically in some quarters, by well-respected

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[117] Eugene O'Brien, "The ethics of translation: Seamus Heaney's 'The Cure at Troy,' *The Canadian Journal of Irish Studies*, Vol. 27/28, 27:2 – 28:1 (Fall, 2001 - Spring, 2002): 7-37, 20.
[118] *Ibid*, 23.
[119] After Darwin, this acquired overtones of evoltution, which was more or less a case of the scientific theory "proving" existing belief, which was that human civilization evolved much like species did and societies were on an evolutionary scale with agrarian, rural cultures towards the bottom (especially if they were not white) and white, urban, educated Europeans at the top.

individuals such as Dr. Samuel Johnson. His critics levelled accusations at him of fraudulence, calling him a "forger" and a "scoundrel." Today scholars are less interested in the "authenticity" of the Ossianic poetry, since modern folklorists and historians recognise the process of translation and interpretation as a social construct, and the belief that there is some kind of "pure" folk tradition just waiting to be discovered no longer has any validity in this field. Recent interpretations of MacPherson suggest that he adapted genuine material into a form recognised by late-eighteenth century British literature as epic poetry.[120] Modern critics still claim, however, that he forged the poems to satisfy "Highland longing."[121] James Porter, for instance, offers an insightful analysis of the political and social influences that affected MacPherson's work, arguing that he may have written some material himself in order to fill gaps in the stories collected, and also to fit them into literary forms that his audience would have recognised.

In his defence, he travelled throughout the Highlands, collecting Gaelic poems and songs from singers and storytellers, mainly from the Outer Hebrides and Skye. What we are interested in here, though, is not his editing, however creative and liberal it may have been, but the image of the Highlands that MacPherson disseminated and which persisted far beyond his lifetime, informing the work of Victorian folklore collectors a century later. He grew up in Badenoch, Strathspey, and would have been well aware of the events of the 1745 rebellion and the anti-Highland sentiment that followed in its immediate wake. He went to Aberdeen for university and was exposed to literature such as Homer's works and intellectual criticisms thereof, such as Thomas Blackwell's *Inquiry into the Life and Writings of Homer*,[122] and later spent a few years amongst the London intelligentsia. Anti-Scottish sentiment was pervasive in London. Highlanders were regarded as "barbaric," opinions confirmed by the arrival of the Jacobite army in Derby in 1745. By the 1760s, the Jacobites had been dispersed enough and the threat mitigated so that MacPherson's advocacy of Gaelic culture was no longer menacing or, worse, subversive. He could publish Gaelic literature and make a political statement about his native country without fear for his personal safety. His publications were part of an argument asserting that Scotland and the Gaelic language had traditions worthy of the literati's attention. He incorporated elements of "Celticness" already

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[120] James Porter, " 'Bring me the head of James MacPherson': the execution of Ossian and the wellsprings of folkloristic discourse," *The Journal of American Folklore,* 114:454 (Autumn, 2001): 396-435, 400.

[121] Hugh Trevor-Roper, "The invention of tradition: the Highland tradition of Scotland," in eds., Eric Hobsbawm and Terence Ragner, *The Invention of Tradition*, (Cambridge: Cambridge University Press), 15-41.

[122] J. Porter, 402.

found in Welsh and Irish literature, as well as drawing on Edward Burke's notions of Sublime and Beautiful.[123] (Fig 1.2.) After all, how could that do anything but describe the Highland landscape? He also made direct connections with the Ulster Cycle, already accepted as a legitimate work of epic poetry from Ireland.

Fig. 1.2. A "sublime" Highland landscape: the Triple Buttress of Beinn Eighe.
(Source: Author photo)

The kind of "Celticness" which MacPherson established, forming an edifice of the British construct and understanding of the Highlands (that continues to pervade the twenty-first century), offered readers a mythic space, governed by ritual and superstition and harnessing the urban ideal of an idyllic agrarian lifestyle. All of these tropes would appear throughout the nineteenth century and inform the work of folklorists in the 1880s through early-1900s. Alexander Carmichael, for example, argued in *Carmina Gadelica* that he was trying to preserve an ancient Celtic spirituality and establish Highlanders as somehow more profoundly religious and spiritual than non-Celtic inhabitants of the British Isles: "If this work does nothing else, it affords incontestable proof that the Northern Celts were endowed, as ... for Celts everywhere, with 'profound feeling and adorable delicacy' in their religious instincts."[124]

Victorian folklorists did not take the obvious literary liberalities of MacPherson, as they were trying to establish folklore collection as a scientific discipline. Therefore, they ostensibly applied scientific neutrality and method to their work. Nevertheless, the reasons underpinning the act of collecting items of folklore and compiling them into taxonomic collections were not far removed from MacPherson's reasons for publishing *Ossian*. Western theorists from the Georgian and Victorian eras saw their society as modern, scientific, pragmatic, utilitarian, and lacking in symbolism.[125] At the same time they faced the problems of materialism, urban poverty and a highly transient wage labour population. By the latter half of the eighteenth century, "progress" had brought

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[123]*Ibid*, 404.
[124] Alexander Carmichael, *Carmina Gadelica: Hymns and Incantations, Vol II,* (Edinburgh: T&A Constable, 1900).
[125] Chapman, 209.

with it a host of troubles, which seemed magnified in urban centres like Glasgow, Edinburgh, and London – hence the uneasy tension between the Realists and the Romantics; the need to justify rational empiricism and simultaneously evoke nostalgia for a past perceived as rich in symbolism and more deeply connected to nature and community.

The folklorists took part in this discourse by marshalling the superstitions of "savages" and "peasants" into evolutionary schemata and, at the same time, portraying the antiquities of a "lost" history. This historicist evolutionary paradigm asserted that society always favoured progress; that "modern" culture was more evolved than "primitive" cultures. The concept of "lost" was nonetheless key to the Romantic point of view, which held that, while society had indeed progressed and evolved, it had abandoned its connection with nature, supernatural beliefs and idyllic rural communitarian life in exchange for everything urban and what intellectual life supposedly had to offer. Folklorists viewed themselves as collectors of artefacts of past cultures, trying to preserve these antiquities as ancient pots would be preserved in a museum. John Francis Campbell wrote in his introduction:

> It is now held that nursery stories and popular tales have been handed down together with the languages in which they are told; and they are used in striving to trace out the origin of races, as philologists use words to trace language and geologists class rocks by the shells and bones which they contain …[126]

He thereby constructed folklore as artefacts of a past in which irrational beliefs, unfounded by any empirical investigations and guided by beliefs in supernaturality, had played a prominent role in Gaelic society, whereas urban society, guided by the light of scientific knowledge and rationalism, was nevertheless bereft of symbolism. Modernity caused the extinction of such beliefs.

The majority of descriptions relating to lunacy are contained in the folk collections of John Gregorson (J.G.) Campbell, John Francis (J.F.) Campbell (no relation), Alexander Carmichael, Donald Alexander Mackenzie, Sir Thomas Dick Lauder, Ada Goodrich Freer, and Dr. Robert Craig MacLagan. All of these collections were published between 1880 and 1917. J.G. Campbell and J.F. Campbell were Highlanders themselves, J.G. from Appin near Loch Linnhe and J.F. from Islay. They both pursued their educations in Glasgow, Edinburgh, and Eton, and were there exposed to the literary culture of Victorian intellectuals. J.G. Campbell studied law and theology, and in 1858 was licensed as a preacher by the Presbytery of Glasgow. Due to

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[126] John Francis Campbell, *Popular Tales of the West Highlands,* vol. 1 (Paisley and London: Alexander Gardener, 1890; reprint, London: Abela Publishing, 2009), ii.

health conditions, he had to take a six-month leave from the Church, spending time in Ayrshire and Blair Atholl, pursuing his interest in folklore and oral sources. Then he accepted a post to the parish of Tiree and Coll and there remained for the next thirty years. J.F. Campbell, born fifteen years earlier in 1821, graduated in law from the University of Edinburgh, practised as a barrister in London, and ended up serving Queen Victoria as Groom of the Privy Chamber and Groom in Waiting. He was connected with the Highland aristocracy, which undoubtedly helped him to acquire work in London, but his family had close ties with their tenants. As a boy, he spent a great deal of time with "peasant classes," where he developed his sympathy and passion for Gaelic language and culture. Of his childhood, he wrote:

> As soon as I was out of the hands of nursemaids I was handed over to the care of a piper. His name was the same as mine, John Campbell, and from him I learned many useful arts. I learned to be hardy and healthy and I learned Gaelic; I learned to swim and take care of myself, and to talk to everybody who chose to talk to me. My kilted nurse and I were always walking about in foul weather or fair, and every man, woman, and child in the place had something to say to us. Thus I made early acquaintances with a blind fiddler who could recite stories. I worked with the carpenters; I played shinty with all the boys about the farm; and so I got to know a good deal about the ways of the Highlanders by growing up as a Highlander myself. [127]

He also had an interest in science and made contributions to geology, volcanology, optics and photography. One of the people he met while working in London was George Webb Dasent, a Civil Service Commissioner who translated and published Icelandic sagas in English. Dasent told Campbell that he should do for Scotland what he had done for Iceland and others had done elsewhere. With that encouragement, Campbell set off in 1859 to collect the tales he would publish as *Popular Tales of the West Highlands,* his four-volume opus which would set the standard for the folklorists who followed.[128] When he began collecting folklore, he was working in the Lighthouse Commission and realised that he did not have enough time to do it all himself, so he had to employ other people to travel round the Highlands gathering stories.[129] He applied his scientific methodology and his knowledge from legal enquiries related to the Lighthouse Commission to folklore collection. For example, the Commission also had to collect evidence from a huge number of sources, which would have been expensive if people from all around Britain had to be sent to London. So Campbell devised a system

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[127]Francis Thomson, "John Francis Campbell (1821-1855)," *Folklore,* 101:1 (1990): 88-96, 89.

[128] *Ibid*, 90.

[129] *Ibid.* 93. Campbell's two most trusted collectors were John Dewar and Hector MacLean. Dewar was employed by the Duke of Argyll and was famous for his ability to remember entire tales as they were told him and then write them down later in his own home. After publication of *Popular Tales,* Dewar was kept on by the Duke of Argyll as a collector, and his own work was preserved as the *Dewar Manuscripts,* which are now held in Inveraray Castle. MacLean was a schoolteacher in Islay, a meticulous collector who also described in detail his informants and his travels.

where questionnaires would be sent to sources and then analysed. This same system was to come in handy for the folklore that his collectors were sending back to him.[130] When he could, he also travelled throughout the Highlands and Islands himself, accompanied by scribes, recording tales, charms, superstitions, ballads, and songs from the "folk," farmers, labourers, crofters, Travellers, craftsmen and women. The speech of the West Highlanders, he claimed, echoed with "centuries of Literary Excellence." It was "literary excellence" that *Popular Tales* set out to prove, since Dr. Johnson had claimed a century earlier that Gaelic was "The rude speech of a barbarous people."[131]

Shortly before J.G. Campbell engaged in fieldwork collecting folklore, J.F. Campbell published *Popular Tales* in 1861. Two years later, J.G. Campbell, now safely ensconced in his patronage and free to do as he liked, started gathering tales from Tiree and elsewhere in the West Highlands. During 1870-71 he exchanged an enthusiastic series of letters with J.F. Campbell, who heard he was collecting folklore and contacted him, asking to be put on his subscriber's list.[132] J.G. Campbell did not publish anything himself until the 1880s, but he influenced other collectors who were publishing. For example, when J.F. Campbell came to Tiree searching for folklore for *Leabhar na Feinne,* one of his later publications, J.G. Campbell gave him a "list of 8 Tiree men" known for "reciting tales and poetry."[133] J.G. Campbell also corresponded with Dr. Alexander Nicolson from Skye, then a sheriff in Kirkudbright, who was publishing a collection of Gaelic proverbs. It is likely he sent Nicolson a large collection of material.[134] His love of folklore seems to have influenced a series of individuals who became ministers but also had distinguished careers in Gaelic history and literature. There was Archibald MacDonald from South Uist, minister of Heylipol and Kiltarlity, and editor of *The Uist Collection*, and *The MacDonald Collections,* and co-author of *The Clan Donald.* There was also John MacRury of Benbecula, who worked in Islay and Snizort (Skye), contributing articles to the folklore journal *Mac-Talla.*[135]

Another significant collector, prodigy of the Campbells, was Alexander Carmichael. He was from Lismore but completed his education in Edinburgh. His uncle, an influential minister in Durness, secured him a job with the Inland Revenue in

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[130] *Ibid*, 90.

[131] Samuel Johnson and James Boswell, *The Journal of a Tour to the Hebrides,* (London: Henry Baldwin, 1786).

[132] Ronald Black, ed. *The Gaelic Otherworld: John Gregorson Campbell's "Superstitions of the Highlands and Islands of Scotland" and "Witchcraft and Second Sight in the Highlands and Islands,"* (Edinburgh: Birinn Ltd., 2005). 633–635. First published as *Superstitions of the Highlands and Islands of Scotland* (1900) and *Witchcraft and Second Sight in the Highlands and Islands of Scotland* (1902).

[133] *Ibid*, 641.

[134] *Ibid*, 645.

[135] *Ibid*, 647.

Greenock and he spent the rest of his working life as an exciseman. This, however, gave him the opportunity to travel and do what he loved, which was collecting folklore. He was sent to Islay in 1860 and there began to work as a collector for J.F. Campbell. After a short stint in Cornwall, he was transferred back to the Western Isles, this time to a post in South Uist, which covered all the islands from South Harris to Barra, where he resumed collecting Gaelic tales and songs in his spare time. The publication for which he is best known is the *Carmina Gadelica,* which contains hundreds of Gaelic hymns, songs, prayers, and incantations, although he contributed to many other collections such as *Popular Tales of the West Highlands* and the collections of Nicolson and MacRury mentioned above.

The Campbells, along with Carmichael, were instrumental in establishing folklore collection as a respectable academic discipline and bringing notions of scientific methodology and validity to it. Whereas MacPherson had tried to engage the literati with his native culture and language by making the Gaelic tales that he had collected "fit" into the literary traditions with which he had become acquainted at university, the early Victorian folklorists sought to bring legitimacy to it by using the discourse of natural science methodology. J.G. Campbell did not even like the term "folklore," believing it conveyed something lesser than the culture which he thought that his texts were describing. The word that he preferred was "antiquities." In any case, leading figures in folklore studies did what anyone establishing a legitimate scientific discipline in Britain would do: they created a society and founded several journals devoted to the topic. The Folklore Society was formed in 1878, and by the 1880s there were several journals on folklore, which included *Folklore*, *Celtic Magazine*, and *The Scottish Celtic Review*.[136] Gaelic Societies in Glasgow and Inverness were also formed, which had their own publications.

The remaining folklorists listed above were active during the late-nineteenth and early-twentieth century. They are the generation which followed the Campbells and Carmichael. Dr. Robert Craig MacLagan was a doctor in Edinburgh. In 1889, the Folklore Society made a call to collect items of "folkloric interest" throughout Britain, and MacLagan gathered a team of collectors who travelled around the West Highlands over a ten-year period, accruing a collection of 9,200 pages.[137] Some of this material he published in journal articles and several books, including *Scottish Myths* and *Evil Eye in*

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[136] Black, 666.
[137] University of Edinburgh, Celtic and Scottish Studies, "Research and Publications," http://www.celtscot.ed.ac.uk/research.htm.

the Western Highlands.[138]   It is apparent from his methods of collection that he modelled his own work after that of J.F. Campbell, sending collectors out into the West Highlands to listen to and to transcribe tales.   Much of it remained unpublished, but is now held by the School of Scottish Studies Archive at the University of Edinburgh. Only since 2007 has the University indexed the collection. Ada Goodrich Freer was better known as a psychical researcher than a folklorist, meanwhile, although she was a member of the Folklore Society and published in folklore journals under the pseudonym "Miss X."   Her work is often dismissed due to the allegation of flawed methodology, as it was suggested that the majority of tales she collected actually came from Fr. Allan MacDonald, with whom she allegedly had an affair, rather than any fieldwork which she had conducted herself. Her agenda, in any case, was in proving the existence of psychical phenomena such as the Second Sight (to be explained later), rather than folklore collection as an end in itself.

Not all Highland cures and tales relating to insanity appear in collections published by folklorists or in folklore magazines. The majority of folklorists (with exceptions such as Freer above) had an agenda: namely making aspects of Gaelic culture, which they felt was being threatened, known and available to a wider audience in Britain. Although they saw their collections as more authentic than MacPherson's and the work of the eighteenth century Romantics, they were effectively taking part in a similar discourse, pitting modernity and all its drawbacks against a utopian vision of a rural, communitarian society which clung to a tradition of superstition, music, storytelling, and myth. But theirs was not the only agenda. Folktales and folk medicine appear in other sources which marshal more or less the opposing argument: that society has, luckily, moved on from barbarity and superstition, and that the rational empiricism dominating much of the intellectual life of urban Europe is indeed the pinnacle of human evolution.

One critical source for my research is hence Dr. Arthur Mitchell's "On various superstitions in the North-west Highlands and Islands of Scotland, especially in relation to lunacy."[139]   It is the earliest text specifically devoted to Highland folk-cures for insanity, and it espoused Mitchell's strong views on the matter, which is that he did not find these folk cures remotely palatable or justifiable. Mitchell embodies a useful hinge between the "bottom-up" views and treatments of mental disorder and the imposition of

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[138] Robert Craig MacLagan, *Scottish Myths: Notes on Scottish History and Tradition*, (Edinburgh: MacLachlan and Stuart, 1882). MacLagan, *Evil Eye in the Western Highlands*, (London: David Nutt, 1902).

[139] Arthur Mitchell, "On various superstitions in the north-west Highlands and Islands of Scotland, especially in relation to lunacy," *Proceedings of the Society of the Antiquaries of Scotland,* vol. 4 (1860-1862): 255-288, 258

psychiatry from the "top-down." Mitchell was from Elgin but educated in Aberdeen, Paris, Vienna, and Berlin. He was a Scottish Lunacy Commissioner from 1870 to 1895 and an avid antiquarian, and this paper represented a fusion of those two interests. He published it in the journal for *The Antiquaries of Scotland.* Unlike the folklorists noted above, he was not at all nostalgic about the past or worried that knowledge would be lost if no one preserved it. Rather, this paper found modern psychiatry enlightened and expressed concern that superstitious – and, to Mitchell's mind, barbaric – practices were still taking place in the Highlands in the 1850s and 1860s. He wrote: "These retreats are where "we" find them and can investigate their origins, which might be effaced or fragmentary and not easily deciphered, except by the few who have the learning and research to do so."[140] This was an appeal to science and authority, which had already been made by J.F. Campbell, who published the first volume of *Popular Tales* the year before "Superstitions" came out. However, Mitchell added, "superstition may be regarded as a disease; but the only conservation we desire for it is one in its history on paper."[141]

"Superstitions" was published after the 1857 Lunacy Commission report, one of the early official documents expressing shock at the unregulated state of insanity treatment in the Highlands. As a Deputy Lunacy Commissioner, Mitchell was involved in the decisions to build two asylums in Inverness and Lochgilphead and in this paper, although not written for the Lunacy Commission, he described why he thought that the Highlands desperately needed an infusion of modernity in terms of medical practice and psychiatry. The superstitious practices described here offended his educated, medically-trained sensibilities, and in this sense he distanced himself from the folklorists. His views on lunacy and its treatment were consistent with the dominant mid-nineteenth century scientific paradigms on mental derangement; for instance, regarding madness as caused by over-excitement of the nervous system.[142] Therefore, he thought effective treatment consisted of methods calming the nervous system, such as light, a tranquil atmosphere and, of course, work (in essence, moral treatment with a medical explanation). He was, however, an avid proponent of "boarding-out," the system whereby patients resided in private dwellings in their communities. Mitchell believed that a patient, provided he or she was of a tractable disposition, benefited from

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[140] Mitchell, "On various superstitions," 265.
[141] *Ibid.* 265.
[142] Arthur Mitchell and Andrew Combe, eds., *Observations on Mental Derangement: Being an Application to the Principle of Phrenology to the Elucidation of Causes, Symptoms, Nature, and Treatment of Insanity*, (Edinburgh: John Anderson, 1887).

living in a manner exposed to elements of his or her "former life,"[143] although he still thought it should be carefully regulated, insisting that "guardians" be "Asylum Trained" in how properly to manage a lunatic.[144]

It should also be noted that not all of the descriptions of treatments contained in "Superstitions" are things that Mitchell had heard about first-hand. He travelled around the Highlands and Islands (which his job as a Deputy Lunacy Commissioner would have entailed doing anyway) and found people were frequently unwilling to tell strangers of particular cases.[145] J.G. Campbell, collecting folklore, found more willing informants, but he was a Gaelic speaker himself. Though he was a minister and therefore a figure of some authority, he was a member of that Highland community, whereas Mitchell was an outsider. Although from Elgin, Mitchell had no interest in "preserving" traditions and the scepticism with which he treated them in his paper may have come through in his manner when speaking to people. He did, however, spend time with locals, generally clerics. For instance, he stayed with the minister of Lochcarron and Applecross who told him about "superstitious" practices happening in his parish in spite of the clergy's attempts to discourage it.[146] Otherwise, he turned to other sources such as newspapers, New Statistical Accounts of Scotland, and descriptions of respectable travellers such as Thomas Pennant, himself a well-regarded naturalist. In spite of its shortcomings, Mitchell's descriptions, both the ones he heard first-hand and the ones collected from other sources, are frequently corroborated by the work of folklorists such as the Campbells and MacLagan. Also, as an antiquarian and historian, writing for the Society of Antiquaries, his intent would have been to gather and present information as accurately as possible, even as he made clear to readers how much he disapproved of the practices being described. He was respected in the field, for he was elected as a fellow in the Society of Antiquaries and was one of the founders of the Scottish History Society.[147]

The three sources that Mitchell used for "Superstitions" have also been utilised for my research project, as they are still available. Thomas Pennant travelled through the Highlands and Islands in 1769 and 1772 and published a detailed account of the people and places encountered.[148] He made a name for himself as a naturalist,

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[143] Mitchell, *Observations,* 440.
[144] *Ibid.* 441.
[145] Mitchell, "On various superstitions," 262
[146] *Ibid.* 255-258.
[147] Oxford Dictionary of National Biography A. H. Millar, 'Mitchell, Sir Arthur (1826–1909)', rev. Jonathan Andrews. http://www.oxforddnb.com/view/article/35042. (2004)
[148] Thomas Pennant, *A Tour of Scotland and Voyage to the Hebrides, 1769 and 1772,* (Chester: John Monk, 1774 and 1776; reprint, Andrew Simmons, ed., Edinburgh: Birlinn Ltd., 1998).

publishing papers in the Royal Society's journal *Philosophical Transactions* and later his own work, *British Zoology*, *Indian Zoology*, *Genera of Birds*, and *Arctic Zoology*. One of the reasons for his tour of the Highlands was that it was a region virtually unknown to outsiders, but was nonetheless rich with natural history.[149]   Also influencing Pennant's explorations was the fact that the Highlands and Islands were now safe for travellers, as the wars between Highland clans had been more or less quashed after Culloden. He used a pioneering methodology for his study, a form of the survey questionnaire preceeding even J.F. Campbell's – he sent the clergy of various Highland parishes questions about natural history and the state of the parish, providing them with the opportunity to give their own account of their region, which he thought would be more informative than the opinion of a "transient Visitant."[150] On his second journey, in which he included the Hebrides, he took Reverend John Stuart of Killin, a Gaelic scholar, as a travelling companion. Taking a Gaelic-speaker allowed Pennant greater access to the people and traditions of the communities being visited. Pennant's "Whig" sensibilities came across clearly in his writing (this was a criticism levelled at him). Although born to an upper-class English family in Downing, he had a great deal of sympathy for lower, rural classes, and *Tours* provides a far more sympathetic view of Highland peasants than Samuel Johnson's *Journal of a Tour to the Hebrides.* Pennant expressed interest in the details of people's daily lives and categorised such information with the same meticulousness as with plants and animals. Each chapter described ailments common to people in the parish and cures used to treat them. In the chapters on Lochcarron and Killin, he provided descriptions of insanity cures associated with holy lochs and wells he heard about in both those areas. Like the folklorists, he continuously elaborated on a rural, Highland "other."

Pennant, MacPherson, Johnson, and Boswell were influenced by the travel account of Martin Martin, a Skyeman who travelled through the Western Highlands and Islands in the 1690s, publishing an account of his journey as *A Description of the Western Isles of Scotland.*[151]   Martin was an interesting figure straddling the divide between naturalists and folklorists. Although he lived before either became prolific, his writings impacted the work of both. He was a Gaelic-speaker from Skye, probably from a tacksmen family, so somewhat middle class, but was educated in Edinburgh,

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[149]Oxford Dictionary of National Biography, Charles W. J. Withers, 'Pennant, Thomas (1726–1798)', first published 2004; http://www.oxforddnb.com/view/article/21860. (2007).

[150] Pennant, 287.   This method would be used a decade later in the writing of the New Statistical Accounts.

[151] Martin Martin*, A Description of the Western Islands of Scotland Circa 1695: A Voyage to St Kilda: with A Description of the Occidental I.E. Western Islands of Scotland, 1703,* (Edinburgh: Birlinn Ltd. 2002; first ed. 1703).

Leiden, and spent time there and in London consorting with the intelligentsia. On the one hand, he was dismissive of superstitions, writing:

> There are several instances of heathenism and pagan superstition among the inhabitants of the islands, related here; but I would not have the reader to think those practices are chargeable upon the generality of the present inhabitants, since only a few of the oldest and most ignorant of the vulgar are guilty of them.[152]

He did believe, however, in the integrity, temperance, and kindly nature of Island inhabitants and also thought that the landscape "excels any that has been drawn by the finest Apelles."[153] He believed strongly in the Second Sight (which I will delve into later) and did not classify that as a form of insanity or, worse, superstition. His reasoning for publishing *Western Isles* was that exploration to distant countries was becoming common and that young people from Britain were increasingly travelling to Europe to visit libraries, monuments, and the like. Martin thought that his homeland, which also had a kind of antiquity to it, deserved some attention. His portrait of Gaels as industrious, communitarian, deeply in touch with nature, yet illiterate and somewhat savage, prone to superstition yet in possession of supernatural awareness, hence proved to be extremely durable.

Accounts of lunacy also appear in the New Statistical Accounts. The Old Statistical Accounts were compiled by Sir John Sinclair:

> The 'Old' or 'First' Statistical Account of Scotland was undertaken in the 18th century under the direction of Sir John Sinclair of Ulbster (1754-1835), MP for Caithness. Known as 'Agricultural Sir John', he conceived a plan to ask parish ministers of the Church of Scotland all over Scotland to reply to a set of planned questions dealing with subjects such as the geography, climate, natural resources, and social customs of each parish. He defined his aim in 1790 as 'to elucidate the Natural History and Political State of Scotland'. The returns from the parishes were published as they were received back from different parts of Scotland in a series of twenty-one volumes between 1791 and 1799.[154]

The accounts included descriptions of the flora and fauna of each parish, eminent persons from each parish, the amount of public funds held by the parish and what some of them were being used for, the religious predilections of the parish, the type of agriculture or industry in the parish, and so on. They are comprehensive descriptions of the region; the first one was compiled in the 1790s and the second one, which is generally more detailed, was compiled in the 1830s and 40s. Only the latter, the New Statistical Accounts, refer to the numbers of lunatics being supported by the parish or lunacy in any manner. Several ministers wrote of folk cures if there was a holy well in

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[152] Martin, 102.
[153] Martin 53.
[154] Statistcal Accounts of Scotland: http://stat-acc-scot.edina.ac.uk/

the parish associated with insanity treatment (i.e. Killin and Applecross), usually in the context of the minister's commentary – and complaints – on the prevalence of superstition in the parish. The Statistical Accounts can be viewed as a further hinge for this thesis, this time between the "folklore" section of the thesis and the following section which analyses "top-down" views on insanity. Church of Scotland ministers essentially represented the "establishment," and, as I have addressed above, the Church of Scotland did not always maintain the most positive of relations with Gaelic speakers. Whether or not a minister was a trusted member of his community or not depended entirely on him and the type of relationship which he could forge with his parishioners, as well as factors like whether or not the geography of his parish made it practical for people to come regularly to church and whether or not *Na Daoine* in a particular parish were preaching a more appealing message. Established Church ministers, however, were very much regarded by other authorities, such as the government, as authorities on their parishes, hence being tapped for the Statistical Accounts. They did tend to be quite knowledgeable, and some ministers very much showed off their interest in natural and social history, and also used the Statistical Accounts as a forum in which to speak on behalf of their parish if problems such as poverty, disease, and mass emigration were particularly virulent.

II.2. Top-down management of the insane

The empirical chapters comprising the folklore section of this thesis sketch how lunatics may have been treated within their communities, especially in isolated Gaelic-speaking areas, before psychiatry and its accoutrements of medicalisation and institutionalisation radically altered the landscape of lunacy. The latter empirical chapters analyse how constructs of bureaucracy, medical expertise, institutionalisation and the paradigm of mental illness associated with these ideas made its way into the Highlands. These are the processes of a power-knowledge couplet; official sources that create a kind of definitional and organisational power. As Foucault has observed in *Abnormal,* the establishment of the juridico-medical aspect of psychiatry and expertise was, in effect, the psychiatric profession justifying its own existence. Psychiatry was enacted through the legal system, as each commitment was a process of jurisprudence. The sources used in this manner by the thesis are in effect "authorities" themselves: for instance, Lunacy Commission Reports, police and legal papers, medical reports, asylum case notes, and admissions reports. The Statistical Accounts described above also contain some information about how lunatics were being maintained, as do local

newspapers. Often we find authority, in the form of medical figures and law enforcement in most cases, interacting with the lunatic and his or her community in order to create a narrative for why an individual should be labelled as a lunatic and hence managed in a certain way.

I rely heavily on asylum case notes in order to describe the experience of lunatics in the asylum and to analyse how medical experts – asylum superintendents usually – constructed and treated their charges. Andrews writes of case notes: "They may provide the surest basis we have for understanding the changing nature of the experience of the insane in asylums since 1800. Case notes have also been recognised as affording a welter of insights into medical treatment and practice."[155] Emma Spooner, offering a post-structuralist analysis of case notes, says that they offer the historian insights into how medical authorities constructed patients and situated them in the physical space of not only the asylum, but the archive as well.[156] I used case notes for two asylums: Inverness District (later Craig Dunain) Asylum and Glasgow Royal (later Gartnavel) Asylum. Inverness is the only mid-nineteenth asylum in the Highlands which has surviving case notes dating back to 1864. Argyll and Bute District Asylum in Lochgilphead, completed a year earlier than Inverness, remains one of the few working psychiatric hospitals still in its original building in Britain, but sadly its early case notes were burnt as rubbish, so no case notes before 1890 survive.

Before the Inverness and Argyll and Bute Asylums opened their doors in 1864 and 1863 respectively, some insane persons were transported what was often a great distance to existing asylums, and Glasgow Royal admitted over 200 lunatics from the Highlands and Islands between 1822 and 1886. It was not the only Lowland asylum to receive lunatics from the Highlands and Islands, but it is the one used in this research as it boasts an extremely well-preserved and accessible archive of materials. Andrews has written an important paper detailing the strengths and limitations of Glasgow Royal's case notes, and some of his analysis is also applicable to the case notes from Inverness. He first outlines the history of case notes in Britain, explaining that they did not appear in their present form until 1800 and after, although physicians sometimes kept their own private diaries. The two reasons that Andrews offers for the introduction of systematised case notes was the theory that they could augment knowledge and treatment of various types of insanity, and the early nineteenth century also saw a sharp

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[155] Jonathan Andrews, "Case notes, case histories, and the patient's experience of insanity at Gartnavel Royal Asylum, Glasgow, in the nineteenth century," *Society for the Social History of Medicine,* 11:2 (1998): 255-281, 255.

[156] Emma Spooner, 'The mind is thoroughly unhinged': reading the Auckland Asylum archive, New Zealand, 1900-1910," *Australian and New Zealand Society for the History of Medicine,* 7:2 (2004): 56-79, 57.

increase in oversight for the treatment of the mentally ill.[157] In spite of increased governmental oversight of madhouses and an increasing amount of legislation dictating how they should be run, there were no legislative provisions requiring institutions to keep case notes until the 1845 Lunacy Act made it compulsory in England and Wales. However, most asylums in Scotland were doing it by then anyway, and Glasgow Royal was one of the first. Its case books begin in 1814, when the asylum opened. In comparison, they were not used at Morningside Asylum in Edinburgh until 1840, Dundee Royal until 1826, Aberdeen until 1821, and Montrose until 1826.[158] As extensive as these case notes are, I have only made use of the ones written after 1823 since information critical for this research, where the patient came from and their background, does not appear in the earliest case notes.

Case notes from Inverness and Glasgow both have the following structure: they give a few brief sentences on the patient's prior history (if known), describe the patient's physical condition on admission, describe the patient's behaviour on admission, and then have entries, usually once or twice a year but often less, describing the patient's behaviour and bodily condition throughout their stay in the asylum. Various treatments of both mental and physical ailments are also documented. Entries early in the patient's stay are more detailed than later ones, unless there were changes in their behaviour or physical condition that the superintendent thought important. Often the entries are short, stating "No change from last entry." From this, we gain a fleeting glimpse of the patient's experience in the asylum and a more comprehensive understanding of the sort of information that medical superintendents thought necessary to include in case notes, how they thought psychiatric disorders should be treated, and also how information was collated into the kind of brevity required by case notes. In Glasgow, the prior history of a patient is gleaned from a questionnaire filled out on admission, which had twelve queries from 1814 to 1840, was then increased to twenty-five queries, and then cut back to nineteen or twenty. These were usually completed by family members. Ones from the Highland admissions are usually sparse, possibly due to language difficulties, since the majority of Highlanders admitted as pauper lunatics would have been Gaelic-speakers. Andrews also suggests that families could be reluctant to provide too many details as they did not want to be tarred with the same

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[157] Andrews, "Case notes," 256. The House Commons Committee on Madhouses from 1815-16 exposed abuses at Bethlem and other institutions. At the same time, legislation was being passed to create district asylums in Ireland, which would be a model for the state-run institutions which would appear elsewhere in Britain and in Scotland later in the century.

[158] *Ibid*. 257.

brush as the person being admitted as a lunatic.[159] Inverness Asylum, when ascertaining a person's history, directly quoted the medical certificates, which contained more details about the person's behaviour.[160]

The information contained in the case notes is variable and best analysed on a case-by-case basis. In Glasgow, there are discrepancies from patient to patient on how much information was written down about their psychiatric symptoms. More consistent throughout the case notes are descriptions about the patients' bodies – illnesses, irregularities, as well as what was done to them in order to cure physical and mental illnesses   This construction of patients as bodies to be acted upon by the asylum, and also the interest in the states of their bodies, is indicative of the medicalised physicality with which mental derangement was increasingly regarded.   More disruptive or generally troublesome patients generally received greater attention, but, if a patient was well-behaved and industrious, this was noted as well. The method of entry varied radically between the two asylums.   Patients in Inverness are the subjects of more elaborate, detailed case notes which offer floridly – and at times quite literary – descriptions of their behaviour.   It is apparent that Dr. Aitken, the medical superintendent of Inverness Asylum for its first thirty years, had a great deal of interest in the aetiology of mental illness and recorded every detail that he could.   In some cases, if patients were literate and writing letters or notes of particular interest (meaning, either incoherent or delusive), he included excerpts from these letters.   Like his colleagues in Glasgow, he also made careful note of the patient's physical condition and included descriptions of treatment for any disease. The differences in case note styles may emerge from the fact that Aitken was dealing with less patients than Dr. Mckintosh in Glasgow, so he had more time to devote to each individual's case notes, or possibly his geographical distance from any metropolitan centre allowed him more scope to write about the aspects of mental illness which he found interesting, rather than subscribing completely to a standardised case note form.

Case notes are an extensive resource worthy of a research project in and of themselves. Given the constraints of this project, I used a qualitative selection method in which I chose cases covering a proportional range of geographies (places of origin), gender, and diagnoses, or if the case history was seemingly indicative of particular Highland problems, such as delusions specific to Highland and Island life, geographical

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[159] *Ibid*. 263.

[160] The details of the admissions procedure will be fully evaluated in the relevant chapter, but briefly, the Lunacy Acts required that when someone was to be committed to an asylum, they were to be examined by two medical professionals who made the determination of whether or not they were "dangerous to the lieges." In Highland cases, these were usually physicians or surgeons somewhat local to the alleged lunatic's place of abode.

challenges posed by isolation, and language issues. For Glasgow Royal, it mostly entailed selecting Highland and Island patients, which formed a small population in the asylum population anyway. Most were from Argyll, usually areas nearer to Glasgow such as Dunoon and Rothesay, but there were a few scattered individuals from places as far away as Lewis and North and South Uist. Inverness District Asylum entailed a more active selective process, as every patient was potentially relevant to my research. Each case itself, due to Dr. Aitkin's style discussed above, was extremely rich in data. Here I selected a relatively small number of patients, thirty in all, admitted during the first ten years of the asylum's existence (1864-1874), whose cases I found particularly illustrative of Highland issues, but who also encompassed a range of Highland and Island geographies, from the city of Inverness to the Outer Hebrides and far north of Sutherland. I tried to gather an even distribution of men and women, and while the majority of patients, in the asylum and in my data selection, were of the labouring classes, I included two professional patients, a teacher and a minister, as well. This information for both asylums is contained in large volumes of handwritten notes, and each volume, labelled by year, is 300-400 pages. I consulted only four volumes in Inverness, due to the amount of cases in the book and information contained in each case, and up to fifteen in Glasgow, since there were less cases and substantially less notes per case due to the previously mentioned sparse style of writing entries.

The Asylum Registers, meanwhile, were a different source from asylum archives, containing demographic information for everyone admitted to the asylums. They consist of a table with categories for name, age, marital status, occupation, the place of their previous abode, the parish responsible for paying their upkeep in the asylum, admitting authority (usually the sheriff substitute), the admitting doctors, the name of their disorder, the form of disorder, the cause of their insanity, the duration of attack and how many attacks they had, and the date of discharge or death. I use the Asylum registers for Inverness, Argyll and Bute, and Glasgow Royal Asylums. For Argyll and Bute, the register is one of the few documents from the 1863 to 1883 period that has not been lost or destroyed, so it is even more critical for understanding what was happening in that asylum. It is also the only one not held by an established archive, but rather by the clinical supervisor of the (now) Argyll and Bute Hospital, who keeps the records that he has discovered in a personal filing cabinet in the hospital. Most likely due to modern restructuring of the NHS Health Board for the region which includes Lochgilphead, the old records from the hospital did not find their way into an archive.

All three asylums use the same basic form of register paperwork, but how it was filled out varied from institution to institution. Dr. Aitken in Inverness and Dr

Mackintosh in Glasgow, for example, filled out the box on "cause of insanity" for as many patients as they could, while Dr. Sibbald in the Argyll and Bute Asylum rarely filled it out. The Glaswegian superindendents showed a greater interest in the category "other observations" than appears in the Highland asylums. From 1822 to 1864, these are predominantly medical observations, which include comments like, "softening of brain," "pthsisis," "disease of heart." After 1864, they are generally comments about the patient's education, which are usually "good education" or "can read and write." The snippets of information describing "cause of insanity" range from "unknown," to "epilepsy" to "being a student of moral philosophy at Edinburgh University." Common causes are heredity and intemperance. Why these causes are pinpointed in the small space afforded in the asylum register reflects attitudes and discourses surrounding psychiatric disorder, and these can be teased out of the tidbits in the Register. The diagnostic categories are miniscule compared with the modern, sprawling DSM-IV. People admitted to these asylums are labelled as suffering from imbecility, mania, monomania, melancholia, dementia, delusions, and idiocy. Sometimes the category of mania is subdivided into "acute mania" or "puerperal mania." These diagnoses remain relatively constant through to the 1880s, indicating a relative stability in the paradigm of mental disorder in Scotland from the 1820s (when Highland patients started appearing in Gartnavel) to the 1880s. The nature of the psychiatric profession and the authority that they wielded advanced substantially throughout this period, as noted by Scull and Porter, but the stability of diagnoses in asylum reports indicate that, while knowledge in places such as universities and Royal Societies was being reconstituted and psychiatrists were trying to expand their authority over the nature of psychiatric disorder as a subject requiring specialised medical expertise, large Scottish lunatic asylums remained essentially conservative institutions.

The Asylum Register is also useful for gathering demographic data about age, sex, occupation, and location for incoming patients, and is intriguing for analysis in itself, asking why certain types of information were important from the point of view of asylum authorities and Lunacy Commissioners, and from a geographic standpoint, mapping from where patients were frequently being admitted. For Inverness and Argyll and Bute, I chose to examine the first ten-year period each of asylums' existence, from 1863 to 1874. For Glasgow Royal, I chose the earliest known date of a Highland admission (January 1822) and ended my analysis in 1884. I did not start in the mid-1860s as two of the important questions surrounding the admission of patients to Gartnavel are when and why patients were first sent such a considerable distance from Highland locations, and to investigate what effect the opening of the Inverness and

Argyll and Bute Asylums had on admissions in Glasgow.   Unsurprisingly, it did make a considerable impact. In addition to qualitatively examining the nature of the data included in the registers, I also quantitatively analysed it with Microsoft Excel, looking for interactions between geographic location and the other variables in the table.

Fig. 1.3. Admissions testimony from Gartnavel Royal Asylum
(Source: Strathclyde Health Board archives. Author photo)

In addition to case notes and the Asylum Register, I also utilised whatever admissions documents were available (Fig 1.3), which include asylum admission reports from Glasgow Royal and procurator fiscal records from Invernesshire and several parishes in Argyll. These are very important sources, since they record the point at which the alleged lunatic's community encountered authority, in the form of medical professionals and jurisprudence. They show interactions between lay and medical understandings of insanity, shedding light on the manner in which psychiatric knowledge had insinuated itself into lay constructions of madness. It was laid bare in the legal process of labelling someone as sufficiently "mad" to require transmission to an asylum, since it was lay people who knew the alleged insane person who were asked to testify in these court proceedings. Unfortunately, not many of these records have been seemingly preserved, but nonetheless, from the ones which are available, we can reconstruct the process of admission and the types of behaviours likely to get one admitted into an asylum in the Victorian Highlands.

All of the legal admissions papers reported that the person was "dangerous to the lieges," the justification for their admittance. The mad, once in the asylum, became the subjects of psychiatric knowledge, but before they entered its doors it was lay impressions which were used to construct a narrative of their madness. Medical certificates were also required, but these were often less detailed than lay descriptions and often came from a local physician rather than an alienist; often they were no more descriptive than a sentence or two stating that the person was "mad" and "dangerous." The lay witness accounts, however, were not the exact words of the witness but mediated by the sheriff and/or a translator, since many witnesses were illiterate and/or Gaelic speakers with no or little English, while all admission documents were in English.   Collections which contain these documents include admissions reports for Gartnavel Asylum, held by the Strathclyde Health Board, sheriff court cases from

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Invernessshire held in the National Archives of Scotland, and procurator fiscal reports from Mull and surrounding parishes, held by the Argyll and Bute Council Archives in Lochgilphead.

Insanity defense trials have been extensively used by historians such as Nigel Walker, Joel Eigen, and Roger Smith when examining social constructions of legal insanity in England. For Scotland, Court of Justiciary reports, papers from the trials themselves, do not contain detailed witness testimony, so they were not used here. All but a few trial transcripts, for the most part, have been lost. However, a small number have been preserved and remain accessible, held in a series of volumes in the Edinburgh University Law Library. They contain cases selected for their pedagogical interest, illustrative of particular points of law on which the editors of the collection thought students should be educated. The volumes do not contain full transcripts but rather relevant excerpts from trials. Most of the trials are from the Glasgow and Edinburgh Circuits (no doubt by virtue of their greater population and the urban-centred focus of nineteenth century law), but there is one insanity defence case from the Northern Circuit which not only illustrates the legal ambiguities of the insanity defence, but the defendant was from Stornoway and the case offers significant scope for analysis of Hebridean issues.

Further documents which I used contain less direct interaction between asylum, medical, and legal authorities and the communities, but present the opinions of key authority figures in the "lunacy trade," namely asylum superintendents and Lunacy Commissioners. These include Lunacy Commissioner reports and documents from other administrative bodies such as parochial councils. The critical Scottish Lunacy Commission Report in terms of the vigour of its attack on the state of affairs in the Highlands is the first one conducted for Scotland, the 1857 "doomsday" report. England and Ireland already had Lunacy Commissioners at this time, so the process was well established. The Scottish Commissioners travelled throughout the country, mainly visiting lunatic asylums and documenting the "state" of care for lunatics in Scotland. They were relatively content with the asylums in the Lowlands and Central Belt but appalled at the state of things in the Highlands, where lunatics were held in hospitals (in areas like Inverness which had them), prisons, or private dwellings, none of them which suited treatment as the Commissioners conceived it. It proved to be an impetus for the decision to build asylums for the Highlands and Islands. Minutes from a Lunacy Board meeting conducted to plan the construction of the Argyll and Bute Asylum follow on the Lunacy Board report. These sources offer insight into how the medical profession in Scotland conceptualised insanity, and related ideas of how to cure it to architecture

and landscape, which played key roles in how and where the asylums were constructed.

Other sources from authority figures relating to managing and financially supporting lunatics include kirk session records, Parochial Board minutes, and asylum annual reports. The latter two contain information of sparse detail but indicate how lunatics were supported. Parochial Board minutes are held in local archives – Lochilphead for the Argyll and Bute ones and Inverness for the Invernesshire ones. As these are only catalogued by parish, they are cumbersome and usually only note (amongst other parish business) that a lunatic was being supported by the parish in a local institution, often not even specifying the institution, or that a relative was being given money from the parish funds to maintain the lunatic. Kirk session records follow a similar format and they are located in the National Archives of Scotland. They are better supplemented with the asylum registers, stating which parishes were chargeable. Asylum annual reports are usually small booklets containing two sections, one written by the superintendent and the other written by a Lunacy Commissioner. They document the number of lunatics in and out of the asylum during the year and also express the concerns of the superintendent and commissioners over sanitation, the use of restraint in the asylum, the amount of money being spent on food, new construction, overcrowding, general health of the patients, and the like. Early reports contain more detailed examinations of problems specific to running an asylum in an isolated geographic location, and thus I rely more heavily on them than on later reports. Reports post-1870, after asylum operation has smoothed out, contain less complaining and merely note asylum expenses, describe the odd escape if there was one that year or a particularly troublesome patient, but for the most part repeat the same comments about cleanliness and overall patient happiness, which, from the descriptions of the superintendent, was fairly positive. Unlike all other asylum and legal records mentioned, which were handwritten, these were usually typed.

II.3. Primary sources describing the insane in other contexts

While the insane appear in folklore, are recipients of folk medicine and superstitious practices and also become subjects for state medical and juridical action, they thirdly appear in narrative constructs attempting to relate stories about the Highlands. There are accounts of them in local newspapers such as *The Inverness Advertiser* and *The Inverness Journal*, and insanity is occasionally alluded to in first-hand accounts of the Highland Clearances. The Highland Clearance narratives are aimed at a British audience and their purpose is to describe events as graphically as

possible in order to bring the attention of people – and Parliament – to the plight of the Highlands. Stories of the atrocities were utilised by the Napier Commission in crafting the legislation in 1886 which secured crofter's rights.

Local newspapers were generally notified if someone was being committed to an asylum. Anyone acting particularly deranged and violent might also find themselves described in a local newspaper, especially if they were a legal case. *The Scotsman* and *The Caledonian Mercury* both have online archives as far back as the 1840s and *The Inverness Journal, Inverness Courier*, and *The Inverness Advertiser* have microfiche archives held in the Inverness Public Library. The purpose of the papers in the period under review, especially the Inverness ones, was primarily updating people with events happening in their community, and someone being committed to a hospital or asylum was evidently an event worthy of some acknowledgement, although usually only several sentences on page six or seven. More interesting stories, for example an alleged lunatic going on a rampage, might be published on page three or four, possibly with several paragraphs describing these events.

II.4. Combining Folklore and the Archive

In the context of analysing social and geographical constructs of insanity in Britain and trying to draw out how insanity was constituted amongst rural, geographically isolated, or less educated populations, or populations traditionally viewed as disenfranchised or disempowered, researchers have employed folklore and combined it with more "traditional" methods of archival research, in order to explore madness or abnormal behaviour both from the "bottom up" as well as "top down." The latter is historiographically much more straightforward – as we have seen, institutional apparatuses derived from political power are generally good at keeping records. But how do we access the "bottom?" Folklore provides a window into normative behaviour, and a glimpse at constructions of abnormal behaviour that are not necessarily elucidated in sources such as law enforcement and court papers or asylum records. My work has a sizeable section devoted to an analysis of madness and abnormal behaviour in Gaelic folklore material, very much influenced by the three historians discussed below who deftly utilised this type of material. Two of them, Chris Philo and Basil Clarke, use the folklore in an effort to reconstruct pre-medical medieval and rural understandings of madness in their long-run histories of insanity in Britain, while the third, Deborah Symonds, has a far more narrow focus – infanticide in Lowland Scotland – and explores the differences between its legal construction and its construction in the

Scots ballad tradition. While it only indirectly relates to madness (in the sense that sometimes infanticide was believed to be symptomatic of it), Symond's methods examining the differences between the juridical and the folkloric provide a model for my own analysis.[161]

Basil Clarke, in his work *Mental Illness in Earlier Britain,* makes a distinction between the "Celtic Periphery" of Britain and its more southerly reaches, which would be more easily influenced by events in Europe.[162] Clarke uses folkloric sources to document the sites and institutions in Celtic Scotland and Wales connected to insanity and its treatments, as they are usually the only, and certainly best, sources available on the subject prior to the extension of a "national state apparatus" and its concomitant recording practices. Like Clarke, Philo turns to folkloric sources such as the *Vita Merlini* and the *Buile Suibhne,* and the tale of Lailoken, as part of an array of sources used to peer into what he calls the "chaotic spaces" of madness, from the Dark Ages up to the Restoration. Philo's interests lie in the spatiality of madness, and in these three tales he draws out spatial relationships and a madness which inhabits the woods, the monastery, the cell, and the spring. Of the Merlin tale:

> can be said to open a window on the 'spaces of madness' in the lands of earlier Britain, then it must be concluded that many different sorts of places were involved: some were places of enforced exclusion to which mad people were outlawed or in which they were imprisoned; some were places of exclusion to which they retired voluntarily; some were places of enforced inclusion where they were compelled to live as members of settled society; and some were places of inclusion which they visited and utilised through their own choice.[163]

While the tale itself might be fictional (as with many such tales, like *The Baile Suibhne)*, it nevertheless communicates something about the way in which madness was constructed in space and in society. Philo uses it in order to examine this possibility, and hence to tease out how madness may have been perceived and treated, while also examining other medieval sources, such as Margery Kempe's first person narrative, tracts on medieval medicine, and monastic documents in order to illuminate a fuller picture of the place of the mad in medieval British society. Philo consults folkloric sources, and secondary sources which themselves used folklore, to establish the sites of healing springs and wells in England, Scotland, and Wales. Similarly, tales of the lives of saints such as St. Cuthbert and St. Guthlac also contain references to madness – in this case referring to saints' hermetic lives and their ability to heal insanity, amongst

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[161] Deborah Symonds, *Weep Not For Me: Women, Ballads, and Infanticide in Early Modern Scotland,* (University Park, PA: Pennsylvania State University Press, 1997).
[162] Basil Clarke, *Mental Disorder in Earlier Britain*, (Cardiff: University of Wales Press, 1975).
[163] Philo, *A Geographical History,* 85.

other maladies.[164]

While Clarke and Philo combine folklore with other types of texts in order to describe as full a history as possible of madness in medieval Britain, Symonds' engagement with it is on a far more narrow scale, both spatially and temporally. She concerns herself with only one category of abnormal behaviour, infanticide, within a relatively narrow time period and geographic region. Symond's methodology reveals the dichotomy appearing in the seventeenth and eighteenth centuries: between how infanticide was conceptualised in folklore and in seventeenth century law, and then later how it became conceptualized by Enlightenment society. She argues that the ballads reflect the views of the "bottom," social constructions of women and motherhood prevalent in the seventeenth and early-eighteenth centuries, and she attributes the stringent kirk moral codes to the manner in which the courts adjudicated infanticide cases. In 1690, the Scots Parliament enacted a statute making infanticide a capital crime, and it remained in force until 1809. The intervening years after the 1707 Act of Union saw substantial social and economic changes to Scottish society. As historians such as Devine and Richards have noted, many tenant farmers found themselves as transient, wage labourers and the social fabric of many townships in Scotland's rural areas was destroyed or at least altered.[165]

Symonds also reveals changes occurring that were associated with the Enlightenment and within the ranks of the bourgeoisie. She scrutinises the Enlightenment construction of femininity grounded by "biological determinism and maternal nature."[166] Enlightenment lawyers, doctors, and other intellectuals believed that it was biologically impossible for women to kill their children with any kind of malicious intent. Symonds is not a historian of law and some of her inexperience with legal sources reveals itself, for example assuming that the 1690 law was uniquely Scottish (it was not). At any rate, her methodology draws from the folkloric texts an alternative construction of motherhood from the one portrayed by legal texts, since ballads were traditionally sung and transmitted by women, whereas legal and medical professionals participating in trials and running asylums were men. Like her, I use the folklore to access and give a voice to what seems, at first, relatively inaccessible and unspoken for. Also, through the case notes and admissions records, we can see the process by which people adopted the new system and the insanity-violence binary relationship when it came to managing their own communities and families.

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[164] *Ibid.* 107.
[165] Devine, *The Scottish Nation*. Richards, *The Highland Clearances*.
[166] Symonds, 9.

Chapter 2: Insanity, Monstrosity and the Gaelic Folktale

I. Introduction: folklore and the social

What role can Highland folklore have in academic inquiry? While it was sometimes compiled with the intention of providing as accurate an account as possible of folk beliefs, and at other times, compiled in order to portray Gaelic culture as the "other" and say something about the folklorist's own culture, it still represents something of the views and beliefs of Highlanders, even if only a glimpse. Symonds, in her infanticide research, asserts that "the songs those women sang are our only direct, first-person accounts of what struck them as right and wrong, as funny, and as tragic."[167] Scots ballads were collected in much the same way as Gaelic folklore and for similar reasons: nineteenth-century literary appetites were whetted for traditional material and gothic themes. Tension exists between the agendas of folklorists, who wanted to communicate something about the culture which they thought they were preserving, their values and culture, and the Romanticist *zeitgeist* to which they were contributing. It was a balancing act between translating and organising material which is inherently subjective, and the folklorists' own declarations of authenticity. While these sources have their limitations and are fraught with subjectivity, we should not shortchange nor discredit their work too harshly by raking them with postmodernist critique. As Symonds says, "[The collectors'] methods were presumptuous but their transcriptions were probably accurate."[168]

We must ask then what kind of knowledge and values are encapsulated by folktales. What can they communicate about the culture from which they emerged? William Thoms, who coined the term "folktale", suggested that it meant the wisdom and knowledge of a small, tradition oriented group. Groups of rural, archetypal European peasants were who he had in mind, and this meaning persisted as the discipline of folklorism expanded in the nineteenth and twentieth centuries.[169] Modern scholars, however, have adopted more expansive definitions on the basis that folklore does not only apply to traditional communities or idealised peasants. Richard Abrahams asserts that folklore is "all traditional expressions and implementations of

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[167] Symonds, 14.
[168] *Ibid.*
[169] Richard Abrahams, "Personal power and social restraint in the definition of folklore," *The Journal of American Folklore,* 64:331 (Jan-March, 1971): 16-30.

knowledge operating within a community." He goes on to say that one of the key characteristics of this sort of knowledge is that it is inherited and that it is "a collective term for items that are real, tangible, and capable of being described and analysed objectively in terms of compositional and social use."[170] This is a somewhat problematic definition in that it is rather unreflexive and presumes that items of folklore can indeed be analysed objectively. Folklore collections were not aggregated objectively – folklore collectors had an agenda and a point of view about the culture from whom they were collecting, and how items were collected and presented reflects that. Researchers also have an agenda and a point of view and cannot help but see folklore through the lens of their own culture. Folklore can nevertheless be understood as a vehicle for the expression and implementation of knowledge, even if we cannot unproblematically delineate that knowledge into pristine cultural artefacts.

While being mindful of the biases of folklore collectors and our own "biases" as researchers, we can still search for the embodiment of social relations which folktales provide, as they are one of the few remaining lenses into that "thought-world." In the typical "rural peasant communities" where folktale collections emerged, they tied a potentially fragile community together. What characterises this sort of community is that its connections are not primarily economic, but domestic, structured around the extended family unit. The anthropologist Eric Wolf describes the socialisation in oral, agrarian societies where the family was the social and economic centre:

> Extended families tend to emphasize the dependence of group by indulging their children with oral gratifications for prolonged periods of time. This practice rewards the continued seeking of economic support from the family unit, and makes the family unit the main agent in meeting such needs. At the same time, however, such families show a strong tendency in their socialization techniques to curb the show of aggression and sexuality, thus attempting to instill in children the control of impulse required for group coordination. Such socialization not only prepares the growing child to become a permanent member of a group already in existence. It also sets the stage for marriages in which the new couple must make an enduring group.[171]

Socialisation emphasises interpersonal harmony amongst group members and reverence for powerful members of the group. Children are brought up to succeed their parents, not succeed through social mobility. Though Abrahams and Wolf were not specifically describing Highland clans, their descriptions are somewhat apt. By middle of the nineteenth century when the early Highland folklorists began their work, the traditional *baileanna* had nonetheless been mostly eradicated, crofts were the dominant organisational model of peasant society, and capitalism and the modern state had indelibly imprinted the Highlands. The folklorists, and many of the tradition-bearers

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[170] Abrahams, 17.
[171] Eric R. Wolf, *Peasants*, (Englewood Cliffs, NJ: Prentice Hall, 1966), 70.

who told them their stories, still believed that they were preserving relics of the culture which modernism had more or less wiped out. Abrahams acknowledges the fragility of the extended-family society. It struggles to contend with external pressures such as food shortages, emigration, and the introduction of wage labour. It also has to cope with internal pressures such as antagonism amongst group members and the introduction of new group members through marriage. Therefore, he argues, folktales play an important role in establishing a norm which reifies the "order of things" and also provides an outlet for the frustrations of those most constrained by the system.[172]

As Basil Clarke suggests, these texts must be approached in a "quasi-anthropological spirit, with more regards for the functions involved."[173] Abrahams proposes that folktales should be analysed as "constructed objects" and narrative progression is critical to how we deconstruct them. He emphasises that, while we do not know how the audience received the piece, the manner in which it is constructed, relying on familiarity and conformity to past usage, means that it is a device used to persuade listeners to accept the values in the folktale.[174] That means that folktales construct familiar characters, with traits recognisable to listeners from other tales or from their cultural milieu.[175] Acceptance is the first step to being acted upon; thus, the folktale must draw on familiar images in order to make sense and uphold its rhetorical value. Folktales provide a window gazing onto a kind of norm – for instance, how madness is portrayed, or how the stereotypical mad person might act, and, conversely, how a sane person should act. The audience must believe a folktale character has gone mad, so therefore the character must behave and be described in language which easily convinces listeners that he or she has "lost their mind," itself a highly "poetical" description of what has occurred.   Assuming the translations are more or less accurate, even though shades of meaning sometimes become confused when translation is involved, we can understand the Gaelic mad-person, as he or she appears in these texts, as an entity specific to his or her own culture but nevertheless influenced by the culture people making him or her available to an English-speaking audience.

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[172] Abrahams, 23.
[173] Clarke, (1975).
[174] *Ibid*. 20
[175] It is worth reminding readers at this juncture that not every Highlander would have heard, knew, or could recite every tale; tales exist within geographical, as well as temporal boundaries, but at the same time tales with similar or equivalent themes – discussed later on – were prolific throughout the Highlands.

II. The supernatural nature of insanity

II.1. A global perspective on supernaturally-induced madness

"Supernatural," of course, is a Western construct, and its validity as a category of belief has been debated amongst modern anthropologists such as Evangelos Advikos, who have criticised it for being "ethnocentric." After all, cultures who incorporate supernaturality into their belief structures do not make any distinction between "natural" and "supernatural."[176] In the context of my research, I use "supernatural" to mean that which is not subject to or appears beyond the laws and explanations of nature. This includes religious (Christian) experiences and explanations as well, since Gaelic tales and beliefs frequently incorporated Biblical figures and Christian saints into supernatural explanations (although the Presbyterian Church would not have agreed). For my purposes, the "supernatural" is therefore anything that is not from nature as it is more "scientifically" understood, or not social. In this chapter, for instance, "supernatural" causes of madness are separated from "natural" causes – the latter being associated with psychic anguish emerging from more tangible problems, such as love-sickness or battle. However, pre-modern Gaels probably would not have separated supernatural from natural – as the supernatural was very much a part of the "natural" world which they constructed.

"Superstition" is another problematic term, even more loaded than "supernatural," which I use here reluctantly, but it does capture Enlightenment and post-Enlightenment dichotomies regarding how Gaels saw their world versus how Lowland intellectuals saw it and more importantly, how the latter classified belief systems and practices of others. Euan Cameron writes:

> "Superstition" is evidently a pejorative label, on one hand, and the loose designation of a range of beliefs and activities, on the other. The term originates in classical antiquity; its etymology is hopelessly obscure, its meaning always contested. However, for many centuries people rarely if ever, and then only with irony, declared themselves to be "superstitious." The adjective was always something that one applied to another person deemed less refined, less educated, or less rational than oneself. On the other hand, the bundle of beliefs and activities conventionally designated as "superstitious" has displayed some consistent common features: it comprises divination; omens; healing spells, and charms; or the ability of charismatic healers to detect and cure harmful sorcery.[177]

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[176] Evangelos Avdikos, "May the devil take your head and brain: curses of Karpathos, Greece, social counterstructures, and management of social relations," *Journal of American Folklore,* 124:492 (Spring 2011): 88-117, 90.

[177] Euan Cameron, "The religion of fools (review)," *Magic, Ritual, and Witchcraft,* 6:1 (Summer 2011): 113-116, 114

As "superstition" has even more pejorative connotations and more strongly implies an evolutionary schema of belief than does "supernatural," I use it less; nevertheless I bring it into play when addressing the views of "educated" intellectuals towards "beliefs and activities" which fall within this classification.

The affiliation between madness and supernaturality, of course, is not limited to Gaelic culture. It appears all over the world, being far more common (especially in the eighteenth and nineteenth century) and far older than scientific, somatic, and medically-based paradigms of insanity. The French psychiatrist Philip Pinel, for instance, complained that the "best medical writers" of Greece and Italy "ascribed some forms of insanity to supernatural influence."[178] Other examples include the Iroquois of North America, who believed that the "wishes of a supernatural being" would "vex the mind and body of the frustrating host,"[179] and the Ifaluk culture in the South Sea, who believe mental illness is caused by the presence of malevolent ghosts.[180] In parts of Asia, it is believed women had the supernatural ability to steal a man's penis, while the delusive obsession and subsequent hysteria of a man who thought his penis had been stolen is a disorder called *koro*.[181] One need not travel to Asia and the South Sea, however, to find "supernatural" explanations being applied to "abnormal" behaviour. In Medieval England, Thomas Aquinas suggested that insanity was caused by demons and other supernatural influences.[182] Five hundred years later, the residents of the newly-formed Massachusetts Bay colony believed in, "Madness as a manifestation of a supernatural drama with God, the devil, and the distracted person as principal characters."[183] Clarke, who discusses a myriad of examples of similar phenomenon elsewhere in the world, contends, "Tribal formulations have provided locally valid intellectual frameworks for examining and handling psychological disorder."[184] These formulations can be understood as attempts to bring disorder into the realm of order, the dilemma of bringing "the breakdown of mental normality, whatever that might mean, out of the numinous into a comprehensible and sensible scheme of general medicine or social

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[178] Philip Pinel, *A Treatise on Insanity in which are contained the Principles Of A New And More Practical Nosology Of Maniacal than has yet been offered to the public,* "exemplified by numerous and accurate historical relations of cases from the authors public and private practice: with plates illustrative of the craneology of of maniacs and idiots, D.D. Davis, trans., (Sheffield: W. Todd, 1806), xxx

[179] Anthony F.C. Wallace, "Strategies in Iroquois religious psychotherapy," in Marvin K. Opler, ed *Culture and Mental Health,* (New York: The MacMillan Company 1959), 71.

[180] Melford E. Spiro, "Mental illness in a South Sea culture" in Opler, 147.

[181] P.M. Yap, *"Koro: a culture-bound depersonalization syndrome," The British Journal of Psychiatry,* 111 (Jan 1965): 43-50.

[182] R.E. Kendall, "The distinction between physical and mental illness," *The British Journal of Psychiatry*, 278 (2001): 490-493.

[183] Mary Ann Jiminez, "Madness in early American history: insanity in Massachusetts from 1700-1830," *Journal of Social History*. 20:1 (1986): 25-44.

[184] Clarke, 11.

theory, without the help of a stable vocabulary of psychological description."[185]   The heart of this chapter lies in examining how pre-modern Gaels made mental disorder comprehensible and located it within their traditions.

II.2. Supernatural madness in Medieval Celtic texts

The term "Celtic" can also be problematic; the significance of it in eighteenth century Romanticist literature has already been examined in Chapter 1. The term, which initially gained popularity in the Enlightenment, had clear geographical and cultural dimensions, identifying the cultures and peoples of Wales, Scotland, Ireland, the Isle of Man, and Cornwall as different from the Anglo-Saxon or Teutonic English.   It is still, to some degree, accepted by linguists as a legitimate term for a group of etymologically related languages, which include Welsh, Scots Gaelic, Irish, Breton, Cornish, and Manx.[186]   The validity of the binary model of Celt versus Anglo-Saxon as an accurate description of the people of the British Isles remains a subject of vigorous debate amongst historians.   Clarke, for example, follows the generally accepted view of medievalists, taking for granted that there were "Celtic kingdoms" *in* the British Isles and that the reader will know automatically where they are or were.[187]   This view has been challenged by scholars such as Matthew Hammond, who argues:

> Historians have tended to fall into the trap of ethnic dualism in particular in four specific areas: law, kingship, lordship and religion. On these topics, the tendency to define Celtic and Anglo-Norman trends against each other has allowed frameworks set up on pairs of opposites to propogate.[188]

Maryon MacDonald, an anthropologist, perhaps offers an intellectual space for "Celtic" to inhabit, acknowledging the historiographic controversies surrounding it while still accepting that the label has acquired some generally accepted conventions in modern discourse.   She writes:

> The original Celtic form is now, as an unattested form, a hypothesis only: it is not a word or a part of a language, but a device to make sense of the present; it has no real status in real history, and no date in real time.   As such, it is accompanied in modern linguistical analysis, by an asterisk, */thus/.   The asterisked form is a theoretical utility, a formal emptiness in historical linguistics.   Because the Celtic starred or asterisked form represents "Common Celtic," however, it is often accorded, by various Celtic movements, an implicit historical reality that is at once

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[185] *Ibid*. 23.
[186] See Martin J. Ball and James Fife, eds. *The Celtic Languages*, (London: Routledge, 2002).
[187] Clarke, 25-29.
[188] Matthew Hammond, "Ethnicity and the writing of medieval Scottish history," *The Scottish Historical Review,* 85:1 (2006): 1-27, 23.

linguistic, political, cultural, and racial, in true 19th-century style.[189]

While acknowledging that there is little in the way of consensus in the discussion, in this section I employ "Celtic" in its medievalist framework, to designate texts from early Ireland and Scotland. It of course remains a historically problematic word, which is why I prefer the word "Gael" to describe Gaelic-speaking Highland Scots, but in the context of medieval manuscripts it has, as MacDonald asserts, theoretical utility and acceptance in the field. The two main texts referred to here, the *Buile Suibhne* and *Tain Bo Cuilaigne,* are not specifically Scottish, but rather regarded as part of the Irish corpus of ancient literature. The earliest known manuscripts are medieval, but the stories most likely originated in the sixth or seventh centuries, when the ruling kingdom of Dal Riata united Northeast Ireland with what is now Argyll.[190] Familial and clan connections spanned the Northeast channel, right through the Middle ages. Thus, early Celtic texts now associated with Ireland may have also reflected thought-worlds of inhabitants in the Gaelic-speaking West of Scotland.

The best-known texts on madness in medieval Celtic literature are the *Buile Suibhne* and *Cath Magh Rath* (The Battle of Magh Rath). They tell the story of Suibhne, king of Dal Araidhe.[191] He goes mad during the battle of Magh Rath, which is recounted in *The Battle,* deserting both the battle itself and his kingship to wander as a madman around Ireland. After many adventures and long journeys across Scotland and Ireland, recounted in the *Buile Suibhne,* he is slain by a jealous swineherd who thought Suibhne was sleeping with his wife. The earliest Gaelic manuscripts containing these seventh century stories are attributed to the twelfth century, but the most complete surviving ones are from the fifteenth and sixteenth centuries.[192] The first translated text of the *Buile Suibhne* came from J.G. O'Keefe in 1913 and the text of the *Battle of Magh*

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[189] Maryon MacDonald, "Celtic ethnic kinship and the problem of being English," *Current Anthropology,* 27:4 (Aug.-Oct., 1986): 333-347. 338.

[190] T.M. Charles-Edwards, "Picts and Scots," *The Innes Review,* 59:2 (2008): 171.

[191] These texts are regarded as Irish in origin and part of the canon of medieval Irish literature. However, I use them as there was a significant amount of cultural crossover between the North of Ireland and the West of Scotland. They were part of the same kingdom, known as Dalriada, in the sixth and seventh centuries. Dalriada included the County Antrim, believed to be part of Suibhne's kingdom, and it is conceivable that Dal Araidhe is a corruption of Dalriada. It is also evident from reading texts from Victorian Scottish folklore collectors that texts catagorized as being part of the early Celtic – meaning Irish – tradition found their way into the oral traditions of the Highlands and Islands. These include assorted tales from the Fenian or Ossianic Cycles about Finn McCool and his band of warriors and also the epic of Deidre, which was famously translated from the Old Irish by Yeats but also appears in Alexander Carmichael's collections from the Scots Gaelic oral tradition.

[192] Denell Downum, "Sweeney Astray: the other in oneself," *Eire-Ireland,* 33:3&4, (Fall/Winter 2009): 76.

Rath was translated by John O'Donovan.[193]   Then in 1983, the Derry poet Seamus Heaney published his own translation of the same manuscript used by O'Keefe. The text of the *Buile* exists in three manuscript versions. O'Keefe and Heaney used the longest one, written in the 1670s, and bound with the manuscripts for *The Battle of Magh Rath* and a third epic, *The Feast of Dun na Gedh.* While it is mainly associated with Ireland, and Suibhne was the king of an area which encompasses the south County Antrim and north County Down, Suibhne also had "an easy sense of cultural affinity" with the West of Scotland.[194]

O'Keefe notes the similarities between *Buile Suibhne* and that of the "wild man of the woods," a theme encapsulated by the Merlin stories from Wales and Lailoken from Strathclyde. How closely they are related is a contentious subject amongst scholars. In the introduction to his translation, O'Keefe claims that "the story… seems to be made up of a small folk element, probably deriving from the same source as the Merlin legends."[195]   James Carney, on the other hand suggests that the Lailoken-Merlin story was the origin of *Suibhne,* rather than merely being part of some "small folk elements," while Chris Philo and Neil Thomas suggest that Merlin (at least as he appears in the twelfth century text, *Vita Merlini)* was a composite of Suibhne and Lailoken.[196]   Whatever the exact lineage, they all illuminate a broader Celtic "thought-world," specifically in reference to how madness was perceived. At the moment, it is impossible to ascertain how exactly these three traditions influenced one another. The "wild man" motif, however, has a far more ancient and universal application, as it can be "observed in traditions ranging fron Endiku in *The Epic of Gilgamesh* to the Biblical figure of Nebuchadnezzar."[197] Thomas also observes that: "In Old Irish for instance the traumatized soldier who fled into the woods was such a familiar phenomenon that he was lexicalized as *gelt.*"[198]

At the beginning of the *Buile*, Suibhne prevents a cleric, St. Ronan, from building a church on his lands, dragging Ronan out of the church and throwing his psalter into a lake. Alternatively, *The Battle* recounts Suibhne's slaying of an

[193] J.G. O'Keefe, ed., *Buile Shuibhne: The Frenzy of Sweeney. The Adventures of Suibhne Geilt: A Middle-Irish Romance,* (London: Published for the Irish text society, 1913). John O'Donovan, ed., *The Battle of Mag Rath,* (Dublin: Irish Archeological Society, 1842), vii

[194] Seamus Heaney, *Sweeney Astray,* (Derry: Field Day Theatre Company, 1983), vi. According to Heaney's translation, Suibhne stayed six weeks in a cave on Eigg, and then he spends another six weeks on Ailsa Craig, off the Ayrshire coast. Afterwards he flies to the mainland where he meets and befriends another madman named Elledhan, which Heaney Anglicises as Allan.

[195] O'Keefe, xxxvii.

[196] Philo, *A Geographical History,* 76. Neil Thomas, "The Celtic wild man tradition and Geoffrey of Monmouth's 'Vita Merlini': madness or 'contemptus mundi?'" *Arthuriana,* 10:1 (Spring 2000): 27-42.

[197] Thomas, 29.

[198] *Ibid.*

ecclesiastical student over a "consecrated trench." The different manuscripts and different series of events most likely came from a parent text that has been lost. However he did it, Suibhne seemingly brought on his insanity by running afoul of the church whose representative, St. Ronan, possessed supernatural powers. In both cases, Ronan curses Suibhne to be "naked, wandering and flying throughout the world; may it be death from a spear-point that will carry him off."[199]   Although Suibhne's madness was subsequently brought on by the battle itself, by "the sight of the horrors, grimness, and rapidity of the Gaels,"[200] the curse of Ronan made a man who "had never been a coward, or a lunatic void of valour" into just that.[201]   The texts communicate two important facets of the medieval Celtic world: one is that clergy, far from being mere preachers, have actual powers which they can marshal from the realm of the divine and supernatural,[202] and the other is that even kings and great warriors would do well to realise this fact. The narrative again invokes the relationship between the clergy, God, and supernatural beings when Suibhne regains his reason and attempts to return to Dal Araidhe. Ronan, hearing of Suibne's return, summons God again and God answers Ronan's prayer by sending supernatural apparitions to waylay Suibhne's return to sanity and his kingdom:

> A strange apparition appeared to him at midnight; even trunks, headless and red, and heads without bodies, and five bristling, rough-grey heads without body or trunk among them, screaming and leaping this way and that about the road. When he came among them he heard them talking to each other, and this is what they were saying: 'He is a madman,' said the first head; 'a madman of Ulster,' said the second head; 'follow him well,' said the third head; 'may the pursuit be long,' said the fourth head; 'until he reaches the sea,' said the fifth head. They rose forth together towards him.[203]

The heads eventually leave him, but his madness returns, and he resumes his course of wandering through the hills and glens, bereft of reason.

The very form of Suibhne's madness integrates the natural and the supernatural. It assumes the form of the monstrosity, a man-animal chimera, arguably reflecting Foucault claims that monsters were "the mixture of two realms, the animal and the human: the man with the head of the ox, the man with a bird's feet – monsters."[204]   In the *Buile,* this transformation is quite literal. Suibhne is described as becoming "bird-like" or possibly even turning into a bird. O'Keefe's translation ascribes to him bird-

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[199] O'Keefe, xxxviv.
[200] O'Donovan, 274.
[201] *Ibid*.
[202] In early Gaelic texts, the divine and the supernatural are one and the same, and the later Presbyterian Church tore them apart, insisting that believing in supernaturality (and the plethora of Celtic saints) was heathenous and trying to eliminate such belief from its parishes.
[203] O'Keefe, xxxvi.
[204] Foucault, *Abormal,* 63.

like characteristics: "when he arrived out of the battle, it was seldom that his feet would touch the ground because of the swiftness of his course, and when he did touch it he would not shake the dew from the top of the grass for the lightness and the nimbleness of his step."[205]   Suibhne spends most of his time sitting in trees, while in Heaney's translation, he becomes a deranged bird-like creature; he "levitated in a frantic cumbersome motion/like a bird of the air."[206] Madness, in both Heaney and O'Keefe, gives Suibhne non-human abilities, living in trees and travelling through the air from one tree to another or one hill to another.

The theme of the madman living like the wild creatures and having supernatural abilities also appears in the Merlin stories. In Merlin's case, he acquires the gifts of prophecy and foresight, and while he does not fly through the trees, he lives naked in the woods, stripped of the faculties of reason which humanise him. Philo suggests that he represents "the hairy man, curiously compounded of human and animal traits."[207] He finds the "negativity of madness and the negativity of wildness roped together" in the fictional character of Merlin.[208]   Suibhne takes this one step further. He is not only wild and animal-like in his habits, but transforms into a creature not even fully human. O'Keefe's translation equates madness to flight and to losing some of his humanity, although not entirely; he is still able to recite poetry lamenting his situation. "He went, like any bird of the air, in madness and imbecility." If the ability to reason and to engage in certain behaviour was regarded as a defining characteristic of humanity, then their loss and the wildness duly incurred, seemed frightening. The combination is something not human, but not animal either; rather it was a monstrosity of both. This characterisation would have resonated with the medieval audience, drawing on their own referents for what it meant to be mad. These stories not only show madness, but again illustrate the fine line between madness and reason, such as the need to be stripped of our worldliness understand what is real, like King Lear, who becomes mad before he can truly perceive what is real in his relationships with his children and his own value system.

Other Celtic texts from a similar time period, such as the *Tain Bo Cuilainge,* also draw upon the symbiosis between madness and the supernatural. The *Tain* is preserved in a series of manuscripts, written in Old and Middle Irish, from the twelfth through the fifteenth century, but like the *Buile,* the characters and events are from the seventh and eighth centuries. Cuchulainn, the hero and central character, is overcome

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[205] O'Keefe, xxxii.
[206] Heaney, 8.
[207] Philo, *A Geographical History,* 76.
[208] *Ibid.*

by a kind of "battle madness," which enhances his ability to fight rather than detracts from it, unlike Suibhne, who fled from the battle. Cuchulainn's madness adopts the form of a disfiguring battle frenzy:

> His body trembled violently; his heels and calves appeared in front; one eye receded into his head, the other stood out huge and red on his cheek; a man's head could fit into his jaw; his hair bristled like hawthorn, with a drop of blood at the end of each single hair; and from the top of his head arose a thick column of dark blood like the mast of a ship.[209]

When the battle frenzy takes him, Cuchulainn acquires attributes of the monster. On the one hand, this allows him to fight off armies single-handedly, but on the other hand, he loses his control and reason and requires great effort, in the form of one hundred and fifty naked woman throwing him into vats of cold water, to be brought back under any semblance of control. He is more than a metaphorical monster; it is a literal transformation as well.

Battle frenzy is not the only kind of madness which afflicts Cuchulainn during his life. Two other instances of insanity occur in Lady Gregory's translation of the Ulster Cycle material, both induced by supernatural beings. When Cuchulainn flies into a rage after accidentally slaying his own son, the Druid Cathbad casts a spell on him so that he attacks the waves of the sea rather than anyone else.[210] In the tale known as the "The Wasting Sickness of Cuchulainn," he has troubles with the fairy woman, Fann. First he kills one of her birds and, accordingly, she curses him and he grows weak in mind and body. He is cured of his weakness when he agrees to go to the Fairy Land of Mag Mell. There, he has an affair with Fann and arranges to have future trysts with her after his return to Emain Macha. His wife Emer hears word of this and meets Cuchulainn and Fann at the tryst with fifty of her women, all armed with knives. Without any bloodshed, Fann gives way to Emer and leaves Cuchulainn for Mannanan Mac Lir, a deity-being which the tale states only she can see. As a result of her abandonment of him, Cuchulainn, like Suibhne, flees to live alone in the wild: "Cuchulainn bounded three times high into the air, and he made three great leaps south to Tara Luachra, and there he lived for a long time, having neither food nor water, dwelling upon the mountains and sleeping upon the high-road that runs through the middle of Luachra."[211] Romantic writers familiar with this literary tradition construed it as evidence that "primitive" Gaels, with their superstitions and pervasive belief in the supernatural, functioned on the very edge of reason under the best of circumstances.

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[209] Lady Isabella Augusta Persse Gregory, *Cuchulainn of Muirthemne*, (London: J. Murray, 1902).
[210] *Ibid.*
[211] *Ibid.*

They operated within a duality: their own "empirical" knowledge and the knowledge of other peoples, the latter confined to the irrational and the non-utilitarian. W.B. Yeats, commenting on "The Wasting Sickness," wrote, "The after madness of Cuchulainn reminds me of the mystery country people, like all premature people, see in madness, and of the way they sometimes associate it with " 'The others.' "[212]

The Ulster Cycle and Suibhne tales have exaggerated and dramatic descriptions of characters' entanglements with supernatural beings and also illustrate the supernatural attributes of madness. For the early Celts of Scotland and Ireland, these tales provided a channel allowing insight into the confusing and bizarre behaviour of the mad. It is also conceivable that they took pride in this madness since it provided them with the natural inheritance of a true fighting spirit beyond what was "normal" or average at a time when the codification, and most certainly the translations, of these tales reflected the wish to drum up national sentiment. They also offered an archetypal mad person, something of a human-animal hybrid. That is not to say that someone prone to fits or had something of the grotesque in their physical appearance or mannerisms was always understood and treated as a Cuchulainn, who might lose his reason on occasion but could also slay entire armies, but the supernaturality enshrined in these narratives arguably offered explanatory frameworks for insanity. Foucault, in *A History of Madness,* offers insights into the animality embodied in Cuchulainn and Suibhne, writing, "When man appears in the hideous nudity of his fallen state, he has taken on the monstrous face of a delirious animal … The animal realm has moved out of range of all domesticating human symbolism, and ... it fascinates mankind with its disorder, its fury, and its plethora of monstrous impossibilities …"[213] Insanity in early Celtic cultures, as shown through these literary figures, is characterized by two axiomatic particularities: the acquisition of monstrous – in this context supernatural characteristics – and a loss of self-control associated with reason and order. Suibhne becomes incapacitatingly fearful and Cuchulainn dangerously violent, traits both associated with undomesticated animality.

II.3. Tales of madness as told in nineteenth century Highland folklore collections

There is, it must be noted, a gap in the available literature. While elements of timelessness were attributed to folklore by the Victorians, the reality is that all we have

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[212] W.B. Yeats, *Writings on Irish Folklore, Legend, and Myth,* Robert Welch, ed., (London: Penguin Books, 1993). 322.
[213] Foucault, *History of Madness,* 19.

available is what was told to nineteenth-century collectors, but virtually no evidence of how the mad were actually conceptualised in Gaelic society between the Middle Ages and nineteenth century. Nevertheless, it is possible to speculate, and I suggest that while nineteenth-century folktales might well be quite different from older ones, like all oral traditions some of them had ontological origins in earlier times.

The human-animal monstrosity as a mad person does not survive in its medieval form into the nineteenth century, but the monstrous supernaturality of the mad unearthed in the folklore collections of the nineteenth and twentieth centuries did not completely abandon the Suibhne-Cuchulainn model.   Arguably madness here had not yet turned inward; it was less fantastical, but still incorporated the supernatural and expressed itself through the relationship between the insane and an external environment.   J.F. Campbell wrote of *amhas,* wild, ungovernable men, also called *amhanan*: "They were public pests but great warriors, half crazy, enormously strong; subject to fits of ungovernable fury. Saner men sometimes employed them and put them to death when they were done with them."[214]   The grotesque physical changes undergone by Cuchulainn have been diluted – Campbell did not indicate that *amhanan* underwent any physical distortions, but the tales retained the relationship of madness to "primitive" violence and disorder. Campbell's sources implied that mad people are dangerous and ungovernable, but useful if one is having trouble with the neighbours, while his text also implies that the animality of the *amhas* meant that they were more disposable than the lowliest peasant, who was still human, still part of the community. The *amhas* existed outside both natural law and human law.

The immensity of their transgression of law is evident in a tale in Campbell's collection called "The Story of Conall Gulban." Conall goes to the palace of the King of Lochlann and finds himself engaging in a battle with the king's *amhas,* who were guarding the palace. The *amhas* say to him, "fresh royal blood will be ours to quench our thirst and thy fresh royal flesh to polish our teeth."[215]   They have cannibalism in mind and cannibalism, along with incest, was one of society's two great prohibitions. Foucault asserts that cannibalism is "at the very heart of the juridico-medical theme of the monster."[216] It was, in a sense, a very early classification of the "dangerousness" that would dictate lunacy law in the eighteenth and nineteenth centuries, effectively placing these individuals outside Foucault's dichotomy of natural and of manmade

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[214] J.F. Campbell, *Popular Tales of the West Highlands,* vol. 3, (Edinburgh: Edmonston and Douglas, 1862), 235. Campbell suggests that they had origins in Norwegian folktales, but his description nonetheless bears similarities to the battle madness of Cuchulainn, suggesting that the social construction of this particular type of insane person had origins in early Celtic texts as well.
[215] *Ibid.* 220.
[216] Foucault, *Abnormal,* 101.

law.[217]

In other tales recorded during the nineteenth century, the supernatural shifts to a causative force rather than a physical or mental characteristic of the mad person themselves. Supernatural beings cause people to go insane, but the sufferers do not for the most part acquire any supernatural attributes. Lord Napier (of Crofting Commission fame) published his own collection of Highland folklore and superstition in 1879. In it he related one instance of a woman with whom he was acquainted who "took a sudden fit of mental derangement, and screamed and talked violently to herself." The friends and neighbours believed that "her affliction was the work of the devil, brought about through the agency of some evil-disposed person."[218] Another story from South Uist told of a bard who fell in love with a girl from Stornoway, who married someone else. The bard dabbled in the supernatural, conjuring up images of her, but he pined away and "became so small that his father used to carry him in a creel on his back." It was whispered that the one he had conjured up was in fact the devil, recalling a much older trope of madness as "demonic possession" and perhaps a warning that the supernatural should be left well alone.[219] J.G. Campbell warned of a "wandering madness" which fairy women inflict on humans, especially men, wherein they "roam about restlessly, without knowing what they were doing, or leave home at night to hold appointments with the Elfin women themselves."[220] This particular belief may well be employed to explain away adulterous or otherwise undesirable behaviour, or perhaps indeed explained a type of insanity where young men wandered away for no other apparent reason.

Even though supernaturality had become more of an outward force, rather than a physical disfigurement of the mad person themselves, "folk" belief still positioned it as a legitimate cause of derangement instead of a symptom, as nineteenth century alienists later suggested.[221] Psychiatrists such as John Cowles Prichard, for instance, insisted that an individual's belief that they were being pursued by the devil or fairies was clear evidence of a disordered and delusive mental fixation,[222] but in the pre-modern Gaelic

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[217] *Ibid.* 64. He describes the difference between disability and monstrosity as "the point where the two breaches of law come together."

[218] James Napier, *Folklore or Superstitious Beliefs in the West of Scotland in this Century,* (Paisley: Alex Gardner, 1879), 77-78.

[219] Ada Goodrich Freer, "More folklore from the Hebrides*," Folklore,* vol. 13 (March 13 1902): 29-62. 49.

[220] J.G. Campbell, "Superstitions of the Highlands and Islands of Scotlands and witchcraft and Second Sight in the Highlands and Islands," in Ronald Black, ed., *The Gaelic Otherworld* (Edinburgh: Birlinn Ltd., 2005)*,* 50.

[221] James Cowles Prichard, *A Treatise on Insanity and Other Disorders Affecting the Mind*, (London: Sherwood, Gilbert, and Piper, 1835), 31.

[222] *Ibid.* 30.

construct of not only the mind, but reality itself, the existence of these supernatural beings was not questioned. The ontological transition of madness from something completely outward to something completely inward was grounded in the validity, and later on the lack thereof, of belief in supernatural forces.

Sir Thomas Dick Lauder recorded a story where the main character, the hapless laird Invereshie of the area around Glen Feshie in the Northeast Highlands (Fig 2.1),

Fig. 2.1. Glen Feshie.
(Source: Photo by Ben Roberts)

lingers in the hazy boundary between the pre-modern belief that witchcraft could cause insanity, and the modern sense that this belief in and of itself constituted evidence of madness.[223] This particular tale also correlates to the Victorian notion that Celts were more prone to melancholy and fantasy anyway – the "Celtic Twilight" invention of the Gaelic-speaking parts of Scotland.[224] At the beginning of the tale, Invereshie meets a lady at a friend's castle and soon is entranced by her. After numerous meetings he falls in love with her. Then one night he is riding through the woods when the horse spooks and bolts. Invereshie reins in the terrified horse, to see:

> The moonbeams shone fully and clearly on a face which he could not
> for a moment mistake ; yet their pale light shed so chilling
> and unearthly a lustre over its well-known features, that,
> taken in combination with the hour and the place, it made
> him hesitate for a moment whether he really beheld the
> form of her whom he so much loved, or whether that which
> presented itself to him was one of those unsubstantial
> appearances which he believed evil spirits had power to
> assume for the bewilderment and destruction of mortals.[225]

His fear at first vanishes once he realises the spectre is in fact his lover, but he cannot forget the superstitions surrounding this particular space in the woods.

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[223] Thomas Dick Lauder, *Highland Legends*, (Glasgow: Thomas D. Morison, 1880), 106-125.
[224] Francis Grierson, *The Celtic Temperament and Other Essays*, (London: George Allan, 1901). Grierson, reflecting the common beliefs about Celts from people who were not from the Highlands or Ireland but had a kind of admiration and nostaligia for all things Celtic, commented, "In literature the Celtic temperament is characterised by imagination, sentiment, and an indefinable sense of poetic mystery; but the style produce by these qualities is marked by intense personality."
[225] Lauder, 113.

> A thousand superstitious tales
> connected with that spot rushed upon his memory. It was
> there that in popular belief the wicked spirit of the waters
> often appeared to bewilder lated travellers, and to lure
> them to their destruction. He thought of the power which
> evil beings were supposed to have in re-animating the
> remains of the dead, or of thrusting forth human souls from
> their earthly habitations, in order that they might them-
> selves become the tenants of the fairest and most angelic
> forms. His reason and his judgment were in vain
> opposed to these terrific phantoms of the brain.[226]

Invoking the strange powers she has over him and the supernatural, haunting quality of the woods, the lady tells Invereshie,

> "Never forget this solemn hour and place, and let the image of that bright moon be ever in your memory ; for it has witnessed your vows, and beheld the pledge thyself to me for ever!"[227]

After this encounter, Invereshie is "unmanned"[228] for several days and then "reason resumed her seat of judgment," and he dressed in his Highland garb and proposed to marry the lady. The day before their marriage ceremony, she falls into a swoon and appears dead for all intents and purposes. As funeral arrangements are being made, she comes back to life. At first, Invereshie:

> remained for some time sunk in silent abstraction, ill befitting an ardent lover who had thus had his soul's idol so miraculously restored to him from the very jaws of the grave.

The "laughing sunlight that darted from her eyes" soon dissipates his gloom, however, and he resumes being the slave of her every need and whim. After they marry, he tries to keep the lady in the Lowland gentry lifestyle to which she had been accustomed. His castle becomes the site of an endless string of visitors from the Lowlands, entertaining extravagances and luxuries unseen in the Highlands. These things take a toll on Invereshie's mind and his finances, but he cannot bring himself to tell this to his wife. He suffers from "gloomy and harrowing" recollections. Even though he was usually a steadfast and resolute man, his misgivings "were all put to flight at once by the first bewitching love glance of his lady's eye."[229]

One day, after a foray out hunting with his friends, Invereshie visits his old

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[226] *Ibid.*

[227] *Ibid.*

[228] Lauder's use of this term to describe being mad is probably a reflection of the manner in which the intelligentsia from as early as the seventeenth century associated "reason" with masculinity (and conversely, "unreason" with femininity). A man who lost his reason had also lost some of his masculinity. For example, in Shakespeare's *Macbeth,* Lady Macbeth explicitly associated madness with lack of manliness. When the ghost appears at the banquet, she questions her husband's virility and connects it to a lack of mental stability – "What, quite unmanned in folly?" (3.4.58, 73).

[229] *Ibid.*

nurse, Elspeth, and he finds her and her sister standing underneath the gable of her cottage, crooning a lament for him in Gaelic, which is translated as "Och, hone! What but the black art of hell itself could have cast the glamour o'er thee?"[230] They proclaim that "Wicked witchcraft is at work with him!"

> The foul fiend, in a woman's form, is linked to him.
> Bethink thee of her moonlight wanderings by the waters,
> her unhallowed midnight orgies among the graves of
> the dead, where they say she is still seen to walk while he
> is sleeping, her sudden death, for death it was, on that
> ill-starred morning which proclaimed their union, the
> strange reanimation of the corpse by the foul fiend that
> now possesses it, the momentary sinking, and terror, and
> confusion of that wicked spirit when he quailed before the
> gaze of mine….

The other sister quails, "thy will was not thine own!" Then the nurse cries, "Och, hone! Och hone!.... That I should live to see my soul's darling thus rent away from the care of Heaven, handed over to the powers of Hell, and doomed to destruction both here and hereafter!"[231] Unable to take any more of this, Invereshie staggers away and then collapses, insensible, on a mossy bank, where he lies for a while. At last he continues on, without "any reason left to guide," following the stream until finally his scattered thoughts return to him. But not for long. As he leans against a rock,

> His jaws chattered against each other, and a cold
> shudder ran through his whole system, like that which
> precedes the last shiver of death. Again, a burning fever
> seized his brain, and he struck his forehead with the palm
> of his hand, and he wept and groaned aloud.

The supernatural impinges on the steadfast mind of this normally stalwart Highland laird, both in the form of his wife, who might be a witch, and the nurse and her sister, who emerge as messengers from the supernatural world. Highland listeners may have recognised allusions to the Second Sight (to be discussed shortly) in the words of the nurse and the sister, as well as related knowledge one can only have from a deep familiarity of the landscape and supernaturality; while Lowland readers of Lauder's collection might have drawn the connection between these sisters and the weird sisters in *Macbeth,* who make similar pronouncements of doom, and also invoke the power of the Scottish landscape itself as conduit for the supernatural and surreal.

Invereshie gathers his wits to the degree that he can rouse himself from inaction and returns to his castle, where he meets his lady. She proclaims that he must be unwell

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[230] *Ibid.*
[231] *Ibid.*

and he answers, "I shall get better in the air. A sickness, a slight sickness only; a little further walk will rid me of my malady." They walk to the rocky banks of the Feshie and stand on a crag overlooking the river. There Invereshie throws the lady into the river. At first she appears to float and grabs an alder sapling, crying for help. Invereshie proclaims that she must have been a witch after all, as folklore has it that witches are supposed to float, and cuts the sapling with his *skean dubh*. Then the narrative takes a sudden swing away from the supernatural and superstitious which has characterised it thus far, transforming into a kind of Shakespearian tragedy. The lady sinks into the turbulent waters of the Feshie and, sensing his fatal mistake, Invereshie rushes into the waters to save her:

> But the impenetrable cloud which had been all this time careering
> onwards, at that very instant blotted out the moon from
> the firmament, and left his soul to the midnight darkness,
> of remorse and despair.[232]

Unlike the other tales discussed, the supernatural plays an ambiguous role in Invereshie's derangement. In light of other stories where characters go insane, it seems familiar enough. Until the end, it is believable, within the context of the narrative, culture, and greater corpus of Highland tales, that the lady was using witchcraft to drive Invereshie to unreason. The reader acquires plenty of hints throughout the narrative suggesting that something untoward and otherworldly might be happening – from the lady's strange appearance in the moonlit wood, to her apparent death and revival, and the nurse's pronouncements of doom. The narrator at first suggests that the only explanation for such a stalwart laird with such great strength of character losing his mind must lie with witchcraft. The narrative turns the tables on superstition in the final pages, where it becomes clear that Invereshie's madness is induced by love and delusion, not witchcraft. Thus madness is put in its place, firmly on earthly foundations as "love-madness" or perhaps a modern medical madness, but not before flirting with the alternative point of view that it can be induced in the sanest of men by supernatural beings.

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[232] *Ibid*, 125.

III. Witches, fairies, and other supernatural residents of Highland lochs, mountains, and glens: supernatural encounters that do not cause insanity

It is critical at this juncture to reiterate the normativity of the supernatural in Gaelic tales and the manner in which it informed the world view of people in the Highlands and Islands, especially in the more remote areas such as the Western Isles, far west regions of Argyll, and Ross and Sutherland, where most of the tales were collected. The madness of Suibhne, Cuchulainn, and the characters in the nineteenth-century collections was just one face of an encounter with the supernatural, but it is apparent in reading tales from both Highland Scotland and Ireland that the supernatural was marshalled to explain an array of bizarre and potentially problematic human actions while *not* attributing it to madness. Houston, discussing seventeenth-century Lowland Scotland, has acknowledge these subtleties, writing, "A person displaying deviance of thought and deed could either be mad and possessed or bewitched, or mad but not possessed or bewitched. Alternatively they might be sane and under supernatural influence."[233] His contention is that the supernatural explanations had been more or less thrown out the window by the beginning of the nineteenth century, yet I have found them alive and well in the Highlands. The stories of Invereshie and the shorter ones in the collections of J.F. Campbell, Freer, and Napier suggest that supernatural beings with evil intentions, such as witches and the devil, could curse someone to madness. Leaving it at this, however, would be too simplistic. We cannot assume that the pre-industrialised Highlands ascribed the same sorts of behaviour to mental illness as we do today, nor that Highlanders always attributed it to the kinds of supernatural madness discussed above. It would be ignoring that in all societies there is a complex range of behaviour understood as problematic in some way, and that all cultures have other frameworks for classifying and dealing with problematic individuals and establishing social norms.

In fact, madness *per se* features rarely in Gaelic tales, and the corpus of texts attributes aberrant human behaviour of all sorts to the supernatural rather than to something ingrained in the minds or bodies of abnormal individuals. Much inexplicable and at times antisocial behaviour hence appears in these tales without the reciter resorting to insanity as an explanation for it or indeed, any description of it naming odd conduct as "madness." In her commentary on Lady Gregory's translations *Of Gods and*

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[233] Houston, *Madness and Society in Eighteenth-Century Scotland,* 321.

Fighting Men, Elizabeth Coxhead has written: "We too are 'away' when the tension grows too much for us, though we call it by names like nervous breakdown and neurosis."[234]   Rather than try to attribute events in Gaelic tales to constructs like "nervous breakdown and neurosis," I find it more methodologically sound to take them as they are and ascertain their resonance and meanings within the context of the culture(s) of the reciters and listeners.

III.1. Femininity, socially unacceptable behaviour, and atavistic transformations

A substantial number of stories concern themselves with socially unacceptable female behaviour, including violence and promiscuity.   The theme of women transforming into animals, a different version of Foucault's human-animal monsters, appears frequently in Gaelic tales.   It echoes Suibhne's partial transformation into a bird, but the change from human to animal is complete. These stories address "inhuman" behaviour in human subjects, more or less by making them not human. Much of this is categorised by folklore collectors as "witchcraft" but we must employ that term cautiously, for it is a translation of the Gaelic word *buiseach.* J.G. Campbell, in a brief etymological exploration of that word, argues that it is similar to the words *baobh* and *baoth.*   The former means "a wicked, mischievous female who scolds, storms, and curses, caring neither what she says or does, praying the houses may be razed and the property destroyed of those who have offended her."[235] The latter means weak or foolish.[236] Dwelly's Gaelic-English dictionary supports Campbell's analysis. His translations of *baobh* include wizard, a "wicked, mischievous female who invokes a curse or some evil on others," a "foolish disagreeable female," and "madness, wildness, furiousness." The dictionary contains similar words that suggest madness as a possible translation: *boaghal, baoil,* and *baois.*   Other possible translations for *baoghal* are foolishness, stupidity, wildness, and dangerousness, and other possibilities for *baois* include lewd and lascivious.[237]   The word that English speakers encounter in the following tales is "witch," but their original Gaelic forms imply the aforementioned meanings, one of which might be (but not necessarily) madness.

Not having Gaelic myself, I cannot examine the context in which these words appear in the Gaelic texts but rather make the case that the tales are prescriptive,

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[234] Gregory, 8.
[235] J.G. Campbell, 173.
[236] *Ibid.*
[237] Edward Dwelly, *Illustrated Gaelic to English Dictionary,* (Glasgow: Gairm Publications, 1994), 66-67.

defining acceptable and unacceptable behaviour, and also construct an explanatory narrative for certain kinds of abnormal behaviour, an alternative construct to "madness." Like the frenzies of Suibhne and Cuchulainn, it is either supernaturally induced or the person has supernatural abilities, but unlike those tales, the witchcraft tales are treated as nosologically separate. There are also far more of them. Foucault's thesis in the *Abnormal* lectures, however, is that the eighteenth and nineteenth-century categories of insanity encompassed and expanded upon the construct of "abnormal individuals," a discursive category which was itself the epistemological combination of other categories. In Gaelic folktales, "witch" appears as one of several such categories: "mad" behaviour which rarely, if ever, is identified as "madness" *per se* but all amounting to a cultural matrix of interpretations that "fixed" the place of "madness." Below I give a series of this category of tales, which are a small percentage of the ones in the folklore collections and arguably demonstrative of the frequency and types of female behaviour attributed to witchcraft.

A story from Tiree in J.G Campbell's collection tells of two fishermen sailing from Hirinish on Tiree before New Year. After a storm hit them, one of the fishermen spots a gull following them and realises that the gull is in fact a woman with whom he had an illegitimate child. The narrator states, "it was thought her object in raising the storm and following so close in the wake of the boat was to snatch her seducer with her and drown him."[238] Another tale in J.G. Campbell's collection relates the story of a young man in the Outer Hebrides who had two lovers, one of whom he did not care for very much. When he went to a gathering that they were both supposed to attend, only the one he least liked was there so he left quickly. As he crossed stepping-stones in a ford on his way home, a cormorant appeared and splashed him with water. He had a cudgel with him and thwacked the bird on the back. The next day he passed the house of the woman he had slighted and met her mother at the door, who said that her daughter had suddenly become ill last night with a sore back. The young man said he knew why but would not speak to her anymore.[239]

Witches also became horses, hares, rats, cats, whales, and sheep. One story tells of:

> A laird whose wine was disappearing mysteriously, suspecting witches, one night when he thought the plunderers were at work entered the cellar, closed the door, and laid about him with a broadsword. When light was brought, the cats, whose eyes he had seen glaring at him in the dark, disappeared, and only some blood was found on the floor. An old woman in the neighbourhood, suspected of being a witch, was found (on her house being entered) in bed with

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[238] *Ibid.* 183.
[239] *Ibid.* 185.

her leg cut off and lying below the bed.[240]

Another story from a fisherman on Skye relates how two girls from Portree became whales, "throwing up the sea in a dreadful manner, which made [local fishermen] think there was fish in the neighbourhood." The fishing boats came back into shore empty.[241] Campbell also writes of a man named Kian who pretended to be ill in order to attract the attention of a certain young woman with whom he had fallen in love. When the woman came to his bedside with a drink, he ignored it and took a hold of her. She turned out to be a witch and suddenly changed into a filly, kicked him and broke his leg.[242] These tales entail problems to which listeners could probably relate, like a jilted lover, the mysterious disappearance of wine, an unsuccessful fishing expedition, even a potential rape: all events contingent on a matrix of antisocial behaviour and supernaturality. Several of them also place masculinity squarely in the sights of responsibility while diffusing feminine power in one sense, but asserting it another. The man suffers because of philandering or fathering an illegitimate child, but the woman cannot avenge herself, or commit any violence on him, unless she is reclassified as a supernatural being. The moment where she steps outside the boundaries of socially acceptable behaviour – non-violence or perhaps chastity – she becomes a non-person, even if the object of her violence or "promiscuity" has committed a wrong. In this way, the abnormal and the problematic are reframed, reconstituted as thoroughly un-human and unnatural. At the same time, witchcraft, although feared, is somewhat empowering. Later chapters on medicine, for instance, will show people seeking out persons of supernatural abilities in order to heal various maladies. Ronald Black, in his commentary on Campbell's work, suggests that: "It seems from this the community as a whole is more willing to believe that human beings can turn themselves into animals than confront the uncomfortable truth that one of its own young women is capable of attacking a man out of jealousy."[243] Even our own culture has narratives that it uses to explain and construct violence and disordered behaviour, mental illness being one such explanation.

III.2. Changeling and fairy stories

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[240] *Ibid*. 190.
[241] *Ibid*. 194.
[242] *Ibid*. 131.
[243] Black, xiv. Black was actually referring to a different tale from the 1885 collection of McIain, where the man who slighted his lover was attacked and scratched by an otter and gives it a blow, to then find his former lover suffering from a blow given by a man.

Another possibility for unlocking the window into how derangement was constructed and interpreted are the changeling or fairy stories. J.G. Campbell maintains that fairies and witches are different types of supernatural beings, while J.F. Campbell shows more willingness to interchange these categories. He observes that Sutherland Gaelic, for example, uses the same word for any supernatural being.[244] Lord Napier suggests that the Queen of Fairyland was "a kind of feudatory sovereign to Satan," while of the nature of fairies he writes:

> The Rev. Mr. Kirk, of Aberfeldy, published a work descriptive of these supernatural beings. He says they are a kind of astral spirits between angels and humanity, being like men and women in appearance, and similar in many of their habits; some of them, however, are double. They marry and have children, for which they keep nurses; have deaths and burials amongst them, and they can make themselves visible or invisible at pleasure. They live in subterranean habitations, and in an invisible condition attend very constantly on men. They are very fond of human children and pretty women, both of which they will steal if not protected by some superior influence. Women in childbed stand in danger of being taken, but if a piece of cold iron be kept in the bed in which they lie, the spirits won't come near. Children are in greater danger of being stolen before baptism than after. They sometimes, to supply their own needs, spirit away the milk from cows, but more frequently they transfer the milk to the cows of some person who stands high in their favour. This they do by making themselves invisible, and silently milking and removing the milk in invisible vessels. When people offend them they shoot flint-tipped arrows, and by this means kill either the persons who have offended them or their cattle. They cause these arrows to strike the most vital part, but the stroke does not visibly break the skin, only a black mark is the result visible on the body after death..[245]

As can be seen from Napier's description, fairies are marshalled to explain a variety of misfortunes, from cows not yielding enough milk to mysterious deaths of people and cattle. Black says of it, "What [J.G. Campbell] calls the doctrine of fairy belief was a psychic construct, then, that it allowed people to make sense of what they could not understand, explain away, what they did not want to acknowledge, and provide a set of rules for living."[246]

J.G. Campbell cites tales from both Skye and Lochaber of fairies stealing cattle, especially white ones. [247] A tale from Sutherland and another from the West Highlands both tell of two men who came across a Fairy Knoll on their way home after a night drinking. The fairies asked the men to join their party. One refused and continued home, but the other joined the revelry of piping and dancing. After a week's disappearance, the man who did not go with the fairies was accused of murdering his compatriot. The companion only thought he had been away for one night.[248] When a

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[244] J.F. Campbell, *Popular Tales of the West Highlands,* vol.. 2. (Edinburgh: Edmonston and Douglas, 1860), 57.

[245] James Napier, *Folk lore, or, Superstitious beliefs in the west of Scotland within this century : with an appendix shewing the probable relation of the modern festivals of Christmas, May Day, St. John's Day, and Halloween, to ancient sun and fire worship,* (Paisley: A. Gardner), 31-32.

[246] *Ibid.* xxxvi.

[247] J.G. Campbell, 26

[248] J.F. Campbell, *Popular Tales of the West Highlands,* vol. 2, 74. Rev. James MacDougall, *Folk Tales*

year had passed and he was due to be hanged, he returned to the Fairy Knoll in a final effort to exonerate himself, dragging his companion away from the fairies. Similarly, an informant from Tiree told J.G. Campbell about a ploughman named Donald, who vanished after a storm. On returning he said he had been taken to Skye and Coll by the fairies.[249] Campbell was also told of a man named Niall Sgrob of North Uist who claimed he was "lifted by the fairies" and taken to Tiree and other Hebridean islands. Sometimes they made him commit mischief like shooting fairy arrows through the open windows of houses.[250] There are tales with similar themes from both Scotland and Ireland in which pipers or fiddlers find themselves invited to a fairy party and, after a night of tunes and merriment, return to their village only to find one hundred years has passed during the one night they spent with the fairies.[251] This particular Highland tale does not imply that the fiddlers were insane, but a similar tale from Montrose tells of a man named Silly Jack who thought he only spent several years with the Fairy Queen, but when he escaped and returned to his village, he discovered two hundred years had passed and everyone he knew had died. He sat on the edge of the river, telling his story to everyone and grieving, but people just thought he was mad.[252]

In his commentary on "fairy lifting" superstitions, Black observes that "our sources seldom make a direct connection between lifting by the fairies and madness."[253] He does not entirely dismiss the plausibility of a connection between these types of stories and madness though, turning to an essay by Yeats as evidence of it: Yeats wrote of a boy who was believed to "go out riding among [the fairies] at night." A doctor believed the boy to be mad.[254] We can postulate that these stories might, in some cases, be indicative of madness. Delusive madness finds itself in polar relation to the belief that fairies actually have these powers. Sanity is therefore contingent on community acceptance of the person's story whether or not the community's belief structures incorporate fairies and other supernatural beings. Like the witch stories above, these stories sublimate the abnormal and the socially unacceptable, such as disappearing for days on end for no apparent reason, theft, and murder, through the presence of supernatural beings with the power to make people commit social transgressions that they would otherwise seemingly not commit.

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[249] J.G. Campbell, 37.

[250] *Ibid*. 37.

[251] Donald Alexander Mackenzie, *Wonder Tales from Scottish Myth and Legend*, (London: Blackie and Son, 1917), 153-160.

[252] SSA. SA1974.64.8.

[253] Black, 320.

[254] *Ibid*. 320.

and Fairy Lore in Gaelic and English, (Edinburgh: J. Grant, 1910).

There is one final type of fairy tale to discuss here: ones that Black and Eberly have called disability narratives, providing explanations and a narrative which reframes the nature of mental and physical disabilities. In these tales, healthy children are replaced by sickly fairy children. Walter Scott calls this "A most formidable attribute of [fairies],"[255] offering an alternative discourse to infanticide and death in childbirth. Several tales told to J.F. Campbell by Mrs. McTavish from Islay exemplify this theme, notably that of a local minister who:

> had some difficulty convincing a man whose wife [died in childbirth] that his son, a boy of twelve years of age, must have been under some hallucination when he maintained that his mother had come to him, saying he was taken by the fairies to a certain hill in Muckairn, known to be a residence of the fairies.[256]

A tale from Glengarry, told to Rev. James MacDougall, describes a widow whose baby son was screaming, and when he would not quiet after being given water, she saw that "he had two teeth in his mouth, each more than an inch long, and that his face was old and withered as any face she had ever seen."[257] The woman proceeds to drown the child at a ford in the river. In another tale from MacDougall's collection, a tailor from Rannoch and his wife take in a fairy-child who sucks milk insatiably, but never stops crying unless he is on the breast. After a few days of incessant crying, the tailor grows frustrated with this and throws the changeling onto the fire.[258] MacDougall also writes of a tailor and his wife whose child became "peevish and difficult to nurse." One day when the wife was out, the tailor heard bagpipes and found a little old man in their house, playing a tune on straw bagpipes. When the wife returned home, the little old man became a child. This went on for about three days; then the tailor told his wife that the child was a fairy, and the woman took him to a ravine and threw him into the river below.[259] J.F. Campbell's collection also includes these sorts of tales. One Argyll example tells of a family from Kerrera, near Oban, who had a delicate child that never seemed to grow, even as she advanced in years. One day a visitor from Ireland came to the castle and recognised the child as the fairy sweetheart of an Irish gentleman of his acquaintance; on being exposed, the fairy ran out of the castle and jumped into the sea.[260]

These tales, of which the ones included here are but a small sample, provide an

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[255] Sir Walter Scott, "On the fairies of popular superstition" (Introduction to "The Tale of Tamlane," minstrelsy of the Scottish Border, poetic works, vol. 2, (Edinburgh: Ballantyne, 1833), 317-321.
[256] J.F. Campbell, *Popular Tales of the West Highlands*, vol. 2*,* 60.
[257] MacDougall, 75.
[258] *Ibid*. 143-45.
[259] *Ibid*. 157.
[260] J.F. Campbell, *Popular Tales of the West Highlands,* vol*.* 2, 23.

alternative discourse to the bewilderment and horror associated with the act of infanticide. For Victorian Lowlanders and English, the infanticide in and of itself was evidence of mental derangement, while the affection a woman feels towards her child was an immutable part of the Victorian construct of femininity, supported by their best scientific inquiry. Therefore, it was believed that no woman with a sound mind could possibly murder her child, and that any who did must be insane.[261] It is apparent, however, from Gaelic tales of infanticide that child-murder was just as grotesque an act, just as egregious a violation of both human laws against murder and natural laws dictating how females should behave. The problem of infanticide is therefore dealt with by dehumanising the infant, rather than the mother. The woman attempts to kill not a human child, but a supernatural being masquerading as one.

III.3. Other types of supernatural inhabitants in the Highlands

Collections of Gaelic tales portend that the Highlands must have been a vast and somewhat frightening place where nature and, given the very impenetrability and unpredictability of nature, the supernatural jointly governed people's lives. This was part of the fascination that the Victorians had with the place, both in terms of preserving its antiquities but also in modernising it. In any case, fairies and witches are the two most frequently encountered supernatural beings in the folktales, but there are other creatures lurking in lochs, crags, and glens which seem to affect the minds and bodies of people who encountered them, offering us further hints as to how Gaels may have interpreted otherwise bizarre and inexplicable behaviour. They include mermaids, water-horses, and other varieties of water-spirits, ghosts, demons, and creatures. J.G. Campbell offers a series of examples of supernatural creatures haunting the Highlands that tend to attack the unwitting and unwary when they go to places that they are not supposed to visit. An Islay tale describes an old man and an old woman, *an bodach* and *an cailleach,* who haunted a dell on the island. A young man named Ewen was dared to enter the dell by his friends and, as a result, found himself continuously haunted by these apparitions until they killed him; and in a story from the Northwest, a Headless Body lurks by the shores of Loch Morar and attacks anyone who goes down the road at night.[262] J.G. Campbell informs the reader of water-horses:

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[261] For more a more detailed discussion of infanticide, Scots law, and Victorian constructs of femininity, see Lynn Abrams, "From demon to victim: the infanticidal mother in Shetland, 1699-1899," in Yvonne Galloway Brown and Rona Ferguson, eds.), *Twisted Sisters: Women, crime, and deviance in Scotland since 1400,* (East Linton, East Lothian: Tuckwell Press, 2002), 180-203.
[262] J.G. Campbell, 187-198.

Almost every lonely freshwater lake was tenanted by one, sometimes by several, of these animals. In shape and colour it resembled an ordinary horse, and was often mistaken for one. It was seen passing from one lake to another, mixing with the farmers' horses in the adjoining pastures, and waylaid belated travellers who passed near its haunts. It was highly dangerous to touch or mount it. Those whom it decoyed into doing so were taken away to the loch in which it had its haunt, and there devoured.[263]

Water-horses, like fairies, are held responsible for mysterious deaths, disappearances of people and animals, and for leading young women astray. A tale from Mull describes a youth who tried to subdue one, but it took him into Loch Frisa and devoured him. This same troublesome horse was said to have bolted carrying another lad into the loch, and his lungs were washed ashore the next day. People on Coll tell of strange noises, which they ascribe to a water-horse living in Loch Annla. On Tiree, a man working in a field of reeds beside a small marshy lake encountered a water-horse. He ran off in terror and the horse tore his coat to shreds.[264] Water-horses occasionally attempt to capture young women by transforming into the shape of young men, but are recognisable from the sand and seaweed in their hair. This sort of tale, J.G. Campbell explains, "is known through the whole of the Highlands." In one such tale, he describes the following incident:
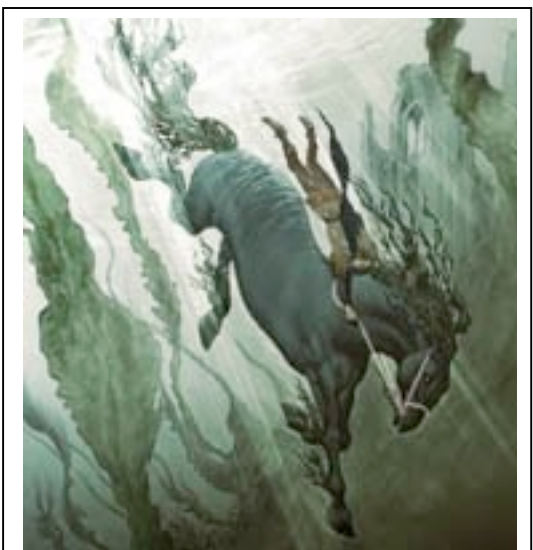
Fig 2.2. Water-Horse.
(Source: Museum of British Folklore)

A Water-horse in man's shape came to a house in which there was a woman alone; at the time she was boiling water in a clay vessel (croggan) such as was in use before iron became common. The Water-horse, after looking on for some time, drew himself nearer to her, and said in a snuffling voice, "It is time to begin courting, Sarah, daughter of John, son of Finlay." "It is time, it is time," she replied, "when the little pitcher boils." In a while it repeated the same words and drew itself nearer. She gave the same answer drawing out the time as best she could, till the water was boiling hot. As the snuffling youth was coming too near she threw the scalding water between his legs, and he ran out of the house roaring and yelling with pain.[265]

Sarah comes across as quick-witted girl and the snuffling voice and appearance of the water-horse alert her to the fact that he is a supernatural being. Like the tales of witches and fairies, these stories mediate problematic human behaviour and violence through the supernatural. In this instance, instead of assuming a snivelling young man might stalk or threaten a young woman, the tale makes him a monstrosity of the human (only in his physical appearance) and the animal, an outsider to natural and social order.

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[263] *Ibid*. 202.
[264] *Ibid*. 209-211.
[265] *Ibid*. 213.

It is impossible to know precisely what behaviours were subsumed in these constructs of fairies, witches, and other creatures, many interlaced with Christian imagery of the devil and the Virgin Mary, or how they interacted – if they did at all – with modern paradigms of psychological disorder. The researcher should be wary of imposing their constructs of mental disorder onto these folktales. We cannot say that encounters with ghosts, disappearances due to fairies and water-horses, and other misadventures with supernatural creatures are merely some quaint, antiquarian way of explaining mental illness. Even so, it is apparent from the folktales that one method of coping with puzzling and possibly dangerous behaviour was to classify it as supernatural in some way, insanity being contained within this category. More importantly, it provided guidance towards socially acceptable behaviour, and Abrahams calls it "guidelines for social actions or channels for antisocial behaviour."[266] What we have here, then, are narratives which, through drama and play, offer guidelines for behaviour while channelling and keeping in abeyance antisocial behaviour; they reinforce sentiments on which the survival of the group depends, personify both nature and the supernatural, thereby providing psychological methods for the group to deal with the unexpected.[267]

III.4. The Second Sight: visions or hallucinations?

The final category of folktale warranting attention includes tales concerning Second Sight. J.G. Campbell offers an eloquent and clear description of this phenomenon:

> The Gaelic name da-shealladh does not literally mean "the second sight," but "the two sights." The vision of the world of sense is one sight, ordinarily possessed by all, but the world of spirits is visible only to certain persons, and the possession of this additional vision gives them "the two sights," or what comes to the same thing, "a second sight." Through this faculty they see the ghosts of the dead revisiting the earth, and the fetches, doubles, or apparitions of the living.[268]

To the psychiatric community, visions of ghosts and apparitions constituted rather irrefutable evidence of lunacy. Delusion and hallucination indeed occupy a central place in European constructions of insanity; perceiving things which are not there, and then deriving meaning in those erroneous perceptions, are regarded as a principle symptom of madness. In many pre-modern and modern classificatory schemes,

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[266] Abrahams, 17.
[267] Abrahams, 18.
[268] J.G. Campbell, 121-122.

"Hallucinations are 'sicknesses whose principle symptom is a depraved and erroneous imagination.'"[269]   The hallucination and accompanying delirium signify mental disturbance, and yet Highland constructions of insanity separate hallucinations and unreason.   People who have visions are not necessarily considered insane, and the hallucination does not emerge as a manifest symptom of a disordered brain.   Rather, certain individuals are understood as possessing an innate ability to have visions foretelling future events. Martin Martin describes it as:

> A singular faculty of seeing an otherwise invisible object, without any previous means used by the person that sees it for that end; the vision makes such a lively impression upon the seers, that they neither see nor think of anything else, except the vision, as long as it continues: and then they appear pensive or jovial, according to the object which was represented to them.[270]

The nature of the vision affects the seer's mental state, but the visions themselves do not constitute irrationality. Karl Leopold observes that the character of many people who have the Second Sight is emotional, melancholy and introspective, prone to "break away from the control of reason,"[271] whereas European models consider the hallucination and delusion, seeing and believing in something that is not even there, the ultimate distortion and incontrovertible evidence of lunacy. Second Sight challenges this view of insanity by reconstituting the relational nature between the vision and reality. Highland society has often acknowledged that the seer's experience was both real and valid. In his text, Martin acknowledges that his readers, the intellectual elite of London and Edinburgh, were less accepting of this reality and confronts several objections to Second Sight.   Thus Martin writes, "These seers are visionary and melancholy people, and fancy they see things that do not appear to them or anybody else." He answers the objection with:

> The people of these isles, and particularly the seers, are very temperate, and their diet is simple and moderate in quantity and quality, so that their brains are not in all probability disordered by undigested fumes of meat or drink. Both sexes are free from hysteric fits, convulsions, and several other distempers of that sort; there's no madmen among them, nor any instance of self-murder. It is observed among them that a man drunk never sees the second-sight; and that he is a visionary, would discover himself in other things as well as in that; and such as see it are not judged to be visionaries by any of their friends or acquaintance.[272]

Not all of Martin's claims here are unassailable, such as his insistence on the temperance of Highlanders or his assertion that there is not a "madman" amongst

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[269] Foucault, *History of Madness,* 197.
[270] Martin Martin, *A Description of the Western Isles of Scotland,* (London: Andrew Bell, 1703), 300.
[271] Karl Leopold, "On Second Sight," *Studies: an Irish Quarterly Review,* 3:10 (June 1914): 117-127.
[272] Martin, 120.

them.[273] Nonetheless, he cuts a wide discursive gap with madness on the one side and Second Sight on the other.   The suggestion that Second Sighted Highlanders must be sane because *no one* in the Highlands goes mad did not withstand increasing interest in lunacy in the eighteenth and nineteenth centuries, but Second Sight retained ardent supporters; and over two hundred years later they were still rebelling against the suggestion that the visions were nothing more than hallucinations.   In 1901, the Reverend William Morrison from the Free Church of Duthill, wrote:

> The Second-Sight may excite the surprise and the incredulity of the learned, but of its existence, even in some Highlanders to the present day, there is not the shadow of a doubt in the minds of many who have certain knowledge of instances that can admit of no dubiety whatsoever.[274]

Morrison indicates that Second Sight has deleterious effects on the mental soundness of the seer, at least temporarily. It is "regarded as troublesome to the possessor. The vision of coming events is attended by a 'nerve-storm,' which ends in the complete prostration of the subject of it."[275]   One can even be completely paralysed by a vision but still be considered sane. In Morrison's view, the visions are real and any mental distress that emerges comes from the trauma of seeing one.   J.G. Campbell's account of Second Sight, on the other hand, casts slightly more aspersions on its existence, suggesting there might not be such a wide gulf between the visions of Second Sighted people and the hallucinations of the mad:

> In the one case the vision is looked on as unreal and imaginary, arising from some bodily or mental derangement, and having no foundation in fact, while the other proceeds on a belief that the object seen is really there and has an existence independent of the seer, is a revelation, in fact, to certain gifted individuals of a world different from, and beyond, the world of sense.[276]

While Martin and Morrison both insist that Second Sight is absolutely true in all cases, Campbell claims that before science found the causes of hallucination and delusion in "an abnormal state of the nervous system, exhaustion of mind or body, strong emotions, temperament, and others of the countless, and at times obscure, causes," all "the

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[273] Seventeenth century Presbytery records undermine this particular assertion. One account from Dingwall describes a man throwing a bull into a well in order to cure his wife of madness, suggesting that in spite of Martin's contentions, people did in fact go insane (Mitchell, "On various superstitions," 258). Martin's entire account, however, is a pastoral vision of the Highlands and Islands and an attempt to undermine the point of view that the Gaels were a savage and a barbaric race. Thus it must be viewed in that light.

[274] Norman McRae, and Joseph Samachson, eds., *Highland second-sight, with prophecies of Coinneach Odhar and the Seer of Petty, and numerous other examples from the writings of Aubrey, Martin, Theophilus Insulanus, the Rev. John Fraser, dean of Argyle and the Isles, Rev. Dr. Kennedy of Dingwall, and others*, (Dingwall: G. Souter, 1909), 5.

[275] *Ibid*. 2.

[276] J.G. Campbell, 119.

spectres were believed to be external realities having an existence of their own."[277] Now that knowledge has proceeded in a generally forward direction, he suggests it is likely that many incidents of Second Sight were in fact hallucinations.

Even within the Victorian scientific community, the existence of Second Sight was contested along these lines; some believing that it was just a primitive, unscientific construction of hallucinations and others arguing that some individuals indeed possessed an ability to access a world of ghosts and spirits. Highly regarded members of the British scientific and literary communities such as William Crookes, Yeats, and Tennyson invested heavily in investigations of "spiritualist" phenomena, which included Second Sight but more commonly séances and the powers of psychic mediums. The Society for Psychical Research (SPR) was involved in a direct inquiry into Second Sight in the Highlands, funded by the Marquis of Bute, primarily conducted by a researcher, Ada Goodrich Freer.[278] Her research methods came under fire, however, as she received most of her data from the folklorist Fr. Allan MacDonald rather than conducting any kind of thorough scientific inquiry herself. In any case, although the SPR claimed to be investigating spiritual phenomena using scientific methods (thus slating Freer for not using them), they were generally marginalised by mainstream science.

The rifts amongst folklorists over the validity of Second Sight continued as well. Alexander Mackenzie, allying himself with Morrison, went to even greater lengths to defend Second Sight from the scepticism of science, contending:

> The gift of prophecy, second-sight, or "Taibh-searachd," claimed for and believed by many to have been possessed, in an eminent degree, by Coinneach Odhar, the Brahan Seer, is one, the belief in which scientific men and others of the present day accept as un-mistakable signs of looming, if not of actual insanity. All are, or would be considered, scientific in these days. It will, therefore, scarcely be deemed prudent for any one who wishes to lay claim to the slightest modicum of common sense, to say nothing of an acquaintance with the elementary principles of science, to commit to paper his ideas on such a subject, unless he is prepared, in doing so, to follow the common horde in their all but universal scepticism.
>
> Without committing ourselves to any specific faith on the subject, however difficult it may be to explain away what follows on strictly scientific grounds, we shall place before the reader the extraordinary predictions of the Brahan Seer. We have had slight experiences of our own, which we would hesitate to dignify by the name of second-sight. It is not, however, with our own experiences that we have at present to do, but with the "Prophecies" of Coinneach Odhar Fiosaiche. He is beyond comparison the most distinguished of all our Highland Seers, and his prophecies have been known throughout the whole country for more than two centuries.[279]

Mackenzie appeals to the reader's supposed bias towards realism and empiricism,

[277] *Ibid.*
[278] Janet Oppenheim, *The Other World: Spiritualism and Psychical Research in England, 1850-1914*, (Cambridge, UK: Cambridge University Press, 1985), 149.
[279] Alexander Mackenzie, *Prophecies of the Brahan Seer*, (Aberdeen: Aberdeen University Press, 1888), 7.

arguing that Coinneach Odhar's visions were so compelling that they held up empirically.[280] He then lists a series of well-known and well-regarded minds, who believed in Coinneach Odhar's predictions, including "Sir Walter Scott, Sir Humphrey Davy, Mr. Morrit, Lockhart, and other men."[281] He then mounts his final defence, caustically assailing the entire edifice of scientific inquiry:

> We have all grown so scientific that the mere idea of supposing anything possible which is beyond the intellectual grasp of the scientific enquirer cannot be entertained, although even he must admit, that in many cases, the greatest men in science, and the mightiest intellects, find it impossible to understand or explain away many things as to the existence of which they have no possible doubt.[282]

His argument then is that, on one hand, evidence supporting the existence of Second Sight is so obvious, it must be true and cannot be written off as insanity, and that, on the other, the scepticism which it faces from scientific circles (other than the SPR) can be cast aside because scientists are all too willing to ignore or dismiss phenomena that they cannot explain.

While folklorists and scientists could not agree on whether it really existed, it is apparent from the frequency in which it recurs in oral and written folklore collections that the average eighteenth and nineteenth century Highlander did not doubt its presence.[283] If madness is indeed a social construct emerging out of the perversions of norms for any given culture, then a phenomenon such as Second Sight also needs to be situated as valid within its own culture. And it was. J.G. Campbell, in spite of his scepticism, duly takes into account its importance in the Highlands and the way it was situated in the Highlander's world view:

> In every age there are individuals who are spectre-haunted, and it is probable enough that the sage Celtic priests, assuming the spectres to be external, reduced the gift of seeing them to a system, a belief in which formed part of their teaching. This accounts for the circumstance that the second sight has flourished more among the Celts than any other race.[284]

The pivotal argument here is that the visions, ghosts, and apparitions were believed to

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[280] The Brahan Seer, Coinneach Odhar, or Kenneth Mackenzie was a legendary seer and prophet. He is supposedly a seventeenth century figure, but the only evidence that can be found for his actual existence are from sixteenth century Parliamentary records in the form of a writ issued for his arrest. In any case, real or not, he is mentioned by Pennant in his *Tour in Scotland* as the "Highland prophet" (Pennant, 319), and he is reported to have predicted such disparate events as the Battle of Culloden, the invention of television, the rise of the North Sea oil industry, and the construction of the Caledonian Canal.
[281] *Ibid.*
[282] *Ibid.* 8.
[283] Quite compelling is the School of Scottish Studies archive, which contains recordings of people relating stories of instances of Second Sight in Gaelic. This archive contains sixty-seven references to Second Sight. Comparatively, it only contains four references to madness (not including Scots tales from the Lowlands and Northeast).
[284] J.G. Campbell, 121.

be external phenomena, while the conception of hallucinations as internally caused malfunctions of the mind is absent from Highlanders' understanding of lunacy. The vision is really there, rather than being the product of an abnormal state of the seer's mind. The validity of the visions was further supported by both the manner in which they were classified and the meanings inherited in the oral tradition. As we can see in the following description from J.G. Campbell, there was a rather elaborate and subtle classificatory system for the visions:

> When the figure of an acquaintance was seen, the manner in which the taibhs [the Gaelic word for a vision or apparition] was clothed afforded an indication to the skilful seer of the fate then befalling, or about to befall, the person whose taibhs it was. If the apparition was dressed in the … clothes, the person was to die soon; but if in … clothes, his death would not occur for some time. If the clothes covered the entire face, his death would be very soon; if the face was uncovered, or partly covered, death was proportionately more remote. Others saw the dead-clothes first about the head, and lower down at each succeeding vision. When the feet were covered death was imminent. There were, however, grave-clothes of good fortune (lion-aodach digh) as well as grave-clothes indicative of death (lion-aodach bais) and it was considered extremely difficult for the most skilful seer to distinguish between them.[285]

This type of complex classificatory scheme gave culturally validated meanings to individuals' visions. Thus, the seer's vision was not a victim of his or her own private hallucination, but rather a phenomenon operating within a wider context, with culturally derived symbolism that he or she could access in order to explain it and deal with it. Nevertheless, by the end of the nineteenth century and into the twentieth, these buttresses of belief showed signs of wear under the pressure of modernity. Highlanders demonstrated some uncertainty as to whether or not Second Sight was real or evidence of insanity. Roderick Ferguson, a contributor from North Uist to the School of Scottish Studies' oral archive, says, "For myself, I would say, no, it's not superstition. Not for me. But for quite a lot of people it is … All these people who believe in it should be in mental halls, locked up."[286] Recorded in 1968, his comment nicely reflects the contested space in which Second Sight exists.

The stories themselves have a range of meanings. In most tales, the seer's vision has predictive value. He or she sees something and then an event, often a death but sometimes marriage, emigration or even just someone passing through a town or road, which the narrator then positions as relational to the vision. An informant from Colonsay, telling her story to Callum MacLean from the School of Scottish Studies, said that her great grand-father's brother, while herding cattle, saw a regiment of men marching along the road. Sometime later, the British warships were practising

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[285] J.G. Campbell, 127.
[286] SSA. SA1968.107.A3.

manoeuvres off the coast of Colonsay during the First World War and a regiment came ashore and marched down that same road.[287] A similar tale from Mull describes a packman who had the Second Sight and saw six soldiers and a young man dressed in Argyll and Sutherland Highlander uniforms at a well. When the Boer War broke out, six soldiers and a young officer in the same uniforms travelled all over the Highlands and Islands trying to recruit people.[288] The prediction need not be within days, weeks, or even years of the event. Finlay Morrison of North Uist reported having visions of huge grey birds which made a noise like thunder; years later passenger planes appeared over the Hebrides, subsequently explaining Morrison's visions.[289] J.G. Campbell retells the following story predicting a marriage:

> A native of Coll, Hugh, son of Donald the Red (Eoghan MacDhbmhnuill Ruaidh) while serving with his regiment in Africa, said he saw, almost every evening, for a period of five years, glimpses of the woman whom he afterwards married, and whom he never saw in reality till his return from the wars. Wherever he sat, after the day's march, the figure of a woman came beside him, and sometimes seemed to him to touch him lightly on the shoulders. On each occasion he merely caught a glimpse of her. When he left the army, and was on his way home, he came to the village at Dervaig, in Mull, from the neighbourhood of which the ferry across to Coll lay. He entered by chance a house in the village, and his attention was unexpectedly attracted by the sound of a weaver's loom at work in the house. On looking up he saw sitting at the loom the identical woman whose figure had for five years haunted him in Africa. He married her.[290]

Martin Martin records a Skye seer who predicted a fight:

> Daniel Dow, alias Black, an inhabitant of Bornskittag, was frequently troubled at the sight of a man, threatening to give him a blow; he knew no man resembling this vision; but the stature, complexion and habit were so impressed on his mind, that he said he could distinguish him from any other, if he should happen to see him. About a year after the vision appeared first to him, his master sent him to Kyle-Raes, about thirty miles further south-east, where he was no sooner arrived, than he distinguished the man who had so often appeared to him at home; and within a few hours after, they happened to quarrel, and came to blows, so as one of them (I forgot which) was wounded in the head. This was told me by the seer's master, and others who live in the place. The man himself has his residence there, and is one of the precisest seers in the isles.[291]

The most common event predicted by Second Sight is death. In many cases, the seer has visions of either a coffin or a funeral procession and, a few days later, someone in the community dies. In a story from Killin, a woman and her daughter travel from Ardeonaig to Killin and the daughter sees a coffin that no one else sees. Three days later a funeral took place.[292] Martin describes an incident where a horse on Skye broke his tether and ran up and down for no visible reason. Several seers who were nearby saw men from Snizort directing a corpse to a church, and a few days later a local

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[287] SSA. SA1953.122.9.
[288] SSA. SA1954.25.5.
[289] SSA. SA1968.107.A6.
[290] J.G. Campbell, 147-148.
[291] Martin, 319.
[292] SSA. SA1964.72.A20.

woman died.[293] Martin, rather than drawing on the stories of informants, relies on his own experience and acquaintances:

> A boy of my acquaintance was often surprised at the sight of a coffin close by his shoulder, which put him into a fright and made him to believe it was a forerunner of his own death, and this his neighbours also judged to be the meaning of that vision; but a seer that lived in the village Knockow, where the boy was then a servant, told them that they were under a great mistake, and desired the boy to lay hold of the first opportunity that offered; and when he went to a burial to remember to act as a bearer for some moments: and this he did accordingly, within a few days after, when one of his acquaintance died; and from that time forward he was never troubled with seeing a coffin at his shoulder, though he has seen many at a distance, that concerned others. He is now reckoned one of the exactest seers in the parish of St. Mary's in Skye, where he lives.[294]

People with Second Sight also encounter visions that have no predictive value, but reflect other concerns, wishes and events. Seers can find themselves haunted by ghosts of people who are already dead. J.G. Campbell writes of a seer in Tiree:

> [He] came upon a dead body washed ashore by the sea. The corpse had nothing on in the way of clothing but a pair of sea-boots. Old people considered it a duty, when they fell in with a drowned body, to turn it over or move it in some way. In this case, the seer was so horrified that, instead of doing this, he ran away. Other people, however, came, and the body was duly buried. Afterwards the dead man haunted the seer, and now and then appeared and terrified him exceedingly.[295]

He also relates a Coll story where the wife of a man named Donald was lying ill. Donald's father had the Second Sight and came to see her. The father explained that she had only herself to blame for her sickness – "that she must have done some act of unkindness or wrong to her mother, and that her feelings of oppression were caused by the spirit of her dead father coming and lying its weight upon her. The seer professed to see the spirit of the dead leaning its weight upon the sick person."[296] In another tale, a tailor who kicked a skull was thereafter haunted by its owner.[297] J.G. Campbell also contends that "strong and undue" wishes can affect persons with Second Sight, and one example that he offers concerns the driver of a mail gig between Bonawe and Loch Awe, who encountered the apparition of his wife one night on his mail run. He received such a thrashing from it that he had to turn back. When he told this to his wife, she admitted she had been very anxious about him going to a house where fever had been,

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[293] Martin, 332. Martin contends that horses and cows also have the Second Sight: "That horses see it is likewise plain from their violent and sudden starting, when the rider or seer, in company with him sees a vision of any kind, night or day. It is observable of the horse, that he will not forward that way, until he be led about at some distance from the common road, and then he is in a sweat." (*Ibid.*) Horsemen and women of all ages, including our own, will be familiar with the horse who spooks at seemingly nothing.

[294] *Ibid.*

[295] J.G. Campbell, 137.

[296] *Ibid.* 140.

[297] *Ibid.* 175.

and had wished she could intercept him.[298] In another tale from Skye, a young man at sea accidentally drops his knife into the water while lost in a reverie, thinking of his lover. His lover on Skye sees a knife appear in a kail plant.[299] Narrators of Second Sight tales seem to draw a distinction between the instances of Second Sight which predict a future occurrence, and ones which are causally related to an event that happens after the vision, but not regarded as premonitions.

Like madness, Second Sight is often concealed but, simultaneously, everyone in the community knows about it and suspects who has it. Martin writes of Daniel Dow and Archibald MacDonald, two Skyemen who were regarded as seers by their communities, noting how people would go to them for their predictions. MacDonald, for example, was "famous for his skill in foretelling things to come by the second-sight." Martin suggests other cases where the seers warned the persons who their visions concerned but were ignored, and subsequently the predicted events, often tragic ones, befell them. In one example:

> A gentleman, who is a native of Skye did, when a boy, dislodge a seer in the isle of Raasay, and upbraid him for his ugliness, as being black by name and nature. At last the seer told him very angrily, my child, if I am black, you'll be red ere long. The master of the family chid him for this, and bid him give over his foolish predictions, since nobody believed them; but next morning the boy being at play near the houses, fell on a stone, and wounded himself in the forehead, so deep, that to this day there is a hollow scar in that part of it.[300]

Ferguson, however, suggests that in his day Second Sight was concealed. "It's something that people don't know about ... I think he hides them until the thing happens. Then he comes out with them."[301] Angus Mackenzie of South Uist, another School of Scottish Studies informant, supports Ferguson's claim that seers tended to keep their vision a secret until the event had occurred. On being asked whether people with Second Sight were afforded special respect, he laughs, saying, "I don't think so. Because a lot of folk don't believe it comes from anything good." Then he explains that if a seer predicted a death or other misfortune, "The likes of a vision of that sort, they wouldn't tell it. They didn't tell it. They would never mention that … They would just wait until it would come to pass."[302] Comparing Martin's text to Ferguson's and Mackenzie's oral accounts is tenuous at best, as the main thrust of Martin's book lies in the spiritualism and uniqueness that he, like the Gaelic revivalists who followed him in the nineteenth century, believed to characterise the Highlands. Ferguson and Mackenzie

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[298] *Ibid*. 142.
[299] *Ibid*. 144.
[300] Martin, 316.
[301] SSA. SA1968.107.A3.
[302] SSA. SA1968.110

do not seem to share that agenda in any sense. They were also talking about a very different Highlands. People who believed they were seers in the twentieth century faced an environment far more hostile to the mere idea of Second Sight. It is also possible that they were more attuned or at least willing to relate to the interviewer the delicate social balancing act of Second Sight, where you did not dare risk the ramifications of telling someone that a friend or family member would die soon.

Fig. 2.3. The geographical context of many Second Sight stories: South Uist.
(Source: Author photo)

The psychiatric paradigm of delusion and hallucination more or less won out in the intellectual battles of the nineteenth century, and the supernatural and spiritual phenomena investigated by the SPR withdrew even further, beyond the fringes of mainstream science. Nevertheless, the testimony of twentieth century informants suggests that some Highlanders refused to entirely relinquish belief in the Second Sight – evidence of its persistence and significance in Gaelic culture. Mackenzie's testimony about "a vision of that sort" implies that people still had visions of that sort, and Alec John Williamson, a Traveller interviewed by Timothy Neat in his mid-1990s research on Highland Travelling communities, explains how his family "used, years back, to know a man who had the second sight."[303] Simultaneously, Ferguson's comment about "mental halls" suggests that for other Highlanders, it had lost much of its cultural validity and thus should be locked away in the asylums.

IV. Natural Causes of Madness: Love, Grief, and Trauma

IV.1. Love Madness

Iain Albanich of Barra was told that he was to marry the daughter (whom he had rescued from Turkey) of the king and queen of Spain. He sailed to England, where she

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[303] Timothy Neat, *The Summer Walkers: Travelling People and Pearl Fishers in the Highlands of Scotland*, (Edinburgh: Birlinn Ltd, 2002).

was staying, and brought her on board the ship to return to Spain.   On a fine, calm day, he saw an island in the distance and said to the ship's crew, "Lads, take me to the island for a while to hunt, till there comes on us the likeness of a breeze."[304]   Once on the island, the (unnamed) general paid the skipper and crew to abandon Iain on the island; thus the ship sailed on without him.   When the girl realised that they left Iain on the island, she went mad and the crew was forced to bind her.   They sent word to the king that "his daughter had grown silly, as it seemed, for the loss of her husband and her lover.   The king betook himself to sorrow, to black melancholy, and to heart-breaking, because of what had arisen; and because he had but her of son or daughter."[305]

On the island, Iain had grown long of hair and beard, his clothes rags, "without a bit of flesh on him, his bones but sticking together."[306]   A boat came to the island and the man rowing the boat asked if Iain wanted to be taken to either England or Spain. "Spain," said Iain.   At the change house in Spain, the housewife recognised him in spite of his bedraggled appearance and sent word to the barber, the tailor, and the shoemaker to have his hair and beard trimmed, and fit him with new clothes and shoes. After all this was done, Iain went to the palace and played the whistle.   When the king's daughter heard the whistle, "she gave a spring and broke the third part of the cord that bound her."[307]   Her attendants asked her to keep still and fastened her with more cords. "On the morrow he gave a blast of the whistle and she broke two parts of all that were on her.   On the third day when she heard his whistle, she broke three quarters; on the fourth day she broke what was on her altogether.   She rose and went out to meet him and there was never a woman more sane than she."[308]

This tale, called "The Barra Widow's Son," features in the second volume of J.F. Campbell's *Popular Tales of the West Highlands.* It was told to Hector MacLean, the collector working for Campbell, by Alexander MacNeill, a fisherman and tenant from Tangval, Barra. MacNeill claimed that he heard the tale from his father, Roderick MacNeill, and added that it was common tale amongst the "old men" he knew in his youth.[309]   This narrative contains several themes deeply ingrained in Barra's culture – the sea, fishing, ships, and a preoccupation with foreign lands, but it also contains a brief narrative of madness.   It is a different sort of madness than the types of fantastical, supernatural afflictions encountered above.   This tale and ones like it suggest that insanity could also emerge from emotional trauma such as a sudden loss or unrequited

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[304] J.F. Campbell, *Popular Tales of the West Highlands,* vol. 2, 118.
[305] *Ibid*, 118-119.
[306] *Ibid*., 119
[307] *Ibid*. 119-120.
[308] *Ibid*. 120.
[309] *Ibid*. 128

love. Here are two types of emotional distress – the daughter's madness and the king's melancholy, both of which have a clear causal agent. In the case of the daughter, the sudden abandonment of her lover on an island as her ship sailed to Spain brought on her episode of insanity. Earlier in the narrative, Iain had rescued the girl from the Turks, who were about to burn her alive for being a Christian.[310]

The Gaels were hence not notably different from their brethren to the south in constructing a relationship between lunacy and love. Alexander Carmichael quotes several Gaelic proverbs to this effect: "*Is leth-aoin an caothach agus an gaol* — Twins are lunacy and love." And also, "*Is ionann an galar gaoil agus an galar caothaich* — Alike the complaint of love and the complaint of madness."[311] Associations of madness with grief for a lost lover appear in several Gaelic laments held in the Scottish studies archive. In *'S Dubh a Choisich Mi 'n Oidhche,* a man pleads with God to save him from going mad after he discovered that the girl who he loved has died.[312] Another Gaelic lament from Lewis, *Tha Thìde Agam Èirigh,* comes from a man who was on his way to his wedding when he discovered his sweetheart was dead and he too pleads with God not to lose his mind.[313]

The convention of insanity being an unfortunate byproduct of intense love goes far beyond Gaelic literature. For example, a more notable fictional character, Shakespeare's Ophelia, suffers terrible psychological distress at Hamlet's rejection of her. With Ophelia, a whole English-language genre of love-madness developed in the seventeenth and eighteenth centuries. Foucault finds a characteristic love-related madness which he calls the madness of "desperate passion," writing, "Love disappointed in its excess, and especially love deceived by the fatality of death, has no other recourse but madness; left to itself, it pursues itself in the void of delirum."[314] He refers to a "literary meaning of madness," which he argues is the ontological space in which madness existed before it was classified, medicalised, "tamed," and confined in the hospital or asylum.[315] Then he looks for the meaning that madness acquires in classic literature such as Shakespeare and Cervantes. As most of the characters in the literature that Foucault explores either remain insane or die (like Ophelia), he argues that it is a "tragic reality, in the absolute laceration that gives it access to the other world: but only in the irony of its illusions."[316] The king's daughter in "The Barra

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[310] *Ibid*, 116.
[311] Carmichael, *Carmina Gadelica*, 138.
[312] SSA, CW0018.72.
[313] SSA, SA1968.123.3.
[314] Michele Foucault, *Madness and Civilization*, 27.
[315] *Ibid*. 28
[316] *Ibid*. 29.

Widow's Son" is not so unlucky, since the return of her lover restores her to sanity, yet the tale implies that if he had not returned, she could have remained "silly" and in bonds for an interminable length of time.

The Stornowegian bard in Freer's tale is not so fortunate as the woman in "The Barra Widow".[317] I first called attention to this tale earlier in the chapter because the lovesick bard trifled with the supernatural: using yarrow to conjure up images of the woman. While I have separated supernaturality from love-sickness in order to structure my interpretations, that dichotomy is clearly an imposition on some of these texts.   The tale itself is ambiguous, leaving the reader unsure as to whether the bard's eventual demise was the result of pining away over his lost love or conjuring up the devil; it is possibly both.   Freer's vague commentary leaves either, or both, interpretations available.   She writes: "This, it is said, refers to the story of a certain bard whose fate deserves to be related as a warning to those tempted to extravagance in this direction."[318] She is rather unclear as to what direction that is, and the lyrics themselves refer both to obsessing over unrequited love and conjuring up images.   What is unambiguous from Freer's (or possibly Fr. Allan's) translation, though, is the bard's psychic pain over a woman who has married someone else.

Even more ambiguous is the tragedy of Invereshie, which straddles the boundary between supernatural bewitchment and love-madness.   Insanity in this tale proves too unruly; its nature is as elusive, or difficult to pin down as the mad themselves.   It adopts many faces, several of which I discussed before, but it can easily slip away, only to be seen in a different light.   The listener or reader witnesses Invereshie becoming melancholy and losing his reason, as the narrative cautiously suggests that Invereshie's wife might well be a witch.   When she turns out not to be, the only remaining explanation for his behaviour is that the frenzy of love itself, rather than any supernatural force, inflicted madness.   However, the Victorian English-speaking audience who read Lauder's translation may have recognised Invereshie as the victim of

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[317] Freer, 49.

[318] *Ibid*. 49. "This" refers to fragments of a South Uist song, which are, "" I rose
early in the morning, yesterday,
I plucked yarrow for the horoscope for thy tale,
In the hope that I might see the desire of my heart.
[literally, the secret
of my creel].
Ochone ! there was seen her back towards me."

"a mysterious malady signified by an amorous fixation."[319] It is indeed an idea far older than the eighteenth and nineteenth centuries. Aristotle, whose philosophical tracts would not be unfamiliar to educated Victorians, believed that sexual desire, because it altered the body's temperature and physiological balance, could lead to madness. The Galenic tradition also held views about lovesickness as a mental fixation "so obsessive that it might lead to mental alienation."[320] The power of this fixation in Invereshie's mind is apparent after his first meeting with his future wife when he rides back to his castle:

> in a delirium of delight so perfectly novel to him, that he two
> or three times seriously questioned himself by the way
> whether reason was still really holding her dominion over
> his brain, and the continual presence of the lady's image
> there almost convinced him that she had usurped the
> throne of that judicious goddess.[321]

The language here predicts the threatening mania. Already he has fallen into a "delirium" and questions his own powers of reason. Invereshie, at various times in the tale, is "unmanned," "perplexed," "confused," "enraptured," and has "no reason left to guide him." Lauder has aligned unreason with the feminine, a conceptual move within Victorian discourse to separate reason and unreason using the language of masculine and feminine.[322] Maleness was associated with activity, reason, strength, whilst

[319] Francesca Brittan, "Berlioz and the pathological fantastic: melancholy, monomania, and romantic autobiography." *19th Century Music,* 29:3 (Spring 2006): 211-239, 213. Brittan lists a series of French and Italian plays and operas where the heroes become completely preoccupied and obsessed with their passion, including *The Marriage of Figaro*. This affliction has a rich literary pedigree.

[320] Elena Carrera, "Lovesickness and the therapy of desire: Aquinas, cancionero poetry, and Teresa of Avila's 'Muero porque no muero'," *Bulletin of Hispanic Studies,* 86:6. (2009): 729-742, 731.

[321] Lauder, 125.

[322] Helen Small, *Love's Madness: Medicine, the Novel, and Female Insanity 1800-1865*, (Oxford: Oxford University Press, 1996). By the 1790s, the medical profession had developed a host of theories to explain female madness, including overwrought nerves, hysteria, excessive sensibilities, nervous exhaustion, and more somatic explanations such as gynaecological disturbance. And by the Victorian era, a medical profession devoted to psychiatric disorder and an extensive literature on hysteria had redefined how madness was understood. In her analysis of female insanity in medical and literary texts, Small pays heed to Foucault's argument that the period between the late eighteenth and early nineteenth centuries marked a shift towards a new hierarchy of knowledge, where the human subject is defined as "normal" and by consequence "pathological" by the human sciences, mainly clinical medicine. The medical establishment laid claim to knowledge of madness and established the language used to define and describe the experience of madness.

femaleness was associated with passivity, unreason and weakness.[323]   Invereshie's madness in part emerges from his fixation on his beloved, but also from the tension between the lifestyle that she has brought into his house – a Lowland, urban, cosmopolitan, extravagant one – and the simpler, more rustic and quiet life to which he was previously accustomed. Effectively this tension, and the paralysis that it inflicts, feminises the unhappy laird – he becomes weak and passive as his mental state alternates between "a delirium of delight" and addled melancholy, which becomes more pervasive as the narrative moves towards its conclusion. The source of much of his distress as he loses his grip on reality is his bewilderment at being caught perpetually between these two states. He has become a King Lear-like figure, having lost his agency in his own house. Coppelia Kahn, in her influential paper on *King Lear*, argues that Lear found himself caught between, "His terrifying dependence on female forces outside himself but also an equally terrifying femaleness within himself."[324] Invereshie is caught in a similar bind, completely unable to assert his own will against that of his wife, a slave to love, while at the same time his descent into unreason is itself emasculating. He cannot assert his traditional rights to say who comes into his castle nor can he retain his mental powers of reason. Every time he tries to do something to alleviate his melancholy, such as tell his wife that she must restrain her excesses, his "bewitchment" with her overwhelms him and he can do nothing. Like Lear, Invereshie's delirium arises as the result of his disenfranchisement. His attempt to reassert his power and masculinity, to break his paralysis of action, echoes Lear and Macbeth; hence the final act of madness, the murder, under the delusion that the lady was a witch. Here Lauder emphasises the power that superstition had over the Highland mind, how once Invereshie believed witchcraft to be his problem, he lost all sense:

> There he wandered for some hours
> to and fro, torn by his contending passions, for love was
> still powerful within him, and would, even yet, often rise

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[323] The feminisation of madness in this tale is most likely Lauder's (or possibly the original informant's) Victorian imposition on Highland constructions of madness. On one hand, mad Gaelic characters lose some of their masculine traits such as their ability to rule a kingdom and lead men into battle; but on the other hand, madness in the cases of Suibhne, Cuchulainn, and others is not described in feminised language. Also, most insane people in Gaelic and Celtic texts appear to be men, rather than women; and, as with the case of Cuchulainn, madness was not always a disempowerment, although often it was. However, while Victorian male madness is disempowerment due to the acquisition of feminine traits, Highland madness disempowers the sufferer through less gendered avenues. Here we can turn back to Foucault's monstrosities, for the madman's transformation into the human-animal hybrid puts him outside law and society, rather than his feminisation. For more on the feminisation of madness, see Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1890-1980*, (London: Penguin, 1987).

[324] Coppelia Kahn, "The absent mother in King Lear," in Margaret W. Ferguson, Maureen Qilligan, and Nancy Vickers, eds., *Rewriting the Renaissance: The Discourses of Sexual Difference in Early Modern Europe*, (Chicago, IL: University of Chicago Press, 1986), 35.

> up for a time to wrestle hard with the wizard Superstition,
> who had now so irrecoverably entangled and bemeshed
> his judgment.[325]

The type of the outside source derailing Invereshie's mind shifts from love-madness to witchcraft (or the possibility thereof), but its fundamentally feminine nature remains.[326] However, are the "outside forces" truly outside Invereshie's mind? Witchcraft is further problematised by the same distinctions which Shakespeare drew in *Macbeth* between "supernatural madness" and "natural alienation."[327] As I have illustrated previously, supernatural madness within the Highland context, even as late as the mid-nineteenth century, was a perfectly 'legitimate' means of being mad, and at the same time, witches, demons, and the Second Sight existed as "real" cultural constructs, not delusions or fantasies. But this tale finally reflects the colonisation of the supernatural by "natural alienation," concluding with an indictment on the supernatural. Invereshie was not bewitched after all, but his superstitious ideations drove him to commit murder. Unlike other tales of witches and changelings which utilise supernaturality in order to shy away from murder,[328] this one looks squarely at this ugly reality and makes it the centre of the tragedy.

A final reading of this tale, which I do not want to neglect, is as an allegory for the political, social, and economic troubles of the nineteenth century Highlands. Invereshie's monomania represents the obsession that Highland lairds had for fine material possessions. The love-object, the lady, becomes the lifestyle of the Lowland and English aristocracy, which led many Highland elites to squander their wealth and, in some cases, to sell their estates. She is characterised by both her foreignness to the Highlands and a delicacy largely at odds with the Highland way of life:

> As his lady's previous nurture and education had accustomed her to much nicety of domestic-arrangement, and to many luxuries then altogether unknown in the Highlands … [329]

Invereshie lacks the power to control the excesses of his wife, or his own complicity therein, much as Highland lairds in reality failed to control their excesses and wracked up massive debts. His singleminded attention to the lady distracts him from both his

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[325] *Ibid*. 130.

[326] Witchcraft, in both English and Scottish culture, was associated with women. In Highland tales of witchcraft, the witch is female and usually doing something to a male.

[327] Carol Thomas Neely, "Documents in madness: reading madness and gender in Shakespeare's tragedies," *Early Modern Culture*, 42:3 (Autumn 1991): 315-338, 323.

[328] The murder in these stories is more of an unmasking than a murder, since the offending witch or fairy does not die, but merely runs away from the now much wiser human. It returns us to the point made above about these stories as a method of coping with the dark side of human nature by changing the nature of the discourse itself.

[329] Lauder, 117.

duties to his estate and to his people, as well as from participating in the activities expected of Highland lairds: "His hunting expeditions became less numerous, and even his wonted prudential daily superintendence of his rural concerns gave way to a now and much more seductive occupation."[330] After he marries her, her excesses increase:

> His lady who had conceived them, made him afterwards wince
> at the large and repeated demands which were made on
> his treasury, for purposes altogether foreign to the whole
> pursuits of his former life, and which the whole tenour of
> it had led him to consider as vain and unprofitable. He
> wondered that her ingenuity could be so enduring, and
> still comforting himself with the hope that each particular
> instance of it that occurred must necessarily be the last.
> he was still doomed to be astonished every succeeding day
> by new and yet more expensive projects. Amidst all this
> bustle and occupation, her speech was ever of the delights
> of her HIGHLAND SOLITUDE [sic], as she called their residence,
> whilst her thoughts seemed to be unceasingly employed
> in endeavours to invent means of depriving it of all claim
> to any such title, by filling it with as large a portion as
> she could of the gay crowd and vanities of a city…[331]

The Highlands themselves were filled with "vanities of a city," people who moved there for "Highland Solitude" but wanted to bring all the comforts of their urban life with them.   It also reflects the ambiguity felt by the lairds themselves, perhaps, as they fell for the luxuries of their Lowland gentry brethren but retained a vague attachment to their lands, people, and traditions. The reciter, through this tale, seems to imply that the madness is only ostensibly caused by love or supernatural powers: the real madness here was the manner in which the Highland aristocracy neglected their traditional clan duties and, in the end, destroyed their estates and people.

IV.2. Insanity emerging from violent acts

Love and its excesses were not the only types of emotional trauma which induced insanity in Gaelic literature. Early Celtic texts suggest that madness, trauma and violence were frequently associated with one another. First of all, we can turn back to the *Buile Suibhne.* The narrative makes a direct link between the sights and sounds of battle and the "convulsions" of Suibhne's brain. Heaney thus translates:

> There were three great shouts as the herded armies clashed and roared out their war cries like stags. When Sweeney [Suibhne] heard these howls and echoes assumed into the travelling clouds and amplified through the vaults of space, he looked up and was possessed by a dark rending energy.

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[330] *Ibid.* 125.
[331] *Ibid.* 137.

His brain convulsed.
His mind split open.
Vertigo, hysteria, lurchings
And launchings came over him.[332]

O'Keefe's translation is similar. He writes:

> Thereafter, when both battle-hosts had met, the vast army on both sides roared in the manner of a herd of stags so that they raised on high three mighty shouts. Now, when Suibhne heard these great cries together with their sounds and reverberations in the clouds of Heaven and in the vault of the firmament, he looked up, whereupon turbulence and darkness, and fury, and giddiness, and frenzy, and flight, unsteadiness, restlessness, and unquiet filled him, likewise disgust with every place in which he used to be and desire for every place which he had not reached.[333]

While acknowledging that Suibhne probably would not have lost his mind at the battle had Ronan not cursed him, we can also presume that the concept of madness induced by the violence of war would not have been unfamiliar to listeners.[334] In this way, it is a madness that is familiar and natural even though it originated in the supernatural. The supernaturality mitigates the battle-related trauma, allowing Suibhne to save face. After all, in a patriarchal society it would not do for a king to be the type of person to go insane at a battle, given the centrality of the warrior in the construction of masculinity and leadership in early Celtic literature. Ronan's curse precludes Suibhne from fully becoming that type of emasculated king, but, nevertheless, he still becomes unhinged by the roaring sounds of the imminent battle.

Another tale recounted by J.F. Campbell tells of Garbh, son of Conan, one of the heroic figures who was associated with Fionn McCool.[335] Conan ran afoul of the Feinn or Fianna, McCool's band of warriors, who declared that he must be put to death. Conan begs that he be killed by his own sword wielded by his son Garbh. His wish is granted and Garbh dutifully cuts off his father's head with the sword, but the trauma of the act proves to be too much for Garbh to bear. He goes mad and attacks the sea with his sword, slashing at it until he drowns himself.[336] Intra-familial violence and a murder that causes the remaining family member to lose his mind, subsequently unleashing his uncontrollable violence on the sea, also make an appearance in the Ulster Cycle. While Cuchulainn was learning the art of war in Scotland, he unknowingly had a son to Aoife. In Lady Gregory's translation, the son, Conlaoch, arrives in Emain Macha challenging

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[332] Heaney, 8.
[333] O'Keefe, 11.
[334] It is just as familiar to us today, characterised in the twentieth century afflictions such as shell-shock and post traumatic stress disorder.
[335] Finn McCool, or Fionn Mac Cumhall, was a mythical warrior-hunter of Ireland and Scotland. The stories of him and his followers form the Fenian Cycle.
[336] J.F. Campbell, *Popular Tales of the West Highlands,* vol 2, 122.

Cuchulainn to a duel. When Cuchulainn swiftly slays him, Conlaoch, in his death throes, cries out, "My curse be on my mother for it was she put me under bonds: it was she sent me here to try my strength against yours."[337] Cuchulainn goes mad with grief, but the supernatural steps in as Conchobar[338] orders the druid Cathbad to send Cuchulainn to Baile's Strand to fight the waves for three days rather than risk a mad Cuchulainn rampaging though him and his men.[339] Yeats proffers a very different interpretation of this tale in his play *On Baile's Strand*. Here, Cuchulainn has sworn a fealty oath to Conchobar and slays his son on Conchobar's orders. The king's interest lay in securing his own and his heir's authority, which in part meant depriving Cuchulainn of a son and legitimate heir, bearing obvious similarities to Ireland's colonial situation. Indeed, Yeats' intention was to dramatise the trauma of the colonial experience. The subject of Cuchulainn's grief and anger is therefore the representative of colonial authority, Conchobar, rather than Aoife. The locus of power is thus shifted from Aoife in Lady Gregory's text to Conchobar in Yeats'; it is a fair criticism of both Yeats and Gregory, however, to claim that they had a literary agenda and adhered to the James MacPherson method of moulding the texts to fit their agenda and preconceptions. While any translation suffers from a degree of this moulding, neither Gregory nor Yeats were tremendously interested in presenting the original text in as faithful an English translation as possible. They were writing literature for entertainment, conforming to the cultural standards and tropes of Victorian Ireland and Britain. They had also set out to offer political commentary on Irish autonomy through drama and mythology, much as MacPherson was more concerned with making the Ossianic Cycle align with late eighteenth century constructs of epic poetry rather than constructing an accurate translation of Gaelic mythology. These exercises were not academic, after all; they were literary. Both Gregory and Yeats are known for their contributions to the Irish drama and literary scene, rather than as Gaelic scholars.

Regardless of the contortions that Yeats and Gregory put into their translations, the appearance of madness as a psychological reaction to one's own murderous impulses is present in tales where the translator took a more empirical approach. The tale of Garbh and Conan, contained in the third volume of *Popular Tales,* is one such story. J.F. Campbell prided himself on the accuracy of his translations, supported by the fine Gaelic and extensive scholarship of his collectors and translators. Alexander

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[337] Lady Gregory, 316.

[338] Conchobar was the King of Ulster and in some versions of the tales, Cuchulainn's uncle.

[339] *Ibid*. 317. But then, so had their agendas. Yeats was directly attacking Ireland's colonial status whereas Gregory claimed she was speaking with "heroic intensity and peasant authenticity as essence of a lost Irish colonial spirit." Geraldine Meaney, "The sons of Cuchulainn: violence, family, and the Irish canon," *Éire-Ireland*, 41:1 (2006): 242-261, 248.

Carmichael, then collecting for J.F. Campbell, wrote down this tale and Campbell praises him as "an enthusiastic Highlander and good Gaelic scholar."[340] He heard the tale from an old man on Islay in 1860. In any case, scholars analysing the Cuchulainn tale have suggested that he went mad because murdering one's own son, and therefore destroying one's dynastic potential, is akin to murdering oneself.[341] The Garbh story reverses the roles – the son murders the father. In both cases, there is an unwilling and grotesque violation of familial ties which causes the murderer to have a mental breakdown. Foucault's ideas about madness emerging from violations of natural law seem applicable as the characters commit the ultimate transgression of law and society: murdering their family members. Then, once delirium has asserted itself, "there is no return, the night of an incessant devouring."[342] In the cases of Garbh and Cuchulainn, this is literal and they become deranged, inarticulate, and lose themselves in attacking a foe as intransigent and immutable as the sea. The sea in a literal sense devours Garbh.

I have found another Gaelic tale from the MacLagan collection, however, which suggests that murdering a stranger might have similarly disastrous results for one's own sanity. The informant, Mr. McDonald of Applecross, told the collector about an Applecross farmer who was "much troubled by his cattle turning mad." The farmer knew of a cure for this: acquiring the heart of a person who did not know who his parents were. McDonald then relayed the following story:

> [The farmer] resolved that he would try the heart-cure. [sic] But there were two difficulties in the way. The first was to get a person who did not know who his parents were: and the second was, how to get his heart, if he got the man. He however determined to be on the look-out. And at long last, a packman came the way, and they invited him to stay over the night. As the custom was in those days, they spent the first part of the night […] the stranger, of course, giving all the news he could in return for the hospitality he was receiving. Among other things, he told about himself and his experiences. He said that he never knew who is father and mother were, but that with one thing and another, he had got on very well in the world. This was the very man the farmer had been looking for; and when the packman was leaving, the farmer accompanied him on a bit of the way. The road to Torridon was a wild lonesome one. When they reached a place that the farmer thought safe, he revealed his mind to the packman, who said that he would give him all he had of he would allow him to go on and not kill him. But the farmer answered that it was not his goods he wanted but his heart to cure his cattle of madness. The packman said, "Well, if you will kill me for that purpose, you may, but if the madness will leave your cattle it will be worse for you…. it will stick to yourself, and to your seed after you."
> The farmer did not heed what the packman said, but killed him, and took out his heart, steeped it in water, and sprinkled the water over the cattle, and they were cured; but if they were, just as the packman had said, the insanity attacked the farmer's family, and stuck to his seed, and it is said that until this day some of the descendants of that man suffer from madness.[343]

While Cuchulainn and Garbh exemplified disabling effects of intra-family violence, this tale extended the effects of madness to violence directed towards the community. The

[340] J.F. Campbell, *Popular Tales of the West Highlands,* vol 3, 119.
[341] Meaney, 248.
[342] Foucault, *Madness and Civilization,* 108.
[343] MMS,. 6451a.2.

fact that this farmer's cattle were mad did not justify murder, and nor was the murder itself constructed as a manifestation of madness or delusion; the validity of the belief that the "heart-cure" would relieve the cattle of their malady was not in question. Rather, the informant framed the narrative around a moral choice between economics – fixing the cattle – and murder. The callous manner in which the farmer decided to kill a man who did not know his parents and then went about the act indicated little concern with the morality of murder and its wider implications. This murder was also a violation, not only of laws against murder but of the whole edifice of "Highland hospitality." It was a tradition of fundamental importance to social and economic stability, as people, especially merchants such as the packman, needed to be able to travel through Scotland without fear of capricious violence. This murder therefore symbolically threatened the viability of the social structure. Thus, the punishment was severe and long-lasting, an indictment of the farmer's heedlessness of not only the greater good of his community, but also that of his family, which duly suffered from madness for many generations. The farmer's madness was wholly punitive, rather than the product of psychic anguish.

The relationship between violence and madness explored in this chapter reverses the relationship asserted by proto-psychiatry in the late eighteenth and nineteenth centuries. In these folk tales, the characters go insane as a result of committing an act of violence, whereas alienists considered violence itself a symptom of madness and proposed that madness itself did not emerge from psychic trauma, but rather physical disease. Lillian Feder observes that eighteenth-century commentators of Bedlam Hospital in London "seem incapable of making any connection between the symptoms of insanity and human guilt, overwhelming rage, or other forms of psychic anguish."[344] Georgian and Victorian alienists regarded madness as corporeal, both enmeshed in the bodies of the mad and the product of a diseased body as much as a diseased mind. Dr. Thomas Mayo, for example, described a number of cases (from Dr. Haslam's practice in London) of patients who had died after prolonged manic episodes. Upon autopsy, the doctors had found a large amount of blood in the substance of brain and inflammation of the brain matter. He also reported cases where the membrane around the brain seemed thickened and claimed that thickening of membrane around other organs is generally regarded as a sign of inflammation, suggesting that this was indicative of

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[344] Lillian Feder, *Madness in Literature*, (Princeton, NJ: Princeton University Press, 1980), 162.

increased blood flow and inflammation of brain.[345]   David Skae, the superintendent of Morningside Asylum in Edinburgh, lectured on anaemic insanity – "the variety of insanity produced by exhausting discharges, loss of blood, or starvation…"[346]

These Gaelic stories, perhaps, suggest that the Gaelic communities had an alternative view on the causal relationship between madness and violence: madness emerges as the result of violence, not the cause. Insanity is the direct result of psychic anguish and the act of committing violence is seen as a traumatic event that can bring about mental derangement. The murderer, on one hand, is guilty of his or her crime, but, at the same time, he or she becomes the victim of their own malice; his or her psyche cannot bear the guilt and he or she loses their mind. This is not so far removed from broader conceptions of madness as punishment for sin, and sin featured prominently in the fervent religiosity prevalent throughout Scotland.   While this is not mentioned explicitly in these tales, it may have been one of their more subtle implications and indeed, warnings, to people within that culture.   Certainly some of the behaviour described here, from murder to conjuring up images which might be the devil, fit within the cultural paradigm of sin.

V. The nature of the mad

With an idea of what Gaelic tales took to constitute the causes of madness and what sort behaviours were not considered mad at all, I will now finally turn explicitly to how Gaelic tales portrayed the insane. The question asked of the texts is, how did the mad in Gaelic folktales and literature behave? What kinds of behaviours featured as insane?   Prior to the medicalisation of madness and the invention of complicated taxonomies with conditions knowable only to experts, "in a secret reign of a universal reason," the insane were quite identifiable.[347] Foucault observes that:

> there was a degree of obviousness about the madman, an immediate assessment of his features, which seems correlative to the non-determination of madness itself … We may not know where madness begins but we know with a knowledge that brooks no argument what a madman is.[348]

One seemingly need not be a philosopher or historian to ascertain this. John Galt wrote

[345] Thomas Mayo, *Remarks on Insanity: Founded on the Practice of John Mayo, M.D. … and Tending to Illustrate the Physical Symptoms and Treatment of the Disease*, (London: Thomas and George Underwood, 1817).
[346] David Skae, "A rational and practical classification of insanity," *Journal of Mental Science*, 21, (1875): 188-207.
[347] Foucault, *History of Madness,* 178.
[348] *Ibid*. 179.

in Scots vernacular, "I thought everybody kent [knew] what a daft man is."[349]   Madness

was something sane people could see and hear. It manifested itself in the outward

behaviours, the language and physical appearance of the mad. "Indeed," Houston

writes, "a look of madness or stupidity had for centuries been the criterion used by the

sane to identify men and women whose intellects were deranged or lacking."[350] The

traits that identify the mad in Gaelic tales are not substantially different from the

archetypes of the "frenzied and ranting madness" and "sombre melancholics" that

Foucault identified.[351]

Physical appearance was one measure used to discriminate the insane from the

sane. Mad bodies looked different from sane ones. Indicators highlighted by Houston

in his treatment of eighteenth century Lowland madness include the eyes, hair length

(especially in men), beard length, apparent lack of concern for clothing and appearance,

and an overall look of "wildness."[352]   These types of features also typically

characterised insane Highlanders in the Gaelic tales. When a weary traveller escapes

from a storm by seeking shelter in an ostensibly empty castle in Ross-Shire, he finds a

madwoman named Chirsty Ross living there. When he first sees her in the dark, he

catches a glimpse of "a wild expression." Once they are inside the castle she appears to

him thus:

> Now he could perceive that her hair was exceedingly
> long and untamed, and whilst the greater part of it was
> white or grizzled, as if from premature failure, it still con-
> tained what, if properly dressed, might have been called
> tresses of the most beautiful glossy black, and the strange
> effect of this unnatural intermixture of the livery of youth
> and of age, was heightened by the wild combination of such
> fantastical wreaths of heather and sea-weed, mingled with
> sea-birds' feathers, as insanity is usually so fond of adopting
> by way of finery.[353]

The nameless stranger immediately recognises this as the countenance of insanity, and

so do Lauder's Victorian readers.[354] Keeping one's hair and clothing in order was an

outward manifestation of the rationality and morality that separated human from

animals. It was, as Roy Porter observes, "a moral warning (against pride, sloth, rage, or

vanity) blazoned forth for all to heed."[355] Foregoing self-grooming was a sure sign of

losing one's mind.   So long as reason remained in charge, life would be sane and

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[349] John Galt, *The Entail or the Lairds of Grippy*, (New York: James and John Harper, 1823), 188.
[350] R.A. Houston, "Face of madness in 18th and 19th century Scotland," *Eighteenth Century Life,* 27:2 (Spring 2003): 49-66. 49.
[351] Foucault, *History of Madness,* 41.
[352] Houston, "Face of madness," 64.
[353] Lauder, 305.
[354] Lauder was an Edinburgh aristocrat and a noted academic and novelist.
[355] Porter, *Mind Forg'd Manacles,* 36.

orderly and, quite crucially, *look* sane and orderly. The physical appearance of Chirsty Ross, her wild expression, long tangled hair, and wreaths of heather, sea-weed, and feathers, effectively caricatures the disorder in her mind.

To turn our focus on insane characters from Medieval literature is to go from the mad Highlander embodying attributes commonly associated with the nineteenth century lunatic but remaining recognisably human, to one that seems mystifyingly bizarre. As I have illustrated earlier, both Cuchulainn and Suibhne morph into human-animal monstrosities when they go insane. Their physical transformations emerge from the texts as a fundamental attribute of their madness. In O'Donovan's translation, Suibhne undergoes physical distortions when he loses his mind at the battle. "The inlets of hearing were expanded and quickened by the horrors of lunacy; the vigour of his brain in the cavities of his head was destroyed by the clamour of the conflict; his heart shrunk within him at the panic of dismay."[356] The concept of the mad person's head becoming disfigured similarly arises in the *Tain* during Cuchulainn's warp spasms. "One eye receded into his head, the other stood out huge and red on his cheek; a man's head could fit into his jaw; his hair bristled like hawthorn, with a drop of blood at the end of each single hair; and from the top of his head arose a thick column of dark blood like the mast of a ship.[357] Obviously both Suibhne and Cuchulainn are fictional characters with exaggerated traits, but nonetheless present a model of madness that manifests itself in physical, grotesque contortions.

When he goes mad Suibhne also casts aside his clothing, one of the principal faculties separating men from animals. The mad person as the naked figure in the woods appears in the Merlin and Lailoken stories as well due to the Medieval associations of nudity with wildness and an absence of humanity and civilisation Philo suggests that the "wild man" compounds both human and animal traits, "a 'darker' side of civilization: an emblem of untamed brute nature lurking beneath the veneer of an ordered and cultured society."[358] Clothing represents order and culture; the state of one's clothing, whether it is the lack thereof, its destruction or merely its disarray, is suggestive of one's mental state. The archetype of the wild, naked madman who flings aside his clothing had lost none of its potency by the nineteenth century. Both laypeople and medical professionals considered the state of a potential mental patient's clothing when assessing whether or not the person was insane, offering a "symptom" of psychiatric disorder with a long history. Academics across the disciplinary matrix, from

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[356] O'Donovan, 233.

[357] Gregory, *Cuchulainn of Muirthemne,* 172.

[358] Philo, *A Geographical History,* 77.

historians to psychologists to anthropologists, have suggested that the manner in which mental disorder manifests itself is culturally specific.[359]   In Western society, clothing is a symbolic referent of civilization, even of humanity, and an outward sign of ontological awareness of the self and, critically, how the self is represented to others. Patients in asylums, for instance, were prone to shredding their clothing or casting it off. When Janet Shaw from Islay was admitted to Gartnavel Asylum, for instance, her admission papers describe her as desiring "to burn clothes."[360]   Another Gartnavel admittee, John McPherson of South Uist, is reported in the case notes as "tearing his clothes."[361]   To both Medieval Gaels and nineteenth century alienists, the insane person who destroys or throws away his or her clothing is, in effect, throwing away symbols of their humanity.

The mad are not only identified by the way they look, but the way they sound and the seemingly irrational that way they interact with their surrounding environment. Thoughout the Gaelic texts, the concept of wildness governs the voices and the actions of the insane.   Madness and wildness are complementary and conceivably interchangeable.[362]   As the mad are deemed incapable of self-control – this is in fact what characterises them as mad – the control emerges from the community.   After all, madness is unconcerned with social conventions and the mad seem to have super-human strength that is not easily contained.   The *amhas* described by J.F. Campbell, are "wild, ungovernable men … subject to fits of ungovernable fury."[363]   When whoever is employing the *amhas* is finished with them, he simply kills them.   Similarly, when the warp spasms overrun Cuchulainn's mind, he could only be brought back to sanity by repeated dunkings in cold water.   When the king's daughter in "The Barra Widow's Son" goes mad, her attendants bind her but she repeatedly breaks free.[364]

I have already drawn attention to Cuchulainn's and Garbh's respective assaults on the sea as representative of the irrationality and wildness associated with madness. Other tales briefly suggest behaviour that leads to a social label of derangement: one story in Freer's collection tells of a man who went mad and ate his own horse.   His wife's brother shot him "to prevent further mischief."[365]   This tale presumes that

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[359] Ashley Montagu, "Culture and mental illness," *American Journal of Psychiatry,* 118 (July 1961): 15-23. Nancy E. Waxler, "Culture and mental illness: a social labeling perspective," *Journal of Nervous and Mental Disease,* 159 (Dec 1974): 379-395.
[360] SHB, HB13/7/65B.
[361] SHB, HB13/5/54 p18.
[362] Philo, 77.
[363] J.F. Campbell, *Popular Tales of the West Highlands,* vol 3, 235.
[364] J.F. Campbell, *Popular Tales of the West Highlands,* vol. 2, 118.
[365] Freer, 30. The man went mad as a result of eating an eel. The tale is proscriptive, warning people to not eat eels.

listeners will know a mad person should they see one, so it offers very little description: only the individual's consumption of his horse is proffered as evidence of derangement. In Lord Napier's collection, the woman who went mad as a result of witchcraft "screamed and talked violently to herself." Her friends sent a Dr. Mitchell to pray for her, "but when he began to pray she set up such hideous screams that he was obliged to stop."[366]

Mad Gaels also, sometimes, wander about, reminiscent of Foucault's paradigmatic Medieval lunatics travelling from village to village or Merlin's travels through Britain.[367] Foucault writes that in Medieval Germany, towns banished the insane from city walls and left them to run wild in the countryside.[368] It is uncertain from the available sources on Highland lunatics whether or not they were actually banished by some authority or if madness itself led them to roam, but in any event, the earliest sources we have, *The Battle of Magh Rath* and *Buile Shuibhne,* suggest that restlessness and an unquenchable desire to roam emerge out of derangement. Suibhne's insanity was primarily characterised by his wild flights through Ireland and Scotland. While in Scotland he encounters another roving madman named Elladhan, who had equally been roaming through Britain. Not even the hospitality offered by the cleric Moling surpresses Suibhne's irrepressible desire to wander, and thus the deal Suibhne strikes with Moling is that he return to Moling's house each night.

Lunatics in early modern and modern tales appear a bit more human and walk, rather than fly or shape-shift, from one place to another, but nevertheless several stories suggest instances of the mad roaming through the countryside. Alexander Carmichael relates the tale of an Argyllshire man named Lachlan Og (young Lachlan) who became insane while incarcerated for accidentally murdering his lover.[369] He was released from prison after he went mad, and Carmichael's informant reports him as:

> [Wandering] about the country, making Killchrenan the centre of his circuiting. He never entered a house, never asked for food, and never spoke. When the people knew that he was about, they left food for him in well-known retreats — which were simply depressions among the rocks and hillocks — summer and winter.[370]

This tells us that the insane were not always confined (indeed, this case raises some interesting questions about why this individual was *released* from prison when he lost

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[366] Napier, 79.
[367] See Philo, *A Geographical History,* 75.
[368] Foucault, *History of Madness,* 9.
[369] Carmichael, 317. Lachlan had been in the army in Ireland and had eloped with a young lady. Her brothers pursued them and while he was defending himself from the brothers, she went behind him for protection and he accidentally struck her with his sword and killed her. This was why he was imprisoned.
[370] *Ibid.*

his mind), although there are other examples in Gaelic tales, like that of the king's daughter in "The Barra Widow's Son," where the lunatic is tied up. It also reads as though Lachlan's behaviour falls within the norm for how people expect lunatics to act; accordingly, they leave food for him in places where he is likely to be in his travels. Although he is a wandering outsider, he remains part of the community – in essence a resident madman.

I have already mentioned J.G. Campbell's description of madmen who "roam about restlessly, without knowing what they were doing." The suggestion of shape-changing manifests itself in Campbell's account as well, although, unlike the *Buile Suibhne,* he illustrates that shape-changing is a delusion in the disordered minds of the insane, not something which *actually* happens to them. These men were "driven from their kindred, and made to imagine themselves undergoing marvellous adventures and changing shape."[371] This is a reconstitution of Suibhne's insanity and perhaps the very nature of madness itself. In the early Celtic epics, the *Buile* and the *Tain,* madness is equated to shape-shifting, the physical transformation into something else and the acquisition of supernatural abilities. In J.G. Campbell's description, the mad believe they change shape but the sane know they cannot. Madness then becomes characterised by the erroneous beliefs of the mad.[372] At the same time, as we have seen, Gaels acknowledged that perfectly sane individuals could possess supernatural abilities, such as the Second Sight, so mere belief in such phenomena did not automatically constitute derangement even as late as the mid-nineteenth century. Even educated Highlanders like J.G. Campbell, who as we have seen above expressed some doubts about the Second Sight, could not bring himself to dismiss it completely.

VI. Conclusion: the displacement of superstition

Foucault wrote that in the eighteenth century, three elements started coming together to form the basis of abnormality. These were the "human monster, the individual to be corrected, and the masturbating child."[373] He describes the monster as a breach of both the laws of society and the laws of nature. In the *Abnormal* lectures, Foucault characterises the "monster" as initially a physical "deviant" such as a two-

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[371] J.G. Campbell, 50.
[372] I refer back to the section on supernatural beliefs to explain the nuances of the concept of "erroneous beliefs" and how they fit into the way that Gaels ordered their world.
[373] Foucault. *Abnormal,* 55.

headed man or a woman with no sex organs. But then he traces the figure of a "monster" as he or she who performs "monstrous" acts; the "double transgression" which will be discussed here. Such monsters induce anxiety because they violate the law, but unlike the sane person who contravenes the law and who is therefore subject to its retribution, the lunatic is located outside of the contravention-retribution relationship, outside of the law. Lunacy therefore poses a threat to the categorical order represented in law. The Gaelic narratives featured here show characters who transgress natural law, transforming into grotesque human-animal caricatures and acquiring supernatural abilities, and at the same time they transgress the rules of society, behaving in ways that do not conform to the expectations and rules of their social order. As we have seen, the folktales reveal that it is possible to venture into supernaturality and not go mad and also possible to violate societal laws and norms, yet not be considered insane. Foucault's argument that madness in some cases thus arises out of the double transgression seems applicable to the Gaelic folktales.[374]

Fig. 2.4. Evidence of pre-Christian religious practice and still emblematic of Romantic notions of "Celtic" mysticism: the Calanais Standing Stones on Lewis.
(Source: Author photo)

The disturbing behaviour of the insane and the paucity of obvious physical causes for it easily lent themselves to supernatural explanations. In Gaelic tradition, however, it must be emphasised that while madness and supernaturality were inextricably linked, not all supernatural encounters led to or were indicative of madness. Supernatural beings and forces play a substantive role in Gaelic oral tradition, which contains more stories involving supernatural encounters that

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[374] I specify "some cases" because the double transgression was likely to lead to other classifications suggesting encounters with supernatural beings. However, since insanity emerges out of this, it is a useful model for understanding it.

do not result in insanity than ones that do. Sometimes the monsters in Gaelic tales are mad people, but oftentimes they conform to some other category, such as a witch, fairy, a ghost or apparition, the devil, and other supernatural creatures believed to inhabit Highland lochs and glens. In many tales Christianity and Pagan beliefs intertwine around one another.[375] These other supernatural categories risk having the label of insanity foisted onto them, but the fact that the stories themselves differentiate between say, a madman, a witch, and someone who meets a ghost reveals that Gaels did not believe them to be straightforwardly interchangeable; they did not necessarily regard witchcraft as a form of madness, nor visions of fairies, apparitions and ghosts as symptoms thereof.

Much of this would change by the middle and end of the nineteenth century. Case histories from the Inverness District Asylum, for example, describe patients' belief that they are a witch or have had witchcraft inflicted on them. In which case, simply holding beliefs in the supernatural itself was taken as a symptom of madness. It is a marked paradigm shift in what it meant to be insane. It also demonstrates the transition of superstition and supernaturality away from a normative belief structure to an abnormal one, where merely believing that supernatural forces had assailed one's mind constituted evidence of unsound intellect. The Enlightened Lowlander, in any case, had a sceptical view of Highland superstition, positioning the mind of the sanest "Celt" at the borders of unreason. As Alexander Smith, a Scottish poet who travelled to Skye in the summer of 1864, remarked, "The Celt is the most melancholy of men; he has turned everything to superstitious uses, and every object of nature, even the unreasoning dreams of sleep, are mirrors which flash back death upon him. He, the least of all men, requires to be reminded that he is mortal."[376]

Displacement of superstition is critical to the construction of insanity in the Highlands. It also happened far later in the Highlands than in the Lowlands, which through geography and infrastructure, the latter of which was connected to – and in some instances leading – medical and scientific developments in England and Europe. Houston has pointed out that, even as early as the seventeenth century, medical explanations for insanity were being employed alongside, and in some cases instead of, supernatural ones for Lowland Scots.[377] This does not seem to be the case in the Highlands, and historians of Scottish medicine such as Helen Dingwall and David

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[375] One example of the manner in which the Gaelic oral tradition combined Pagan belief with Christianity is a peculiar take of Lucifer's fall from heaven. According to tales collected in Invernesshire and Argyll, the rebel angels who followed him and were barred from heaven fell to earth. The ones who fell on land became fairies and settled in mounds and the ones who fell in the sea became seals. Cf. MMS, 5051.

[376] Alexander Smith, *A Summer on Skye*, (London: Alexander Strahan, 1865), 58.

[377] Houston, *Madness and Society,* 320.

Hamilton have observed that most aspects of "modern" medicine, as it was being developed in Lowland cities, did not arrive in the Highlands until the mid-nineteenth century.[378]   That is why a foray into supernatural and fantastical beliefs, the disputed boundary between superstition and lunacy, functions as an integral part of this analysis as superstitious beliefs became evidence *per se* of insanity by the middle of the nineteenth century.

To illustrate the displacement of superstition in action, I will turn to the 1838 Justiciary Court case of Malcolm McLeod, a schoolmaster in Stornoway who was brought to trial in Inverness for murdering his wife.[379]   He pleaded insanity, which reveals that the insanity defense was well-known even in remote districts by this time. Mcleod's brother, Roderick McLeod, testified that the defendant went to the woods in the parish of Uig and built himself a contraption that looked like a cartwheel. Allegedly he intended to use it for prayer, sitting in the centre of the wheel and praying. Roderick also testified about the defendant's belief that he was on the verge of discovering perpetual motion, telling his wife that he had a plan for technology that would propel vessels without "wind or tide." The defendant had allegedly soaked a blanket in the river and wrapped himself up in it mostly nude, insisting he was repenting for sin. Most of these incidents took place at least three years – and in some instances as many as seven – before McLeod killed his wife, but none of the witnesses testified that they thought McLeod was mad during this time. In fact, several witnesses explained that, rather than viewing McLeod's religious practices as symptomatic of lunacy, people in Stornoway were going to him for religious instruction.[380] He may have been seen as "divinely inspired." Witnesses also testified that they "never heard of his being insane" and "there was nothing incorrect about his mind."[381]   They did not see McLeod's behaviour in the terms of a "psychiatric" diagnosis or through their own sense of what did or did not constitute insanity; they did not even necessarily surmise his behaviour as particularly abnormal until he killed his wife. The Circuit Court judge, Lord Henry Cockburn, described this case in his autobiography *Circuit Journeys,* and even he observed that the witnesses talked of the symptoms of McLeod's alleged insanity with "perfect familiarity."[382] Cockburn, who was sceptical of the insanity defense anyway

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[378] Hamilton, 174.

[379] Her Majesty's Advocate against Malcolm McLeod (North Circuit, Inverness, spring 1838) in *Reports of Cases Before the High Court and Circuit Court Justiciary in Scotland,* vol.1. Archibald Swinton esq., ed., (Edinburgh: Thomas Clark, Law-Bookseller, 1838), 93.

[380] Inverness Circuit, 90. In this sense, he was well within the context of *Na Daoine*, the Men.

[381] Inverness Circuit, 93.

[382] Lord Henry Cockburn, *Circuit Journeys*, (Edinburgh: David Douglas, 1889; reprint, Hawick: Byway Books, 1983), 8.

and had complained of its overuse,[383] and the jury convicted McLeod of the murder, but the verdict was overturned by the Scottish Secretary of State on appeal. The McLeod case, in essence, signifies a key moment in the imposition of modern insanity paradigms over superstition. When suddenly brought into modernity, practices and beliefs such as Second Sight, and, in this case rather "un-Presbyterian" and religious practices combining mysticism with evangelicalism, normative in the Hebridean and Highland context, were now seen in a new light – evidence of mental derangement.

Before legal, bureaucratic institutions impacted Highland life in a significant way, madness and supernaturality coexisted. The latter proved to be an intransigent buttress of the belief structure, refusing all attempts to eradicate it until the beginning of the twentieth century.[384] Seventeenth century Presbytery records, for example, show people being censured and even excommunicated by the Church for engaging in superstitious practices.[385] Nevertheless, so-called "superstition" and supernaturality were resilient and remained an important aspect of Highland life for the next three hundred years.

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[383] Cockburn wrote of McLeod's insanity defense, "There was not the slightest foundation for it" and referred to it as his "pretended craziness." (8). Of another defendant, he sarcastically commented, "She, according to the present fashion of all great criminals, claimed an immunity from responsibility because her intellect was rather weak" (147); and in yet another insanity defense case, he said, "I did not discourage the jury from convicting him, and thus avoiding the usual dangerous verdict." (241).

[384] It did, however, provide fodder for folklorists and early British anthropologists excited by the prospect of studying savages and peasants in their own proverbial backyard.

[385] Mitchell, "On various superstitions," 258.

Chapter 3. Healing Wells and Suicide Sculls: Traditional Gaelic Cures for Madness

1. Epistemological hierarchies: folk knowledge as culturally mediated through modern, empiricist eyes.

Previously, I examined the social construction of insanity in Gaelic folklore: how the mad were recognised and how madness manifested itself, as well as how abnormality was constructed in other contexts, such as the witchcraft and fairy stories. What we know from those tales is that Gaels recognised the existence of madness and differentiated it from other types of socially unacceptable behaviour but what those tales do not address are treatments or remedies for insanity. Folklore collections nonetheless contain "folk" cures for many ailments, including insanity, which suggests that Highlanders were no more likely than their Lowland counterparts simply to put up with a mad person in their midst without attempting to remedy it. The number and variety of remedies explored in this chapter indicates that such practices in a "therapeutic landacape," places with "social and symbolic associations with health and wellness,"[386] were common and widespread.

By the end of the eighteenth century, Edinburgh and Glasgow had established themselves as cities at the forefront of medical science, their universities training many of the pre-eminent British and Scottish physicians of the time. The Scottish universities had an excellent teaching reputation, initially due to a staff from Leiden, and they were also on the forefront of research. Physicians who emerged from the Central Belt included Joseph Black and William Cullen. Scotland's reputation as a pre-eminent medical research centre had declined somewhat by the mid-nineteenth century, while institutions in Germany and France came to the fore, but its universities continued to produce more medical graduates than any others in Britain.[387] Scotland was, however, a country of great contrasts. One hundred miles to the North of the Central Belt, medical science as it was being taught and researched in the cities had made few inroads. The medical historian David Hamilton has commented that "self-help" was the

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[386] Ronan Foley, *Healing Waters: Therapeutic Landscapes in Historic and Contemporary Ireland,* (Farnham, Surrey: Ashgate Publishing 2010), 20.
[387] Hamilton, 151. Many British students were not attending institutions in Europe, due to closed borders as a result of the Napoleonic Wars and the fact that medicine in Europe was still taught in Latin.

predominant treatment method in isolated, rural regions and, should that not work, people went to a "folk healer." He observes that folk healers "were sought not only for their superior knowledge of herbs and other therapy, but [they] had a reputation for supernatural powers to heal."[388] In the Highlands and Islands, medicine hence continued to be practised much as it had been ever since the decline of the dynastic physicians, as an oral tradition comprised of "folk" or traditional knowledge.

As discussed in Chapter 1, learned medicine in the medieval Highlands, often through medieval Gaelic translations of classical manuscripts, was passed on through family dynasties, the most famous of which were the Beatons, who operated under the auspices of the Lords of the Isles in the fourteenth and fifteenth centuries.[389] The Lords of the Isles and other nobles, from the fourteenth century onwards, effectively subsidised a medical service, bequeathing land grants to these families in exchange for attention given to the health of the lieges.[390] Thus Highland medicine itself has a rather muddied history that belies the version of it implied by Victorian folklorists: it was not the straight road from ignorance and superstition to enlightenment and scientific knowledge. Rather, medical knowledge in Gaelic Scotland at this time was in fact well ahead of that elsewhere in Britain in their adoption and development of Galenic medicine. There were three families who preserved medical learning and guarded the manuscripts and had learned their craft from Classical, Middle-eastern, and European texts, such as Galen, Paracelcus, Hippocrates, Avicenna, and Bernard de Gordon, and there were Gaelic translations of aforesaid texts.[391] As has been suggested by scholars such as Hugh Cheape, classical medicine was often combined with folkloric beliefs. He has found that knowledge in the middle ages was not bifurcated in the same way as it became in later periods, but rather:

> Gaelic medical tracts consist of transcriptions and translations from and commentaries on works

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[388] Hamilton, 78.

[389] Dingwall, 99. There were other families of hereditary physicians in both Scotland and Ireland but the Beatons were the most widespread in medieval and early modern Scotland. They came from Ireland in approximately 1300 and settled in Islay. From there, they travelled to Mull, Skye, and eventually the mainland, from Argyll to Sutherland. They became the physicians to the MacDonalds of Skye, Clanranald of South Uist, and were the primary physician to the Lords of Isles until the Lordship was disbanded in 1609. The attachment of clans to hereditary learned men, physicians as well as bards, pipers, and other attendants, was retreating by the middle of the eighteenth century, along with the dissolution of the clan system itself. Dr. Ross Mitchell of the Royal College of Physicians observes that by the eighteenth century, members of hereditary physicians 'families were still practising medicine, but they were getting their training through Lowland universities and apprenticeships. The most important point to note in reference to this thesis is that by the time the data claimed here was collected, there was no class of "learned" physicians amongst rural Gaels, even if there had been two hundred years earlier (The Sibbald Library, Celtic Medicine in Scotland).

[390] Martin Whittet, "Historical aspects of Celtic medicine," *Proceedings of the Royal Society of Medicine,* 57:5 (May 1964): 429–436, 430.

[391] Cheape, 119.

of classical and medieval philosophers and physicians, and descriptions of the human state, *materia medica,* disease and injury, together with advice on cures and diet, maxims, aphorisms, and charms; there are also often references to superstitions and folk beliefs and anecdotes which might serve as example.[392]

Folklore and classical medicine were thus intertwined, conjoining in a singular ontological construct of nature, disease, and bodies. However, to reiterate points I made in Chapter 1, this text-based medical tradition disappeared along with the dynastic physicians when the clan system disintegrated in the eighteenth century and the Highland aristocracy became increasingly reliant on university-trained medical practitioners, and in conjunction, the training offered at the universities was more attractive to aspiring practitioners from the Highlands.[393] In any case, the Gaelic and Latin manuscripts were not available to most late-eighteenth and nineteenth century Highlanders, who probably would not have been able to read Latin or medieval Gaelic anyway. Knowledge, of medicine and healing specifically, of social norms, and a general ontology for how the natural world was ordered, was disseminated in an oral tradition that cannot be so easily pinned down.

Before venturing further into the oral tradition and folk healing, we must deal with questions posed by the discourse itself. The language used thus far already sets up a dichotomy between *scientific* knowledge of medicine, illness and bodies, and *folk* knowledge of medicine, illness and bodies. It effectively differentiates between tradition and modernity, between an urban society with a "developed" infrastructure and a much older rural peasant society; it creates an imaginative geography of "modernity" and "enlightenment," differentiating from urban metropoles and rural peripheries. The discourse of "traditional" verses "modern" also implies what Chapman calls "intellectual belittlement" of cultures in the former category.[394] The word "folk," as I have already alluded to elsewhere, has been used to describe practices arising from inferior – meaning non-positivist – types of knowledge and superstition, *ipso facto* primitive and irrational. Such terms are of course relational, caught in binary opposition to terms commonly accorded more value (i.e. "civilisation," or "rationality"). It follows, of course, that modern epistemologies and practices are based on rationality, and for that reason, vastly superior. We have to recognise the epistemological hierarchies implicit – and sometimes quite explicit – in nineteenth- and early-twentieth century materials, not least because this was how many of the folklore collectors viewed

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[392] *Ibid.*

[393] Bannerman, 124. Bannerman notes at least one medical family, the Maclachlans of Craiginterve, who had gone this route in the seventeenth century and finds compelling evidence that some of the Beatons practicing on Skye during the early eighteenth century also had university medical training.

[394] Chapman, 129.

their own activities. It was also the discourse of folklore rendered accessible to their readership and the wider culture of English-speaking Victorian Britain. The folklore-knowledge bifurcation can be traced to "the development of Romanticism in the eighteenth century, and the rationalist philosophy of the Enlightenment that engendered this."[395] It was produced by epistemological hierarchies emerging from the Enlightenment, scientifically "proving" the validity of the aforesaid hierarchies, which held post-Enlightenment, civilised, urban Britain and Europe as the pinnacle of human evolution, and "primitive societies," including Gaelic Scotland, as considerably lower on the evolutionary chain of human civilisation.

Even twentieth-century scholars who had more sympathetic inclinations towards traditional cultures could not shake off the Victorian dichotomy, as the superiority of modern science and medicine had become so entrenched in the most basic world views of Western culture. Attempts to define "folklore" include that of F.G. Thompson, writing in 1966:

> My own interpretation is that folklore is the survival of the thought and ways of life of former times. This folklore is knowledge, preserved by oral and, generally, divorced from the rationally based knowledge of educated classes of people.[396]

And S.F. Sanderson, writing the mission statement for the School of Scottish Studies in Edinburgh, specified that the folklore studies were intended to preserve "oral and material traditions" of the "pre-industrial age."[397] D. MacInnes commented that belief in folklore was "the influence of pagan superstition on the imagination in an age when there was profound ignorance of science and the laws of causality."[398] One of the founders of the School of Scottish Studies archive, Calum MacLean, from Raasay, had a deep affinity with Gaelic folklore and culture, but even his material is not a radical departure from the prevalent views on modern versus pre-industrial societies, as he looks at Highland traditions through the film of nostalgia for a utopian rural past.[399] The presuppositions of theoretical dualities – rational/irrational, intellectual/emotional, literalist/symbolist, etc. – are intrinsic in folklore studies and folklore collections. Culture, after all, is more than a collection of artefacts. Therefore Chapman calls for a "serious re-examination of the discourse within which 'folklore' can be constituted as a

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[395] *Ibid*. 134.

[396] F.G. Thompson, "The folklore elements in *Carmina Gadelica,*" *Transactions of the Gaelic Society of Inverness*, 44 (1966): 226-255, 226.

[397] S.F. Sanderson, "The work of the School of Scottish Studies," *Scottish Studies,* 1 (1957): 3-13, 5.

[398] D. MacInnes, ed., *Folk and Hero Tales from Argyllshire,* (London: Folklore Society 1890), 120.

[399] Calum MacLean, *The Highlands*, (Edinburgh: Mainstream Publishing, 2006).

discrete entity, a discrete type of knowledge."[400]

A key figure for this thesis, standing at the confluence of positivist scientific superiority over the ignorance and superstition associated with a "primitive" cultures and the establishment of psychiatric knowledge is Arthur Mitchell. As already noted, his writings reflect a view consistent with the medicalised paradigm of mental illness, but he also had theories of treatment regarded as fairly radical or innovative, such as a strong belief in the benefits of "care of the insane in private dwellings," or boarding-out, which he vigorously promoted. Additionally, he was highly esteemed as an archaeologist and "writer on primitive man."[401] His work for the Lunacy Commission took him all over Scotland, by horseback and boat, visiting remote locations. During these years, he acquired "a broad acquaintance with one of the distinctive features of the Scottish approach to the handling of the insane, the so-called boarding-out system that left many patients at large, rather than, as in England, making every effort to isolate them in asylums."[402] Andrew Scull rightly points out that Mitchell "became a vocal advocate of the advantages of boarding-out over asylum care," but his short paper on Mitchell does not address the concerns that Mitchell had about community care, especially in Scotland's remotest regions.[403] While psychiatric institutions had their problems, with which Mitchell was well acquainted after visiting many of them in Netherlands, Germany, and Italy, boarding-out was not always a rosy picture, either. Here he expressed concern about the treatment of the insane in the Highlands, arising from what he perceived as the Gaels' ignorance of advances in psychiatric medicine and exacerbated by their superstitious practices and beliefs about treating insanity.

Employing his knowledge of and interest in antiquities and archaeology, he wrote his 1862 paper, "On various superstitions in the North-west Highlands and Islands of Scotland, especially in relation to lunacy," illustrating this exact point.[404] As already stated, the paper compiled evidence from a variety of sources, including Sir Thomas Pennant's 1776 account of his travels through the Highlands and Islands, first-hand that descriptions Mitchell heard from clergy (mainly) he met in the Highlands, and the New Statistical Accounts. Here Mitchell catalogued superstitions and folk cures for madness from various geographical locations in the Northwest, complaining that superstitions of this nature are "difficult to uproot. They accommodate themselves to change and consent to contortions and losses rather than die completely." He found it

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[400] Chapman, 126.
[401] "Notes and news." *Journal of Mental Science,* 33 (1887): 482.
[402] Andrew Scull, "Commentary: Arthur Mitchell on the statistics of insanity," *International Journal of Epidemiology,* 39:6 (2010): 1432-1434.
[403] *Ibid.* 1433.
[404] Mitchell, "On various superstitions," 251-288.

quite worrying that they seem to shun the advances of science and technology: "You can wage war against them but they will retire into corners where their own army of faithful adherents secretly cherishes and keeps them in life."[405] He was so convinced of the supremacy of the rational, scientific mind that he wondered if superstition itself was not a disease; in any case, he asserted that it should be taxonomised and studied in the manner of scientific enquiry. "The only conservation we desire for it is one in its history on paper."[406]

The momentous 1857 Scottish Lunacy Commissioner's report, which Mitchell helped write as a deputy commissioner, described superstition as "still [lingering] with the peasantry."[407] In the 1862 paper, Mitchell further elaborated on problematic fractures between Highland folk cures and psychiatric knowledge. He said of the treatment of a madman on Lewis, "To his insanity was added the calamity of living among an unenlightened people, a thousand years removed from the kindly doctrines of good Pinel."[408] He followed the Victorian intellectual party-line, subscribing perfectly to constructs of ignorant, superstitious, and irrational peasants.

So did James MacKinlay of Glasgow, who documented folklore relating to Scottish waterways, in which he included a substantial section on water cures associated with lunacy. He introduced his late-nineteenth century material with claims similar to Mitchell's ignorance-enlightenment binaries, writing:

> In no department of medical science have methods of treatment changed more within recent years than in that of insanity. Enlightened views on the subject now prevail among the educated classes of society; and the old notion that a maniac can be restored to mental health by treating him like a criminal, or by administering a few shocks to his already excited nerves, is fortunately a thing of the past. At least it no longer holds sway in our lunatic asylums. In the minds of the ignorant and credulous, however, the old leaven still works.[409]

Chapman labels this type of discursive practice as "evolutionary historicism:"

> The activities and habits of mind of other peoples which appear to flout the empiricism of this world-view were classified in terms which made them mere faltering steps on the way to rationality. The 'superstitions' of peasants and the working class, the fancies of children, the mythology of antiquity, and the beliefs and rituals of savages were all conflated in this epistemological reduction.[410]

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[405] *Ibid,* 265. Mitchell uses the geographical metaphor of the Highlands being "corners," a reflection of the belief that the Highlands, on the periphery of "civilisation," were virtually untouched by modernity and were the sort of wild spaces into which superstitious belief and practices might retreat.

[406] *Ibid*.

[407] PP. 1857 Session 1. [2148] [2148-I]. V.1, 293. *Scottish Lunacy Commission. Report by Her Majesty's commissioners appointed to inquire into the state of lunatic asylums in Scotland and the existing law in reference to lunatics and lunatic asylums in that part of the United Kingdom.* 186.

[408] Mitchell, "On various superstitions," 266.

[409] James MacKinlay, *Folklore of Scottish Lochs and Springs,* (Glasgow: William Hodge and Co., 1893). 116.

[410] Chapman, 114.

Although not all folklorists who started publishing after the 1880s bought into the spirit of Mitchell's harsh, uncompromising views of superstition, they shared his perspective on rationality, empiricism, and the importance of taxonomy to scientific enquiry. J.G. Campbell and Alexander Carmichael introduce similar classificatory schemes in their work, using both geography and the types of methods to arrange their lists of cures. In spite of their sympathy towards the material they collected, Campbell and Carmichael nevertheless encountered the dangers peculiar to classifying an oral tradition in a manner completely divorcing it from its social context and derived from the "innocent, observationalist policies of natural science."[411] The method used by Mitchell to invalidate folk belief was used by folklorists to validate it, setting it apart as a distinctive subject-matter, but their vindication then aligned Highland belief structures with the "Celtic Twilight" construct of the Gaels, which in its essence feminised them, portraying them as unscientific, emotional and irrational.

When attempting to reconstruct a nosology of Highland treatments for mental disorders using available English-language sources, the first problem we encounter is the inevitable entanglement of English terms for various maladies with Gaelic ones and the manner in which cultural constructions interact at both linguistic and conceptual levels. As soon as words like "insanity," "idiocy," "epilepsy" and so on are utilised, we have implemented English, rather than Gaelic, connotations. Nevertheless, while entities such as the early-twentieth century Highland Health Services Committee were lumping folk treatments together and writing them all off as "traditional cures" practised "undoubtedly due to the want of medical attendance,"[412] it is apparent from even the most dubious of collectors and antiquarians, Mitchell being quite classically sceptical in this regard, that the Gaels differentiated between what they saw as different types of disorder and treated them accordingly.[413] The categories we can ascertain are quite broad in one sense – so broad that they cross linguistic and cultural boundaries – but they nevertheless impart that the traditional historicist method of aggregating all traditional medicine as nothing more than "folk cures," existing in binary, evolutionary relationship with "modern," positivist cures, is overly simplistic.

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[411] *Ibid*. 184.

[412] David Rorie M.D. "Folk medicine in the report of the Highland Health Services Committee," *Folklore,* 24:3 (Sept 1914): 383-384, 384.

[413] Distinctions between ailments and their cures appear in all categories of Highland traditional medicine. For example, Alexander Carmichael lists a series of charms and incantations for specific problems, which include sprains, jaundice, "bursting vein," toothache, and "swollen breast," as well as charms for curing diseases in animals such as strangles in horses and plague in cattle. Interestingly, modern veterinary medicine claims that strangles cannot be cured, only managed with supportive measures to keep the sick horse as comfortable as possible until the disease passes.

What is today's English-speaking critical researcher to do? He or she may try to hold all epistemologies as equally valid, or at least to maintain a kind of neutrality, but can simultaneously fall into the trap of a discourse that elevates some over others. The dichotomy between empirically-validated, positivist forms of medicine and seemingly unproven folk medicine remains just as salient today as it was for the Victorians, if not more so, as the scientific method has become more ingrained in Western culture. Medical historians, for the most part, have not concerned themselves with folk medicine, "superstition, hearsay, ignorance, and at best, crude empiricism."[414] Only a handful have turned away from the study of empiricist-based, "modernising" medicine and taken seriously the medical and pharmacological practices of traditional cultures. How then do we approach Gaelic folk remedies without unwittingly placing them into epistemological hierarchies? Chapman, turning to M. Crick's 1976 work on alchemy, has proffered a possible solution of dispensing with categorical distinctions between religion and science, literalist and symbolist, all of which are very culture-bound.[415] He suggests that the "analytical oppositions of logical positivism" are themselves a recension of symbolism.[416] Whilst I will be using discursive categories like "folk medicine," mostly to differentiate the types of medicine described in this chapter from positivist medicine discussed in later chapters, my aim is to problematise the epistemic hierarchies imposed by both our modern culture and the Victorian folklore collectors. Modern psychological medicine, after all, has its own kind of symbolism and constructed authority.

It is therefore profoundly important to the social history of medicine, including psychiatric medicine, to acknowledge the validity that folk cures and remedies had *for* the people who made use of them, even as we acknowledge the limitations of the source material and the views held about traditional cures by our own modern culture. When looking at these dichotomies between folklore and science, it is important to note that folklore was only folklore to outsiders of the community being studied. To that community, it was merely knowledge. Amongst the Highland Travellers, this knowledge remained part of the living tradition, almost to the present day, due to their

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[414] Thomas R. Forbes, "Verbal charms in British folk medicine," *Proceedings of the American Philosophical Society,* 115:4 (Aug 1971): 293-316, 293.
[415] Chapman. 128.
[416] *Ibid.*

isolation from "settled" society.[417]   In a mid-1990s interview, Alec John Williamson from Sutherland incisively illustrated how his community viewed "modern" medical knowledge versus their own healing traditions, explaining:

> We had our own ways, our own cures and medicines. Kill or cure it was! The Travellers kept clear of the doctors and the doctors kept clear of the Travellers. Physician heal thyself was what we thought of them! It's different now but in the old days we were full of cures and superstitions and some of them were very good![418]

The word "folk," differentiating the kind of knowledge and practices found in rural peasant communities like the Highlands from the ones found in "modern" positivist, empirically-based epistemic communities, is thus an artifice that the latter impose upon the former. Williamson's comment not only rejects this imposition in the context of Travellers; it also quite clearly exemplifies the internal validity traditional medicine had

Fig. 3.1. Sites of curative practices appearing in descriptions of Gaelic folk cures.
(Source: satellite imagery. Map designed by Scott Smith)

within that community. He too recognises the presence of the epistemological hierarchies I have described above, and with his comment that some of the cures were "very good," he almost reverses it.

To explore the social history of "folk" cures, this chapter first examines how curing insanity was practised in the Highlands in the eighteenth- and nineteenth-centuries, and discovering from the texts (many of which are extremely vague on this point) who *exactly* was curing people, and the social constructs of authority and its relationship to medical knowledge in Gaelic culture. I also elucidate the geographical characteristics of the

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[417] The Highland Travellers quoted here are not to be confused with Gypsies, but are rather nomadic, Gaelic-speaking Scots, many of whom carry the clan-names of Stewart, MacDonald, Cameron, MacAlister, and MacMillan, who "remain heirs to a vital and ancient culture of great historical and artistic importance to Scotland…" Timothy Neat, who interviewed members of the Travelling community of Ross and Sutherland in the mid-1990s, explains, "In Gaelic, the Travellers were known as the *Ceardannan,* the Black Tinkers, and recognised as a tribe, separate to the settled population … For much of the twentieth century, the *Ceardannan* in the Highlands continued to make their living [much as they had during previous centuries] as horse-dealers, light-metal smiths, hawkers, and seasonal labourers." Neat, vii-viii.
[418] Neat, 162.

cures, as knowledge seems to be grounded in particular areas – for instance, cures are frequently defined geographically (as "Sutherland cures," "Argyll cures," and so on) – and also particular geographical features are often associated with saints; the feature itself frequently having powers to cure the insane. As can be viewed in Fig 3.1, the cures described here cluster predominantly around the West Coast, which reflects its geographical and linguistic isolation in comparison to other parts of the Highlands, as well as the pattern of activities of the folklorists who were collecting this information.

II. Epistemological Communities: From expert healers to self-help rituals

II. 1. Seeking expertise in the texts

In texts referring to Highland folk cures, the descriptions of the remedies are commonly excised from the context of the community. The cures frequently appear as stand-alone artefacts and the reader struggles to get a sense of who was being treated, or who was treating them and why. This first and foremost comes down to the limitations of the material: the manner in which most were initially collected, and recorded, driven by what their collectors thought important, which were not necessarily the nuances of social relations in rural Highland communities. As has been discussed before, many of the folklore collectors were interested in preserving Highland folklore as a quaint antiquity rather than exploring any symbolic, or indeed meaningful or practical role that it had in an active cultural milieu. With the institutionalisation of folklore studies that took place in the late nineteenth century came the "primary theoretical practice of classification."[419] The culture was already presumed dead – or dying – and the folklore collected merely scraps, analogous to the ruined shielings lying all over the Highlands. T.W. McDowall, the assistant medical officer and pathologist of the West Riding Asylum, who wrote a paper on Scottish superstitions relating to insanity for the *Journal of Mental Science,* even called his paper "Antiquarian Scraps Related to Insanity."[420]

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[419] Chapman, 118.
[420] T.W. McDowall, "Antiquarian scraps related to insanity," *Journal of Mental Science,* 19 (1873): 391-395.

In many of the descriptions of Highland insanity cures, individuals, or specific instances of the cure being practised, do not even appear. Rev. A.P Forbes, the Bishop of Brechin, wrote about the well near Tyndrum, associated with the powers of St. Fillan and with curing madness (Fig. 3.2).[421] Forbes wrote solely in the general case and used the passive-voice:

Fig. 3.2. Site of St. Fillan's pools.
(Source: Ordinance Survey Maps)
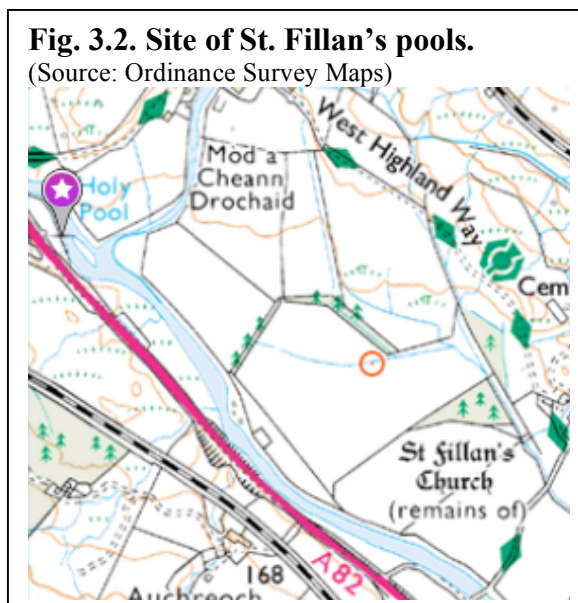
When mad people are taken to be bathed in the pools they throw them in with rope tied to their middle, after which they are taken to St. Fillan's church, about a mile distant, where there is a large stone with a nick carved in it. The stone is in an open churchyard. They are fastened down to wooden framework and remain there for the whole night with covering of hay and St. Fillan's Bell on their heads. In the morning, if the patient is found loose, the saint was propitious; if he continued in his bonds, the cure is doubtful.[422]

The reader has no idea who these mad people might be, and chances are neither did Forbes, who appears to have gained most of his information second-hand from the New Statistical Accounts and Pennant. In any event, the main focus is the status of the bell as a Christian or pre-Christian relic, not the treatment or madness itself. The New Statistical Accounts, Forbes' main source, are just as vague. They explain that "in olden times, they were wont to dip insane people" in the pools at Strathfillan. No context or specific instances of treatment, nor further elaboration of who "they" were, have been recorded. J.G. Campbell also separated the treatments from patients and practitioners, writing merely that "a person" was to take "the lunatic behind him on a grey horse and gallop at the horse's utmost speed three times round a boundary mark ..."[423]

In spite of the vagueness of these descriptions, seemingly situating cures inside a discursive glass museum case, we catch the occasional glimpse of people and the community. At the beginning of his chapter on what he calls in English "white witchcraft," J.G. Campbell wrote that there were people in "every district" of the Gaelic

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[421] This well will appear frequently. Pennant made first note of it and it garnered the most attention of any geographical feature associated with madness. There are several places in Scotland called St. Fillan's, including another holy well and a chair near Loch Earn, a well and a cave in Pittenweem in Fife, yet another well in Renfrewshire, and the town of St. Fillan near Crieff and Comrie in Perthshire. The "well" most strongly associated with the cure of mental illness, the one discussed in this thesis, is actually a deep pool in the River Fillan 3.8 km from Tyndrum and approximately 2 km from the site of an Augustinian priory, which was restored as a monstery during the rein of Robert the Bruce. It is now part of Kirkton Farm.

[422] A.P. Forbes. "Notice of the ancient bell of St. Fillan." *Proceedings of the Society of the Antiquaries of Scotland.* vol. 8, Jan 10, 1870 (1868-70): 265-276, 267.

[423] J.G. Campbell, 226.

community who "by magic charms cured disease in man and beast, bestowed luck, warded off dangers (real and imaginary), and secured various benefits to those who resorted to them."[424] The types of cures that these individuals practice fall into four categories: "*eolas* (knowledge) for the cure of diease; *oradh* (gilding) for securing gifts and graces; *sian* or *seun* for protection from danger; and *soisgeul* (gospel) for weak minds."[425]

II. 2. Religious authority: community elders or an ecclesiastical imposition?

Campbell elaborated on the *soisgeul,* explaining that it consists of a verse of Scripture, acquired from a priest, and sewn in the clothes to protect the wearer from weakness of mind.[426] These curers were members of the local community regarded as having special powers, but were they clergy or other people of authority? The answer seems to be sometimes. The Established Church and later the Free Church in the Highlands had, as I have previously illustrated, a complicated, ambiguous and often confrontational relationship with non-Christian or non-Presbyterian beliefs. Biblical and other Christian figures factored into many superstitions, and saint-worship – especially in relation to nature and geographical features – was commonplace. There are examples in all corners of the Highlands. An informant from Tiree spoke of a well associated with St. Peter, while another one from Glen Lyon explained that St. Eonan held a meeting at a stone in the glen and prayed that the plague be contained.[427] Place names throughout the Highlands and Islands were often linked with saints. For instance, Cas Lorg Pheallaidh in Perthshire is said to be associated with the footprint of St. Palladius, and places such as Kilbride, Kilmory, and Kilmichael, all in Argyll, commemorate saints.[428] In addition to the saints inhabiting lochs, mountains, and glens, they and other religious figures also appear in medicinal charms.[429] Folklorists found these types of cures and charms fascinating and their collections contain extensive catalogues of these. For instance, one in Campbell's collection from Islay and Tiree invoked the power of St. Colum Cille and Christ in curing wounded limbs, another invoked Mary in curing bruises, and Christ and St. Colum Cille are invoked yet again in

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[424] *Ibid*, 199.
[425] *Ibid*, 200.
[426] *Ibid*, 224.
[427] SSA SA1964.71.A9, SA1970.107.
[428] SSA, SA1964.72.A7
[429] I use the word "medicinal" loosely. Charms and rituals had a variety of purposes, from curing illnesses in people and animals, to preventing death in war or any kind of misfortune, and keeping the devil and other sorts of evil away.

one for rheumatism.[430]   Napier mentioned using the Scripture in the event of a cow casting her calf: "if the calf were to be buried at the byre door, and a short prayer or a verse of Scripture said over it, it would prevent the same misfortune from happening with the rest of the herd."[431]   Religious figures such as St. Fillan played a significant role in insanity cures as well, but this will be dealt with in more detail later.

Despite the religious symbolism infused into the very geography of the region, as well as into medicinal aspects of Highland life, the Church of Scotland made a concerted effort to suppress superstitious belief. Presbyterian Lowlanders visiting the Highlands found some of the indigenous beliefs quite shocking. Napier described one practice, intended to prevent distemper in cattle:

> During the continuance of the ceremony they appear melancholy and dejected, but when the fire, which they say is brought from heaven by an angel, blazes in the tow, they resume their wonted gaiety; and while one part of the company is employed feeding the flame, the others drive all the cattle in the neighbourhood over it. When this ceremony is ended, they consider the cure complete; after which they drink whiskey, and dance to the bagpipe or fiddle round the celestial fire till the last spark is extinguished.[432]

Appalled by this ceremony, he commented, "Here, within our own day, is evidently an act of fire-worship: a direct worship of Baal by a Christian community in the nineteenth century."   The Established Church shared his dim views of superstition. The New Statistical Accounts (these being written by local clergy) for the parish of Muthill in Perthshire described a chapel near Struthill which was supposed to be efficacious at curing insanity. The Presbytery for Auchterarder first demolished the "Popish chapel" nearby in 1650 "due to the superstitions practiced within it."[433]   This did not stop people, as in 1668 the Presbytery records recount a madwoman being bound to a stone near the well. The minister stated that the well was used until 1823 but concluded that "such delusions have happily passed away."[434]   Mitchell also found evidence of the seventeenth century church attempting to proscribe superstitious practices. The extracts from the Presbytery records that he quoted announced:

> The kirk officer is ordained to charge and rebuke parishioners for superstitious practices. People in Applecross, amongst other heathenous practices, were sacrificing bulls on the 25th of August, the day dedicated to St. Maelrubha, as well as engaging in rituals at other ruinous chapels.

[430] J.G. Campbell, 205-207.

[431] Napier, 114.

[432] *Ibid*, 114.

[433] There were not only tensions between the Established Church and "Celtic" Christianity, but also between the Established Church and Catholicism. Catholicsm, with its plethora of saints, was not as averse to the types of "saint" worship which happened across rural areas of Scotland, although it only had significant influence in Highland regions where the lairds themselves were Catholic, such as Knoydart and Barra.

[434] NSA, Account of 1834-35, vol.10, 314 : Muthill, County of Perth.

> Anyone found engaging in these rituals is to appear at several churches: Lochcarron, Applecross, Contane, Fotterie, Dingwall, in Gairloch and be censured by the Kirk Session and minister of the parish. If they are not remorseful they are to be excommunicated.[435]

Superstitious practices did not abate, suggesting that these old beliefs were more entrenched in the community than the authority of the Church of Scotland. Nor did they cease annoying clergy. Mitchell quoted Archbishop Whately as complaining:

> We have seen [these superstitions regarding Loch Maree] as it exists today – with its ceremonies of cruelty, barbarism, and ignorance; we have seen it differing little from its present form, a century ago; we have seen it in 1656 and 1678 associated with an abominable and heathenish sacrifice; we have connected it with the saintly founder of the monastery of Applecross; and we have adduced for some reasons for believing that its real paternity goes back to strictly pagan times.[436]

The Church of Scotland and the Applecross Presbytery were clearly ineffective at curbing superstition, for Pennant and Mitchell found evidence of lunatics being brought to Loch Maree during the eighteenth and nineteenth centuries. The New Statistical Accounts support the fact that "superstition" was alive and well in the nineteenth century and so was the opposition of the Church of Scotland. In Kilmorack, the Rev. Simon Fraser wrote, "The march of improvement has been very slow and the strongholds of superstition are not yet demolished,"[437] while Rev. Archibald Clerk from Duirinish complained, "the people are unacquainted with the letter and spirit of true religion, and there is much superstition, the sure concomitant of ignorance, among them."[438]

Earlier in his account, Clerk alluded to reasons behind why the Established Church struggled to enlarge its authority in the Highlands: "The service of the sanctuary conducted in English is to them an unknown tongue, from which they derive no benefit and consequently, do not wait."[439] From the beginnings of the Reformation in the sixteenth century, the Established Church had faced problems with exerting its influence in the Highlands, caused by the vast and wild geography of the place, where the average parish was four hundred square miles, and the fact that comparatively few

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[435] Mitchell, "On various superstitions," 257.
[436] *Ibid.* 264.
[437] NSA, Account of 1834-45 vol.14, 367 : Kilmorack, County of Inverness
[438] NSA, Account of 1834-45 vol.14, 348 : Duirinish, County of Inverness
[439] *Ibid.*

ministers spoke Gaelic.[440]   Matters were not helped by the SSPCK's policy of "wearing out" Gaelic and "learn the people the English tongue."[441]   This meant sending English-speaking ministers with bibles written in English to Highland parishes, but they had abandoned this impractically dogmatic approach by 1754 and sanctioned the printing of a Bible with both Gaelic and English text.   However, as Clerk's New Statistical Account bemoaned, there were not enough Gaelic-speaking ministers and most services were still conducted in English during the nineteenth century, therefore having little impact on Gaelic speakers.

The Established Church therefore had comparatively little authority, both in terms of moral authority and in terms of geographical influence; there remained huge spaces in the remote regions of the Highlands where there just were not any ministers. This left room for not only for the supernatural to continue as an important facet of people's relationship to their environment, but also for lay catechists to exert their influence during the religious revivals.   These lay preachers, "the Men," or *Na Daoine,* combined the roles of clergyman with that of the traditional seer and were instrumental in converting communities to evangelical Protestantism in the early-nineteenth century. Not only were most Gaelic speakers, but much of their influence stemmed from their ability to combine the evangelical message with a mysticism drawing on aspects of older Highland belief systems.   Many claimed to have the Second Sight, from which they derived their authority in the community, although since the Presbyterian Church was committed to the eradication of "superstitious" traditions and vestiges of pre-Christian belief, Second Sight occupied tenuous and contested ground.   Allan MacColl contends: "While not formally denying Reformed teaching on the ceasing of miracles and the apostolic gifts, the ability for foretell future events has been both shunned and applauded by the Highland Church."[442]   Second Sight was expounded by at least some Free Church clergy as, "a manifestation of God's thought."[443]   It is arguable that in the nineteenth century, the break between the evangelicalism in the Highlands and the older beliefs in the "supernatural" was not immediately absolute.   Indeed, Robb has found

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[440] The Catholics had an easier time, at least in the Western Isles from Islay to Skye, as they had Irish Gaelic speaking ministers who were both culturally and linguistically better connected to parishioners. For instance, there were on Barra only forty Protestants and more than one thousand Catholics; on South Uist only one hundred sixty Protestants and 1400 Catholics. In areas such as these, as well as Knoydart (where there are still statues of the Virgin Mary and a cross looking out over Loch Nevis) and parts of Lochaber, the Catholic influence was assisted by having a Catholic Laird in the form Clanranald. (Lynch, 366).

[441] Michael Lynch, *Scotland: A New History,* (London: Pimlico, 1991), 364.

[442] Allan MacColl, *Land, Faith, and the Crofting Community: Christianity and Social Criticism in the Highlands of Scotland, 1843-1894*, (Edinburgh: Edinburgh University Press, 2006), 71.

[443] Deborah Davis, "Context of ambivalence: folkloristic activities of nineteenth century Scottish Highland ministers," *Folklore,* 103: ii, (1994): 207-221, 216.

evidence of evangelical Highland ministers incorporating the Second Sight and other supernatural phenomona into their sermons:

> Evangelicalism had a prophetic subtext which further attracted the Highlander. John Porteous was one of many preachers who did not hestitate to incorporate elements of Highland folk beliefs into their Christianity: in one of his sermons he drew upon the popular superstition that a corpse could become animated by the Devil. A number of the Men and evangelical ministers believed themselves to have the second sight, though they referred to this prophetic gift as 'the Secret of the Lord'. John Kennedy of Killearnan, for instance, announced from the pulpit his vision that one of the parishioners had engaged in cattle trading on the Sabbath. The visionary quality of the more intense evangelicalism appealed to a people particularly sensitive to the supernatural.[444]

While there are no direct accounts in the nineteenth-century folkloric history of religious authority figures, evangelical or otherwise, curing madness, there are a few allusions to them curing other ailments in men and animals. For instance, MacLagan's collection holds the account of Rev. George Sutherland, of Torosay, Mull, whose family has been in possession of a relic known as the *Teine Eigein,* a stick which could raise the sacred fire and cure the plague in cattle. When such a plague occurred in 1809, due to a crofter making a kail yard in a fairy habitation, the leaders of the community met and employed the powers of the stick to end the plague.[445]

However, folklore collections and other accounts of folk treatments for madness contain substantial evidence that practitioners of folk remedies in Highland communities were not necessarily men and women imbued with any kind of religious authority, nor did they bear any relation to the medieval dynastic physicians. They were not clergy, nor members of the social classes like tacksmen who traditionally held authority in Gaelic society. Rather they were friends, family, and neighbours, and also individuals who had specific knowledge of charms and rituals or supernatural abilities. This suggests that folk knowledge of medicine was not enclosed amongst an epistemic or cultural elite; rather, it comprised part of the wider body of Gaelic oral tradition.

II.3. Care in the traditional community

Both David Hamilton and Helen Dingwall, in their histories of Scottish medicine, explain that self-help and seeking out "folk healers" were both common methods of treating illness in the Highlands, and the primary sources support their argument.[446] J.G. Campbell's "white witches" were likely to be lay members of the community, and rhymes and charms used to cure humans and animals were usually to

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[444] Robb, 33.
[445] R.C. MacLagan, "Sacred Fire," *Folklore,* 9:3 (1898): 280-281.
[446] Hamilton, 175. Dingwall, 99-100.

be "found in the possession of an old woman of the humblest class."[447]   This in itself complicated the nature of power in a "traditional" society where lower classes and women were usually amongst the least empowered. The collections of both Campbell and Carmichael impart examples of such old women curing a variety of ailments.   They were commonly possessed of the ability to cure the "evil eye," an explanation for mysterious sicknesses which could afflict people and animals. If someone had the "evil eye," they could kill a horse or cow just by looking at it, or bring illness and misfortune upon relatives and neighbours; wise women possessed knowledge that could ward it off.[448]

More saliently for our purposes, folklore collections contain examples of old women providing insanity cures. Mrs. Gilchrist, a MacLagan informant from Islay, told the collector the following:

> [She] knows of a man in her native parish in Lorne, who became insane, and his friends consulted an old woman in the place, who was believed to have a good deal of skill. She sent them for water which they were to bring from three streams, each forming a march between two farms. When the water was brought to her, she mixed it all together, dropped a shilling into the dish, and the sprinkled the water on the insane man, who after that recovered.[449]

Gilchrist's description, although brief, contains clues alluding to how this particular West Coast community dealt with its insane. The man's friends apparently took responsibility for him and knew to consult this old woman about his malady, as she was someone in the community regarded as having "a good deal of skill." Her apparent success at curing him was testament to her skill, as the informant credits her with the madman's recovery. She was probably someone in the social position of one of the wise women or white witches described by Campbell, whom people knew had supernatural healing abilities, and quietly went to in times of distress. Gilchrist made no allusion to any kind of payment, which, according to Hamilton's understanding of folk healers, would not have been expected anyway.[450]   Amongst the Travelling community on Skye, an old Traveller woman was known to have an epilepsy cure, and the mother of a girl "taking fits" went to her seeking a cure for her daughter.[451]

However, it was not only women who possessed specialised knowledge of folk cures. Another account in MacLagan comes from a Lewis informant who explained that his uncle knew how to cure epilepsy. He was evidently so efficacious that people

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[447] J.C. Campbell, 201.
[448] *Ibid*.
[449] MMS, 2673a.1
[450] Hamilton, 79.
[451] Neat, 163.

used to travel from the mainland for his cures,[452] and one informant adds that he:

> expressed a wish to get the secret of the art, but this uncle refused to communicate it to him for he said if he knew how to do it, he would find it a great burden to him. He told him that besides the knowledge he possessed there was some virtue in himself personally …[453]

This account suggests that some practitioners guarded their knowledge and authority. The informant's uncle claimed that the cure not only came from the ritual, but from powers or abilities inherent in the practitioner himself which could not be passed on. While he told his nephew that he was protecting him from the burden of this knowledge, he might well have been protecting his own special status on Lewis, as his abilities had gained him respect from the Lewis community. Interestingly the informant knew what his uncle practised anyway, but did not claim that he himself could treat epileptics, as his uncle flat-out refused to teach him. The informant (or translator) used language such as "art" to communicate the mysterious characteristics of the cure. Even though he had watched his uncle cure people, the acts and superstitions surrounding the practice seemed impenetrable, and could not be understood through observation alone. What is not impenetrable is how the uncle derived authority from the community's shared belief in his ability to cure epilepsy, authority that his nephew lacked even though he could describe the process. In this particular case, knowledge of the process was not enough – there was a self-referential dialogue between practitioner and his or her community and patients through which the practitioner's authority arose. Both the practitioner and their patients must believe that the former has authority.[454]

Mrs. Noble, a MacLagan informant from the Black Isle, offered another view of the way people sought out individuals with curative powers when faced with friends and relatives suffering from mental disorder. Noble told the collector, "There is no doubt old people had skill,"[455] a suggestion that this type of knowledge was now being lost, laden with the implication that the young lack such skills and, more importantly, the socially-derived authority to use them. The obvious cause, the charge that folklorists certainly would have levelled, is that the receding knowledge of folk cures

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[452] MMS, 4914a.4

[453] *Ibid*.

[454] Martin Kusch, *Psychological Knowledge: A Social History and Philosophy,* (London: Routledge, 1999). Kusch takes a well-reasoned position that authority is a social institution and he calls it "self-referential," a term used by him and other theorists of the sociology of scientific knowledge to mean that something is what we say it is because we say it is. The classic example is money. How do we know a certain type of round metal disc is money? Because society collectively says so. On the nature of self-referential authority, Kusch writes, "If persons A, B, and C believe that C is the authority in their group, then C's authority is constituted by the mutual belief of A, B, and C. If they all change their minds, then C's authority evaporates into thin air. C's authority is nothing but this mutual belief in C's authority…. The mutual belief of A, B, and C that C has authority is what makes this very same belief true." (236).

[455] MMS, 8353a.2

and folk cures was caused by modernity, swiftly and incisively sweeping through the Highlands. But read with the account above, these two texts gingerly suggest reluctance on the part of elders during the latter half of the nineteenth-century to pass on this knowledge to the next generation. For Travellers, however, the oral tradition remained a salient aspect of cultural identification. Williamson observed that his mother "had cures. Handed down from my granny they were."[456] He then described cures for various maladies he himself had witnessed or experienced as a child in the 1930s and 1940s.

For "settled" Highlanders – less so Travellers, who, in spite and indeed because of isolation and hardship, maintained cohesion in their oral traditions until at least the mid-twentieth-century – the epistemic community was being scattered by forces such as emigration and depopulation. Even if folk cures were being transmitted through oral traditions, those traditions were being scattered to England, the Lowlands, North America, and Australia. In any event, the "lad" at the focus of Noble's description was one of the many Highland immigrants to Glasgow. While there, he suffered epileptic fits and his aunt "was very anxious about getting a cure for him, and she travelled everywhere she could think of, and asked advice from every person she heard of as having skill, and at last she got him cured with what is called the *mole cure*." [457] Noble's testimony sketched epistemic networks in Highland communities: information about who could cure what travelling through towns and villages, spreading to neighbouring parishes. These folk healers had reputations that someone who needed one could conceivably "hear of," as people heard of the aforementioned epilepsy curer on Lewis or the Traveller woman on Skye, and even journeyed from the mainland to consult them. The aunt's travels from one healer to another trying cures for her nephew also implies that healers practised different sorts of cures and, if one failed, a patient could try another one.

If there were more evidence in the texts of this type of attitude amongst both practitioners and non-practitioners, it would suggest that the Gaels might have had a rigid construction of "medical" expertise and also of who had the social authority to practice it, as was the case during the Middle Ages when families such as the Beatons served their clan chiefs. The oral history four hundred years later, however, tends to show an epistemic authority of traditional medicine that is ephemeral, lingering ambiguously between people who claimed expertise in certain types of cures and general lay knowledge accessible to anyone and sometimes quite widely known. Foley

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[456] Neat, 166.
[457] MMS, 88353a.2

suggests that cultural meanings of similarly curative landscapes (in Ireland) are "sustained at both local and national levels through a tradition of *dinnseanchas*, or place stories, often passed down from generation to generation, as a reminder of why narrative and reputation remain central to the therapeutic landscape."[458] It did not and could not have the stability and durability of written, taught, and examined modern, scientific "medical" knowledge. Its sociology and geography were profoundly different.

It is apparent from the texts that people did not always seek out wise women or other people with specialised skills, but frequently practised the cures themselves and were cognisant of geographical sites associated with specific treatments. An interview conducted with Allan Walker from Killin by Anne Ross, a folklore collector from the School of Scottish Studies in the mid-1960s, illustrates the manner in which such knowledge filtered through the community in the following exchange:

> AR: Now did you ever hear anything of St. Fillan's Well in Strathfillan? Was it talked about?
> AW: Oh, yes, it was talked about. Yes.
> AR: What did you hear about it?
> AW: It was used mainly for the cure of insanity. People were taken and immersed in the waters of this pool. It was supposed to cure insanity. But apart from that I haven't heard anything much about it.
> AR: Now you didn't hear any details about what actually went on? How they..
> AW: Oh, I think it was rather a rough and ready thing. But I have no doubt there would be a religious ceremony of some kind.
> AR: Yes. Do you feel it was associated really with the church or do you think it was a pagan ...?
> AW: Well, I think it was the church ... and old pagan customs. The church did in those days.[459]

Walker indicates that he had no direct experience of St. Fillan's Well, but he knew about its reputation for curing lunatics. It was probably the best-known location in the Highlands associated with insanity, as it appears more frequently in the textual record than anything else. It is discussed by Thomas Pennant, Arthur Mitchell, J.G. Campbell, T.M. McDowall, Rev. Forbes, the New Statistical Accounts, James MacKinlay, Robert MacLagan, and the School of Scottish Studies. However, although it "was talked about" and well known, Walker hesitates at revealing more than a cursory awareness of it to Ross. During his interview wherein he discussed the significance of a variety of geographical features around the Southern and Central Highlands, he was animated and talkative but withdrew and became evasive when Ross pressed him about St. Fillan's Well. It was talked about but not, preferably, to outsiders. This might have reflected a reserve on the part of Highlanders about discussing insanity, or simply suspicion of outsiders who might denounce their beliefs and practices.

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[458] Foley, 21.
[459] SSA. SA 1964-28-SideA5.

As I have shown, people with insane relatives turned to people with specialist knowledge of charms and rituals to cure the disease, but the texts also indicate that they were just as likely, maybe even more so, to deal with it themselves. We frequently read accounts of family, friends, and acquaintances dabbling in curative practices. If places like St. Fillan's Well were talked about and had become established in the general folk knowledge schema of the Highlands, people were likely to go there, which increased its notoriety, hence a self-referential cycle. An Englishman travelling from Tyndrum to Strathfillan, for example, encountered "crowds of the neighbouring peasantry" on their way to the sacred well.[460] Similarly, Forbes wrote that he crossed paths with "five or six people coming from the pool, including a girl who was completely out of her mind." They had evidently come from thirty miles away.[461] Thomas Pennant also wrote of the significance of the lunatic's friends, stating "The unhappy lunatics are brought here by their friends.[462]

Fig. 3.3. Location of Eilean Maree, marked by red arrow.
(Source: streetmap.co.uk)
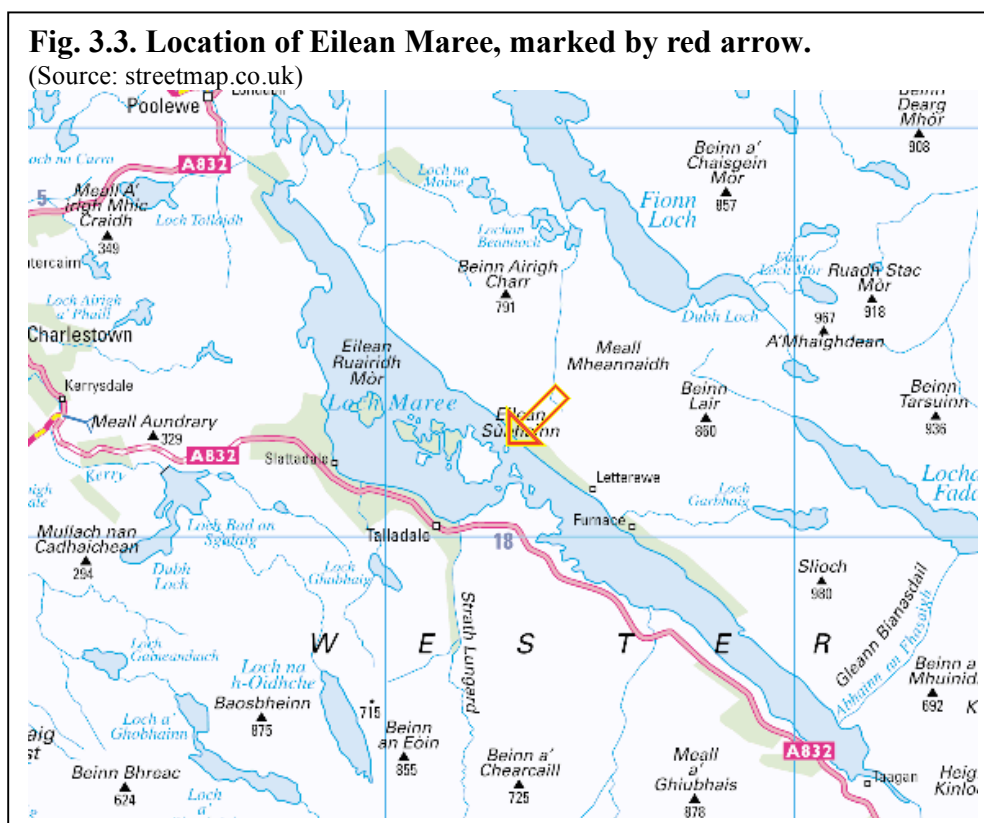
Self-help was not limited to the widely known St. Fillan's Well, either; rather, we find these occurrences spread throughout the Highlands. On Eilean Maree, an island in the middle of Loch Maree in the Northwest Highlands (Fig. 3.3), James MacKinlay found a case of the lunatic's friends throwing him out of a boat in the loch and dragging him along behind it.[463] Mr. Bain from Gairloch, an informant for the MacLagan study, described similar proceedings in the same location:

[460] Mary Beth, "Deanamh a' leighis: making the cure," Gaelic traditional medicine," *West Highland Free Press,* 917 24.11 (1989).
[461] A.P. Forbes, 265.
[462] Pennant, 389.
[463] MacKinlay, 115.

As they were making their way up the loch, the insane person being seated in the stern of the boat, it occurred to some of them to try what effect a ducking in the loch might have on him. Following up the thought, they suddenly caught the fellow's feet, and in a moment hurled him backwards, heels over head in the water, and then pulled him on board again, and he sat down in the boat, as sane and sound as any of them. Upon seeing the change, they could see no need for going further, and accordingly returned home quite satisfied that they had succeeded so well.[464]

One of the people in the boat with the insane person was Mr. Bain's grandfather. His account implied that his grandfather and the others knew of the effects of the loch and were essentially making it up as they went along, and there is no sense in this description that anyone in the boat possessed particular expertise in curing insanity. MacKinlay, in his own description of Loch Maree, explained that it was the duty of the lunatic's friends to throw him out of the boat when they rowed around the island.[465] The propitious nature of Loch Maree in curing insanity was well known in the Northwest Highlands. Four MacLagan informants describe it, and it also appears in the New Statistical Accounts, Mitchell, and Pennant. One of the MacLagan informants mentioned that "people came long distances to bathe in [Loch Maree]."[466] Such practices conducted by laypeople were not limited to the Gaelic-speaking areas of Scotland, for MacKinlay described a man in Orkney who dragged his insane wife behind a boat near Stromness.[467]

Medical practice was something over which some people could potentially have some community-derived authority. The dissolution of the clans at the end of the eighteenth century and the consequent abolishment of the hereditary clan physicians suggests an increase of "do-it-yourself" healing over the course of several generations, as the earlier type of expertise, with its traditions contained in medieval Latin and Gaelic texts that the average crofter or labourer could not read anyway, retreated from Highland medical practice.[468] It then appears that "do-it-yourself" practices co-existed with those of folk healers, with people likely to use both, depending on their geographical location and their specific problem. No social conventions prevented people from attempting to cure friends and family, and given the frequency with which it happened in the insanity cures descriptions, it was probably a standard practice.

[464] MMS, 8491a.1.
[465] MacKinlay, 117.
[466] MMS,, 5008b.1.
[467] MacKinlay, 118.
[468] Dingwall, 100. Dingwall suggests that for a time, folk healers and dynastic physicians probably co-existed.

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III. Geography and treatment: curative space, place, and boundaries of knowledge

Predominantly in folk remedies, medical practices are local epistemologies, known best by people who lived within rather limited geographical boundaries. Even if cures did not directly make use of the topographical features or objects associated with a particular location, we still see an epistemology very much defined by its geographical boundaries. Cures were associated with particular localities, even the ones which do not specify a loch, spring, or other obvious landscape feature. While religion and belief in the relationship between saints and geography played a significant role in insanity cures, the texts suggest that Highlanders were open to trying almost any method to cure insanity and epilepsy; if something allegedly worked, then word travelled around the community about the efficacy of that method. Epilepsy and insanity cures clearly had geographically demarcated variants – for example, one from Mull which suggested that the patient eats porridge from the skull of his or her grandfather, and another from Caithness which also entailed drinking water from the skull of a suicide.[469] A MacLagan informant described an epileptic from Foss named Alasdair whose mother attempted to cure him by fasting from Saturdays to Mondays. Then while Alasdair was thatching a roof, he fell off and another man caught him; thereafter he was free from fits. The informant explained that "It was a Highland belief, that catching a man so, was efficacious in such cases."[470] A cure specifically associated with Skye involved lying the patient on a blacksmith's anvil while the blacksmith swung his hammer inches away from the patient's face, while another cure, predominately associated with Eigg, required someone to take the patient behind him on a grey horse and "gallop at the horse's utmost speed three times around a boundary mark (*comharra criche)* and then to an immovable stone. On making the madman speak to the stone, the cure was complete."[471]

That said, knowledge of these types of cures occasionally extended beyond their immediate locales – for instance, one of the MacLagan informants who described the Loch Maree cure was from Islay, which is about two hundred and thirty miles away, and, as stated above, another informant recounted that people used to travel at least thirty miles to reach St. Fillan's Well. After all, people did travel – drovers, Travellers, and merchants went up and down the country while other labourers

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[469] MMS, 7610a.1, Mitchell, 273.
[470] MMS, 1633b.4.
[471] J.G. Campbell, 226, 462.

commonly migrated for work, so in this fashion information could readily spread from one parish and county to the neighbouring ones. However, most of the accounts of cures at St. Fillan's Well came from people who lived in and around Tyndrum, Killin, and Strathfillan, and most accounts of cures at Loch Maree came unsurprisingly from natives of Gairloch, Kinlochewe, and Applecross. It is also worth acknowledging that

Fig. 3.4. Location of Tyndrum and St. Fillan's Well and Priory
(Source: Ordinance Survey Maps)

not all locations are equally accessible. St. Fillan's Well's notoriety may have been due in part to the fact that then, as now, it is located at a on a main route through the Highlands, the A82, which is the most direct connection between Glasgow and the West Highlands (Fig 3.4). Loch Maree, on the other hand, although renowned,

probably hosted fewer pilgrims due to its remoteness.

Loch Maree and St. Fillan's Well were not the only cures to use geographical referents. For instance, an informant from Dornoch described a "little loch" on the road between Tongue and Altnaharra, "in which he was told by people belonging to that district that insane folk used to be bathed with the view of having them cured."[472] He added that, "belief in the efficacy of the treatment was pretty common and strong in all that country round about."[473] Another small loch of some significance to locals for insanity cures was Loch-na-naire, in the parish of Farr, where the patient,

> having been tied hand and foot, was left there all that night, and all next day till sunset. Then, just when the sun was setting, he, or she was thrown over in to the loch, and well plunged under the water, after which he was taken home, supposed to have been cured. It is said that this loch long retained its celebrity in this connection, and was often put to the test in the way described by natives of the northern counties.[474]

The Lorne folk healer who knew how to cure insanity had to use water from three specific streams in the area.[475] There was also a temple on Lewis, the *Teampeall Eoropie,* which people on Lewis associated with curing madness. Like Loch Maree and

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[472] MMS, 8789a.2
[473] *Ibid.*
[474] MMS, 9194a.3.
[475] MMS, 2673a.1.

Strathfillan, the temple had a Holy Well and it was believed that if the patient drank from the well, and then walked around the temple seven times, he would be cured.[476] Mitchell described insanity cures taking place in this same location, calling it *Teampall-mor* and asserting that it was associated with St. Malonah. Lunatics were evidently brought here from all over the Northwest Highlands, although Mitchell admitted that this one was not as famous or frequently used as St. Fillan's Well.[477]

Others frequently made use of plants and other things specific to the area.   The parish of Craignish in Argyll had a tablet of ivory called Barbeck's bone which was esteemed as an insanity cure, so esteemed, in fact, that when someone borrowed it, they had to make a deposit of £100.[478] The Lewis man whose uncle had the special cure for epilepsy described his uncle using a type of lichen which grows in the Outer Isles, called in Gaelic *spian*. An informant from Applecross related an epilepsy cure which required the patient to drink out of the skull of someone who had committed suicide. There was evidently such a skull in Torridon, said to be from someone who had thrown herself into the Balgie River.[479]   The informant reported that people travelled from all over the parish and even from the neighbouring parishes in order to use the skull.

The close relationship between the insanity cures and topography is a segment of the greater body of Highland medicine.   Rituals and religious belief adhered to the landscape itself, from which healing possibilities emerged.   While the springs, lochs, and wells discussed above were ones connected to madness, there were similar lochs, springs, stones and other features all over Scotland with which people treated a range of ailments.   MacKinlay documented numerous sixteenth and seventeenth century wells and lochs believed to have curative and restorative powers. He described a series of Lowland wells, lochs, and springs, including ones at Ayr and Prestwick, Cannonbie parish, Dumfriesshire; Carnwath, Lanarkshire; Ballater, Aberdeenshire; and Liberton, near Edinburgh.   There were plenty in the Highlands as well – ones he discussed, but I have not described in any detail as they do not seem to be primarily used to treat madness – including Halkirk in Caithness, Spital-sheles near Dundonald, and a spring near Cromarty.[480] By the nineteenth century, however, the Lowland wells, lochs, and springs had seemingly lost much of their magical significance. Even in the rural areas of Dumfries and Galloway, parts of which are somewhat remote even to this day, there is little evidence of the frequent employment of folk cures as late as the mid-nineteenth

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[476] MMS, 5156a.2.
[477] Mitchell, "On various superstitions," 268.
[478] *Ibid*, 281.
[479] MMS, 6444a.1.
[480] MacKinlay, 117.

century.[481]   The lochs and springs retained only vestiges of their previous importance: MacKinlay commented, "Many still go to Moffat, Bridge-of-Allan, and Strathpeffer to drink the waters, but probably, none of those health-seekers now rely on magic for a cure."[482]   While Lowland medicine arguably became dissociated from landscape and reconstituted around inner processes of the body, the older practices remained a feature of the Highlands, where physicians versed in modern, scientific procedures were few and far between, cost money that people did not necessarily have, and amongst some communities such as the Travellers, were even distrusted.[483]

IV. Exploring the rituals and how they changed or varied over time and by geographical location.

IV.1. The lives of the saints and the significance of their wells and chapels

Now that I have introduced the close relationship between topographical features, saints and their healing powers, and the local knowledge thereof, I examine in more detail the procedures or treatments people underwent on visitations to these sites. While we cannot ascertain the frequency with which various types of cures were employed, the sources describing them suggest that the predominant types of insanity treatments utilised the geographical features described above: lochs, springs, and wells. Holy wells in general, in both Scotland and Ireland, have often been quite generally associated with healing.[484]   Carmichael observed that:

> Healing and holy wells are very numerous in the Highlands, as elsewhere in Britain, scarcely a district being without one or more. Much interesting lore is connected with these wells, and with their curative powers and the rites observed at them. [485]

Many healing wells and lochs were supposedly consecrated by a saint, whose propitious nature was then appealed to via the rituals and whose power could heal illness and ailments, what Foley calls "a series of embodied practices."[486]   In Ireland, these places

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[481] Dumfries and Galloway had been an area with Gaelic, but by the eighteenth century, English and Scots were the dominant languages. Its proximity to the Central Belt also meant that in spite of its rural characteristics and hilly, boggy landscape, people there had access to psychiatric knowledge. The Crichton-Royal Asylum in Dumfries was built in 1839, twenty-five years before any provisions for asylums were made in the Highlands. Admissions documents from Gartnavel also suggest that Gartnavel was receiving more Dumfries and Galloway patients than Highland patients.
[482] MacKinlay, 118.
[483] Neat, 162.
[484] Diarmuid O Giollain, "Revisiting the holy well," *Eire-Ireland,* 40:1&2, (2005): 11-41, 17.
[485] Carmichael, 286.
[486] Foley, 20.

grew exceedingly popular on the patron day for whatever saint was associated with the well – for instance, on September 9, 1916, three or four thousand pilgrims were counted in Clonmacnoise.[487] Frequently these locations represented the schism between the old religion and the new, since the reconstitution of religious power as clergy from the Reformation onwards tried, as we have already seen, to discourage worship at old holy sites and to establish the seat of power and religion in their chapels, divorced both from the existing religion and its naturalistic foundations. Lawrence Taylor, writing about Ireland, comments:

> The church was beginning to build chapels in this period and to increase its staff of clerics, subjecting the local populace to more direct social control, and defining local religious geography—and with it, to some extent, social geography—in the process. The new Catholic chapels, built in the new villages like Carrick, were to be the central places, and the parish around it the clearly bounded social world.[488]

Foley also touches upon the tensions between the state and the users of holy wells, observing:

> While often seen as sites of superstition and of necessary surveillance by the colonial authorities in Ireland, in part due to their public assembly functions, they were, as sites of spiritual/physical healing, functional parts of the health care systems of their time. [489]

The Presbyterian Church in Scotland, through proscriptive discouragement of superstitious practices at wells and other quite direct means of social control, attempted to construct boundaries of the social and religious world around the town and the chapel.   The difficulties of redefining social and religious geographies are apparent, as people kept making pilgrimages anyway: the minister for the parish of Muthill complained in 1834, "The Popish chapel standing near the well was ordered by the Presbytery of Auchterarder to be demolished in 1650 due to the superstitions practiced within it. This did not do away with the celebrity of the well (or did not lessen the avarice of those who kept it)."[490] Many of these wells and lochs, including St. Fillan's Well and Eilean Maree, were clearly traditional sites of worship which may have predated Christianity and were at the very least important to sixth and seventh century Celtic Christianity, as evident from the ancient chapel ruins existing on the sites.[491]

In any case it is not random chance that St. Fillan and St. Maelrubha (the latter

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[487] O Giollain, 20.

[488] Lawrence Taylor, *Occasions of Faith: An Anthropology of Irish Catholics,* (Philadelphia, PA: University of Pennsylvania Press, 1995), 58.

[489] Foley, 21.

[490] NSA, Account of 1834-35, vol. 10, 314

[491] J.G. Campbell, 226-227.

associated with Loch Maree and the chapel ruins on Eilean Maree), are strongly linked to the cures of insanity. MacKinlay wrote of the former's significance to the practices taking place at the well: "To correctly estimate the reverence paid to this sacred pool, we must glance at the influence, exerted by Fillan on the district during his life-time, and afterwards by means, of his relics."[492] The relic at St. Fillan's Well was a bell (Fig 3.5), which was placed on the patient's head. Antiquarians such as Forbes and MacKinlay believed the magical powers invested in the well and its bell arose from St. Fillan's acts and significance as a Celtic saint. Ethnologists they were not, as such a thing did not exist in the nineteenth century, but they explicated a context for the

Fig 3.5. St. Fillan's Bell and Crozier.
(Source: National Museum of Scotland)

miracle cures from the life of the saint even while they did not examine the culture of the nineteenth century Highlanders who venerated him. Forbes explained that St. Fillan was made a saint by Robert the Bruce and "consecrated the pool at Strathfillan, embuing it with the power to cure disease, especially madness."[493]

Irish and Scottish hagiological writers, nonetheless, documented nineteen saints of this name, but Forbes argued that "our" St. Fillan was "Faolan the Stammerer, of Rath-Erran in Alba, and Cill-Fhaelan in Laoighis in Leinster, of the race of Aenghus son of Nadfraech (Martyrology of Donegal)."[494] He was educated by St. Munna and St. Ibar in the eighth century, whose name is preserved in Kilmun in Argyll. Forbes continued:

> The chief scene of St. Fillan's labours was parish of Killin ... There is river and strath named after him and a church dedicated to him … The proximity of Strathearn to Killin suggests Faelan the Stammerer and St. Fillan are same person. Born with a stone in his mouth, which caused his father to throw him in pool of water where he was guarded by angels till St. Ibar brought him out and baptised him … There is a village of St. Fillan in Comrie and Killallan in Renfrewshire.[495]

There is evidence that St. Fillan travelled to the Northwest Highlands. He possibly fled from Ireland to Lochalsh (later Ross-shire after Earl of Ross), and built churches in honour of his uncle – Kilkoan, Killellan, and the churches of Congan and Fillan. [496] MacKinlay believed that Fillan founded his church in Glen Dochart after his stay in

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[492] MacKinlay, 119.
[493] A.P. Forbes, 265.
[494] *Ibid*. 268.
[495] *Ibid*. 269.
[496] *Ibid*.

Lochalsh. While there, he "instructed the people in agriculture, and built mills for grinding corn."[497]   Like most significant Christian saints, he wrought miracles both during his life and after he died. His most highly esteemed miracle was the role he – or rather his relic – played in Robert the Bruce's victory at Bannockburn,[498] and in gratitude Bruce founded St. Fillan's Priory at Strathfillan.[499]

The powers associated with Eilean Maree derived from St. Maelrubha, who founded a monastery in Applecross in 673 and was a prolific saint in the West Highlands. He most likely sailed from Ireland with a band of monks, one of the Irish Christian missionaries along with St. Columba who travelled to Scotland and Britain spreading the word of Christianity. Maelrubha kept busy, founding churches all along the west coast, from Oban to Skye

Fig 3.6. Gravesite and druidic circle on Eilean Maree.
(Source: Photo by Alastair Cunningham)

and Lochbroom. According to Mitchell, Maelrubha died in 722 and became the patron saint of Applecross.[500]   William Reeves, in a paper for the Antiquaries Society, suggested that Maelrubha was possibly martyred, murdered by marauding Danes or

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[497] MacKinlay, 121.
[498] A.P. Forbes. 270. Forbes described these events in what he calls "Bellenden's racy Scots," but he assured the reader that he could have done so in Boece's Latin:

All the nicht afore the batall, K. Robert was right wery, having great
solicitude for the weill of his army, and micht tak na rest, but rolland
al jeopardeis and chance of fortoun in his mind ; and sometimes he went
to his devut contemplayon, making his orison to God and Saint Phil-
lane, qhuais arm, as he believit, set in silver, was closit in ane cais
within his palyeon; trusting the better fortune to follow bi the gamin.
mene time, the cais clakkit to suddenly, but ony motion or
werk of mortal creaturis. The preist astonist bi this wonder went to the
altar quhere the cais lay; and when he found the arme in the cais, he cryit,
Here is ane great mirakle; and incontinent he confessit, how he brought
the tume cais in the feild dredoned that the rellik sold be tint in the
field, quhere sae greit jeopardeis apperit.. The king rejosing in this mira-
kell, past the remanent nicht in his praj'aris with gud esperance of vic-
tory."— *Bellenden's Boece,* vol. ii. p. 391. Ed. 1821.

[499] MacKinlay, 122.
[500] Mitchell, "On various superstitions," 253.

Norwegians, or at least a similar misfortune happened to another saint and the oral tradition grafted it onto St. Maelrubha, as the first known Viking raids happened about seventy years after his death. [501] The saint was believed to have had his permanent residence on Eilean Maree (Fig 3.6) and to have consecrated the well for the use of the insane.[502]

IV.3. Insanity Treatments at the consecrated wells

Mitchell and others have asserted that when Christianity made inroads into Scotland, Christian saints assumed the places of pagan deities in religious practices and ancient rituals were thus maintained in one form or another.[503] O Giollain surmised, "The patronage of the saint was assured by submission to the rituals of the pattern ..."[504] Offerings of items, ranging from coins to pebbles, were left to the saint, as was commonplace in saint worship elsewhere in medieval Europe.

Other practices such as walking around in the direction of the sun were also intended to appease the saint, and Pennant has suggested that the rituals were throwbacks to their pagan origins.[505]   Foley has revealed similar rituals at Irish holy wells and surmised that leaving the rag or coin was "a symbolic explulsion of embodied illness" and that with all these practices, "meanings encoded … emerge from an intimate interaction involving ingestion and expulsion, contact and immersion."[506] Just throwing someone in the water was usually not sufficient, although as we have already seen, there was at least one case where the mad person's friends did just that and the shock value alone seemed to work: so while the rituals provided guidance, not everyone assiduously followed them. The sources on insanity cures also show discrepancies in the rituals themselves, although ones connected to various locations certainly bear

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[501] William Reeves, "St. Maelrubha: his history and churches," *Proceedings of the Society of Antiquaries of Scotland,* vol. 3 (1859): 253-296, 269.

[502] *Ibid*. 288. There is another story, however, through which it is thought Eilean Maree acquired its propitious nature in curing madness. The King of Norway fell in love with the King of Ireland's daughter on a raid in Argyll. She left him to tend her sick father on Eilean Maree and said that when all was well, she would raise a white flag as a sign that it was safe for the King of Norway to visit her. She would raise a black flag if it was not. A black flag was raised and the King of Norway thought she did not love him and killed himself. But it was not the daughter who raised the flag; rather another jealous suitor. One variation of the story, told to Mitchell, then narrates that the daughter then committed suicide. Another variation from the School of Scottish Studies archives says the jealous suitor killed the daughter, then himself. The King of Norway and the King of Ireland's daughter are both buried on Eilean Maree where they allegedly died. (Mitchell, "On various superstitions," 253; School of Scottish Studies, SA 1955.255.A3).

[503] Mitchell, "On various superstitions," 272.

[504] O'Giollain, 26.

[505] Pennant, 389.

[506] Foley, 26.

enough resemblances to one another that we can ascertain the general gist of what was done in spite of practical variations.

In spite of the distinct *lack* of historicity acknowledged by folklore collecting practices, these rituals may have changed over time. Many Victorian collectors arguably believed that timelessness was an element of the folk traditions but modern scholars have adopted a more nuanced viewpoint.[507] David Henige offers a more socially constructed view of the way in which oral traditions are transmitted:

> In sum, the process by which eyewitness testimony becomes multigenerational oral tradition and then the stuff of scholarly attention is inherently, incessantly, and intensely dynamic—the unpredictable interplay of good memories and bad memories, of external interventions, of repeated Realpolitik, of failed opportunities to pass along information, of many other contingencies. Such changes probably co-exist with that which they replace for a while, after which they become the new original testimony until in turn challenged by the next wave of change.[508]

The sort of known contingencies for transmission of oral tradition in the nineteenth century Highlands include increasing evangelicalism, emigration, and clearance, although we can only speculate about the effect that they may have had. In any event, the heart of Henige's argument is that oral traditions adapt to and change in response to historical circumstances and the fact that they are quintessentially human constructions. Foley, referring to changing practices at Irish healing wells, writes:

> These enactments are tempered/shaped by social/cultural constructs, which in turn adds new enactments, both healthy and unhealthy. While the broad forms of the rituals still carried out at wells still retain a healing meaning, subtle changes over time also mirror cultural shifts in how health itself is understood and performed.[509]

At the Scottish wells, the "broad forms of the rituals" remain similar to one another, but as the following accounts illustrate, the embodied practices vary from narrative to narrative, reflecting both the dynamic nature of the oral tradition, as well as decreasing significance of social constructs like explicit belief in the power of the saints themselves. One of the earliest English-language accounts of St. Fillan's came from Pennant in 1772, explaining that the friends of a lunatic took him to the pool and performed a ceremony wherein they went thrice round a cairn and then placed rags or some other offering on top of it. Then the patient was submerged in the pool three times and finally left bound all night in the chapel with St. Fillan's Bell on his head.

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[507] David Williams Cohen, "The undefining of oral tradition," *Ethnohistory,* 36:1 (Winter 1989): 9-18.
[508] David Henige, "Impossible to disprove yet impossible to believe: the unforgiving epistemology of deep-time oral tradition," *History in Africa,* 36, (2009): 127-234, 140.
[509] Foley, 34.

Pennant's sources told him that they knew of the cure's efficacy.[510]   The treatment next appeared in the New Statistical Accounts of 1845:

> At Str`thfillan there is a deep pool called the Holy Pool, where, in olden times, they were wont to dip insane people. The ceremony was performed after sunset on the first day of the quarter, O. S., and before sunrise next morning. The dipped persons were instructed to take three stones from the bottom of the pool, and walking three times round each of three cairns on the bank, throw a stone into each. They were next conveyed to the ruins of St Fillan's chapel, and, in a corner called St Fillan's bed, they were laid on their back, and left tied all night. If next morning they were found loose, the cure was deemed perfect, and thanks returned to the saint. The pool is still visited, not by parishioners, for they have no faith in its virtue, but by people from other and distant localities. We have not heard of any being cured; but the prospect of the ceremony, especially in a cold winter evening, might be a good test for persons pretending insanity.[511]

Rev. Alexander Stewart, the minister for the parish of Killin, expressed the distaste for the superstitious practices characteristic of Established Church ministers, assuring readers that he had never heard of this cure actually working for anybody, but in any event his exposition diverged slightly from Pennant's.   They agreed that the patients left an offering on the cairns, but Pennant indicated that the offering was something the patient (or their friends) brought to the well, whereas Stewart heard that the patient collected stones from in the pool and placed them on the cairns. In spite of Stewart's assertion that his parishioners did not visit the well, folklorists in the latter half of the nineteenth century documented use of the well, at least until a farmer threw his mad bull into the water, which caused the pool to lose its "miraculous virtue."[512]   J.G. Campbell provided an account of it in his collection. One informant to whom he spoke "used to assist at ceremonies and remembered as many as twelve madmen tied there at a time."[513]   Like Stewart, he described patients leaving stones on the cairns, ones that they would have picked up from the bottom of the pool when they were thrown into it. He offered a more vivid description of patients being tied up in the chapel ruins:

> The madman was then taken to chapel, placed on his back on the ground, stretched between two sticks, and laced round with ropes in a very simple manner. If he extricated himself before morning good hopes were entertained as to his recovery. The ropes were arranged so he could do so easily – just had to push them off his feet. If he was outrageous he was hopelessly entangled.[514]

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[510] Pennant, 389. The practices of going around a rock or a cairn a significant number of times and leaving some kind of offering at the well appear at other wells in Scotland, as well as Ireland. For instance, O Giollain, describing one in Dunquin, Co. Kerry, writes "Nine circuits are then made of an outcrop of rock called Cil Ghobnait, on which the cross stands." (18). Carmichael, describing a well called Tobar Cro Naomh on South Uist, explains that, "All who drank from its refreshing waters placed votive offering in the cairn beside the well." (351).

[511] NSA, vol.10 1088 : Killin, County of Perth.

[512] MacKinlay, 126. J.G. Campbell, 227.

[513] J.G. Campbell, 227.

[514] *Ibid.*

Campbell's informant specified a connection between one's "reason" and one's ability or lack thereof to free themselves from loosely tied ropes – a sort of test of sanity, an indication of how madness itself was identified. This theme was espoused even more clearly by Highlanders in the MacLagan study, who describe practices diverging noticeably from those in Pennant, Campbell, and the New Statistical Accounts.

MacLagan's accounts of St. Fillan's Well stripped it of its overt religious significance, although they continued infusing it with supernaturality.   D. Gilchrist from Islay related a version of the treatment, in which the basic pattern was followed, but the procedures were more straightforward:

> Insane people used to be thrown into this pool, tied hand and foot, and if they succeeded in picking up a pebble from the bottom, they were supposed to be cured and the pebble was left on a heap of its kind beside the pool, as token of the cure. If they did not succeed they were left all night tied as they were, lying on a flat stone in the church. Should they be found free from their bonds in the morning, they were said to have been cured but if still bound, they were deemed incurable.[515]

This appears to be a simplification of the ritual of being thrown in the water three times, walking around the cairns three times, and leaving pebbles or other offerings on the cairns. Here the patients were just tossed into the water and left the pebble in a pile beside the pool. In spite of following the basic outline of the patterns reported in the earlier accounts, the focus of Gilchrist's variation appears significantly different. While the other versions explicitly invoked the intervention of the saint through embodied rituals, this one predominantly reflected on whether or not an individual mad person could be cured.   Its attributions of "madness" suggested a belief that a "sane" person was rational enough to free themselves from ropes, even while under water, while an "insane" person was not.

To complicate matters further, Gilchrist described a pond between Dalmally and Tyndrum in which insane people were submerged and supposedly brought out "sane and in [their] right mind." It was this pool, he claimed, that lost its efficacy due to the inconsiderate farmer's attempt to cure his mad bull.[516]   However, no other texts allude to the Dalmally-Tyndrum pond, which would be approximately seven or eight miles from the St. Fillan's Well site.   This discrepancy illuminates the ephemeral characteristics of an oral tradition, where information and "facts" transform over time. Lowland and English writers have constructed the illusion that the rituals surrounding the pool (and other folkloric practices) were a set of precise, repetitive actions, as

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[515] MMS, 2717a.1.
[516] *Ibid.*

indeed *should* be the case at a religious rite. Pennant and Stewart, in effect, cemented a tradition that in actual practice was quite fluid, while descriptions from Campbell and many of MacLagan's other informants expanded the concept of fluidity in the tradition. Like Gilchrist, these Gaelic-speaking individuals were unlikely to read English and therefore only had their oral traditions upon which to draw, rather than the English writings. Mrs. Paterson of Tyndrum revealed two variations of which she had heard, the first diverging radically from previous accounts and the second following the basic contours of the procedures outlined above, but, like Gilchrist's description, more simplistically:

> One is that when a subject was brought to the pool for treatment, he was bound, and thrown into the pool where he was left to sink or swim. If he came to the surface, and succeeded to free himself of his bonds, he was supposed to have been cured there and then, and was allowed to go at large as a sane person; but if he failed to free himself, he was considered worthy of death and left to his fate. The other version, which seems to find more favour is, the subject was merely dipped into the pool, after which he was taken down to Saint Fillan's Church, the ruins of which are still standing at the farm of Kirkston, which is about a mile east from the pool. Here he was tied with a chain to the church wall, and left in that condition, exposed over a whole night. Such as would succeed in untying themselves were considered to be suitable to live, and were reckoned to be curable, but if they failed, their case was thought to be hopeless, and they were left to die.[517]

Her account suggested a measure of frankness and brutality in these methods, largely absent from other descriptions. In both treatments, patients sane enough to extricate themselves from the situation survived, while those too mad to save themselves – and probably a greater burden on friends and relatives – died from drowning or exposure.[518] As with Gilchrist's account, this leaves open the question about whether the intention was "cure," or "judgment" over whether an individual deserve to live, or deserved to live free. Paterson omitted the more explicit invocations to St. Fillan: the bell, the offerings, and the ritualistic trip around the cairns. Only the act of submerging the lunatic in the water was infused with the hope that it would shock them into becoming sane enough to untie themselves. However, lest we think Paterson possessed a completely cynical view of the pools as not much more than method for disposing of problematic lunatics if the water failed to restore their reason, she also recited the following tale, evincing the supernatural associations of the well:

> [A local farmer the informant knew] said he had a friend who until very recently was alive. Though very aged and residing at Killin. This friend took part in what was supposed to have

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[517] MMS, 6821a.1.

[518] Gilchrist's narrative arguably exposes a mundane, everyday, and quite harsh response to locally "difficult" individuals, which reappears in my discussion of asylums and people's apparent willingness to use them, once they became available, to remove problematic neighbours and relatives from the community.

been the last case that was subjected to the pool cure. It was the case of a woman who was insane. She was dipped in the Holy Pool, and then tied to the wall of the church in the usual way, and left there for the night. By this time the church had become roofless, and the watchers were sitting on a little knoll above the church. Sometime in course of the night she got loose, and they saw her walking on the church wall, dressed in white. She was taken home as having been cured. It was said afterwards, when people would be speaking of the case, that often having been tied to the church wall she fell asleep and dreamed of her mother, who had been dead sometime before that. But it never came to be known properly how she got loose. Some thought she had untied the chain herself: some that her mother's spirit had come and done it, and some thought that perhaps her mother had sent someone else to do it.[519]

The stories surrounding this patient's miraculous cure invoked the supernatural associations with the dead. More importantly, it further illuminates the complex and fluid relationship between the oral tradition in the form of stories surrounding the well, and the manner in which the use of the well was a manifestation of belief in supernaturality, the powers of saints and natural features. At the same time, the tradition never loses sight of the pragmatism and desperation surrounding the alleviation of madness.

Fig. 3.7. Loch Maree
(Source: Author photo)

Cases from Loch Maree (Fig. 3.7) illuminate similar disparities between the proscriptive, complicated, ritualistic practices noted by Pennant and Mitchell, and the looser variations described in direct testimony from Highland informants in the late-nineteenth and early-twentieth centuries.

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[519] *Ibid.*

Pennant documented the following procedure:

> The patient is brought into the sacred island; is made to kneel before the altar, viz., the stump of a tree — where his attendants leave an offering in money; he is then brought to the well and sips some of the holy water; a second offering is made; that done, he is thrice dipped in the lake; and the same operation is repeated every day for some weeks.[520]

Mitchell wrote of it:

> In our own day, belief in the healing virtues of the well on Inch Maree is general over all Ross-shire, but more especially over the western district. The lunatic is taken there without consideration of consent. As he nears the island, he is suddenly jerked out of the boat into the loch; a rope having been made fast to him, by this he is drawn into the boat again, to be a second, third, or fourth time unexpectedly thrown overboard during the boat's course round the island. He is then landed, made to drink of the waters, and an offering is attached to the tree. Sometimes a second and third circumnavigation of the island is thought necessary, with a repetition of the immersions, and of the visit to the well.[521]

When he made a visit to the island, Mitchell found "an oak tree, studded with nails… To each of these was originally attached a piece of clothing of some kind."[522] (Fig 3.8). This was very much like practices in Ireland and other parts of Scotland, "Cloutie trees"

Fig 3.8. Money Tree on Eilean Maree
(Source: Photo by Alastair Cunningham)

in Scots-speaking areas, and Foley reiterates that the objects on the tree represent the detatchment or disembodiment of the illness.[523] The most obvious contrast between Mitchell and Pennant is that Mitchell's lunatics were towed through the loch by a boat, whereas Pennant's underwent much gentler treatment. These sorts of disparities illuminate that fallacy of Victorian folklore studies: the a-historicism which was an intrinsic part of the social construction of "primitive" culture's folklore. Mitchell in any case took note of the differences between what he heard from local informants about Eilean Maree and what he had read about it in Pennant, writing "The ceremony itself, in 1774 as having a greater show of religion in the rights, and less barbarity in the form of immersion."[524]

Seventeenth century texts from the Presbytery of Dingwall, in an effort to proscribe superstitious practices and punish them when they occurred, showed further

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[520] Pennant, 330.
[521] Mitchell, "On various superstitions," 262.
[522] *Ibid*. 253.
[523] Foley, 26.
[524] Mitchell, 262.

variations in practice: they reported people attempting altogether different treatments on Eilean Maree (Fig 3.8). Records from 1656 to 1678 complained of the "abominable and heathenous" practices of sacrificing bulls at the well on the island for the purpose of curing madness and other ailments.[525]   This ritual probably ceased for the most part by the mid-eighteenth century, as there were no accounts of it in eighteenth and nineteenth century texts. Why people were sacrificing bulls at the well in the seventeenth century and bathing in it in the nineteenth century is left unaccounted, a gap in an oral tradition, glimpses of which we can only catch fleetingly anyway. In his critique of oral sources, Henige has written: "We can only compare endings, not beginnings and not intermediate steps."[526]   The "endings" nevertheless underline significant shifts in practice and tradition over a two-hundred year period.

Treatments described by informants in the MacLagan and the School of Scottish Studies show similarities to the practices noted by Pennant and Mitchell (not, however, with the Presbytery records) but – as with St. Fillan's Well – the discrepancies and ambiguities in an oral tradition affect how people interpreted and made use of these resources from moment to moment. When the practice described by the informant was written down or recorded by the collector, it froze a fluid, socially negotiable tradition. As Jan Vansina has argued, "Any given oral tradition is but a rendering at one moment."[527]   The testimony surrounding Loch Maree and Eilean Maree illuminates many such moments, where the tradition of the locals intersected with the collectors.

Reading Pennant and Mitchell, at the very least the naming of the island seems like a straightforward story of St. Maelrubha's deeds, but MacLagan complicates even this aspect.   One informant from Lewis explained that he heard that "Eilean Maree is said to have been dedicated to the Virgin Mary, from whom also it is said to have taken its name." He added that a recluse "of great piety" was believed to have lived there, but did not specify the recluse as a saint.[528]   Another informant believed that "the ruins of an old monastery" existed on the island, although Mitchell's description of his visit to Eilean Maree mentioned no such ruins.[529]   John MacDonald, an informant from Kilmallie, confirmed that Maree was an Anglicised corruption of Maelrubha and explained that Maelrubha built a church on Eilean Maree while the monastery he erected was in Applecross.[530]

MacDonald does not specify affinity between the well and madness, but rather

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[525] *Ibid.*, 255-258.
[526] Henige, 140.
[527] Jan Vansina, *Oral Tradition as History*, (London: James Curry, 1985). 4.
[528] MMS, 3018a.1
[529] MMS, 5008b.1
[530] SSA, SA1953.255.A2.

stipulated that it cured all ailments.[531]   The unnamed Lewis informant, however, narrated as follows:

> It was said that whoever went to it and bathed themselves in its water that however depressed or low in spirit they might be that they would be cured afterwards. And that it was certain cure for madness was strongly believed. For people came long distances to bathe in it, and felt it as doing them good afterwards.[532]

This was a considerably less violent and coercive than the treatment Mitchell described. However, the suggestion that the patient was thrown into the water without his or her consent appears in other MacLagan testimonies. An informant from Kinlochewe told the collector the following: "When he was living in Kinlochewe, an attempt was made to cure lunacy by dragging the subject after a boat three times, according to the sun's course, round Eilean Mhaire on Loch Maree."[533] Mr. Bain from Gairloch claimed there was "an old belief that insanity might be cured by bathing the sufferer's head in the well that is on Isle Maree." His description illuminated a bifurcation between belief and practice. His grandfather had allegedly participated in an instance of this treatment, but instead of taking the patient all the way to the island:

> They suddenly caught the fellow's feet, and in a moment hurled him backwards, heels over head in the water, and then pulled him on board again, and he sat down in the boat, as sane and sound as any of them. Upon seeing the change, they could see no need for going further, and accordingly returned home quite satisfied that they had succeeded so well.[534]

I brought up this case earlier as an illustration of how knowledge and expertise were situated within the community.   As at St. Fillan's, the religious rites were stripped out of the curative ceremony, to the point where the lunatic's friends doubted that they even needed to press on to the island when they were rowing across a perfectly good loch in which immerse him. Did people ever assiduously follow the rituals that Pennant and Mitchell discovered? Unfortunately there are no eighteenth and early-to-mid nineteenth century descriptions that do not themselves use Pennant and Mitchell as primary sources, so we cannot even speculate.[535] Yet, it is evident from the MacLagan and School of Scottish Studies archives that the curative traditions surrounding Loch Maree and other sites were subject to the quite varied interpretations of practitioners.

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[531] *Ibid.*
[532] MMS, 5008b.1
[533] MMS, 7984a.1.
[534] MMS, 8491a.1.
[535] These include James MacKinlay, quoted above.

While the locality itself was significant for the spiritual reasons explained above, there is evidence that embodied practices were not always bound soley to one physical location and, indeed, they seemed to travel. Across the Minch, on an island called Melista off the coast of Uig on Lewis (Fig 3.9), Mitchell found another instance of dragging someone behind a boat: "It is said that [the lunatic's] friends used to tie a rope around his body, make it fast to the stern of the boat, and then pull out to sea, taking the wretched man in tow."[536] He concluded that this "establishes a relation between superstitions of Melista and Inch Maree."[537] If water immersion and towing an insane person behind a boat worked in one place, why not elsewhere. Alongside the story of Bain's grandfather, this implies a complexity in belief and practice, underpinned by the symbolism and spirituality afforded to specific localities, but also flexible, adaptable, and governed by a utilitarian approach to curing and coping with lunacy.

Fig. 3.9. Sea cliffs of Uig and the island of Melista on the left.
(Source: Author photo)

David William Cohen outlines a dichotomous definition of oral tradition, which encapsulates both the universality seen in these cures and also the local and temporal variations:

> The knowledge of a 'universal' past is not simply given or handed down but is continuously and actively gathered and dissected … The knowledge of the past does not seem to be lodged in a distinctive text or series of texts, but is engaged in and derives from arrays of social activity.[538]

There is both a universal epistemology and a parochial one. The universal comes through in the recurring elements appearing in all the texts – the emphasis on certain locations, the central role of water in treatment, and the practice of leaving an offering (though not always followed). Some of these universals extend beyond Scottish or Gaelic folklore. For example, Lourdes in France had a healing well of significance to medieval pilgrims, while Gheel in Belgium, famous for its association with insanity

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[536] *Ibid.* 266.
[537] *Ibid.*
[538] Cohen, 10-11.

treatment, had St. Dympna's Well before it had a psychiatric institution, which was regarded as efficacious in treating madness.[539] Foley, with a view to showing how health was enacted in a place, points out that water has a global dimension: "Water's symbolic and spiritual role within healing and well-being is also reflected in its utilisation in a range of complimentary, alternative, and holistic practises across time and space."[540] Actual practice – what Cohen seems to mean by "local" – varied geographically, temporally, and even individually. Cohen invites historians to "see historical knowledge as fully engaged with broader social intelligence, known, experienced, and manipulated, of which our redactions of testimonies are narrow, selected, privileged pieces."[541] Accounts like that of Mr. Bain's grandfather elucidate how knowledge can be manipulated by practitioners – the decision to try throwing the madman overboard, even though they were aware of the alleged powers of the well on the island – and also how it enters into and effects the stream of discourse of illness and treatment surrounding the localities in question.

IV. 4. Epilepsy Treatments

Cures for epilepsy are found in J.G. Campbell's collection, in Arthur Mitchell's 1862 paper, the MacLagan collection, and the School of Scottish Studies archive.   I have included it here, as Victorian physicians classified epilepsy as a type of mental disorder, albeit there was some sense that the two were *not* identical, and there were such categories in Victorian taxonomies of madness as "epileptic mania" and "epileptic insanity."   Epileptics were often confined in mental asylums and treated with similar methods as people diagnosed with mania.   Mitchell, quite revealingly, included epilepsy treatments in his *Superstitions* paper, although he distinguished it enough to justify its own subheading.   However, the Gaelic sources show that Highlanders did not share these classificatory schemes and treated people who have what is called in Gaelic *tinneas tuiteamas (*falling sickness) or *an tinneas a-muigh* (the 'out' sickness) with methods differing substantively from those used to treat insanity.[542]

Gaelic "folk" treatments for epilepsy can be readily traced back to the medieval

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[539] Gheel is better known for pioneering a "community-care" model of managing mental disorder but has obviously had a much longer history of association with madness. See A.M. Shaw, "The insane colony at Gheel," *American Journal of Insanity*, 36 (July 1879): 18-27. J.L. Goldstein, "The legend and lessons of Gheel, Belgium: A 1500-year old model, a 21st century lesson," *Community Mental Health Journal,* 39:5 (2003): 441-458. Earl Flint, "Gheel," *American Journal of Insanity,* 8 (July 1851): 67-78. Norman Conolly, "The gossip about Gheel" *British Journal of Psychiatry*, 50 (Jan 1904): 53-64.

[540] Foley, 2.

[541] Cohen, 16.

[542] J.G. Campbell, 226.

period, far more clearly than the insanity treatments. Ronald Black, in his commentary on Campbell's collection, has translated a medieval text on epilepsy, "written somewhere in Ireland or Scotland by an anonymous sixteenth century hand."[543]   The treatment described by this text is a complex ritual in which the patient – here a man – and his companion carefully follow a series of acts amalgamating nature and supernaturality with the Christian symbolism of the Son, the Father, and the Holy Spirit, as was the norm in Celtic Christianity. First, the patient must "lie down on the bank of the stream and let the companion rise up and pick ten thorns of the whitethorn, saying Our Father and a Hail Mary with every thorn picked." The companion is then to bring the thorns to the patient, who should take one of the thorns and say Our Father into its point. Then the companion should "press the point of the thorn into the patient's mouth and say, '*In ainm in athar, in mhic, in spiraid naem so,*' (I do this in the name of the Father, the Son, and the Holy Spirit), thrusting the thorn all the way into the ground." After more recitations, the patient must take three mouthfuls of water and throw it against the stream and from there, the patient and his companion walk to the church, where he is to give the priest three pennies and three candles. For the rest of his life the patient should take bread and water on that day and "never visit that spot on the river again."[544]

Given that the literate dynastic physicians were still prominent in the medical landscape of the sixteenth century, they practiced medicine in accordance with manuscripts like the one Black has translated.   However, by the eighteenth and nineteenth-century, Gaels hardly followed the prescriptions in this text at all, although some of the treatments, with their repetition of ingesting holy water, numbers, and focus on burying things, retained elements of the medieval text. As with the insanity treatments, the curative practices changed over time, most significantly by reduction and simplification. Rituals in the nineteenth century texts appeared less elaborate than the sixteenth century one, but they were not merely stripped-down versions: some of them were altogether different and others adopted similar themes but incorporated other symbols and associated beliefs.

Burials of various objects – not thorns, however – recurred in epilepsy treatments throughout the nineteenth century Highlands. A frequently cited practice in the Northwest entailed burying a rooster, although the precise methods of burial unsurprisingly varied. Rev. Norman MacDonald of Skye explained that a black cock

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[543] *Ibid.* 489.
[544] *Ibid.*

should be buried.[545]   J.G. Campbell described a similar treatment from Sutherland –
the burial of a cock (colour unspecified) where the fits first occurred.[546]   Mr.
MacDonald of Applecross related a slightly more elaborate version of this cure:

> A black cock, newly caught, is split down the middle while still alive, and laid on the patient's
> head, where it is left till it becomes cold. When it cools, it is taken off and buried, and the
> popular belief is that the disease goes along with it, and is buried with it.[547]

A cure described in both Lewis and Argyll also prescribed burying a black cock, but
added that a tuft of the patient's hair should be buried along with it, and, unlike the
Applecross cure, the bird should still be alive.   Mr. MacPhail of Kilmartin claimed to
know someone who had seen this done:

> A lad in my native place told me that when he was at school, a school fellow of his used to take
> fits, and one day he took one inside the school. His father came to the school the following day,
> accompanied by another man, and they had a live black cock with them and a tuft of the boy's
> hair, and having opened a hole in the school floor, they put down the cock alive, and the hair,
> and closed up the hole over them. The hole was made just on the spot where the boy had taken
> the fit: and the lad that told me that said that he never saw that boy take another fit.[548]

So important was it to bury the rooster and hair in the place where the fit had occurred
that it outweighed any problems associated with a dead rooster underneath the
floorboards of the school.   Mrs. MacPherson from Fearn also described the burial of a
live cock, adding that a woman in Fearn had visited her neighbour who evidently
possessed such a bird, asking if she could use it to cure her epileptic son.[549]   In his
travels through the Northwest, Mitchell encountered "at least three epileptic idiots" who
had undergone a treatment where the live black cock had been buried along with hair,
nail pairings, and in some instances, coins and red onions.[550]   He spoke to a local
doctor in an unnamed Northern town, who had recently visited a poor man from a
fishing community who experienced epileptic seizures and subsequently died.   The
man's friends told the doctor that they had tried everything for him:

> On asking what remedies they had tried, he was told that among other things a cock had been
> buried alive below his bed, and the spot was pointed out. But few years have elapsed since this
> sacrifice was openly offered to the unknown demon of epilepsy in an improving town, to which
> the railway now conveys the traveller, and which has six churches and ten schools for a population
> of about 4000. Its occurrence so recently in a community so advanced and so privileged, is
> certainly a marvel deserving of record. An old fisherman was asked by the Doctor if he knew of
> other cases in which this heathen ceremony had been performed, and he at once pointed out two

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[545] SSA, SA1953.23.A8
[546] J.G. Campbell, 226.
[547] MMS, 7610a.3.
[548] MMS, 8537a.3.
[549] MMS, 7272a.1.
[550] Mitchell, "On various superstitions," 172.

spots, on the public road or street where epileptics had fallen, and where living cocks had been cruelly buried, to appease the power which had struck them down.[551]

Similar practices appeared across the Irish Sea, where an Ulster epilepsy cure suggested burying a live hen.[552] Even if not explicitly stated in the oral and textual history, the belief that the disease, along with the cock and parts of the afflicted person, would be buried was probably a fixture of these types of cures. This is at least the explicit reason for the sixteenth-century cure and may have at least partially been infused into these "rooster cures." Mitchell provided another interpretation, suggesting that it was "a formal sacrifice … to a nameless but secretly acknowledged power, whose propitiation is desired."[553] His interest in antiquities proved useful for speculating the significance of the cock, although, as he himself admitted, the Highlanders did not engage in much speculative analyses, at least not to him. It should be emphasised that this is very much Mitchell's personal reading into the symbolism of the cure. Highlanders themselves did not, in the sources unearthed here, assert that they were "sacrificing" the cock to the "demon of epilepsy." J.G. Campbell's Applecross informant, quoted above, suggests a process more along the lines of the "metaphoric transfer of illness" Foley speculates on in his chapter about healing wells,[554] with his comment on the "popular belief" that the illness would be buried along with the chicken. Nevertheless, Mitchell found sacrifices of cocks in reference to epilepsy in Algeria, Ancient Egypt, Ancient Greece, and, more locally, medieval Wales. This of course engaged with the dichotomy that he – and later, the folklorists – firmly established in his writings between "primitive" cultures and "civilised" ones; he adopted the same discourse of "heathenous" sacrifices as the Church, asserting that "the cock appears to have been sacred to pagan divinities of all ages."[555] Mitchell had a greater discursive agenda, in terms of what this paper intended to "prove" about Highland medicine, to an audience who would already have associated

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[551] *Ibid*. 274. This paragraph is a graphic illustration of the tension, as Mitchell saw it, between traditional-rural and modern-urban, and how the latter had been pushing into the Highlands since the late eighteenth century under the wings of governmental and private policies of "improvement," efforts to increase the economic output of the region and also more humanitarian impulses to improve the lives of impoverished and ignorant rural peasants. "Improvement" sometimes consisted of constructing new towns along the coasts and populating with people who had lived in inland glens and straths. Henry Dundas set up a scheme to found Ullapool and Tobermory. Some landlords too set up model villages on their estates with the idea that their tenants could learn a "better" way of life than eking out what was perceived as a meagre existence on windswept moors. Examples abound, many of which still exist today as centres for their regions: these include Oban and Inveraray, set up by the Duke of Argyll, Ardesier near Inverness, created by Campbell of Cawdor, Grantown, created by Grant of Grant, Kingussie, founded by the Duke of Gordon, Locharron, founded by the Mackenzies of Applecross, and Plockton and Dornie, both established by the Mackenzies of Seaforth.
[552] Linda May-Ballard, "An approach to traditional cures in Ulster," *Ulster Medical Journal,* 78:1 (January 2009): 26–33, 30.
[553] Mitchell, "On various superstitions," 272.
[554] Foley, 26,
[555] Mitchell, 275.

the concept of sacrificing animals with "paganism" and "barbarism."

The burial of a rooster was not the only traditional cure for epilepsy documented in the Highlands. Mitchell and the MacLagan informants described various treatments requiring the epileptic to drink something or drink out of a vessel imbued with curative significance, and there were also implications that the body of a suicide could drive out epilepsy if the proper rituals were followed. As with all other cures that I have examined, no two descriptions are exactly alike, further supporting the contention that traditional medicine was very much characterised by local and even individual idiosyncrasies. Mr. MacDonald of Applecross related a cure which he claimed was widely known around Torridon and Lochcarron:

> About twenty years ago, there was a very common belief prevalent among the people that a person suffering from epilepsy (*an tinneas tuiteamas*) would be cured by drinking water out of the skull of one who had committed suicide. And it was said that such a skull was kept to be used for this purpose, down at Torridon.[556]

Mitchell illustrated similar methods from Caithness and Orkney, adding that a body of a woman who had committed suicide by jumping off a cliff and falling on the rocks below at Duncansbay Head "had been disinterred for this purpose."[557] One need not necessarily drink from the skull of a suicide, and MacLagan's informants offered several alternative cures deriving from such a body. Mrs. MacPherson of Fearn explained that: "The brains of a suicide roasted, and reduced to powder is said to be a good medicine for Epileptic subjects."[558] Mrs. McCallum of Skipness told of a Kintyre cure requiring the epileptic to "walk three times, sun wise, round the corpse of one who had committed suicide." This focus on the suicide of the "pharmacological" dead body appears to be in some way relational to medieval and early modern discursive practices, not just in Scotland, and suggests that the intrinsic medicinal value of a corpse emerged from an unnatural death.[559]

The belief that drinking a liquid with supernatural associations *per se* or drinking water out of a vessel with supernatural powers manifested itself through other treatment modalities which did not require someone to have committed suicide. The suggestion that one's dead relatives could play a role in curing epilepsy surfaced in Mitchell's paper, and he imparted a Kintail cure requiring the patient to drink water in which his dead sister has been washed.[560] An informant from Seil suggested that

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[556] MMS, 6444a.1.
[557] Mitchell, "On various superstitions," 273.
[558] MMS, 7272a.2.
[559] Francis Bacon, *Sylva Sylvarum: or A Natural History, in Ten Centuries,* (London: 1676), 213.
[560] Mitchell,"On various superstitions," 273.

porridge should be boiled in the skull of the patient's grandfather and then served to the patient,[561] while another two informants from Lewis revealed that drinking water from any human skull taken from a graveyard would do, although one, Mary McLeod of Barvas, expressed scepticism over the cure's efficacy:

> Although this cure was well enough known about, it was not often tried, so far as she knew, for people did not like to drink out of such a thing, and besides they would be afraid to touch a skull, not to speak of carrying it away: but she knew of one case in which it had been tried, and failed to do any good.[562]

A cure from neighbouring Harris, this one described by an informant from Tarbert, entailed the patient drinking water in which a live snake has been placed,[563] possibly stemming from the regenerative powers associated with snakes and serpents.

Drinking blood or bleeding the patient were also not unheard of treatments. Betty Farmer from Islay described the following cure:

> The following is a method that used to be practices for curing epilepsy – two cuts in the form of a cross were made on each of the patient's heels, and the blood that flowed from these was preserved in a cup. The hair having been clipped off the patient's eyebrows, and the nails of his fingers and toes, were burned together to ashes, after which these ashes were mixed in the blood that had been taken from the heels, and the mixture was given to the patients to drink.[564]

Mitchell claimed that he knew of several epileptics who were made to drink their own blood in Wester Ross and the Hebrides.[565] Another informant narrated a Black Isle cure in which the patient drank the blood of a carefully prepared mole. The mole must, as she explained,

> Be obtained by accident – it will not do if one has searched for it. It must be caught, not with the hands, but in a pail, or some vessel. After its capture it must be killed, but care must be taken that the hand of the person who is working with it shall not come on contact with it from beginning to end.[566]

There were similar ideas amongst Travellers. Williamson described a rather elaborate blood-based cure he heard about from his mother, who had learned it from the Travelling community on Skye:

> The old woman said to the girl, she'd be about twelve or thirteen, 'Stand here with your back to the fire and lift your skirt right up to your thighs, and let all the heat get into your legs.' Then she said to the girl, 'Turn round where you are.' And the old woman put a knife into each of the

[561] MMS, 7610a.1.
[562] MMS, 8745a.5.
[563] MMS, 6451a.2.
[564] MMS, 5220a.1.
[565] Mitchell, "On various superstitions," 273.
[566] MMS, 8353a.2.

girl's legs. Then she took some blood out of her and ran it into a bowl. She said to the girl, 'Don't be frightened – put down your skirt and turn round where you are.' Then she gave the girl a pair of scissors and asked her to cut her fingernails and place the clippings in the bowl with the blood. After that, the old woman cut a lock of her hair from the girl's forehead and dropped it on top of the blood and nails. Then – don't ask me what – she sang a chant and put the bowl away saying to the girl, 'We'll look at the blood again tomorrow.' Next day the girl came back, the bowl was clean and the girl was cured.[567]

While this patient did not have to drink the blood, the cure was similar to the above ones, combining the blood with hair and nails, and the chant sung by the old woman bore some resemblance to the sixteenth century practices which placed a great deal of emphasis on singing and chanting.

The practice of consuming the human body or animal bodies for pharmacological purposes, especially in epilepsy treatments, dates back to at least classical texts, which were, as I briefly argued earlier, important in early Gaelic medicine. Galen advocated drinking a liquid made of ground human bones to cure epilepsy while Paracelsus recommended blood.[568] Although he expressed revulsion that these practices were still going on in Great Britain in the mid-nineteenth century, Mitchell, as ever, constructed a lineage of blood (and other substances) drinking cures dating to "antiquity," asserting that "The fresh blood of a criminal was long a much-esteemed remedy."[569] In an old Dispensary from 1670, he found a reference to the belief that "human blood drunk hot cures epilepsy."[570] The belief that the body parts of saints had curative powers was also endemic in medieval Britain and Europe. Churches, from small parochial chapels to the giant cathedrals such as those in Canterbury and Durham, were more or less financially supported by the thousands of pilgrims who visited, seeking healing virtue in the dead body of the saint interred in the cathedral.[571] A contemporary scholar, Louise Christine Noble, has examined what she terms "corpse pharmacology" in early modern England. Her contention is that the British at this time practiced "medicinal cannibalism," the ingestion of human body parts for healing purposes.[572] These models of treatment, which may have emerged from the amalgamation of Galenic medicine with indigenous folk practices, were probably widespread throughout the British Isles until Galenic and folk medicine were

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[567] Neat, 164.
[568] Louise Christine Noble, " 'And make two pasties of your shameful heads:' medicinal cannibalism and healing The body politic in Titus Andronicus," *English Literary History,* 70:3 (2003): 677-708, 681.
[569] Mitchell, "On various superstitions," 273.
[570] *Ibid.*
[571] The tensions I have described in Scotland during the Reformation significantly impacted English cathedrals as well, if nor more so, where relics were removed and destroyed. Even before the Reformation, religious conflict in the sixteenth century was aggressively confronting medieval saint-worshipping practices. Henry VIII, for instance, removed the body of St. Thomas of Becket from Canterbury Cathedral and burnt it.
[572] Noble, 679.

edged out of mainstream discourse by the empiricist revolution of the 1600s and the Enlightenment of the late-1700s. Folkloric beliefs may have seemed arcane and bizarre to educated, Victorian commentators such as Mitchell, but "they in fact formed part of the same coherent system of 'orthodox' Galenic beliefs."[573]

While the Beatons of Skye were documented as making use of "local" charms and rituals, they were, as noted, very well educated in medieval medicine and philosophy and possessed medical manuscripts in both Latin and Gaelic. Cheape writes:

> There is sufficient evidence of us to infer that there was in the late medieval Highlands and Islands a considerable body of medical manuscripts, written in Gaelic as well as Latin … Among surviving Gaelic manuscripts, those concerning medicine form in fact a large proportion. Apart from the accident of survival, the reason for this lies in the fact that medicine was one important element of the larger field of metaphysic, logic, and natural knowledge in medieval thought.[574]

Cheape, in his commentary, describes medieval Gaelic medicine and natural philosophy as consisting of three layers: the classical Greeks and Romans mentioned above, the Islamic philosophers Avicenna and Avarroes, who were the most "frequently quoted in Gaelic manuscripts after the classical authorities," and finally, the speculation of Western European scholars up to the fourteenth century.[575] He cites a popular tract of the latter category as Bernard Gordon's *Lilium Medicinae,* which was adopted by the Beatons "as their basic and most important text."[576]

The demise of the clan-based Highland social structure from the late-seventeenth century, accelerating in the years following Culloden, resulted in the disappearance of the dynastic healers as such, along with their manuscripts. As texts containing nineteenth century folk medicine demonstrate, there was no explicit sense amongst informants that the knowledge they possessed of cures could be traced back to medieval tracts and "learned" physicians from two or three-hundred year earlier. At the same time, shards of classical and medieval theories were integrated into "folk" practices long after the original texts purveying such knowledge had vanished, and medical epistemologies had transformed from a textual tradition into an oral one. The epilepsy cures, with their resemblance to Galenic epilepsy remedies, serve as compelling evidence for this transformation.

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[573] Alun Withey, "Unhealthy neglect? The medicine and medical historiography of early modern Wales," *Social History of Medicine,* 21:1 (2008): 163-174, 166.
[574] Hugh Cheape, "The Red Book of Appin: medicine as magic and magic as medicine," *Folklore,* 104:1/2 (1993): 111-123, 119.
[575] *Ibid.* 120.
[576] *Ibid.* 120-121.

V. Conclusion: shifting paradigms of medicine, knowledge, and the oral tradition

When facing the convulsions of an epileptic or the ravings of a mad person, frightening and impenetrable, people were willing to try almost anything to cure it, and they were enabled by an oral tradition directing them towards potentially useful places, knowledge and practices. Some remedies, of course, arguably had theoretical foundations in medieval medicine, but friends and family of the epileptic or insane person were unlikely to have been aware of this geneology. Thus the epistemic foundation of the curative practices to which they resorted was likely ensconced in the essence of the oral tradition itself, the transmission of knowledge dependent on hearsay and the sheer accumulation of material enhancing hearsay's validity. Foley constructs such validity as: "[the presence of a sufferer] in a healing places draws from others who have been there before … the embodied traces of a curative past are preserved in the stories and cures in the place, linked to reproduced narratives and re-performed lived actions."[577] As the informants themselves stated, they "heard of a cure for Epilepsy," and then go on to narrate to the collector what they heard. Hearsay in an oral culture has a self-referential epistemological worth, which is not acknowledged by positivist medicine and science.[578] Vansina explains, "Oral traditions exclusively consist of hearsay accounts, that is, testimonies that narrate an event which has not been witnessed and remembered by the informant himself, but which he has learned about through hearsay."[579] He has also contended that oral history loses some of its validity in its community when it becomes mere news, rumour, or something in which the reciter was an eyewitness.[580] Many of the MacLagan informants employed distancing methods as discussed by Vansina: using the passive voice, stating that the cures "were known," and also through establishing a discursive chain through which the knowledge passed before it came to the informant. For instance, Mrs. Paterson stated that her story about the woman cured at St. Fillan's well came from a local farmer, who had a friend who participated in this treatment, while Mr. Munro of Dornoch said of the treatment at the loch near Altnaharra, "[he was] speaking of strange methods of healing that were

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[577] Foley, 27.
[578] Sociologists of science have made the argument that non-empirical and tacit knowledge, including information transmitted through hearsay, plays a role in the production of scientific knowledge. See Barry Barnes, "Social life as bootstrapped induction," *Sociology,* 17:4 (1983): 524-545, and Harry Collins, "The TEA set: tacit knowledge and scientific networks," *Science Studies,* iv (1974): 165-186.
[579] Vansina, 20.
[580] *Ibid.*

practiced in olden times.[581]

In other "traditional" cultures, causes of epilepsy and insanity have been described, including demonic possession, witchcraft, poisoning, divine retribution, and ancestral spirits' wrath.[582] The available and translated Gaelic sources do not specify any causes for epilepsy and sometimes specify a cause for insanity, but very rarely in the same narrative as its cure.[583] The folktales examined in the previous chapter make no allusions to the cures examined in this chapter. It leads us back to Galt's comment: "Everybody ken what a madman is." Neither do the cures always lend themselves to obvious aetiological explanations, although in many instances they appear to derive from or are related to medieval and pre-modern British and European medicinal practice, from the Galenic treatments of epilepsy to the saint-worship at cathedrals, chapels, wells, and other holy sites. Gaelic pharmacology clearly fitted within these wider European paradigms of disease and treatment. The linguistic and cultural isolation of the Highlands only appears to have an observable affect on indigenous practices after the seventeenth century, beginning with the Church's futile attempts to quash superstition.

While we can trace an aetiology with a lineage back to Ancient Greece, the reasons for the lack of aetiological explanations may be that the folklorists were not interested in that information,[584] so they did not ask, or possibly the nineteenth century informants themselves did not know. They followed the rituals due to hearing about them from friends and neighbours and adjusting them on a pragmatic basis whenever or wherever it seemed appropriate to do so. It was a buttress of the social production of knowledge within a community. After all, this is an epistemology essentially transmitted in the *ceilidh* house, an orally transmitted method in which ritualistic medical practices become established in the community as a truth.[585]

This presents researchers with the questions about how far they go in order to ascertain the intellectual or practical origins of a cure, but the answers depend on what

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[581] MMS, 6821a.1. 8789a.2.
[582] Louis Jilek Aal, "*Morbus Sacer* in Africa: some religious aspects of epilepsy in traditional cultures," *Epilepsia,* 40:3 (March 1999): 382-386, 384.
[583] Mitchell alluded to the relationship between "demonic possession" and epilepsy on page 274 of his paper: "A few years have elapsed since this sacrifice was offered to the unknown demon of epilepsy." However, it is unclear if this was what his informants believed or if it was his own literary flourish.
[584] Some of them such as Mitchell and the Campbells were interested in it, as evident by their explorations into folk beliefs from Arab countries, Ancient Greece and Rome and so on. This was part of the manner in which the discipline of antiquities was constructed, but the fact is the people who imparted stories to them may not have known themselves the origins. Such is the manner of an oral tradition.
[585] While its connotations now are relatively limited to a type of dance, older uses of *ceilidh* essentially signify a gathering at a person's house, in which people would socialize, gossip, tell stories, and sometimes sing songs or play fiddles and bagpipes. Such gatherings were frequent occurrences in the Highlands and Islands and were likely times for oral traditions to be passed on.

aspects of traditional medicine the researcher seeks to uncover. As I have demonstrated, many insanity and epilepsy cures in the Scottish Highlands bear resemblance to folk cures from elsewhere in the world. This was more or less the approach Victorian antiquarians such as Mitchell, Reeves, and Forbes used to contextualise traditional knowledge and medicine. It is also useful for situating medical practice throughout Gaelic Scotland in a broader European framework and dispelling any notion that Gaelic traditions developed in complete isolation. However, a more ethnological account would look at the internal validity that folk cures appeared to acquire in the society in which they were used. Nineteenth century crofters, labourers, and domestic servants were probably not tremendously interested in what Galen wrote about epilepsy when it came to the daily practicalities of coping with epileptics in their communities. Their interest was in curing it, or at least controlling it, with the methods at their disposal; namely those which conformed to *their* constructs of reliability, validity, and truth. The fallacy imposed by positivists on traditional, non-Western cultures is that knowledge and "facts" need a traceable intellectual and textual history in order to be considered reliable and valid (even this PhD is written with this basic principle of epistemological philosophy in mind). The awareness we must have then when we approach this material is that cultures constructed around oral traditions do not operate with these paradigms. So, while tracing types of practices back to Galen and the Greeks might be of academic and historical interest, it does not aid us in understanding the choices made by an eighteenth or early nineteenth-century Highlander confronted by his or her insane neighbour or relative. These were choices founded in their own ontological understanding of both the natural and supernatural worlds, guided by an oral tradition with non-positivist criteria of reliability, and always pragmatically infected by the exigencies of time and place.

The available choices, as well as the intrinsic constructions of traditional medicine and insanity, were to change fundamentally in the latter half of the nineteenth-century. Foucault has often been criticised by medical historians for presenting an overly simplistic history of psychiatric treatment in Europe: the insane during the eighteenth century all of a sudden found themselves removed from their communities and incarcerated in mental asylums. Foucault's argument in *History of Madness* is actually more complex, but what we find in the Highlands was more or less exactly this dramatic shift from a non-institutional to an institution-based world of dealings with madness. People no longer solely sought treatment options within their own small communities, using traditional folk medicine, but when the powers of the state were imposed on the Highlands in a "modern" form of bureaucracy and social control, it was

the state that then took on the burden of coping with the mad. Eventually the state erected mental institutions in the Highlands in the early 1860s, the district asylums, but in the previous two or three decades, new practices for managing the insane were already developing amongst Highlanders themselves, but arguably already set within an emerging influence from Lowland modernity. It is to this chapter in the story of Highlands madness that I now must turn.

Fig. 3.10 A very Highland geography of isolation and distance: Suilven and the glens and lochs of Assynt from the summit of Stac Pollaidh.
(Source: Author photo)

Chapter 4. A New Era: Identifying Insanity in the mid-Victorian Highlands

I. A shift in perceptions: from folklore to "dangerous lunatics."

I.1. Historical context: the Highlands from the 1840s to the 1860s

The types of traditional medicine encountered thus far were probably the primary methods of treating illness until at least the middle of the nineteenth century, and knowledge thereof was still very much part of Gaelic oral tradition even in the early years of the twentieth century. MacLagan's collectors were doing their fieldwork from 1893-1902, and it is clear from the material in this collection that "folk" epistemologies and Gaelic oral history still factored prominently in the worldviews of Highlanders. Amongst Traveller communities, as has been discussed, the pre-eminence of folk medicine over modern medicine lasted even longer, until at least the mid-twentieth century.

Modernity, however, was well on its way into the Highlands by the middle of the nineteenth century and folk knowledge was beginning to pull back to both geographic fringes, such as the Outer Isles, and cultural fringes, such as Travelling communities. On the mainland especially, more roads were being built, planned towns were being constructed, wealthy Lowlanders and English were buying up Highland estates and, alongside some Highland lairds, implementing ideas of "improvement" on the land and people. Queen Victoria herself developed a personal interest in the Highlands, investing in a castle at Balmoral. While the landlords struggled with their debts, sold off their estates, and cleared off other parts of their estates in the hope sheep could extricate them from dire financial straits, the lower class struggled merely to survive as poverty, famine, and destitution increased in the 1830s and 1840s. The potato had become a staple crop of the Highlands; consequently, any year the potatoes failed or the new crop was slow to be ready for harvest, imminent disaster threatened: 1836 and 1837 were especially bad years and the Lowlands had to send food to the poor in the Highlands, while 1846 was even worse. The potato blight that caused over a million deaths in Ireland devastated the potato crop of the West and Northwest Highlands. In spite of its troubles, Scotland had the infrastructure and impetus to cope with it more effectively than its neighbour across the Irish Sea, and the large-scale

humanitarian disaster was averted. The landlords dug into their own pockets and three charitable groups, the Free Church of Scotland and the Edinburgh and Glasgow Relief Committees joined forces to create the Central Board for Highland Relief, which coordinated distribution of food and funds throughout the stricken area.[586] In addition to distributing meal, the boards and government initiated public relief work, and Highlanders could be seen all over the country building roads, digging ditches, and constructing piers, thus increasing infrastructure and, consequently, accessibility and communication.

The Boards in Glasgow and Edinburgh, which had been formed in response to the famine, turned their attention to long-term solutions once the threat of imminent catastrophe receded. The problem, as they saw it, was over-population. Their solution was emigration, a dramatic change in policy and mindset from the anti-emigration sentiment that had pervaded politics during the early part of the nineteenth century.[587] A society financing emigration for Skye was set up in 1851 and another covering the entire Highlands was set up in 1852. Devine suggests that as much as a third of the population migrated from the Highlands and Islands in the 1840s and 1850s.[588] Landlords, often the incomers who had bought the land, encouraged emigration. This was spurred not only by famine and the threat of famine when potato crops failed to improve after the late-1840s, but also by further economic collapse, when prices for black cattle and fish fell and an industrial recession in the Lowlands resulted in a constricted market for Highland goods. Landlords then had even more impetus to replace small tenants with sheep and sheep farmers. Not only was the sheep market more stable, rent for sheep tracts was higher and landlords could expect more consistent and easily collected payments from flock-masters than from crofters and cottars.[589]

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[586] Devine, 415.
[587] In spite of the narrative of Clearance which has dominated discourse about the nineteenth century Highlands, the fact was that emigration was actively discouraged during the early part of the nineteenth century, for the wealth of the Highlands was viewed as being primarily in its people, as a labour force and also, quite critically, as recuitments for the British Army.
[588] Devine, 418.
[589] *Ibid*. 420.

Meanwhile, the Highlands were becoming increasingly accessible, brought
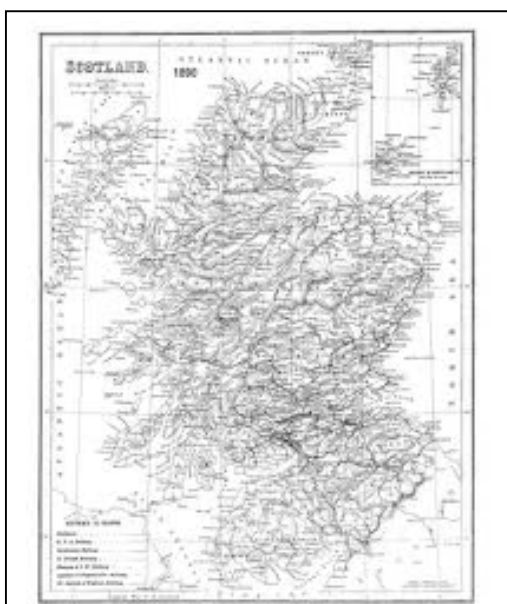
Fig 4.1. 1890s Railway Map of Scotland
(Source: W.M Acworth, "The Railways of Scotland," 1890)

closer to the rest of Scotland and Britain, as investment in infrastructure, both public and private, expanded. Railways reached the north in the 1860s, with two lines running to Inverness by 1861 and then being extended to Wick and Thurso in 1870-74. Another line was constructed between Inverness and Kyle of Lochalsh in 1897.[590] (Fig 4.1). The steamboat also had a significant impact on Highland transport and thereby the economy and social structure. In the 1850s a single small steamer plied the route between Glasgow and Portree once a fortnight. By the 1870s, two large steamboats sailed to Skye and Lewis every week and three other vessels

travelled to Barra and the Uists.[591] The steam trade and the railways meant people and goods could more easily travel between the Highlands and the Lowlands, England, and even Europe. Communication need not be lost, nor a risky journey by sail undertaken. Emigration continued to North America, Australia, and New Zealand as well, but many Highlanders were travelling as seasonal migrants to the Lowlands and England. This expansion of infrastructure, state influence (via bodies like the Control Boards, parochial boards, and similar organisations), acts of Parliament explicitly bringing the Highlands into the sphere of Westminster,[592] and more regular travel and

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[590] Fry, 227.

[591] Devine, 423.

[592]PP. These include a bill providing for the election of magistrates in unincoroporated towns in Scotland: (1837 (330) Burghs of barony (Scotland), *A bill [as amended by the committee] to provide for the appointment and election of magistrates and councillors in certain burghs of regality and barony, and unincorporated towns in Scotland.*); a bill to built more schools in Scotland (1837-38 (114) Schools (Scotland.) *A bill to facilitate the foundation and endowment of additional schools in Scotland*); bills maintaining more roads: (1847-48 (410) Highland roads, bridges, &c. (Scotland). *A bill to alter the mode of assessing the funds leviable in the county of Inverness, for making and maintaining certain roads and bridges and other works in the Highlands of Scotland*); bills centralizing regulation on canals: (1847 (583) *Argyle Canal. A bill for transferring to the Commissioners of the Caledonian Canal the powers of the Argyle Canal Company, and for amending the acts concerning the said canals*); a bill further regulating and centralising police in Scotland: (1857 Session 2 (127) Police (Scotland). *A bill intituled an act to render more effectual the police in counties and burghs in Scotland)*; and bill providing money to facilitate emigration out of "distressed districts" (1851 (579*)* Emigration advances, (distressed districts, Scotland). *A bill to authorize the application of advances (out of money now authorized to be advanced for the improvement of landed property) to facilitate emigration from certain distressed districts of Scotland)*. All this points to the centralisation of administrative control over all of Scotland, including the Highlands.*

communication between Highlands, Lowlands, and England seemed to significantly affect the life-worlds of even the most geographically isolated Gaels.

Improvement should be kept in perspective, however, for poverty and insecurity remained a fact of life for many Highlanders throughout the nineteenth century. Nevertheless between 1850 and 1880, there was relative calm and prosperity, though some estates fared worse than others. For instance, several bad potato seasons on Mull in the early-1860s were stark reminders of the potato blight of the 1840s. The Duke of Argyll had to provide meal and public works for crofters on Mull throughout the 1860s. Similarly, Lewis suffered through several similar crises and the landlord, James Matheson, alongside charitable organisations from Lowland cities, had to provide food and work for the inhabitants.[593]

I.2. The reconstruction of madness and dangerousness

The material examined in this chapter suggests that by the 1840s and 1850s, people's conceptions of what constituted insanity followed the contours of recognisable patterns of violent and anti-social behaviour. Here, I analyse people's experiences of dealing with insane friends, family, and neighbours, the perceptions of insanity held by Highland communities in the 1850s and early-1860s. I have interrogated admissions records from Gartnavel Asylum in Glasgow, where mad Highlanders were frequently sent in the absence of more local asylum provision, and also Inverness Sheriff Court papers sending the "dangerous" insane to the Royal Northern Infirmary in Inverness, which had twelve beds requisitioned for lunatic patients. A more detailed discussion about institutionalisation in Gartnavel, the Northern Royal, and other management practices such as boarding-out will be provided in the next chapter, but gluing together the witness testimony reviewed here is the theme that folkloric epistemologies and pragmatics were no longer the only methods through which communities understood and dealt with their insane. By the mid-1850s, there were other, especially extra-local possibilities being made available: medical-psychiatric understandings, crucially mediated through a diversity of institutional forms, including poor laws and poorhouses, penal laws, courts, prisons, lunacy laws, and asylums. Using this varied array of institutions entailed Highlanders constructing lunacy in a manner triggering actions by police and courts, and the key trigger was the criteria of "dangerousness," positioned at the epicentre of legal and medical madness.

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[593] Devine, 424.

I.3. The "dangerous lunatic"

Foucault has withstood his fair share of attacks in the historiography of psychiatry from scholars such as Joel Eigen, Roy Porter, and Andrew Scull. However, in his *Abnormal* lectures from 1974-1975, Foucault has critically examined the nineteenth century construction of the "dangerous lunatic," mainly as it reflected English and French jurisprudential and medical practices. Porter *et al.* take issue with *Madness and Civilization* rather than these lectures, which were not then published, but we would in any case do well not to dismiss Foucault, as he offers useful aetiological insights into the "dangerous lunatic." I have already examined the mad person in Gaelic folklore, as well as witches, fairies, and other supernatural beings, through Foucault's framework of the monster, the human-animal hybrid. Foucault's contention in *Abnormal* is that the dangerous lunatic emerged from a post-Lockian penal system, based on rationality and responsibility, where the motiveless crime was an embarrassment – "the punitive power could no longer be exercised."[594] The penal system did not have an answer for the motiveless crime, but psychiatry supposedly did. He contends that, "Medical knowledge-power will answer: See how indispensable my science is, since I can perceive danger where no motive reveals it."[595] The earlier form of the monstrosity, he explains, was this human-animal hybrid, the atavistic mad person in a fit of delirium, but in the middle of the nineteenth century motiveless acts were really monstrous acts, "the product of a disturbance of natural laws."[596] As we shall see, the legal system enfolded these ideas into its machinery, requiring the insane to be housed in an asylum with a medical attendant and requiring medical expertise to assess "dangerousness." Eigen, analysing English law, has similarly asserted that insanity and dangerousness were fast becoming subjects of expert knowledge, and these ideas were also aligned with developments in Scots law.[597] However, the admissions records for Highland patients suggest that lunacy and dangerousness remained subjects which laypeople could still observe and upon which they could still comment. The animality and furiousness of the mad person, the eighteenth century mad person who was characterised by wildness and delirium, is indeed the typical subject of the nineteenth century Highland admissions hearings.

We cannot, unfortunately, attain a grasp of whether or not pre-modern Gaels had

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[594] Foucault, *Abnormal,* 122.
[595] *Ibid.*
[596] *Ibid*, 131.
[597] Joel Eigen, *Witnessing Insanity: Madness and Mad-Doctors in the English Court,* (Princeton: NJ, Yale University Press 1995).

a construct of the "dangerous lunatic." As we have already explored through the analysis of tales about witches, fairies, the devil, and other supernatural creatures, pre-modern Gaelic culture had other explanations for episodes of inexplicable violent behaviour. The "dangerous lunatic" as a juridico-medical category, appears to have been imported to the Highlands in the nineteenth century, from England and elsewhere in Europe, where it had been encoded in law from at least the seventeenth-century. Basil Clarke has argued that in early-modern Britain, there was a bifurcation between "observational-medical" approaches to mental illness and "spirit-cult" approaches. In the case of the latter, he writes, "the therapeutic resources were direct application by a patient to a positive spirit-figure, particularly a recognised saint at an established shrine, or exorcist rituals conducted by a spirit manipulator."[598] He then comments that during the sixteenth and seventeenth centuries, there was an approach, " now recognisably scientific … making headway through the spirit-cult attitudes and also through the humoral thinking and anatomical assumptions of Galenic medicine, and emerging with at least the beginnings of a new nosology of mental disorder."[599] Part of this "new nosology" was a nascent medical psychiatry coupled to the rise of the mental asylum in the late-eighteenth and early-nineteenth centuries. Around this time, then, the paradigm of treatment starting to dominate British lunacy management was that the administration of insanity required medical expertise, and mental institutions were hence to be medical institutions.[600]

R.A. Houston has examined provisions in Scots law relating to the capture and detention of dangerous lunatics in the Lowlands and Central Belt from the early nineteenth century. He explains:

> Throughout the early modern period anyone who posed an evident threat to 'the lieges' could … be incarcerated by order of magistrates (though usually with the consent of their kin), even if they had not committed a prosecutable offence. In contrast, most of the dangerous insane visible in historical documents were accused criminals or had been convicted of violent acts. The High Court of Justiciary (which sat in Edinburgh) and its Circuit Courts (the equivalent of English assizes) handled all insane convicts uncovered in this study.[601]

Houston has uncovered a lengthy history of incarcerating the dangerous insane in the Scottish Lowlands. From the 1670s to 1740s, those tried in Edinburgh criminal courts

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[598] Clarke, 306.

[599] *Ibid*.

[600] Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900*, (New Haven, CT: Yale University Press 1993). Though not all were medical institutions: the Tukes, who founded the York Retreat in 1796, were of the view that the mad should be managed by lay, rather than medical, superintendents and were not themselves medically-trained. A first medical superintendent was appointed at the York Retreat in 1847.

[601] R.A. Houston, "Poor relief and the dangerous criminal insane in Scotland, 1740-1840," *Social History of Medicine*, 40:2 (2006): 453-476, 457.

and found to pose a threat to the public found themselves sent to Houses of Corrections. Then in 1768, St. Cuthbert's Charity Workhouse in Edinburgh asked for donations to build a wing specifically for people of unsound mind.[602] The first built-to-purpose asylum in Scotland was Montrose Royal Asylum, which became a repository for such individuals. All-in-all, though, Scotland's late-eighteenth century lunacy provisions were scanty, especially as compared to England at the same time which had a network of charitable institutions and an extensive system of private madhouses dotting the landscape. That meant the so-called dangerous insane of late-eighteenth century Scotland were frequently incarcerated in prisons and poorhouses, a solution not regarded by anyone as ideal.[603] Houston writes of it:

> East Lothian Justices of the Peace (a layer of local government introduced into Scotland in 1609) complained in the early 1770s that putting lunatics in Haddington tolbooth was "turning the county gaol into a madhouse." The removal of the 'nuisance' caused by mad people housed in the prison on the High Street of Montrose was an important rationalisation offered by Susan Carnegie in founding the Montrose Asylum. Later reformers like Andrew Halliday continued to criticise the holding of the dangerous insane in gaols, an opinion that became generally shared by Sheriffs and others in the first half of the nineteenth century.[604]

The end of the eighteenth and beginning of the nineteenth century therefore saw the increase in public and private asylum accommodation for lunatics in Scotland. Royal (Chartered) asylums built between 1781 and 1839 in Montrose, Glasgow, Dundee, Perth, and Dumfries took the pressure off the jails and infirmaries.[605] Private asylums also appeared around the country, including Musselburgh Asylum, Campsie Lane Asylum, and even a small one in the Highlands, Englishtown House in Kirkhill, which had originally been the residence of Lord Lovat but was converted into a private madhouse by William Hyslop in 1860.[606]

The creation of institutions such as those mentioned above to house categories of people such as the "dangerous" and "criminal" insane emerged out of both Enlightenment principles of crime and punishment, and, more saliently, beliefs that the insane were incapable of forming the criminal intent necessitating punishment, but nevertheless required confinement for their safety as well as that others. The principle that the insane were not responsible for their actions has some foundations in the

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[602] *Ibid*. 461.

[603] This also occurred in England, even with its chartered asylums and private madhouses, where Houses of Correction and poorhouses of all stripes were utilised.

[604] *Ibid*.

[605] Chartered asylums were founded by donations and legacies and received both private and pauper lunatics. The Crichton Royal was endowed by individual philanthropists, while Dundee, Edinburgh, Aberdeen, Glasgow and Montrose were all reliant on the public for funding,

[606] H. Barnett, "The first British village asylum," *British Medical Journal,* 2:2400, (Dec. 29 1906): 1888-1889, 1888.

Middle Ages,[607] but it came fully to fruition in famous eighteenth century English trials of "Mad Ned Arnold," Earl Ferrers, and James Hadfield, which occupy key positions in the histories of jurisprudence and of psychiatry as moments when they became conjoined into the juridico-medical construct of the "dangerous lunatic."[608] The scope of the insanity defence expanded during the nineteenth century, sparking debates amongst both legal and medical professionals over madness, responsibility, and the relationship between them. Categories of madness itself were also on the increase, which thereby prompted more potential insanity defences. The classic case is that of Daniel McNaughton, who seemed, for all intents and purposes, ostensibly sane but his attorney contended he could not discern right from wrong on the particular subject of his delusion that Sir Robert Peel was persecuting him.[609] Often in the discourse, psychiatrists complained that the insanity defence was not expansive enough, while jurists insisted it was too often misapplied to people who know fine well their act was wrong. The Scottish Justiciary Court judge, Lord Henry Cockburn, once bemoaned, "There are very few acts of criminal malice that are not helped on by the idea that this defence may be successful in the time of need."[610]

Court cases from the Highlands and Islands from the first half of the eighteenth century suggest that Highland judges and juries also regarded malice aforethought and criminal intent as key elements of criminal responsibility. A study of selected cases from Argyll and the Western Isles contains no references to the insanity defence, but it does have a series of cases where the defendants claimed that they should be exonerated because they were drunk and therefore incapable of formulating the necessary intent to be held liable for the crime.[611] Even then, the relationship between crime, responsibility, and drink was a contentious subject. Archibald and Ewen Cameron were accused of attempted murder and manslaughter. They argued that they had been drunk, and thus there had been "no forethought felony or precogitate malice." The judge fined them 2000 and 500 merks respectively, an indication that, while he did not wholly buy their claim of having no criminal responsibility, he thought drink had mitigated their responsibility enough to warrant a fine, rather than the prison time or hanging more commonly associated with manslaughter and attempted murder.[612]

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[607] It might even have an older history in Ireland, as references to it have been found in the Brehon Laws.
[608] For a more detailed history of the insanity defense, see Nigel Walker, *Crime and Insanity in England,* vol 1., (1968).
[609] Moran, (1981). The McNaughton rules, the "right v. wrong" test, did not formally apply to Scots law but a judge could use them for guidance.
[610] Cockburn, 127.
[611] James Cameron, ed., *Justiciary Records from Argyll and the Isles, 1705-1742,* (Edinburgh: Stair Society, 1949).
[612] *Ibid.* 209.

People were also confined pre-emptively, without having committed a criminal offence. The majority of the testimony examined below comes from these pre-emptive institutionalisations. By the nineteenth century, the mad were not – ostensibly – dragged unwittingly to the asylum, but faced legal proceedings in which a judge would consider evidence, from lay and medical witnesses, pertaining to the mad person's "dangerousness." In Scots courtrooms, this was framed as posing "a danger to the lieges," meaning the public. These proceedings straddle a hazy boundary between criminality and madness. On the one hand, the judge was evaluating a person's *potential* criminality or dangerousness, but, on the other hand, evidence gathered from this category of cases in Scotland shows individuals with a propensity towards violence and disorder who were disruptive to their communities even if they did not accrue criminal charges. Highland texts institutionalising people as "dangerous lunatics" have shown that, while someone might not have a criminal record, they cannot have done *nothing*. Potential dangerousness hence became actual dangerousness, even if it had not yet attained criminality. The admissions proceedings testimony shows Highlanders clearly drawing connections between madness and violence. While the supernatural constructs of madness were framed around its intransigent presence in the community, relying on local geographies and epistemic resources to manage it, these "new" understandings were re-framed in terms of medical pathology and a different form of accommodation, away from the community and in the jail, hospital, or asylum.

I. 4. Legal processes and legal criteria

Before delving into witness testimony, it is necessary further to contextualise the juridical procedures in which such testimony was relayed. As stated above, there were two types of legal proceedings by which a person could be committed for mental disorder in the late-eighteenth through the nineteenth centuries, which reflected the juridical differences between "dangerous lunatics" who had committed and been charged with a crime, and ones who had not. People charged with a crime would usually go through the criminal proceedings of a trial by jury, with their sanity and capacity to formulate criminal intent examined in the courtroom. Like any criminal proceeding, the case would be prosecuted by the local procurator fiscal, who in Scots law was responsible for criminal investigation and prosecution.

For the major crimes such as murder, defendants were tried in the Courts of Justiciary. There were a handful of Justiciary Court judges, all lawyers educated in Edinburgh, Glasgow, or European universities. The High Court of Justiciary was

located in Edinburgh, but the justices travelled on circuits several times per year to hear cases from elsewhere in the country. The seats where the Circuit Courts of Justiciary were held lay in Aberdeen, Dundee, Perth, Inverness, Inveraray, Glasgow, Dumfries, and Selkirk. The Inverness and Inveraray Circuit Courts heard the vast majority of Highland and Island cases. Here, geographies, languages, and even cultures intersected. The defendant and witnesses could be from as far away as Stornoway, the judge from Edinburgh, and the jury from Inverness. For minor crimes, such as theft and assault, the defendant would be tried in the Sheriff Court, presided over by a Sheriff, who heard and decided upon cases in regional courts. They heard the majority of non-capital cases, both criminal and civil, forming the backbone of the county judicial system. The nineteenth century Invernesshire and Argyll Sheriff Courts were located in Fort William, Inverness, Lochmaddy, and Portree in the case of the former, and Campbelltown, Dunoon, Inveraray, Oban, Tobermory, and Fort William in the case of the latter. The Sheriff Court for all of Sutherland was in Dornoch, and the one for Caithness was in Wick. Sheriff Courts for Ross and Cromarty were in Cromarty, Stornoway, Dingwall, and Tain. In both Justiciary Court and Sheriff Court trials, if the defendant was found not guilty by reason of insanity, he or she was remanded to their home parish, which then had the responsibility to find them a place in an asylum or board him or her out (unlikely in the case of the criminally insane) and pay for his or her upkeep there. Such individuals are often labelled in asylum admissions registers as "fiscal cases," reflecting the involvement of the Procurator Fiscal in a criminal proceeding.

In the case of the criminal lunatic, dangerousness was a given and the trial's purpose was to ascertain the defendant's culpability or lack thereof.[613] However, the majority of individuals discussed here who were found insane were not "criminal lunatics" *per se* and underwent a different procedure in order to assess whether or not they were a "dangerous lunatic," but *not* to establish criminal culpability. Parliament had, in the Madhouses Scotland Act of 1841, granted the Procurator Fiscal and the Sheriff the power to incarcerate individuals believed to be dangerously insane.[614] The Act specified the "dangerous insane" as any individual who "shall have been apprehended charged with assault or other offence inferring danger to the lieges or, where any furious or fatuous person being in a state threatening danger to the lieges

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[613] Roger Smith, *Trial by Medicine: Insanity and Responsibility in Victorian Trials*, (Edinburgh: Edinburgh University Press, 1981).
[614] PP. 1841 Session 1 (330) Madhouses (Scotland.) *A bill [as amended by the committee] to alter and amend certain acts regulating madhouses in Scotland, and to provide for the custody of dangerous lunatics.*

shall be found at large …"[615]   In order to commit the alleged lunatic, the Act required a medical certificate from someone with a qualification from Edinburgh or Glasgow Universities, or equivalent institution.   A subsequent piece of legislation, the Lunatic Asylums (Scotland) Act of 1847, amended this to two medical certificates,[616] reflecting the medicalisation of insanity taking place elsewhere in Britain.   Smith, Eigen, and Walker have all set out the case that madness was increasingly becoming the provenance of medical and expert knowledge, carefully examining the increasing importance of the expert witness in the courtroom.   Elsewhere in the British Isles, Ireland being a prime example, the medical opinion was *all* that was needed in order to certify someone as a "dangerous lunatic."[617]   Medical experts played a prominent role in Old Bailey trials by the middle of the nineteenth century, and had been insinuating themselves into insanity cases there ever since the Munros and Dr. Haslam asserted their importance in insanity trials of the late-eighteenth century. [618]

Alternatively, Sheriffs in Highland courtrooms heard the testimony of more lay witnesses than medical witnesses when following the statutory directions of "taking evidence of the condition of such lunatic."[619]   When reviewing the witness statements, one sees a parade of neighbours, family members, and other people in the community describing the person's actions and speculating about their mental state.   If the Sheriff concluded that the person was insane and dangerous, they petitioned an asylum to admit them.   The 1841 and 1847 Lunacy Acts specified that the asylum be a public or private one within the sheriff's jurisdiction, unless there was no such asylum, in which case he could commit a lunatic to one in a neighbouring county.[620]   In practice, the Inspector of the Poor had the final word on whether to admit someone to an asylum or not, based on the testimony given in the Sheriff Court proceeding.   After all, it was parochial, or poor relief, funds which would be paying for the individual's maintenance in the asylum. Such a petition for the admission of Malcolm Munro, a resident of Inveraray, into Glasgow Royal Asylum stated: "That the said Malcolm Munro is a lunatic and in a state threatening danger to the lieges as appears from medical certificate hearwith produced." The petition also contained testimony from Munro's brother-in-law who had kept Munro for the ten or twelve years after he first went insane, the prison keeper of

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[615] *Ibid*. 2
[616] PP. 1847-48 (223) Lunatic asylums (Scotland). *A bill to amend the law of Scotland relative to the care and custody of lunatics, and for the better regulation of lunatic asylums, and for the establishment of asylums for pauper lunatics*. 27.
[617] Finnane, 105.
[618] See Walker, (1968).
[619] PP. 1847-48 (223) Lunatic Asylums (Scotland), 27.
[620] *Ibid*.

Inveraray Jail, and the local Inveraray surgeon.[621] Out of three witnesses, two were laypeople and only one was a medical professional. The majority of the cases analysed here follow this pattern, implying that the impressions of lay people who knew the alleged lunatic were a more important consideration for the Sheriff than that of the medical expert, who arguably appears to be there just to satisfy legislative requirements.

Institutionalisation was not always the end result of these proceedings, although the available records arguably create a skewed view, as most of the archives have been preserved by the asylums themselves. The court papers of people who did not go to the asylums obviously were not in their records, so we have little remaining text on this account. However, records from the Procurator Fiscal of Tobermory provide one instance of someone being classified as eccentric, but not dangerous. Donald Black, the surgeon from Mull who examined Hector Morrison of Bunessan, concluded the following:

> In accordance with the instructions of the Inspector of the Poor for the parish of Kilfinichen … this day examined Hector Morrison residing with his mother at Bunessan and reported to be in a state of unsound mind and dangerous to the lieges. From my examination I find that he is a person of considerable eccentricity and abruptness of manner and possessing great readiness and volubility of speech. And, in my opinion, it is owing to these idiosyncrasies that he has been supposed by some of his neighbours to be in a state of mental derangement. After a lengthened conversation with himself personally and an examination of those members of his house who are best acquainted with his private conduct, I find no grounds for believing him to be a person of unsound mind or more dangerous to the lieges, in the meantime, than any other person.[622]

The surgeon did not specify what criteria he used to determine dangerousness, but he made it clear in his report that eccentricity and "abruptness of manner" did not in and of themselves make someone into a public threat. The medical certificate suggested that the neighbours, annoyed or alarmed by Morrison's mannerisms, had reported him to the Sheriff and Inspector of the Poor. In this brief description, the interaction between the community and the medico-juridical process emerges as a complex one, where some people in Bunessan wanted Morrison removed but the surgeon and, consequently, the Inspector of the Poor put the brakes on the process, since their conclusions did not support the concerns of the neighbours. What we see is an individual who disturbed his community with abnormal behaviour, to the point where they sought removal and confinement, complaining about him to the Inspector of the Poor and employing the language of "dangerousness."

The legal distinctions between criminal and non-criminal insane were not always clear-cut. In many cases, the person was arrested for some sort of violent and disorderly

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[621] SHB, HB13/7/65A
[622] ABC, TPF/1868/1-43.

conduct, but not charged. Peter Urquhart, the police constable of Cromarty, testified that he apprehended Naomi Urquhart (probably no relation) because she had attacked a woman on the street. He then told the court:

> She attacked some of the neighbors who met us as we were coming to the lock up. She was asking money from them. She might have attacked them if I had not restrained her but I did not see her actually attack anyone. I found it necessary to get a nurse to look after her, and the nurse remained with her when she was removed to the prison on the following day.[623]

In small communities, local knowledge meant that the constable was aware of who were the resident lunatics and, while such individuals might be detained in jail for acting violently, they were not necessarily charged with criminal conduct. Most of the cases discussed below have similar themes to this one – criminality, but not necessarily labelled as such. These incidents – and the others analysed below – stand in stark contrast to the social constructions of eccentric and violent behaviour found in folklore. For instance, the neighbours arguably attributed Morrison's oddities to insanity, internally caused by some sort of brain malfunction, and asked the state to deal with him, a significant paradigm shift from the supernatural construction of eccentricity found in earlier Highland texts.

II. Constructing the insane – medical and lay descriptions of madness

II.1. The medicalisation of abnormality?

There were two basic categories of witnesses who appeared before the sheriff courts during "dangerous lunatic" petitions – witnesses with formal medical training fulfilling legal criteria for two medical certificates, and witnesses familiar with the subject of the petition. The latter case included neighbours, friends, and family, as well as individuals who had to deal with the mad person during his or her "fit," such as police constables and jailers. Eigen's examination of Old Bailey records has highlighted a significant shift between the 1760s and the 1840s, from emphasis on lay opinion to emphasis on medical opinion. In eighteenth-century cases, Eigen demonstrates how judges accepted that individuals could be easily recognised and categorised as mad by anyone who knew them, whereas by the nineteenth century such recognition and categorisation was squarely in the realm of medical expertise.[624]

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[623] NAS, SC24/13A/147.
[624] Eigen, 23.

Nineteenth-century alienists were claiming their territory, as Forbes Winslow did when he asserted: "It is important to establish the existence or non-existence of aberration of mind a separate jurisdiction, presided over by persons whose attention has been specially directed to the study of mental aberration."[625]

What was happening in London and the south, however, was not indicative of how such proceedings were being conducted on the outermost edges of the British Isles. Scotland's Lunacy Acts (1841, 1847, 1849) understandably had requirements more in line with how madness and expertise were constructed in London, with its requirement that a person could only be committed if he or she was certified as dangerous by two medical professionals. However, the 1849 Act did note that in remote regions of Scotland, this requirement might be somewhat impractical, and gave Justices of the Peace the power to detain an alleged lunatic, "by sworn information of the Minister or any Elder of the Parish, or other Person of Respectability," and authorising the transmission of the lunatic to a place where the necessary medical certificates could be obtained.[626]

While the Act emphasised the necessity of the medical certificates, ultimately it did not offer much guidance on the rest of the proceedings in terms of how the Sheriff was to "take evidence". Therefore in the Highlands, Sheriffs and Procurators Fiscal looked to the nature of small communities, where everyone knows everyone, rather than the forceful advocacy of a strengthening and growing psychiatric profession, which simply did not have the same impact on the "mad-business" in Britain's periphery. Medical professionals of any sort, much less those with specialised psychiatric training, were spread too thinly, although the government was trying to rectify that through the Poor Law of 1845, which offered parishes a grant if they appointed a local doctor.[627] Even then, the size and geography of many Highland parishes, especially those in the Northwest, remote parts of Argyll, and the Outer Hebrides, meant that many

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[625] Forbes Winslow, *The Plea of Insanity in Criminal Cases*, (London: H. Renshaw, 1843). Winslow was a prominent alienist in the mid-nineteenth century medical scene. He opened two private asylums in Hammersmith, established the *Journal of Psychological Medicine* in 1848, and published prolifically. Jonathan Andrews comments that he "contributed perhaps more than anyone to the dissemination of psychological medicine as a term and concept." ("Oxford Dictionary of National Biography," http://press.oxforddnb.com/view/article/29752.). He was one of the most vociferous and extreme advocates of the "non-responsibility of the insane," and gave evidence in several celebrated insanity defence trials, including that of Daniel McNaughton.

[626] PP. 1849 (114) Lunatics (Scotland). *A bill to amend the law of Scotland relative to the care and custody of lunatics, and for the better regulation of lunatic asylums, and for the establishment of asylums for pauper lunatics.* 28-29.

[627] Hamilton, 228. Hamilton explains that in the Highlands, the Borders, and Dumfries and Galloway, the Poor Law grant was "the only way of attracting a doctor into the area." He then narrates: "In the Highlands, the Poor Law reforms were successful in bringing a doctor for the first time into many parishes but the posts were not attractive since there was little chance of success in private practice locally or promotion out of the post." (230).

Highlanders still did not have much access to the type of knowledge which a university-trained physician possessed. Therefore, the role of the community here was indeed paramount in dangerous lunatic petitions. Foucault, discussing similar procedures in small French villages, writes that: "Psychiatrisation does not come from above, or not only from above. It is not a codification imposed from the outside with psychiatry fishing in troubled waters because of a problem, a scandal, or an enigma."[628] In small Highland communities, what emerges out of the testimony is how psychiatry became a method of self-policing within the community itself, but without much of the complex somatisation of mental distress that had redefined cultures of madness in eighteenth century England.[629]

II.2. Who knows best? Boundary disputes and the role of the medical expert

Expertise in madness was contentious, at best. Other officials involved in the management of the insane, such as inspectors of the poor and law enforcement officers, were embroiled in boundary disputes with each other and with the medical profession over their treatment and management. In the mid-nineteenth century Highlands, medicine had in no way managed to secure itself as the only point of expertise on the insane. "Boundary drawing," Roger Smith writes, "involved a decision about which discourse should be dominant."[630] The 1868 case of Christina McInnes, a person of unsound mind from Iona, illustrates the boundaries, legal, medical, and practical, along which fractures and disputes over managing the insane erupted. We have few records detailing such battles, as asylum archives usually contain only the end results, but this is one. The case contains statements from Christina's family and community, her father, two neighbours, and a surgeon; the former three all elucidated instances of trouble with Christina.[631] Her father, Archibald McInnes, claimed: "She does not attempt to strike or injure anyone but we must watch her night and day because she sometimes rises at night, and dresses herself as if to leave the house and go somewhere. We are therefore afraid that she may be lost if left here." Hugh McDiarmuid, a neighbouring crofter, added:

> She has been as yet inoffensive to neighbours, but I saw her one day about 6 weeks ago upon Iona

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[628] Foucault. *Abnormal,* 295.

[629] For a more detailed discussion of how paradigms of derangement moved away from delirium and animality and were superceded by bodily disorder in mid to late-eighteenth century England, see Porter's Chapter 2 in *Mind Forg'd Manacles.*

[630] Smith, 124.

[631] ABC, TPF/1868/1-43.

with a big stone in her hand going to strike her brother Allan with it. She is very troublesome to the rest of their family as they have to watch her night and day in case she runs away.[632]

The testimony of Francis McArthur, another crofter in the neighbourhood, then cast aspersions on the family, querying the seemingly straightforward narratives of McDiarmuid and McInnes. His testimony hence told a more complicated story:

> Arch. McInnes and his family are quarrelsome, and do not give Christina good usage. They force her to work and keep her in bed clothes. … Christina McInnes told Catherine McDonald, daughter of the above witness, one day when together in the hills – that Allan, deaf and dumb brother, was the father of her child![633]

While McInnes and McDiarmuid contended that Christina should be removed to a hospital because she had become a burden on the family, McArthur's argument was that she should be removed for her own safety, with the added suggestion of incest. A Sheriff's officer interviewed Christina about these events and the following exchange was recorded:

> Q: What is your name?
> A: Christina McInnes
> Q: Are you well?
> A: Yes, thank you. If you encourage Allan to begin miracles, I will be good in presence of all people.
> Q: Do you like Allan?
> A: Sometimes, but he would put bad thoughts into my mind, when I do no harm to anybody.
> Q: Had you once a child?
> A: No. The family would put knives on any place in the house, but I never meddle in it to any person.
> Q: Who do you think I am?
> A: You are Mr. Akie (pointing to Allan). Like put him on point on a knife one day.[634]

This shows the seriousness of Christina's disorder, for she struggled to put together coherent sentences and thoughts, but she was still lucid enough to imply a contentious relationship with her brother. Christina's father had also testified that she had given birth to an illegitimate child, who died ten days after birth, but asserted that he had no idea who had fathered it. In any event, the Sheriff – and according to his statement, everyone else on the island – concluded that Allan probably was the father: "In Iona I find that everyone who may be spoken to on this subject suspects that Allan, brother of Christina, was the father of her deceased child."[635]

However, the decision to remove Christina to an asylum was not the Sheriff's to make, but rather it fell to the Inspector of the Poor, who believed that his knowledge

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[632] *Ibid.*
[633] *Ibid.*
[634] *Ibid.*
[635] *Ibid.*

and subsequent decision-making ability was contingent on medical expertise. To this effect, Dr. Black, a surgeon in Bunessan wrote, "This is to certify that I have frequently examined Christina McInnes, Iona, reported to be insane."[636] Black's certificate hinted that Christina McInnes had probably been known to him as someone of dubious mental soundness for some time, and he went on to express his opinion that:

> I consider her to be quite harmless towards others but I am doubtful whether or not she has a suicidal disposition. Without further evidence I cannot at present say that she is *dangerous to herself*. She is a fit subject to become an inmate of an asylum but might be maintained at less expense and equally safe in the parish.[637]

Mr. McBoy, the Inspector of Poor for the parish of Iona, subsequently insisted that since "she is of no harm to the lieges, nor of suicidal disposition," it was not his "duty to interfere." The Sheriff (whom the papers do not name) was unsatisfied with the Inspector of the Poor's refusal to remove her to the asylum and sent a complaining letter to Thomas Clephan, a deputy Lunacy Commissioner in Edinburgh. Clephan stood by McBoy's decision, writing back: "It would no doubt be desirable if the poor woman were in an Asylum or a Poorhouse for greater security; but I do not think there is sufficient grounds to warrant your proceedings under the 15.2 sect 7 of the Lunacy Act." As Christina McInnes does not appear in the Argyll and Bute Asylum's admission register, it is likely that, in spite of the concerns shared by the Sheriff's officer and some of her neighbours, she never went there.

This case illustrates boundaries surrounding categories of madness, dangerous or not, and their management. No one disputed McInnes' mental soundness, which everyone involved in her case agreed was minimal, but rather the management thereof, and the pragmatic implications of the Lunacy Act. The initial appeal to institutionalise her appears to have originated from "the bottom-up," from family and community (albeit, in this case, for different reasons). The family turned to authority in the forms of the Inspector of the Poor, Sheriff, and doctor, with the shadow of the Argyll and Bute Asylum behind them, as a means for controlling and removing a troublesome relative. The Sheriff appeared to share their rather loose understanding of the "dangerousness" requirement, and that the more meaningful categories with which they were working entailed whether or not she posed a significant amount of trouble to the relatives, and also whether or not her own safety was in jeopardy. The Sheriff concluded that the latter more than warranted removal, due to the alleged incest. However, the outcome of dangerous lunatic petitions relied on the assessment of the medical professional, who in

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[636] *Ibid.*
[637] *Ibid.*

this case construed a far more limited application of the dangerousness requirement. The Inspector of Poor, undoubtedly managing other concerns such as the cost of maintaining someone in the asylum verses the cost of keeping them in the community (considerably less), relied solely on the medical assessment. The fact that the local Sheriff's officer went to the trouble of complaining about it to a deputy Lunacy Commissioner suggests scant correspondence between medico-legal constructs of dangerous insanity and the social constructs of it, as well as an ongoing discourse negotiating the authority of medical experts and lay authority figures.

II.3. The medical expert in accordance with delirium

McInnes' case is not typical of the majority of Highland dangerous lunatic petitions residing in Scotland's archives. Because those archives are predominantly based on records kept by asylums and hospitals, they consist of the "successful" petitions, ones leading to incarceration. The medical testimony found in these petitions tended to be far more in agreement with the lay testimony. Questions of boundaries arise in the successful petitions as well, but the ones here are more epistemological, rather than an outright conflict over who was best equipped to assess whether or not someone should be committed to an asylum. What then constituted specialised expertise in madness? Or was there such a thing as a juridico-legal illusion and what in fact was presented in the courts was lay knowledge, people's first-hand familiarity with madness, which primarily dictated how the insane were managed?

The requirements and limitations of geography are apparent, even in a basic examination of who specifically was employed to give their expert medical opinion in court. The majority of doctors testifying in Highland cases did not have any specialisation in psychiatry. Patients who lived in rural areas were commonly seen by the local surgeon, a respectable person in the community who knew the patient, and who was almost certainly more of a general practitioner than a physician who had specialised in the study of mental disorder. The one exception found in the archives seems to be Alexander Buchanan, a Tiree surgeon who also happened to have a specific interest in the study of mental disease and had worked in the Musselburgh Asylum.[638] Most rural surgeons, however, were more generalist practitioners and probably had little specialisation in mental disease. The types of medical professionals whose testimony appears in these cases included local surgeons from Stornoway, Brodick, Fort William,

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[638] ABC, TPF/1868/1-43.

and Kingussie.   As per the 1849 Act, some patients were also transported to surgeons based in larger towns. Two patients from Oban and Islay were seen by the surgeon for the Inveraray Jail, while cases from Invernesshire demonstrate that nearly anyone who lived in a parish within twenty or thirty miles or less from Inverness was removed there to have their mental soundness medically assessed.   The physicians we encounter in these cases had varying degrees of familiarity with the patient, which positioned them in differing ways in terms of how their testimony was constructed. At one end of the spectrum, a clear example was Robert Alexander, an Inverness surgeon who stated: "I had not seen [the patient] before I saw him in the cell."[639]   This was the classic construction of the "expert," witness, the person brought into the case because of his knowledge of psychiatry, not his knowledge of the individual patient. At the other end of the spectrum was J. Smith, the Kingussie surgeon who had been treating the patient in question for years prior to his admission to Gartnavel.[640]   However, most surgeons who testified were squarely between these two camps: they had some familiarity with the patients, the result of two to four visitations on average, but they were not necessarily a part of the patient's community nor testifying in that capacity.

The critical factor that the surgeons' testimony was meant to determine, as we have already examined in McInnes' case, was whether or not the person's insanity constituted a "danger to lieges." The criteria used by surgeons to assess dangerousness (madness itself was never in question in these types of cases) were primarily the physical appearance of the patient and their behaviour. Elsewhere in Britain and Europe, some experts were offering more technical, medically-framed descriptions of insanity, constructing it in such a way that it necessitated medical training to understand, establishing their credibility as a profession and claiming an epistemological monopoly on moral and behavioural deficiencies. Thomas Mayo, in his 1817 "Remarks on Insanity," illustrated the "large amount of blood in substance of brain and inflammation of brain matter," and "thickening of the membrane around other organs," that he had found in insane patients.[641]   Phrenology, the study of facial structures as they relate to mental ability, was also popular amongst medical professionals. Foucault, in his discussion of a French insanity defence case, quotes the expert testimony of Charles Juoy, the psychiatrist: "The face and cranium do not present the standard symmetry that one should normally find.   There is lack of proportion between trunk and limbs. The cranium is faultily developed: the forehead

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[639]NAS, SC29/75/8.
[640] SHB, HB13/7/3.
[641] Thomas Mayo, "Remarks on insanity," 1817.

recedes, which with posterior flattening, makes the head into a sugarloaf."[642]

In contrast, the criteria the experts honed in on during Highland cases when determining "dangerousness" more closely resembled characteristics of insanity described by laypeople: obvious abnormalities in behaviour and appearance. Smith has pointed out that to some degree, this was a problem for Victorian alienists everywhere, commenting that they "convinced themselves, but not others about their expertise; in particular, they did not have a unique ability to recognise exculpatory insanity because they too referred to states of mind and patterns of conduct."[643] Part of the expertise discourse, in which Mayo and Juoy's descriptions should be read, was psychiatry's struggle to establish its authority. What the Highland cases show is that medicine, especially psychiatric medicine practised by rural surgeons who had not specialised in mental disorder, was very much a discourse of "states of mind and patterns of conduct" identifiable to anyone.

The mental abnormalities observed by Highland surgeons were most commonly delusions and general "excitability" and incoherence; abnormalities, which, as we will see, were equally obvious to laypeople. The medical certificate for Janet Shaw stated that she "has delusional ideas,"[644] while the surgeon who examined Malcolm Munro stated that he "labours under delusional ideas."[645] This same surgeon, Archibald Campbell from Inveraray, also stated that John McInnes laboured under "various mental delusions." Other surgeons described the delusions with greater specificity. According to a surgeon in Brodick, Charles Kerr had been talking "of drinking champagne and dining at the castle."[646] Frequently, patients' delusions were related to social class, mainly erroneous beliefs in non-existent aristocratic connections. The medical certificate for Colin McColl of Tiree stated that he "has high notions of dealing with conscious – rank – Celtic religions."[647] Religion came up frequently as a source of delusion and madness, sometimes noted by the surgeons, as in Samuel Carmichael's case, where the surgeon wrote, "Great maniacal excitement on religion and other subjects."[648] It also featured in the medical certificates describing Allan Anderson's

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[642] Foucault, *Abnormal,* 297-298. Needless to say, the physicality of madness is a subject for detailed examination. For our purposes here, though, the commonalities between Mayo and the French doctor are what is important. In both cases, the discourse is highly technical, professionalised, looking for features which might be associated with mental disease, but ones that the non-expert would be unlikely to perceive.
[643] Smith, 168.
[644] SHB, HB13/7/65B
[645] SHB, HB13/7/65A
[646] SHB, HB13/7/58
[647] SHB, HB13/7/4
[648] SHB, HB13/7/6

delusions: " Has absurd intentions… and religion, conceiving himself a great man."[649] Delusions of persecution were not infrequent, either, and the medical certificate for Archie Shearer noted that he "Raves that his family are trying to poison him."[650] Similarly, Dr. Cruikshank, the surgeon for Nairn, wrote of James MacIntosh, "He is suspicious of poison being put into his food, that his wife and daughters are having intercourse with men."[651]

More common in medical accounts of madness than delusion, however, were the presence of excitement and incoherence, which were fundamental to Victorian constructs of insanity. Excitability was associated with inflammation of the brain and organs in medical paradigms, but excitement's association with madness, the archetypal raving lunatic, obviously had a far older aetiology, which Foucault addresses in great detail. With eighteenth century insanity, he describes it as "a paroxysm of strength, the immediate violence of animality."[652] More temperately, Porter notes that predominant eighteenth century treatments were designed to "tranquillise the frenzied and the frantic … ending the agitations of the constitution."[653] In any case, Highland surgeons frequently commented on the presence of excitability and incoherence in their patients. The Brodick surgeon, John Anderson Jameson, noted of Charles Kerr, "He was then very excitable and irritable and talking very incoherently." The medical certificates for Andrew Ross, from Lairg, observed that his prominent symptoms were, "general restlessness and a desire to begin mischief again," while the one for Colin McColl commented that he was "sometimes rather outrageous."[654] When Bell McDonald from Morven came to Gartnavel, the superintendent's assessment of her was that she "incapable of self control … incoherent, and confused" and, on admission, she was "restless and unsettled and had a vague and bewildered expression."[655]

Abnormal, erratic, and frequently violent behaviour was also marshalled by surgeons as evidence of dangerousness. Like excitability, the association of atavistic behaviour with insanity has a lengthy history and surgeons who listed it in their medical opinion were not taking any particularly innovative steps in the study and observation of madness. They were reiterating, with more authority perhaps, what everyone already knew about the insane. The archetypal "wild madman" already existed in cultural consciousness. Medical professionals in the south were claiming species of madness

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[649] SHB, HB13/7/4.
[650] SHB, HB13/7/4.
[651] SHB,HB13/5/63.
[652] Foucault, *Madness and Civilization,* 68.
[653] Porter, *A Social History of Madness,* 18.
[654] SHB, HB13/7/4.
[655] SHB, HB13/5/53, 243.

only knowable to experts, such as Philippe Esquirol's monomania and James Cowles Prichard's theory of moral insanity, types of insanity wherein the person did not necessarily *look* or even *act* mad.[656] But in the Highlands, the focus of medicine remained very much that outward appearance of derangement. An Inverness doctor, Duncan McKay, described Grace Stewart as "violently excited striking alternately her breast and the sides of the bed which she was sitting, singing Psalms and scraps of secular songs indiscriminately in Gaelic. She was incapable of any conversation and would not reply to any question."[657] Isabella Shaw's medical reports read: "The most marked features of her disease are said to be constantly roaming over the country and every disregard for propriety of moral conduct."[658] In her particular case, the doctor alluded to morality of reason, an important facet in Victorian constructions of madness. Porter frames it as: "[The mad person] was a creature in whom the faulty associating of ideas and feelings in the mind had led to erroneous conclusions about reality and proper behaviour."[659] As such, one of the express justifications for purpose-built asylums was to create a space regulating the moral behaviour of patients. However, violence, rather than moral recidivism, was a more common pathology amongst Highland asylum patients. The surgeon who examined John Gordon from Inverness described him as "violent, trying to pull down the door, getting on the bed."[660] Colin Campbell's medical history stated that "he became maniacal threatening and attempting violence to his friends and requiring the strength of several strong men to restrain him."[661] The ubiquitous surgeon of Inveraray Jail, Archibald Campbell, observed that Peter Bell "seems very violent."[662]

Self-harm was also a symptom documented by medical experts, and patients were often observed as not being dangerous to "the lieges," but suicidal nonetheless and therefore requiring confinement. Dr. John McIver of Inverness visited Alexander MacDonald, a Kiltire man in the Northern Infirmary, and testified: "One day he attempted to commit suicide shoving his fingers down his throat until he brought a

[656] Hannah F. Augstein, "J.F. Prichard's concept of moral insanity – a medical theory of corruption of human nature," *Medical History,* 40:3 (1996): 311–343. Prichard stated that people who suffered from this displayed " 'eccentricity of conduct, singular and absurd habits' combined with 'a wayard and intractable temper, with a decay of social affections, an aversion to the nearest relatives and friends formerly beloved – in short, with a change in the moral character of the individual.'" (312). This was not phrased using much medical terminology, not like the ideas of French alienists such as Philippe Esquirol, for instance, who wrote about "a lesion of the will," which he also termed "monomania." Still, Prichard maintained moral insanity was only detectable by an expert alienist. (314).
[657] NAS, SC29/75/8.
[658] SHB, HB13/5/87. 306.
[659] Porter, *A Social History of Madness,* 19.
[660] NAS, SC29/75/8 .
[661] SHB, HB13/7/1.
[662] SHB, HB13/7/65A.

quantity of blood and I was told by the cell keeper that he applied for a knife to destroy himself."[663]   Mary Grant's medical certificates stated that she possessed: "A desire to jump out a window, to get a hold of a cutting instrument to cut her throat. Being found lately with a hankerchief tightly twisted around her neck with which she endeavoured to choke herself."[664]

I should also add that, while some medical certificates and surgeons' testimony in admissions reports were characterised by the details of appearance and behaviour, many others were sparse, the surgeon declining to describe the patient's condition. They only gave their opinion that the person was insane or imbecilic and posed "a danger to the lieges." The surgeon in Stornoway who examined Mark McAlister, for example, declared:

> Having this day visited and carefully examined Mark McAlister in the town of Stornoway, hereby certify on soul and conscience, that to the best of my knowledge, I believe he is imbecile and a proper patient for admission into the Glasgow Royal Lunatic Asylum.

From the testimony contained therein, we learn nothing more of this patient, his behaviour or appearance. Archibald Campbell, who appears to have examined every lunatic who entered the Inveraray Jail in the 1850s, was more verbose than the aforementioned Stornoway physician, but still painted a rather vague picture of his patients. The following are three examples of his descriptions of insane patients who he examined:

> I was satisfied that his mind was in a disordered state. I have seen him repeatedly since he was committed to prison. A few days after being committed, he appeared to have gotten better, but thereafter he became worse and laboured under various mental delusions. He has recently become better, and today he seems collected, and apparently answers all questions correctly. It is a common thing in diseases of the mind, like the present, to have lucid intervals. I cannot say how long he may continue in this state in which he is now. I would not consider it safe that he should be allowed now to go at large, in case he may have a relapse.[665]

> I have known [patient] for the last two or three years. I am of opinion that he is labouring under that form of insanity called monomania. At times he is very much excited and labours under various mental delusions. I am of the opinion that such a person being allowed to go at large would be attended with danger to the liege.[666]

> I am of the opinion that he is of insane mind. I consider him decidedly dangerous were he to be allowed to go at large. He has had several lucid intervals notwithstanding which I am of opinion that a person in that state is dangerous to the lieges.[667]

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[663] NAS, SC29/75/8.
[664] SHB, HB13/7/65A.
[665] SHB, HB13/7/32.
[666] SHB, HB13/7/65A.
[667] SHB, HB13/7/32.

The minimalist details offered here, such as mentioning the presence of excitement and delusion, have already been highlighted as fundamental edifices in Victorian constructs of both insanity and dangerousness. Campbell established these buttresses in his argument to the Sheriff Court, Inspector of the Poor, and asylum for detaining the patient, but he did not appear to regard it as his job to delve any further into the depths of their madness.

Campbell was not the only Highland doctor offering his opinion in such a manner. John Wilson, an Inverness doctor, wrote of a patient: "I upon the fourteenth instant as well as upon several former occasions visited Mary MacGillivray confined in the Northern Infirmary, and I believe her to be insane and dangerous to herself and others."[668] We know what Mary had been doing to get into the Northern Infirmary from the testimonies of Borlumbeg people who knew her, but know nothing about why Wilson agreed she was insane, other than the implication that her derangement was clearly obvious to anyone who interacted with her. In another example from a different part of the country yet again, Alexander Mackay, a Cromarty surgeon examining a Sutherland patient, wrote:

> I thought she might do harm to others as well as her self. She spoke rather incoherently . After examining her that day I granted the certificate… I have visited her three or four times since that date in the prison of Cromarty and I saw her today. I saw no occasion to vary from … in the certificate. I still consider her dangerous.[669]

Even in the cases above where I teased out the details about the person's insanity from the medical reports, the details are substantially less florid than those appearing in lay testimony.

This is not to say that psychiatrised terms such as monomania never appeared in Highland cases. Indeed, Alexander Campbell in one of the above cases insisted that the patient was "labouring under that form of insanity called monomania," then added that patient was "very much excited" and had delusions, so no radical departures from testimony in similar proceedings. Here he played loosely with terminology. "Monomania" in McNaughton's 1843 trial and the usage Esquirol, who invented the term, envisioned for it was a mental disorder characterised by the *absence* of "excitement" or any obvious indication of derangement.[670] In this case, Campbell arguably employed the term to sound authoratitive and draw boundaries between his "expert" opinion and others' lay opinions, but it is plausible that he himself did not

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[668]NAS, SC29/75/8.
[669]NAS, SC24/13A/147.
[670] Augstein, 314.

know what it really meant. The Malcolm McLeod Justiciary Court case in 1838, first examined in Chapter 2, brings out an even more layered geography of Highland medical expertise and insanity. The Inverness doctor who examined McLeod, Dr. Chisholm, testified:

> I am aware that insanity is generally divided into four sections -- moral insanity, mania, monomania, and dementia. A person may have a delusion on one subject, and be perfectly sane on all others. The intellect may be so constituted, that a man may be impelled, by partial derangement, to do an act of violence, or commit a crime, though conscious at the time that he is doing wrong. There may be moral insanity, and yet no particular delusion.[671]

His description of monomania and moral insanity here was better aligned with Lowland principles than Campbell's, but he was limited by Cockburn, who explicitly told him he was not allowed to speculate on the mental state of the defendant. The lay witnesses, in the meantime, were allowed to – and did – speculate freely, but as explained earlier, they did not view McLeod's "eccentric" religious practices as particularly odd, in the context of the fervent Christianity common in the Western Isles at this time. The weak psychiatric testimony did not convince the jury, who convicted McLeod. Boundaries were mainly being drawn by the sceptical judge, who was from Edinburgh; thus this case not only shows fissures between different perceptions of abnormality in the Highlands, it is suggestive of disputes in the field of medico-legal insanity taking place all over Scotland, but with a Hebridean flavour.

The Highland evidence delineates geographic boundaries of the "new" psychiatry asserting its authority elsewhere in Britain. Foucault writes of it, "Outside the asylum, psychiatry has always sought … to detect the danger harboured by madness, even when it is a scarcely perceptible, gentle, and inoffensive madness."[672] Eigen and Walker have also made the argument that in insanity defence cases, especially post-McNaughton ones, the main avenue which psychiatry used to establish the epistemological authority of madness was in its ability to detect danger invisible to anyone without medical training.[673] In the Highlands, however, psychiatry for the most part was not seemingly discovering a danger that non-experts lacked the intellectual tools to perceive; it was merely reaffirming a danger everyone else in the community already knew about. Even when doctors used words like "monomania" as Campbell did above, they appeared slightly confused as to its exact meaning or, as with Chisholm in McLeod's trial, simply confused the jury with it. Overall, the balance of testimony heard by Inspectors of the

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[671] *Reports of Cases before the High Court, 3 Jan 1838 to 23 Dec 1841,* 97.
[672] Foucault, *Abnormal,* 120.
[673] Eigen, 35.

Poor, Sheriffs, and Procurators Fiscal hence leaned towards lay, rather than medical testimony, although in cases such as Christina McInnes' the medical opinion could still be the trump card. The surgeon in this instance, vague as he was, undermined the lay opinions and ultimately prompted an unsatisfactory verdict with tension clearly arising over whose opinions should hold the most weight between the parties involved in the case. In the cases examined which resulted in asylum committal, medical expertise aligned with lay observation. The Highland medical experts do not appear to be asserting any special epistemological superiority over the queue of crofters and labourers who testified, but merely nodding in assent to their narratives.

II.4. Lay testimony

As I have illustrated, the medical testimony usually consisted of a fairly small segment of admissions testimony and a substantial amount of time was given to lay opinion. Highlanders did not appear to have psychiatry imposed on them, so much as they adopted the discourse of psychiatrisation and the juridical processes made available to them by Parliament and local officials and institutions.[674] The lay opinions are not far removed, in terms of language or discourse, from the medical opinions, so the testimony quoted here resembles the medical testimony presented above. The repetition is notable, however, hinting to us that even medicalised insanity, for Highland surgeons, was still constructed upon the life-worlds of non-medical understanding – the type of madness that was a clearly observable abnormality in social behaviour.

The presence of ostensibly motiveless violence, the critical element of Foucault's dissection of abnormality, is the most commonly described feature of derangement.[675] I have illustrated in the examination of Highland folktales that such behaviour was

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[674] This same process has been observed in other geographical contexts. The psychiatrisation of Ireland has been examined by historians of madness, including Elizabeth Malcolm, Mark Finnane, and Pauline Prior. See, Pauline Prior, "Dangerous lunacy: the misuse of mental health law in nineteenth century Ireland," *Journal of Forensic Psychiatry and Psychology*, 14:3 (2003): 525-553. Oonagh Walsh "The designs of providence: race, religion, and Irish insanity," in Joseph Melling and Bill Forsythe, eds., *Insanity, Institutions and Society, 1800-1914: a Social History of Madness in Comparative Perspective*, (London: Routledge, 1999), 223-330. Elizabeth Malcolm and Greta Jones, *Medicine, Disease and the State in Ireland,* 1650-1940, (Cork: Cork University Press, 1999). Their research has shown that while Acts of Parliament introduced the district asylum system to Ireland, it was not *authority* which made the most use out of it, but rather Irish communities which found it to be a convenient means of coping with insane or otherwise problematic neighbours and relatives.

[675] Foucault, *Abnormal,* 118-126. What should be emphasised here is Foucault's discussion of the Henriette Cornier case, wherein psychiatry was employed because she killed her own child for no good reason but seemed otherwise sane and lucid. Here, the motivelessness itself is evidence of a pathology. In that sense, this does not reflect the Highland cases, or at least the ones contained in the archives, where the alleged lunatic behaves in an obviously insane manner, motiveless violence being just one element of it.

explained through supernaturality and misadventures with supernatural beings; however, looking at the legal testimony, it seems evident that an individual's outbreaks of random violence were reconstituted in the mid-nineteenth century as psychiatric disorder. Supernaturality was pushed to the fringes by social, economic, and political factors and slowly lost its explanatory value to Highlanders, who consequently turned to psychiatry, and more specifically the mechanisms that it provided for dealing with problematic community members. A new dominant discourse was emerging: psychiatric explanations came to the fore and more or less took over, being used instrumentally by locals to describe madness.

When reading the testimony of community members, what emerges is not only the presence of random and scary episodes of violence, but also struggles, and failures, to manage mental derangement on their own. When Ann Cameron was committed to the Northern Infirmary, a neighbour, Elizabeth MacKintosh, narrated:

> I know Ann Cameron or MacDonald, wife of James MacDonald, residing on Young St. I saw her on the twenty fifth of June last and I considered her of unsound mind; and at the request of her husband I watched her two days and nights. She repeatedly rose out of bed through the night and was anxious to go out through the window, although it is upstairs. I caught her oftener than once in the act of going out of the window. She also struck the landlady and attempted to bite her. And from all that I have seen I am satisfied that she is dangerous to herself and others if permitted to go at large.[676]

Presumably Ann's husband had reason not to leave her unsupervised when he had to be somewhere else for two days and thus relied on the community, in this case his neighbour, to care for his insane wife. The instances of behaviour which MacIntosh here labeled as insane were Ann's desire to exit an upstairs window, and also her violent treatment of the landlady. The landlady herself testified:

> I know James MacDonald and his wife Ann Cameron and they lodged lately in my house for four nights. I was satisfied that his wife was wrong in her mind. They lodged in a room upstairs and she repeatedly tried to get out of a window. She struck me repeatedly and kicked me and once or twice attempted to bite me. She was afterwards taken to the infirmary. I have no hesitation in saying that I consider it would be dangerous to herself and to others if she were allowed to go at large.[677]

It is apparent that these witnesses indeed had little hesitation in declaring Ann "wrong in her mind" or in supporting her confinement in an asylum. Here, as in most of these cases, we can see how the local community regulated itself. It was already known that Ann was wrong in her mind and accordingly she was not charged with assault, as this was never a criminal prosecution. Instead of going through the criminal case-insanity

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[676] NAS, SC29/75/8.
[677] *Ibid.*

defence route, the community reconstituted the violence in the dangerous lunatic petition, as it already possessed the knowledge that she was insane. The expert opinion in this case merely reaffirmed the lay opinions.

Another Inverness Sheriff Court case with similar circumstances was that of Elizabeth Smith or Fraser of Kiltarlity. She was described as having several episodes of insanity, having been previously confined in the Northern Infirmary and the Montrose Asylum. Regarding the most recent attack, her son Donald testified:

> About a month ago she broke out very violently and cursed and swore, talked incoherently, broke dishes, and threw her food at me. She threatened to knock my head against the wall and said she would get a hold of me when I least expected it and shook her fist at me. So violent did she become that I and my grandfather were obliged to lock her in a room by herself. I am afraid to live with her in the same house and consider her dangerous to herself and others.[678]

Neither we nor the Sheriff are made aware of the context of this behaviour, but we catch sight, nonetheless, of how it acquired the attribution of abnormality and most importantly, fear, to be subsequently constituted as evidence of Elizabeth's mental unsoundness. Robert Douglas, the father of Alexander Douglas, another Northern Infirmary patient, expressed similar fears:

> In the beginning of the summer of 1855 I thought there was something wrong with Alexander's state of mind. About a fortnight ago I observed more particularly that he was wrong in his mind, and among other outrageous acts he struck me twice; once with his fist and another time with a small tray, and I was cut in the cheek, and he also broke some panes of glass and appeared much excited and talking incoherently. One night about the same time while in bed he was talking in the same strange and longing song during the whole night and he also threw some clothes on the fire and although he was in the practice of working with the horse, I could not lately trust him to do so. In consequence of this behaviour I am afraid of him.[679]

The fundamental issue, of course, was the scary, violent, and unpredictable behaviour, so by that in the case of Elizabeth Fraser, Donald and his grandfather had to lock her in a room to protect themselves, while in the case of Alexander Douglas, his father could no longer trust him with the horse (which probably limited what he could do on the croft). The lens through which people had grappled with these problems was now squarely in the realm of psychiatry, not supernaturality. Thus, the testimonies of these witnesses expressly linked the violent behaviour with phrases such as "wrong in the mind." Psychiatrisation had an ontological value, a way of understanding bizarre behaviour, but significantly it carried practical value as well, which reinforced its usage as an epistemological framework amongst Highland communities. No one wanted a community member around who could not do their share of work and had a tendency to

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[678] *Ibid.*
[679] *Ibid.*

explode in frightening, violent behaviour. If one could get authorities to agree that one's relative was dangerously insane, that person would be removed to an institution, which relieved the burden on the family. A neighbouring crofter of the Douglas family testified: "his parents then expressed a wish that he should be taken to the Northern Infirmary for treatment as a person of infirm mind."[680]

While a prevailing theme in the case histories, violence was not the only criteria that people used to construct narratives of madness, although it suggests itself as the main reason Highlanders sought asylum provision. Houston observes that "social constructions of insanity were based on nuanced and contextualized ideas about appropriate behaviour for a certain social class, age, and sex."[681] Highlanders thus delineated other recognisable symptoms of insanity, from inappropriate behaviour of various sorts, to self-harm, incoherence, and delusion, often in multifarious combinations, highlighting these aspects in stories related to the Sheriff. Colin Campbell's Gartnavel admission reports described him as "a steady, skillfull, and industrious farmer" while he was sane, but when he lost his mind his conversation and behaviour were no longer characterised by this admirable steadiness and industry, but quite the opposite:

> He betrayed an unusual impatience of restraint or apposition and a … weakness which led him to talk freely and inappropriately about his affairs to his servants and others without discrimination and frequently deviated so far from truth and from a regular connection of ideas as to convince those with whom he conversed of his not possessing a sound mind. Sometimes he would fall into a fit of enthusiasm and boast of the flourishing state of his affairs.[682]

This paragraph paints a picture of what was regarded as socially acceptable behaviour for someone of Campbell's class, a landowning small farmer, and more importantly, what was not so regarded. Normative behaviour entailed a degree of taciturnicity, especially when conversing with people of a lower class, and also an awareness of reality, apparently absent as his pontifications "deviated far from the truth." Houston explains: "Those with better breeding were expected to talk coherently and behave competently and decorously."[683] Campbell did not. Therefore, evidence of his madness was consequently derived from a "socially related definition of incapacity."[684]

Another example reinforces this understanding of insanity. John Grant, the Sheriff officer from Grantown-on-Spey who testified in Grace Stewart's case, told the

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[680] *Ibid.*
[681] Houston, *Madness and Society,* 233.
[682] SHB, HB13/7/1.
[683] Houston, *Madness and Society*, 228.
[684] *Ibid.* 229.

court:

> I have known Grace Stewart all my lifetime. She has been a quiet and industrious woman. Rather more than two years ago I was attending the auction at Grantown as auctioneer and I was struck by her offering for everything that was put up such as guns, a fiddle, and it was first then that the public remarked her state of mind. Since that time she has appeared to be silly but not in the least dangerous or excitable.[685]

This testimony relates something of the nature of insanity in small communities and how aberrant behaviour – and what is classified as aberrant – could quickly become known and obvious to everyone. Grant cited a very public display of impulsive, excitable behaviour, which was sufficiently bizarre to be commented on by "the public." Frugal, possibly Calvinist, 1850s Highlanders who ascribed to fairly rigid, austere moral codes probably would have looked askance at someone putting in offers for "everything" at an auction, from guns to a fiddle.   This indicates a clear dichotomy between "outrageous" behaviour and desirable and socially acceptable behaviour, "quiet and industrious."   Similarly, in the staid society of 1827 South Uist, Donald Currie's "mischievious" behaviour and "raving … not confined to any one object" led him to Gartnavel.[686]   William Dixon of Rothesay found himself in Gartnavel initially due to being unable to manage his affairs in fulfilling his patriarchal duties. On his admission, his case notes comment that he was "taken advantage of by parties in getting patient to grant bills by which he has been fleeced of all his fortune excepting a small annuity, which he and his wife have to depend on solely for their support."[687]   The admission documents effectively psychiatrise Dixon's poor financial decisions, attributing them to a weak mind, although he then became more classically crazy, "violent and destructive."[688]

Insane behaviour described by witnesses ranged from the bizarre but mostly harmless – although so-called lunatics and imbeciles might themselves be the victims of harm, as occurred in the cases above – to acts far more damaging to family and community, morally transgressive, if not criminal. John Lamont was a wandering lunatic on Mull who had a habit of "buying cattle and having no means at all at his disposal for the purpose," in addition to delusions he had about seeing "spirits turning into hares and horses."[689] The delusions probably would have been tolerated by the Mull community, but his violent reactions when people would not sell him a cow

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[685] NAS, SC29/75/8.
[686] SHB, HB13/7/1.
[687] SHB, HB13/5/64, 217.
[688] *Ibid.*
[689] SHB, HB13/5/55, 98.

because he had no money for it were not.[690]   Malcolm Mackenzie of Fort William was apprehended by John McPherson, the constable stationed at Bonavie, for stealing his brother's horse and mainly for being insane. The constable, testifying how he knew MacKenzie was insane, explained:

> About a week before then he took away his brother's horse from the hill of Corpach, and rode it away to Badenoch, and was away several days. Upon his return, his brother took away the horse from the stables at Bonavie. As soon as Malcolm discovered this, he came to me and proffered a charge against his brother for horse-stealing, and said that if he had a pistol he would shoot him. He was in a very excited state, and in my opinion perfectly insane, unable to take care of himself, and dangerous to the lieges.[691]

MacPherson's testimony yet again shows the importance of local knowledge in identifying mental unsoundness. The fact that he had known MacKenzie and his family for two years meant he was probably aware of Malcolm's history, as indicated by his father, John:

> My son was kept out of his wages for some years and had made several journeys to Aviemore for payment. It was at this period, and connected with this matter, and upon his return from one of these journeys to Aviemore, I first observed that his mind was affected. Since that time, and until his apprehension, he has continued in the same state, with the exception at some times he is better, and sometimes he is worse.[692]

We can also extrapolate that the constable, in his familiarity with the family and community, knew who owned the horse in question. Thus, Malcolm's requisitioning of the horse and his accusation of his brother's horse-theft when his brother took his horse back, were constituted as part of the narrative of his madness. Behaviour that would otherwise be considered criminal was here refigured as insane without the input of medical or judicial authority, but rather on grounds clearly derived from local epistemologies and agreement within the community that this particular individual was indeed mad. In this case, intervention by the medical and judicial authorities outwith the Fort William community were only triggered when the family and constable wanted to remove Malcolm to Gartnavel. No harm, however, came to the horse; the same of which cannot be said for the unfortunate cow whom John Munro of Fodderty encountered when he left the place where he was boarded and entered the village of Evanton. The *Inverness Advertiser* reported that he "took hold of one of the cows by the horns, and stabbed her in the left side with a knife, after which he left and went on in

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[690] *Ibid.*
[691] SHB, HB13/7/31.
[692] *Ibid.*

the direction of Foulis Castle, with the knife dripping with blood on his hand."[693]

Self-harm was another obvious symptom of insanity, either by apparent suicide attempts or by doing things that were inarguably (to any Highlander) dangerous and potentially deadly. Alexander MacDonald was a labourer from Kiltire, who, according to his sister Catherine, had been labouring in England for "several years" and had recently returned to the village. She then testified:

> He appeared quite stupid and I was satisfied on seeing him that he was not of sound mind and spoke nonsense. I saw him daily and observed that he was becoming worse. He repeatedly got out of bed at night and got out of the house and when he returned his clothes were quite wet and he would say he had been at the sea. And at last he wandered away, and was found by my mother and brother-in-law, beyond Redburn, a distance of 15 miles. He would sometimes cry and pray to the almighty to take him out of this world. He was also in the habit of muttering to himself. I considered that he is dangerous to himself and that he should be looked after.[694]

A mad person's appearance – "looking stupid" – was often something witnesses addressed in the Old Bailey trials examined by Eigen, and in the Scottish context Houston explains: "[Looking mad] was a powerful indicator and, once labelled, other actions done by and to the allegedly insane could reinforce the opinion of observers."[695] In MacDonald's case, it certainly did. Crying and muttering to himself reinforced the general picture. More emphatically, wandering out into the night in Highland weather, for no apparent reason, without adequate protection and preparation, indicated that the person was quite crazy, as weather conditions could be brutal and a sane person would not consider a fifteen mile trip in bedclothes. Even crazier was his tendency to go swimming in nearby rivers. The problem of going out in wet weather was further elucidated by Isabella MacDonald, his sister, who further indicated the practical challenges, the requirement of removing someone from other work to watch him:

> One day I was at the dam at Kingsmill along with him and he went into the water but I followed him and pulled him out. He was in the habit of leaving his mother's house at night and returning with his clothes wet and my husband was obliged to watch him. Latterly he wandered away altogether and was found near Redburn with his clothes all wet.[696]

A local mason also spoke of MacDonald's habit of wandering into rivers, concluding that "it is dangerous for himself to be left at large."[697] Similar troubles with wandering lunatics posing a threat to themselves and others were reported by *The Inverness Journal.* John Gwynne of Fort Augustus took an obsession with religion and consequently became difficult and unmanageable by his sister, and the paper reported:

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[693] *Inverness Advertiser,* Nov. 11 1859, Page/col ref: 5C.
[694] NAS, SC29/75/8.
[695] Houston, *Madness and Society*, 181.
[696] NAS, SC29/75/8.
[697] *Ibid.*

Last week he alarmed his sister, who resided with him, by stating is conviction that he was about to die a martyr for the cause of religion and talked much about a journey to the North, to hear the Gospel ministers. On Friday, he became outrageous and giving the slip to two men employed to take care of him, he entered a separate apartment in the house, broke a window, and escaped; and although strict search was then and has since been made for him, no traces of the unfortunate man have hitherto been discovered.[698]

More deliberate suicide attempts also appeared in court records, admission records, and dangerous lunatic petitions. Grace Stewart (who we have already encountered) attempted to cut her own throat.[699] Margaret McLean of Tiree was deemed unwell and confined to bed, as she "seemed to be in great concern about her soul and matters concerning religion." Unfortunately, she left bed while her husband, Malcolm, was out working, unable to supervise her, and hung herself.[700] Unsuccessful suicide attemptees were likely to be admitted to the asylum, such as Diarmuid McDiarmuid, sent from Islay to Gartnavel and diagnosed as insane because of several suicide attempts attributed to "loss of means and cattle" and "weariness of life."[701] Suicide anywhere in Europe was usually held as *per se* evidence of madness, given its social and religious implications, and it was seen as a serious infringement of natural and religious law in the Highlands. Local folk traditions, for example, held that suicide victims were not permitted to be buried in the churchyard and were blamed for other types of misfortune, such as a year of poor fishing in a location where someone had jumped into a river or loch.

All of the above cases are somewhat one-sided: neighbours and relatives testifying with the intent of convincing the Sheriff to confine the alleged lunatic, thus making them out to be as deranged as possible. Not often do these records contain the words of the mad person themselves. A final case from the Procurator Fiscal records of Tobermory, however, subverts these categories of reason and unreason, sane and insane, demonstrating how even the alleged "insane" were aware of and able to understand and manipulate social categories and expectations, although they were assumed to be incapable of doing just that. Ann MacPhail of Tiree was not institutionalised, but she was boarded-out, and she appears in Procurator Fiscal records from Tobermory due to being the victim of a rape. Her mental abilities were the integral issue in the case, both in terms of whether or not she was capable of consenting to sexual intercourse and whether or not she was even capable of identifying the alleged rapist. The boarding-

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[698] *Inverness Journal,* Friday Dec. 10 1860, Page/Col Ref: 3A.
[699] NAS, SC29/75/8.
[700] ABC, TPF/1860/39.
[701] SHB, HB13/5/55, 288.

out arrangement was such that MacPhail shared a house with Catherine MacKinnon, her father, and her brother, but the father and brother were seamen, so the two women were frequently alone in the house together. Had Catherine's father and brother been there, Alexander McFadyen, the defendant, probably would not have entered the house.[702] In any case, MacKinnon not only testified as to what happened that night, but also gave her general opinion on MacPhail's mental soundness:

> I have known her for a number of years. She has been an idiot since I knew her. She is known as such throughout the island. She had always a craze about wishing to be in the family way and I have known her to put her clothes over her stomach to give herself this appearance.[703]

The delusions were further supported by the statement of Janet MacDonald or McIntyre, the wife of a neighbouring fisherman on Tiree. After MacPhail left the MacKinnons, she boarded at MacDonald's house, and Janet testified:

> She is a pauper and was sent by the Inspector of Poor who pays for her. She was in John McKinnon's at Scarinish before she came to me. She has a want – is silly. She has delusions, imagining foolish things, talking about men and sweethearts and about having children.[704]

As in previous examples, MacPhail's behaviour was contextualised primarily in terms of her social status, a pauper lunatic, which in terms of societal mores precluded her from having sexual relations with a man and of course from having children.[705] Thus her suggestion that she would have children and her apparent obsession on the matter was constructed as evidence of her mental weakness.

The medical opinion, given by the Tiree surgeon who attended her delivery, supported this contention, stating:

> I am decidedly of the opinion that mentally she was not capable of giving consent. She is altogether animal … mental. She could give a verbal consent for the gratification of desire but she has no moral idea of the consequences. She knows in a hazy way the difference between right and wrong ... and can answer some questions coherently.[706]

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[702]ABC, TPF 1848/1-43. One can examine gender relations in the 1860s Highlands through the testimony in this case, and how "illicit" sexual relations were conducted while patriarchal authority figures, fathers and brothers, were away. In a way, this case can be seen as a regulatory action against such extramarital sexual relations, which were regarded as immoral regardless of the mental ability of participants. Ann MacPhail's idiocy, however, put her in a position where such behaviour could be checked and regulated in a far more open manner than with people seen as mentally sound. That said, it also abdicated her responsibility in a way that would have not been the case for a sane woman. Ann's complicity, or not, in the affair could be dismissed as her not *really* being complicit, while the man was held responsible for rape, thus laying the responsibility firmly on his shoulders. MacPhail's testimony relates MacKinnon scolding MacFadyen, rather than herself, calling him "A black boar."
[703] *Ibid*.
[704] *Ibid*.
[705] As imbecility was understood as inherited, that was the last thing the Tiree community wanted.
[706] *Ibid*.

He also observed that her delusions, prior to her sexual encounter with MacFadyen, primarily consisted of claiming she was "in the family way." All of this constructed a supposedly incontrovertible case supporting MacPhail's cognitive defects, both in terms of violating natural laws (claiming she was pregnant when she was not) and moral laws (desiring a child outwith a marriage). However, the circumstances of this case were significantly complicated by MacPhail's own testimony, suggesting that, in spite of her being designated by her community and outside authorities like Inspector of the Poor as an "idiot," she nevertheless possessed social awareness of proper and improper behaviour. As I have illustrated, the testimony of MacKinnon, MacDonald, and several other acquaintances implied that she was desperate to be pregnant and may have consented, but nevertheless did not have the mental wherewithal to know better, thus positioning MacFadyen as the responsible party. MacPhail herself claimed that MacFadyen forced himself on her: "He followed me and came into bed beside me. I objected to his coming into bed but he said he would do me no harm. In a short time however he took hold of me and had connection with me." Then she concluded her narrative with: "McFadyen never had connection with me with my consent. I always resisted his attempts and threatened to tell."[707] Whether or not she consented – and whether or not she was capable of consent – remains ambiguous, for us and for the Sheriff, who nevertheless found MacFadyen guilty of rape. He might have forced himself on her, as she said; she might also have wanted a child and been a willing partner, but, in spite of her alleged mental shortcomings, was also well aware that sex was a serious violation of socially acceptable behaviour. Her testimony hinted that she might well have posessed "a moral idea of the consequences" of sex outside marriage in a community which strictly regulated sexuality. Yet, what can be determined are both the Tiree community's standards of abnormal and normal behaviour and how tied they were to control over sexuality, and also how a designated lunatic or imbecile was nevertheless capable of bewildering those standards.

III. Looking towards the expansion of the state: madness between centralised government and local authority

The theme appearing in the majority of these cases is that of disruption to family and community life, arguably the primary reason for sending someone to a Lowland asylum or to the Northern Infirmary in Inverness. So long as a person could more or

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[707] *Ibid.*

less function where they were, they probably remained there as it was significant trouble and expense to transport them to a distant Lowland asylum. Even if their families found them somewhat troublesome and wanted them sent away, the medical certificate requirement provided a check, like the Mull doctor who did not believe "considerable eccentricity and abruptness of manner and … great readiness and volubility of speech" added up to dangerous insanity.[708] Thus, dangerousness was both medically and socially specific, a requirement that there must be a threat of real physical harm from or to the alleged lunatic. Hence, the Lunacy Act was used in more a public health sense than any other, removing people from the area who were seen as a substantive threat, not just a hassle to themselves or to the community. These cases indicate that "dangerous" in the Highland context was not a particularly unambiguous category, although some communities occasionally attempted to find the ambiguity in it and use the legislative tools for other purposes, as with Christina McInnes.

The mid-nineteenth century Highlands do not appear to share exactly the constructions of medical expertise and the construction of types of insanity as the Lowlands and England, which had expanded the categories beyond mania and melancholia. The types of madness being debated in Victorian English courtrooms – the "moral insanity" which challenged existing legal and medical constructs of responsibility – do not appear in the Highland Sheriff Court cases of the same era. Case notes and admissions reports provide a glimpse of only the most extreme cases. While, unfortunately, we cannot form much of a picture of the type of "mild" imbecility or madness that would be boarded-out or perhaps not even seen as madness, we can develop an understanding of how Highlanders constructed unreason in its most violent and delirious form.

The two chapters following this one will show how, with reference to mental health care, the modern state established itself in the Highlands, not only through the 1840s legislation already discussed but also through an array of practices and intervention. The admissions testimony reviewed here demonstrates that to Gaelic-speaking Highlanders, insanity by the 1850s and 1860s was constructed in a way arguably more familiar to the Lowland and English observer, although it most likely co-existed with the vestiges of folk practice to some degree. For example, Dr. John Sibbald, the superintendent of the Argyll and Bute Asylum, recounted at least one known instance where a lunatic was dunked in a loch before she became an asylum

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[708]ABC, TPF/1868/1-43.

patient.[709] Driven by disgust over "superstitious" treatments and believing change in management was necessary for Highland lunatics, authorities set out on a mission to bring what they viewed as enlightened methods of treating the mad to the Highlands and Islands. The first of these two chapters demonstrates that it was not a sudden event, but rather a gradual process where communities increasingly relied on the bureaucratic processes available. The final empirical chapter elaborates on how the early-1860s arrival of asylums in Inverness and Lochgilphead had a profound change on the management of lunatics in the Highlands, but prior to that practices of institutionalising the mad in other types of spaces, from local jails and infirmaries to Lowland asylums, were already ensconced and these are my focus in the next chapter. Foucault, writing of the late-eighteenth century, draws out how "psychological" discourses first emerged, which is really the subject my final two chapters. His florid description referring to Europe arguably captures something of the experiences of madness in the mid-nineteenth century Highlands:

> When, in the years that followed, this great experience of unreason, whose unity is characteristic of the classical period, was dissociated, when madness, entirely confined within a moral intuition, was nothing more than a disease, than the distinction we have just established assumed another meaning; what had belonged to disease pertained to the organic, and what had belonged to unreason, to the transcendence of its discourse, was relegated to the psychological. And it is precisely here that psychology was born – not as the truth of madness, but as a sign that madness was now detached from the truth that was now unreason and that it was henceforth nothing but a phenomenon adrift, *insignificant* upon the undefined surface of nature. An enigma without any truth except that which could reduce it.[710]

"Abnormal" activity became construed as the target domain of proto-psychology, linked, but ambiguously, to madness as "mental disease." The Highlands arguably witnessed a "truncated" version of this transition from feudal to modern, with the awkward disjuncture between the "abnormal" ("psychologised") and "madness" ("medicalised") appearing sharply in bold relief, precisely because it was the lay knowledge which remained so central, giving shape to the former that was but fitfully translated into the emerging medical language of the latter. The medico-juridical discourse here was much less seamless and "technical."

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[709] ABC, Argyll and Bute Asylum Annual Reports, Fifth Annual Report (1868), 10.
[710] Foucault, *Madness and Civilization,* 188.

Chapter 5. From Family Home to Lowland Asylum: Housing the Mad Prior to 1863

I. Care in the community

I.1. Boarding-out in the Highlands

What distinguished the Victorian Scottish lunacy system from that elsewhere in Britain and its colonies was the prevalence of "boarding-out," the practice of keeping the insane in private dwellings where the so-called keepers would usually receive a subsidy from a local authority for the maintenance of the patient. This was a topic of debate amongst medical professionals in the "mad-business," but many, including Scottish Lunacy Commissioners such as Arthur Mitchell and John Sibbald, espoused the benefits of keeping patients in the care of the community rather than the asylum.[711] They were largely strong advocates of institutional solutions but reassessed the merits of a "boarding-out" solution when Scottish asylums started filling up beyond their capacity. Mitchell commented: "The patient observes home comforts and pleasures and a measurable return to his former habits of life," and also: "The flickering remnants of mental activity are stimulated by the presence of old, familiar habits, and the patient is happier than in the hospital."[712] Sibbald, the superintendent for Argyll and Bute Asylum before he became a Lunacy Commissioner, wrote in the asylum's Annual Reports, "The Medical Superintendent has frequently, both in reports to the District Board and elsewhere, expressed his belief that a large number of the insane may be suitably, and often with peculiar advantage, boarded with families."[713]

It has been argued that the Lunacy Commissioners constructed boarding-out as an experiment of their making, along the same lines as the Belgian lunatic "colony" in Gheel; or, as one dubious commentator observed, "the Scottish experiment is generally looked upon as nothing more than a personal whim of the Scottish Commissioners

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[711]"Care in the community" reappeared in the postwar period. It became generally accepted in the United States and Western Europe that people experiencing mental illness were better treated out of, rather than in, large psychiatric wards. Mechanisms of "community care" and "supported living" were developed, driven by the ideologies of reintegration and normalisation. See Simon Goodwin, *Comparative Mental Health Policy: From Institutionalisation to Community Care,* (London: SAGE Publications, 1997).
[712] Arthur Mitchell, "The insane poor in private dwellings in Massachusetts," *Boston Med Surg,* 123 (1897): 457-460, 457.
[713] ABC, Argyll and Bute Asylum, Fifth Annual Report (1868). 8.

..."[714] However, Jolly's suggestion is quite inaccurate. The practice of keeping the insane in private dwellings already existed in Scotland well before the formation of the Lunacy Board. Indeed, it was arguably something of a necessity in the Highlands (and other rural parts of Scotland) where asylum provision was simply non-existent before the middle of the century. The distribution of Scottish asylums correlates clearly with population and infrastructure, as is obvious from the 1857 Report, most incontrovertibly in the inset map (Fig. 5.1).

Fig. 5.1. 1857 Lunacy Commissioner's Report Map of Scottish Royal and District Asylums.
(Source: PP. 1857 Scottish Lunacy Commissioners Report)

An 1816 report from Parliament on the condition of Madhouses in Britain lists asylums in Edinburgh, Musselburgh, Glasgow, Paisley, Dundee, Aberdeen, Elgin, and Montrose.[715] All of these were either chartered Royal Asylums or private madhouses, except for the one in Elgin, which was a public asylum that was not chartered. By 1840, there seven chartered asylums in the country with upwards of 2000 patients each. The first one to be built was Montrose in 1779 and the last was the Crichton-Royal in Dumfries in 1839. During the eighteenth and the first half of the nineteenth-centuries, the centralised systems of power and the medicalised insane body which was represented in these asylums were more or less absent from the Highlands. The geography of insanity here was therefore local, dominated by the perceptions I previously explored in the earlier parts of this thesis.

With no large institutions in which to incarcerate the mad, practices of maintaining the insane within their communities dominated the landscape. Boarding-out therefore existed in one form or another before the Lunacy Commissioners took steps to institutionalise and regulate it. Peter Bartlett reckons that local provisions for

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[714] Prof. Friedrich Jolly, "On the family care of the insane in Scotland," *British Journal of Psychiatry,* 21. (April 1875): 40-60, 41.

[715].PP. 1816. Madhouses in England. *Third report from the Committee with an appendix*, Vol. VI, 44p., plans. (Sessional no. 451)

maintaining the insane through kirk sessions and parochial relief, both in private homes and institutions, prevailed since the mid-eighteenth century.[716] It was sometimes done on an informal basis, with families taking care of insane siblings, parents, cousins, and children, with and without monetary relief from parochial authorities. In other cases, individuals were placed with people in the community deemed suitable by the Sheriff or local governing body. Prior to 1845, poor relief – supporting the poor deemed unfit for work, a category including the insane – was conducted primarily by the kirk session. They had the power to raise funds for such purposes and distribute accordingly.[717] Inverness kirk session records from 1764 and 1783 stated that a collection was specifically maintained for the insane poor,[718] while a 1722 kirk session indicated that "cloathes for two idiots" were to be allocated accordingly:

> Prinio, That the Session by Ane Act Appoint a publick Collection in Both Churches for Relieveing the Necessitys of the poor, And that Intimation thereof be ma'ie Next Lord's day in both Churches in the forenoon. That the Said Collection is to be uplifted Sabbath Thereafter : Which being Considere'i by the Session, they did approve thereof, And apts accordingly.[719]

However, it still must be said that references to the insane in the Highland kirk session records are sparse. This may be due to a general paucity of available records, as many have been lost, but possibly suggestive of the nature of Highland communities themselves. As I have discussed in previous chapters, the geography of this part of Scotland, its remoteness and vast distances, as well as the predominance of Gaelic, curtailed the influence of the Church of Scotland. Nevertheless, kirk session references to the diversion of parish funds with the purpose of caring for the insane are nearly as rare in other rural areas of Scotland, even where the Established Church was more prominent in religious and social life. For example, available kirk session records for Dumfries between 1687 and 1838 contain only two references to cases of boarding-out lunatics, that of Elizabeth Muire in 1824 and James McVitie in 1828.[720]

This relative sparseness also reflects the range of methods of care available to people. Institutional care and boarding-out coexisted, even in places such as Inverness

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[716] Peter Bartlett and David Wright, *Outside the Walls of the Asylum: Care in the Community, 1750-2000*, (London: Athlone Press, 1999). 12. The kirk session was an ecclesiastical body, comprising of clergymen and lay elders who who controlled poor relief and policed moral life.

[717] Harriet Sturdy, "Boarding-out the Insane, 1857-1913: A Study of the Scottish System," PhD Thesis, University of Glasgow (1996).

[718] Alexander Mitchell, ed., *Inverness Kirk Session Records, 1661-1800*, (Inverness: Robert Carruthers and Sons, 1902), 150.

[719] *Ibid*.

[720] DG, CH2/537/12.

which had an infirmary with twelve beds designated for the insane.[721] It is possible that families only turned to the kirk session for assistance when faced with someone who they themselves could not handle and needed assistance. The New Statistical Accounts suggest a general reluctance on the part of Highlanders to seek any kind of poor relief, unless completely desperate; shame as such in seeking relief prevailed.   Rev. Charles Downie of Contin wrote, "The poor in this parish do not apply for relief, until compelled by necessity – in any other case they regard it as a degradation,"[722] while Rev. John MacKenzie of Rogart, Sutherland, observed, "It has been felt degrading to receive parochial relief."[723] The kirk session's funds for parochial relief were primarily fed by either the main landlord, as was the case in much of Sutherland and Inverness, or other wealthy heritors. Although the fundamental structures of the clan system had largely disintegrated by this time, the role of the wealthy in supporting the poor reflected the inherited obligations of a Highland elite toward their tenants, a final holdover from the "old" society. Elsewhere, as in many Argyll parishes, funds were wholly dependent on church collections and payments from christenings and baptisms. People also turned to their families for relief and support, rather than the kirk. Rev. Alexander MacLeod of Uig (on Lewis) stated that paupers in his district were "partly supported by their own relatives."[724] Rev Robert Finlayson of a neighbouring Lewis parish, Lochs, also reported that "the poor of the parish are supported chiefly by their own relations."[725]   Additionally, in some cases the insane or fatuous appear to have functioned within the community without trouble, so long as they were not violent or disruptive.[726] We have already encountered Lachlan Og in Alexander Carmichael's folktale collection, the insane man who roamed around Kilchrenan and Lorne. In Lachlan's case, Carmichael explained, "When people knew he was about, they left food for him in well-known retreats – which were simply depressions amongst rocks and hillocks – summer and winter."[727]

In any event, regardless of whether they appeared in available kirk session minutes, ministers were aware of at least some of the lunatics in their parishes, as this

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[721]R.A. Houston, "Not simple boarding: care of the mentally incapacitated in Scotland during the long eighteenth century," in Bartlett and Wright (1999). 20. Houston's paper contains further discussion of the complex interactions of "community care" and institutional care in the Scottish Lowlands.

[722] NSA, vol.14, Account of 1834-45: 243.

[723]NSA , vol 15, 56.

[724] NSA vol. 4, 153.

[725] *Ibid*. 168.

[726] "Fatuous" was a Scots legal term for imbecilic and/or melancholy individuals, often included in legal documents alongside "furious," which meant manic. Such terms were usually *not* applied by laypeople in describing madness. See Houston, "Poor relief and the dangerous criminal insane" (455), and Houston, "The face of madness" (51).

[727] Carmichael, 341.

information appears in the New Statistical Accounts. They were often noted as being supported by parish funds, implying that even if they were not actually mentioned in the minutes, they were still receiving subsistence from parish authorities. Most of the clergymen who compiled the accounts, from approximately 1833-34, did not mention the manner in which the insane were kept or whether the parish funds were used for boarding-out or for institutionalisation, which at this time meant either a local hospital or prison or an asylum down south. A small number did, however, and, Rev. James Curdie of Gigha and Cara reported that, "There is one fatuous man in the village, and a young man from another parish who is boarded here."[728] He did not specify whether the "fatuous man" in the village was receiving any kind of relief, but he indicated that his parish, or someone in it, might have been getting funds to support the young man from another parish. In Kilmore and Kilbride, one of the three insane was boarded-out, while the parish was paying for upkeep of the other two in Glasgow Royal Asylum;[729] and in Campbelltown, eight were specified as being confined while the other eight were "not confined."[730] The table on the following pages (Fig. 5.2) provides numbers of insane and fatuous persons known to the minister:

Fig 5.2. Table of insane and fatuous individuals on Highland and Island parish poor rolls.

(Souce: New Statistical Accounts)

County	Parish	Insane	Fatuous
Argyll	Dunoon and Kilmun	6	6
Argyll	Campbelltown	16	not mentioned
Argyll	Kilmore and Kilbride	3	not mentioned
Argyll	Ardnamurchan	8	9
Argyll	Gigha and Cara	1	1
Caithness	Thurso	2	4
Elgin	Forres	6	1
Elgin	Ardclach	1	1
Inverness	Kilmorack	14	not mentioned
Inverness	Moy and Dalarossie	2	not mentioned
Inverness	South Uist	2	17
Inverness	Barra	not mentioned	8
Inverness	North Uist	not mentioned	9
Inverness	Kingussie	not mentioned	1
Inverness	Ardesier	1	2
Ross and Cromarty	Avoch	9	not mentioned
Ross and Cromarty	Lochcarron	3	4

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[728] NSA, vol. 7, 401.
[729] NSA, vol. 7, 533.
[730] NSA, vol. 7 467.

Ross and Cromarty	Gairloch	not mentioned	10
Sutherland	Tongue	0	6
Sutherland	Clyne	5	not mentioned
Sutherland	Golspie	not mentioned	1
Sutherland	Farr	1	1
Sutherland	Rogart	3	3

After 1845, the nature of parochial relief and, consequently, the management or care of the insane, underwent a period of change. Following the passage of the 1845 Poor Law Amendment (Scotland) Act, parochial boards, secular rather than ecclesiastical bodies, were set up in each parish to administer poor relief and were part of the enlarging bureaucratic apparatus; the arm of the modern state reaching into the Highlands.[731] In some ways, they operated similarly to the kirk sessions: the method of dispensing funds to care for the lunatic poor, the sources of their funding, and the reasoning behind it did not change much. They did not have the moral authority of the kirk sessions. While the kirk sessions considered and ruled on a range of issues – from illegitimacy, fornication, and other "scandalous behaviour;"[732] to setting up schools (and who was entitled, or not, to do so) and other educational establishments like libraries; to deciding on land-use cases and dispensing poor relief and healthcare – the parochial boards focused solely on allocating poor relief and raising the funds to do so, as well as on managing public health issues such as cholera outbreaks. The rest of moral and social life was hence outside of their purview.

Like the kirk sessions, the parochial boards paid people a weekly sum to lodge lunatics in their house, sometimes the lunatics' families, but also others in the community deemed suitable. About ten imbeciles in Kildonan, Invernesshire were boarded-out in the community until the board decided to send them to the asylum after 1876.[733] Knapdale parochial board minutes from 1853 authorised the transfer of Nancy Campbell, who suffered from mental derangement, from the "occasional roll" to the "permanent roll."[734] The board also noted the need for further investigation of her mental state and consideration of her removal to an asylum, due to an application from her sister, Elizabeth Morrison, stating that "she was dangerous to the family with whom

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[731] PP. 1845 (183) Poor Law amendment (Scotland). *A bill for the amendment and better administration of the laws relating to the relief of the poor in Scotland.*
[732] "Inverness Kirk Session Records," 182.
[733] HC, CS/6/8/3.
[734] ABC, CA/9/53/39. Where poor relief registers were kept, it was often the practice to have two rolls, a "permanent" roll and an "occasional" roll. The permanent one was for paupers who were expected to be chargeable for the rest of their lives, such as the physically infirm, orphans under 14 years old, those over 70 years old, and the chronically insane or "fatuous," whereas the "occasional" roll was for paupers who were suffering from temporary sickness, accidental loss of income or property, or licensed beggars .

she lived."[735]   To return to a case discussed in the previous chapter, Catherine MacInnon of Tiree testified that her father was receiving compensation from the Inspector of the Poor to board Anne MacPhail, an "idiot" and a pauper, in their house.[736]   From MacPhail's case we can construct a fuller picture of at least one individual whom the parochial board deemed justifiable to support in this manner. Alexander Buchanan, a surgeon educated at the Royal College of Surgeons in Edinburgh, but residing in Baugh, Tiree, said of her mental state:

> I made a minute and careful examination of McPhail, conversed with her and found her to be an idiot. I have no doubt of it whatever. Her appearance, conversation, the conformation of her head, the vacant expression of her eye, face, and countenance spoke too truly for me to doubt. I made a report to this effect to the Board of Lunacy. In conversation she was able to answer some questions but she wandered and was not able to keep up a coherent or reliable conversation.   This arose not from defective education or training but from sheer mental incapacity. I am of the opinion that the idiocy in her case in congenital.
> I have since frequently seen and talked to her and she is now and has all along remained in exactly the same state. She has both illusions and delusions. For a number of years previous to her recent pregnancy in meeting her she said she was in the family way. She spoke in Gaelic and the words she used were that she was "heary (sic.)" There was no truth in this at the times to which I refer. It was a delusion. She has a strong erotic tendency and has often expressed this desire to me.[737]

These criteria obviously bear similarities to those in Sheriff's reports and asylum admissions papers, as I have elucidated in my previous discussion: the patient's general level of coherence, their countenance, and the presence of illusions and delusions. They were clearly the criteria also used in order to obtain boarding-out dispensation from parochial boards.   Quite critically, the surgeon reported MacPhail as being "not dangerous," that key distinction in the mid-nineteenth century between lunatics who were boarded-out and ones who were placed in institutions.

I. 2. The Lunacy Commission investigates boarding-out

The policies that the Scottish Lunacy Board adopted towards boarding-out after 1857 were therefore an attempt to institutionalise and regulate an on-going and entrenched practice.   After all, even if more asylums were to be built (which they were), the Commissioners believed they needed the legal mechanisms to deal with immediate problems, "for asylums cannot be built in a night."[738] While supportive of boarding-out in theory, the Lunacy Commissioners expressed concerns over its implementation and

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[735] *Ibid.*
[736] ABC, TPF/1868/38.
[737] *Ibid.*
[738] G. Gibson, "The boarding-out system in Scotland," *Journal of Mental Science,* 71 (1925): 253-64.

were swift to highlight cases of maltreatment of patients by their relatives or communities. W.A.F. Brown, Sibbald, and Mitchell sat uncomfortably between their theoretical predilections favouring boarding-out as an efficacious treatment of insanity, and their distrust of a people whom they regarded as superstitious and ignorant.[739] Sibbald, writing for the Argyll and Bute Asylum annual reports, described the following case:

> It is reported upon good authority, that a patient at present in the Asylum, and in whom recovery is now almost hopeless, was taken out to sea by her relatives, for the purpose of being thrown overboard, and kept under water until half drowned, in the hope that the returning animation might not be tainted with the evil influence under which she was supposed to suffer. This circumstance, which is founded on a medieval superstition, is mentioned to how desirable it is that all the insane be placed under intelligent supervision as soon as possible after commencement of the illness. There is also a less extreme though not less fatal error which is often committed by the relatives of the insane; and this is especially likely to occur in such cases as are remote from medical advice.[740]

Sibbald attempted to navigate circumspectly between the beneficial effects of boarding-out and its associated risks. The individuals referred to appeared to have been attempting a version of a "folkloric" water cure, evidence that traditional medicine was still being practised in Argyll in the 1860s. The fact that the patient was then admitted into the asylum after the attempted water cure is indicative of the layered geography of Highland insanity and how older Gaelic cures were still present. Mitchell's entire 1862 paper expressed similar concerns with the treatment of patients at the hands of their ignorant and, worse, superstitious communities. Quoting Bacon, Mitchell complained, "The master of the people is ignorance."[741] The most prevalent problems, at least in terms of what can be ascertained from the Lunacy Commissioners' writings, were not the folk cures *per se*; rather they found a concerning amount of restraint, physical abuse, and neglect. Mitchell's 1864 text, *The Insane in Private Dwellings*, claimed that: "instances of neglect and injudicious management are numerous."[742]

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[739] The two Lunacy Commissioners appointed in 1857 were Browne and James Coxe. Mitchell was then appointed a deputy lunacy commissioner and became a senior medical commissioner in 1870. Sibbald would not become a lunacy commissioner until 1874, when he left his post as superintendent of Argyll and Bute Asylum. Mitchell was the most prolific writer on boarding-out, while Browne, who was the superintendent of the Crichton-Royal Asylum in Dumfries prior to his 1857 appointment, mostly wrote about how asylums should be managed, most notably in "What asylums were and ought to be," arguing that the ideal asylum was "a spacious, airy building surrounded by gardens." (James Harper, "Dr. W.A.F. Browne, *Proceedings of the Royal Society of Medicine*, 48:8 (August 1955): 590-591, 591). Some of these ideas he applied to the Crichton while superintendent, and patients there engaged in "social and recreational activities of almost bewildering variety, including games, lectures, regular dances and concerts, walks and drives into the surrounding countryside, and visits to entertainments in Dumfries" (*Ibid.*). Browne also implemented a strict regime of moral treatment, a rigid daily timetable where "every hour has its appropriate object and occupation and they (the patients) become more the creatures of a system and less the sport of their own distempered inclinations." (*Ibid.*).

[740] ABC, Argyll and Bute Asylum, Fifth annual report (1868), 8-10.

[741] Mitchell, "On Various Superstitions," 264.

[742] Arthur Mitchell, *The Insane in Private Dwellings*, (Edinburgh: Edmonston and Douglas, 1864), 20.

By the middle of the nineteenth century, the "moral treatment" paradigm, first propounded by Pinel and Tuke, dominated British nineteenth-century psychiatric circles.[743] This factored into the geographies of Scottish and English asylums but, outside of the asylum, it also demanded that the carers of the insane maintain certain minimal standards. Order and cleanliness were regarded as one of the edifices of reason – therefore keeping lunatics in squalid conditions was not only inhumane, it was completely antithetical to a cure. Mitchell's lengthy discussion of boarding-out touched upon the trouble with relying on relatives and neighbours to care for a lunatic. The following excerpts depict the types of neglect which dismayed Mitchell during the Lunacy Board's investigations:

> A. M. lives in an outhouse constructed of boards, between which moss and earth are stuffed. It is thatched with broom. It has a rude porch and window. A man of ordinary size cannot remain upright within. It stands alone amidst pigsties and dunghills. The former are clustered around, and contain occupants infinitely more clean and more comfortably lodged than the patient; the latter are within a yard of the door. The hovel is floored with boards which are damp, partly from the subjacent soil, partly from the habits of the patient. He passes his faeces and urine on the floor, which was still wet. The floor, part of the bedstead, and a rude chair were blackened and barked with a thick layer of filth, faeces, etc., which gave forth a putrid and most offensive smell.[744]

> He sleeps in a stall or compartment of a vast byre where cattle are placed during winter. His dormitory is under a roof, and partly enclosed by rough planks boarding up the unbuilt archways, not so adjusted however as to prevent the moon shining brightly within, and casting a broad light over the dirty straw which littered the floor. No one else of course sleeps there, but in winter he has cattle as companions. He sleeps on straw. The cold during winter must be dangerous.[745]

> One of the imbeciles is active, restless, mischievous, destructive, and has a constant desire to run from home. He was found half naked and dirty, grovelling among the ashes on the hearth, fastened to the chimney-corner by a chain, which was secured round his waist by a large padlock. Another man was visited, who for many years had been chained to the ground in a turf hovel or kennel. The contrivance in this case was of the most cruel and barbarous character.[746]

> I found her in a strait-jacket, the arms of which were laced with a rope to the sides of her bed, which had been constructed for the purpose. The shoulders and back of the jacket were laced to the head of the bed. To the lower border of the jacket a long apron of strong canvas was attached, which was also laced to the sides of the bed.
> "She passes her urine and faeces where she lies, and is cleaned every second day. At the time of my visit the urine was dropping from the bed, and the odour was very offensive.
> "She is said to have been ten years insane, and lo have been- for several years, without intermission, the subject of this inhuman treatment. Before entering the house I heard her cries, and while I was beside her, she was violent and noisy, struggling to escape from her bonds, endeavouring to sit up, howling, swearing, singing, and laughing.[747]

Mitchell added that the conditions in which lunatics were kept should be relative to the manner in which people in their general community lived, but even by those standards,

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[743] Andrew Scull, "Moral treatment reconsidered: some sociological comments on an episode in the history of British psychiatry," *Psychological Medicine,* 9 (1979): 421-428
[744] Mitchell, *The Insane in Private Dwellings*, 46.
[745] *Ibid.* 53.
[746] *Ibid.* 24.
[747] *Ibid.* 28.

the conditions he found were appalling. In the Hebrides, he explained, one would not expect to find the same conditions as in Edinburgh. The standards of living in the Highlands and Islands were not high for the average crofter or labourer. "Sometimes this general standard is so low (as in some parts of the Hebrides), that the Board has a difficulty in giving their sanction to state of matters which may not be much, if at all, below the average."[748] Nevertheless, he recognised boarding-out, when it worked, as more beneficial to some patients than an asylum and also understood it to be an inevitable response in some quarters of Scotland, given the geography of the place and the unavailability of local asylum accommodation to many people.

As the legislation stood during the Lunacy Board's 1857 investigation, authorities were unable effectively to manage the insane in private dwellings or remove them should conditions be found unsatisfactory. The provisions of the 1857 Act attempted to redress this deficiency.[749] It empowered the Lunacy Commissioners to inspect private dwellings if an insane person resided there, and to remove the lunatic, by way of legal action, in instances of neglect or maltreatment. An 1866 case involving Janet Campbell from Wick reveals the legal proceedings required in the removal of a lunatic from a private dwelling. The Lunacy Commissioners believed that:

> Janet Campbell, a lunatic, has been residing with her mother Elizabeth Sutherland or Campbell without an order of the court or the sanction of the Board of Lunacy Commissioners and has been subject to compulsory confinement in the house, restraint, and coercion for a considerable amount of time beyond a year after initial confinement for her malady.[750]

The Lunacy Commissioners appealed to the Lord Advocate for Scotland George Palton, for permission to enter Campbell's house and to inspect the conditions in which she was kept. This quote also indicates that those desiring to maintain an insane person in their home were required to subscribe to certain legal procedures in order to obtain permission to do so, and that Campbell's mother had not complied. Such was the distribution of power, on the side of the state authorities, in the late-1850s and 1860s; how legal and bureaucratic requirements extolled certain actions on the part of lunatics and their keepers, and how such requirements might increasingly be enforced. In any event, Lunacy Commissioner Browne "concluded that [Campbell] was lunatic, had been for over a year, and that coercion had been resorted to in her confinement by her mother."[751] The Lunacy Board wanted the court to authorise Campbell's commitment

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[748] *Ibid*. 35.
[749] PP. 1857 Session 2 (134) Lunatics (Scotland). *A bill [as amended in committee] for the regulation of the care and treatment of lunatics, and for the provision, maintenance, and regulation of lunatic asylums, in Scotland.*
[750] NAS, SC14/4/312.
[751] *Ibid.*

to "a place of safe custody." After considering evidence from doctors, Browne, and neighbours and relatives, Palton ruled that the Lunacy Commissioners could inspect the dwelling but did not, at that point, grant them the authority to remove Campbell from her mother's house. He said he would hear evidence of her alleged maltreatment, which needed to be above and beyond how ordinary poor people in Wick lived, at another hearing after the inspection and decide then whether to remove her or not.   At the second hearing, Browne testified:

> She was in a state of shameful destitution and discomfort injurious to her health; that she was confined in a cold and dark room, where she was at one time restrained, and where she is now, and has for many years past been, unnecessarily confined; and that in my opinion she should be removed immediately to an asylum.[752]

Testimony from Campbell's sister indicated that she could be violent and was kept in a small room in the house, locked, with no windows, and had not been out of the room for thirteen years:

> For the past seven or eight years she has kept her bed continuously. Previously to that she … occasionally got up and in her violent moods she used to chase us. Her natural evacuations are not in the bed with the exception of very frequent urinary discharges. On the requisite occasions I lift her out of bed for these purposes.

Judge Palton agreed with the Lunacy Commissioners that this treatment was not satisfactory and ruled that Campbell be removed to Montrose Asylum.[753]

Campbell's case is illustrative of the tension between mid-nineteenth century paradigms and ethics of treatment, the theoretical foundations of boarding-out, and the practical realities faced by people dealing with their insane family members. Mary Campbell testified that her sister broke windows, chased them about, and gradually became too insensible to take care of herself or even move. Her transfer from her mother's house to Montrose Asylum was a shift from one type of restraint to another, the latter viewed by the authorities as more humane than being locked in a small room, chained to a straw bed.   Underlying what occurred here, both from the perspective of physicians and the patient's family, remained the need to restrain and sequester a potentially violent lunatic. From this perspective, Foucault's ideas of hiding unreason appear in the daily realities of dealing with the insane. Unreason, he argues, had become a subject of terror in eighteenth-century culture. Hence:

> If a doctor was summoned, if he was asked to observe, it was because the people were afraid – afraid of the strange chemistry that seethed behind the walls of confinement, afraid the powers

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[752] *Ibid.*
[753] *Ibid.*

forming there would threaten to propogate.[754]

It was associated with ideas of evil, of disease and contagion, that it had inherited from beliefs previously associated with leprosy.[755] He was writing of hiding unreason on a vast societal level, in large madhouses such as Bicêtre, but on a smaller scale people were confining and chaining the mad in their sheds, motivated prevailingly by fear. Removing the mad to a nineteenth-century asylum, "completely isolated, surrounded by a purer air,"[756] was strongly advocated by reformers such as the Tukes, where the physician-patient relationship as a form of treatment was first to emerge.   Foucault has thus described the dynamic of fear verses reason in the nineteenth century hospital:

> The terror that one reigned was the most visible sign of the alienation of madness in the classical period; fear was now endowed with a power of disalienation, which permitted it to restore a primitive complicity between the madman and the man of reason. It re-established a solidarity between them. Now madness would never – could never – cause fear again; it would *be afraid,* without recourse or return, thus entirely in the hands of the pedagogy of good sense, of truth, of morality.[757]

Such practices were well established in England, the Lowlands, and other parts of Europe by the middle of nineteenth-century (Foucault here was writing about the emergence of the York Retreat and its moral therapy at the very end of the eighteenth century).[758] In the Highlands, these values and related types of sequestration were just emerging in the mid-nineteenth century as part of the discourse surrounding madness, but the Lunacy Commissioners were very much informed by the ideas of Pinel, Esquirol, and Tuke, and brought that with them into their investigations and recommendations.

While asylums were certainly a type of restraint in and of themselves, their policies dictated that the use of coercive forms of physical restraint was supposedly a measure of absolute last resort. Physicians who advocated the use of asylums and who were deeply sceptical of boarding-out found "the treatment of lunatics in this county was entirely restraint in its most offensive and revolting form."[759] That remark came from an Inverness doctor, and the county in question was the Highland one of Invernesshire. I shall go into the nature of the asylums in the next chapter, but it is

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[754] Foucault, *Madness and Civilization,* 195.

[755] *Ibid.* 192.

[756] *Ibid.* 196.

[757] *Ibid.* 233.

[758] For more detailed discussion of the York Retreat and moral treatment, see Anne Digby, *Madness, Morality and Medicine: A Study of the York Retreat 1796-1914*, (Cambridge, UK: Cambridge University Press, 1985).

[759] HC, D863/5.

evident that in some cases relatives were quick to utilise physical restraint when necessary, and not in a manner likely to meet the approval of psychiatrists. Mitchell, discussing the struggles with regulating how people dealt with their insane relatives, commented, "Here again we have the development of a sound principle, for it is clearly not right that any man should have the power of continuously depriving another of liberty, and of subjecting him to a restraint, which may be absolutely cruel …"[760] Highlanders were increasingly more inclined to utilise state apparatuses – jails, infirmaries, sheriffs – to contain and control insane persons who were regarded as violent or uncontrollable. Foucault has argued that asylums which applied a regimen of moral treatment had constructed a thoroughly modern, more insidious, form of restraint: "In fact Tuke created an asylum where he substituted for the free terror of madness the stifling anguish of responsibility; fear no longer reigned on the other side of the prison gates, it now raged under the seals of conscience."[761] For families and relatives of the Highland insane, unaware of Tuke's universe of moral order and self-restraint, the only way to contain disorder and unreason when it became frightening and violent was to chain it up.

However, not all boarded-out lunatics were kept locked in sheds or small rooms. After all, not all forms of insanity caused violent behaviour. Non-violent individuals were allowed to be at large, certainly allowed more freedom of movement than they would have had in an asylum, this being one of the advantages of boarding-out so long as the insane person, or their carers, were able to fit within the order of society. The trouble with the mad, of course, even the non-violent individuals, was that they often did not. The sort of freedom accorded to Lachlan Og, above, does not seem prevalent from the textual record and, while aggressive and inhumane restraint was one problem, the insane having what could be described as too much freedom was another. Madness at total liberty was as socially unacceptable as madness chained and locked up. Archibald MacInnes, a crofter from Iona, testified about his daughter, Christina:

> One day in the beginning of the following summer I was left alone in the house with her taking dinner when she suddenly slipped out and did not return at night. Some of our neighbours and ourselves went in search of her and she was found in a neighboring field. Again about last Lammas we had a boat load of peat at the shore of the village and she was helping us, when she pulled off her clothes except for her shift and plunged herself off a rock into the sea. Sometime afterwards we were working at peats in Ross and she was sent with a can of milk to us, which she left on the public road near Lionnphort and went away and her brother Allan, who is also deaf and dumb, found her next morning in a house near Ardallanish Point. She does not attempt to strike or injure anyone but we must watch her night and day because she sometimes rises at night, and dresses herself as if to leave the house and go somewhere. We are therefore afraid

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[760] Mitchell, *The Insane in Private Dwellings*, 6.
[761] Foucault, *Madness and Civilization,* 234.

that she may be lost if left here.[762]

It is clear from his comments that MacInnes genuinely cared for his daughter, but was also exasperated at the efforts and resources required to keep a continual check on her well-being and whereabouts. He was testifying to the Sheriff in a proceeding to remove Christina to the Argyll and Bute Asylum, but his remarks indicate that she was cared for at home for a number of years. Unlike Janet Campbell above, the issue here was not inhumane restraint, but her family's apparent inability to control her and prevent her from wandering off and getting into trouble (already met with on occasion in the previous chapter). Through this testimony, we catch sight of the harsh life of nineteenth-century crofters, the pressures on people to travel considerable distances, and the stress potentially caused by someone who might be quite unreliable and unable to function as a member of the community. McInnes bemoaned that he did not have the resources to "watch her night and day." All of his anecdotes about her elucidate the family's engagement with the type of labour common in the Western Isles and her tendency to distract them from work, through antics like stripping and jumping into the sea and wandering off when she should be fetching milk.

An 1870 article in *The Inverness Advertiser* reported the wanderings of an "escaped lunatic" near Beauly. The paper stated that the lunatic, Isabella MacDonald of Balchreggan, stayed with her father and had escaped from his house.[763] The servants of a family from Achnagairn heard "extraordinary ringing noises throughout [their] house, the ringing of bells, the tinkling of a piano." With the assistance of neighbours, they found the courage to investigate and discovered MacDonald "jingling away at the piano. She had eleven candles lit, wished to have some wine, and had been acting the lady as best she could."[764] She was delusive and while not dangerous or violent, she transgressed social boundaries, and the law, by breaking into an upper-class house.[765] These problems have a degree of longevity to them, indicating that the advantages of boarding-out, the greater freedom afforded to the insane, was also a recurring problem. An 1830 article in *The Inverness Journal* reported a similar escape of a boarded-out lunatic, John Gwynne of Fort Augustus, who:

> exhibited symptoms of temporary insanity; he attended religious meetings in and about the neighbourhood of Balrishal and frequently preached and prated fervently himself. Last week he

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[762] ABC, TPF/1868/1-43
[763] *The Inverness Advertiser*, Friday, July 8 1870, Page/col ref: 2D.
[764] *Ibid*.
[765] A blurring of class boundaries was a common delusion amongst lower class insane. As the next chapter will show, many patients from a crofting or labouring background in Inverness District Asylum believed they were a part of the nobility.

alarmed his sister, who resided with him, by stating is conviction that he was about to die a martyr for the cause of religion and talked much about a journey to the North, to hear the Gospel ministers. On Friday, he became outrageous and giving the slip to two men employed to take care of him, he entered a separate apartment in the house, broke a window, and escaped; and although strict search was then and has since been made for him, no traces of the unfortunate man have hitherto been discovered.[766]

The article alluded to the manner in which Gwynne was cared for, indicating that he lived with his sister and two men "employed to take care of him." As with Janet Campbell and Isabel MacDonald, this man's family played an integral role in minding him. These cases may only provide a vague picture of this care; however, they suggest that male relatives were happily left to take care of madwomen, but it seems as if Gwynne's sister had male assistance in taking care of him, most likely paid for by the local kirk session. Whether this has anything to do with her individual circumstances, his behaviour, or constructs of gender roles, we cannot ascertain for certain, but it is worth noting.

Gwynne had a degree of freedom to travel about the community, as he was able to attend religious meetings, but breaking out of the house and disappearing was not within the accepted boundaries of freedom. Similarly, Christina MacInnes travelled with her family from Argyll to Ross for seasonal work. So long as they acted within basic social boundaries, *as if* they had reason, their families could cope with them. But they became problematic when they transgressed those boundaries, although such transgressions are arguably within the very "nature" of the madness itself. Thus boarding-out was a paradox between liberty and confinement, but such liberty was contingent on the mad acting, to certain extent, as if they were sane. The above cases illuminate the uncomfortable tension between the advantages of boarding-out and questions surrounding how much freedom the insane should be allowed and possible repercussions thereof.[767]

In the nineteenth century, it was generally accepted that anyone categorised as insane or an idiot was not mentally competent to enter into civil contracts. Writing mainly of England, the historian Peter Bartlett has commented:

> Competency determinations through the use of the Royal Prerogative power were formalized by the beginning of the fourteenth century, thus well before civil or criminal confinements. Other issues of civil competency were pervasive in the court system, and included questions of the competence of witnesses to testify or parties to undertake proceedings, of testators to make a valid will, and of parties to make a valid contract. Very little has been written regarding the history of

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[766] *The Inverness Journal*, Friday Dec 10 1830, page/col ref: 3A.
[767] Patients escaped from asylums as well. One infamous incident is that of Angus Mackay, a piper from Glendale, Skye, who was confined in the Crichton-Royal in Dumfries. Mackay escaped from the asylum, intending to return to Skye, only to drown in the River Nith. See Alistair Campsie, *The Macrimmon Legend: The Madness of Angus Mackay*, (Edinburgh: Canongate Books, 1980).

these procedures, although a general introduction to English practice can be found in the *Final Report* of the Ontario Enquiry on Mental Competency.[768]

Scots law had similar provisions regarding mental capacity. The insane were legally classified as incapable of decision-making. For example, Court of Session papers contain a case where Dr. Charles Fyffe of Glasgow, who died in Calcutta, was deemed insane when he appointed executors of his will, thus leading to debate over whether or not he was capable of managing his own affairs and thereby affecting the terms of the will. The court concluded that, given the circumstances of the case, the debts in question had to be repaid anyway, but the case demonstrates that Scots law, like English law, constructed lunatics as both legally and medically incapable of managing their affairs.[769] Therefore they were the objects of power. The asylums in the early-nineteenth century encapsulated a framework which tried as best it could to minimise physical restraint, whilst still exerting control over the behaviour of the patients. A docile patient was a good patient, but not all patients were docile, or readily conformed to the behavioural expectations expected of them, whether in or out of the institution. The mechanisms of power exemplified in asylums – in other words, the order imposed by them onto their patients and the shift discussed by Foucault from physical to psychological restraints – were held by the Lunacy Commissioners to be the ideal way of maintaining boarded-out lunatics. The practicalities of it were far more challenging.

These are, of course, the sensational cases, the ones which made news or which found their way into the court system. Cases where the system actually worked do not tend to make it into archives, at least not their details, as the types of sources which tend to survive the passage of time, legal documents, newspaper reports, and the like, are usually ones documenting the worst problems and excesses. Mitchell assured us that in some instances, boarding-out proved beneficial to the patient, writing:

> Happily, the instances are also numerous which exhibit devotion, self-sacrifice, and most successful and economical management, and to this aspect of the condition of the insane in private dwellings, I shall have to refer at a later stage of this paper, when I shall draw attention to the lesson which it teaches, and to the manner in which it corroborates the growing belief that a large number of the insane can be properly treated in private dwellings.[770]

Mitchell himself added: "Altogether, the picture I have to paint is a sad one, but it is the

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[768] Peter Bartlett, "Legal madness in the nineteenth century," *Society for the Social History of Medicine,* 14:3 (2001): 107-131, 117.

[769] *Reports of Cases decided in the Supreme Courts of Scotland and in the House of Lords on Appeal from Scotland.* House of Lords Cases from 16th March 1837 to 2nd Feburary 1839, Compilers: W.H. Dunbar, Esq. Advocate, Geo. Dingwall Fordyce, Esq. Advocate, John De Maria, Esq. Advocate. (Edinburgh: M. Anderson, Law Printer), 170. The appellate court overturned the decision of the Court of Session, ruling that Dr. Fyffe's insanity in fact extricated his inheritors from the debts he had accrued.

[770] Mitchell, *The Insane in Private Dwellings*, 12.

sad side that I have chosen to paint."[771]   In the above account, I have done the same, as the pitfalls of keeping the mad at home would be critical to the creation of lunatic wards in infirmaries, the incarceration of lunatics in local prisons and poorhouses, the transport of lunatics to distant asylums, and ultimately the construction of large Highland asylums.

II. Institutionalising the dangerous insane

As I noted in the discussion of boarding-out and relating to the witness testimony in the previous chapter, the practice of confining the Highland insane co-existed with boarding them out. There was no singular or even particularly dominant way of maintaining or managing the insane: people turned to whatever was available or convenient and there are instances, as we have already explored in the case studies of Janet Campbell and Christina McInnes, of different methods being used for one person when the situation they were in became untenable. Records from the early-nineteenth century and onwards show lunatics being kept in Highland prisons, hospitals, and infirmaries, as well as being regularly transported from the Highlands to Lowland asylums.   Care in the community thus only seemed practical for those who were not disruptive to their communities; when someone's outrageous behaviour led them into trouble with legal authorities or proved too much for their carers to handle, they were likely to end up incarcerated in one of the above institutions. The previous chapter has illustrated the sort of behaviour classified as disruptive and constituted as fitting within the legal category of "dangerous," and this one will now turn to the institutions themselves, local jails, infirmaries, and Lowland asylums, and the practices and procedures triggered by this psychiatrisation of violence.

II.1. Temporary receptacles for the dangerous insane

English legal provisions for confining the unruly insane were much more extensive than those in Scotland during the seventeenth and eighteenth centuries.   A. Fessler, who has examined "Quarter-session" papers from Lancashire, has found that magistrates would employ a boarding-out type system for the insane whom they believed to be controllable by families or other designated individuals, whilst the dangerous insane, those "who could no longer be kept in safety in their parishes," were

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[771] *Ibid.*

removed to a house of correction."[772] More centralised measures for managing the insane did not appear until 1800, but there were private and charitable asylums all over the country from the early-to-mid-eighteenth century.[773]

As early as 1805, MPs were insisting that purpose-built asylums were the most effective and humane treatment for the mad. For example, when John Newport and his committee investigated the state of the destitute poor in Ireland, they concluded that support for pauper lunatics was painfully inadequate and they should not be kept in poor houses or in prisons.[774] This point was crucially reiterated in the proceedings of the 1807 Select Committee, presaging the 1808 legislation. Prisons, in any case, did not want the insane, as they were disruptive and problematic.[775] Madness, in the depths of "general confinement," acquired an especially deviant character, disturbing the order of the prison or workhouse, thus calling forth the need for specialised confinement.[776]

Although local asylum provision in the Highlands was non-existent in the first half the nineteenth century, there is ample evidence of the mad being detained, usually temporarily, in local prisons. The Inveraray Prison has maintained and digitalised an extensive collection of its nineteenth century registers.[777] They show forty-nine lunatics passing through the doors between 1826 (the start of the available records) and 1880. Of these individuals, eighteen had been charged with a crime, while thirty were detained on the grounds of their alleged insanity alone.   Two of the criminal defendants were found sane and four of those charged with lunacy alone were found sane. Of all those who were found insane, only seven remained incarcerated in Inveraray Jail until they either died (only two lived out their lives in the jail, in which case it was not a "temporary" receptacle) or were adjudged sane enough to be released. Thirty-three were transferred out of the county, usually to the closest asylum, which was Glasgow Royal until the Argyll and Bute Asylum was erected at Lochgilphead in 1863. However, five were sent to the criminal lunatic wing of the Perth General Prison, one was sent to the Musselburgh Asylum, a private madhouse, and another to the Edinburgh Royal

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[772] A. Fessler, "The management of lunacy in seventeenth century England: an investigation of Quarter Sessions." *Proceedings of the Royal Society of Medicine,* 49:11 (Nov 1956: 901-907, 904.
[773] Porter, *Mind Forg'd Manacles,* 130.
[774] PP. *Select Committee on legislative provisions for Support of Aged and Infirm Poor of Ireland, Punishment of Vagrants, and Care of Lunatics. Report.* 1803-04 (109) V.771
[775] Finnane, 27.
[776] Philo, *A Geographical History.*
[777] Accessed at http://www.inverarayjail.co.uk/the-jails-story/prison-records.aspx summer, 2008. As explained in the critique of this source, the jail has subsequently changed the search interface on their website, probably adjusting to the demands of "geneology tourism" and without seeing the value in other types of research, so their complete database can no longer be searched remotely. One can only search for individual prisoners by name or age but cannot simply scroll through all records.

Asylum.[778] McNaughton's insanity defence in the Old Bailey appears to have had a knock-on effect in the Inveraray courtroom, as can be seen from the number of individuals found to be insane in terms of the Lunacy Act which was passed after his 1843 trial. Only nine were committed between 1826 and 1847, whereas the next twenty-year period saw that number nearly double to seventeen admissions. Asylum admissions increased everywhere in the British Isles at this time, which suggests that the Highlands, although geographically isolated, were not immune from trends taking place elsewhere.

However, the practice of confining people because they were behaving disruptively or dangerously existed in the Highlands for a slightly longer period than even the Inveraray records suggest. By the time the dangerous lunatic became a juridico-medical object in legislation, he or she was already one in practice. The Dornoch Jail register from 1816-1818 shows that several insane people passed through the prison doors, but did not stay long. David Ross remained in the prison from February to October of 1816:

> [He was] incarcerated on a Warrant granted by three Justices of Peace of the County on a Petition to them by William Munro Esq of Acharry, complaining of great annoyance to him and family by the said David Ross, who is described as a Lunatic.The Sentence and Warrant of Commitment signed by three Justices of Peace on 8th.[779]

He was released under the terms that he not molest Munro or his family. Two years later, in early December 1818, Anne Ross "a wandering maniac" was incarcerated by warrant of the sheriff. By December 12th, she had been removed to Tain Prison.[780] That same year, James Webb, a veterinary surgeon and farrier from Elgin, went insane while in the Highland parish of Criech, and had a two-day stay in Dornoch Jail before being sent home to Elgin by warrant of the Burghhead Sheriff Substitute. Similarly, Jean Munro of Reaquhar was detained in Dornoch Jail on account of going mad and breaking windows in Culmailey. She was liberated two days later by her friends, "granting Bond that his Majesty's Lieges and their property would be kept skaithless by her."[781] Her friends were to take responsibility for her and prevent her from harming people or property.

Prison registers and police duty books from Portree in the late-nineteenth century also show the local prison functioning as a temporary receptacle for the mad.

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[778]IJ, HH21/35.
[779] Dornoch Prison Records, accessed at:
http://www.ambaile.org.uk/en/search/results.jsp?layout=list.10&index=0&storeId=1206636458796,
Summer, 2008.
[780] *Ibid.*
[781] *Ibid.*

Three individuals presumed to be insane were documented as being held there between 1870, the earliest record held by the Skye and Lochalsh Archives, and 1882. Donald MacAskill, a fisherman from Garachan, had been charged with assault. On being found insane, he was sent to the Inverness District Asylum. A year later, Donald Kelly, a labourer, was incarcerated on assault charges. When he was proven insane, the prison records indicate that he "was dealt with accordingly." We cannot be sure what exactly this signifies, but presumably he was removed to some other, more long-term place of confinement. Lastly, Euphemia MacDonald, a domestic servant from Braes, was imprisoned on account of a "breach of the peace" and was removed to Inverness District Asylum on being found insane.[782] More evidence of the Portree prison being the first port-of-call for any sort of socially unacceptable or problematic behaviour comes from the police duty books. The officer reported that on October 15th, 1883, he was called out to arrest John MacIntosh, who was "lying drunk on Bank St." MacIntosh was taken to the jail, and:

> During all this time he was sound asleep and appeared to be unconscious of what was done to him, but all of a sudden he awoke and seeming to understand where he was, he became outrageous, conducting himself in a riotous and disorderly manner, cursing and swearing at the highest pitch of his voice, using abusive language, and began to tear off the clothes we just put on him, so that I was obliged to handcuff him to keep him from doing injury to himself, as he threatened to do so.[783]

MacIntosh must have been locally known for drinking and consequently becoming "outrageous," as the officer then reports that he "went to inquire as to where he got the drink and found that himself and Donald McDonald, carter, Portree, were drinking out of a bottle on the top of Faney Hill, Portree."[784] MacIntosh was detained until he sobered up enough to regain his reason.

Similarly, in 1859 when the Sheriff Substitute of Cromarty granted a warrant for Naomi Urquhart, he specified that she was to be detained in the Cromarty Jail until a suitable madhouse could be found:

> Grants warrant in respect there is no private Madhouse or Public Asylum within the jurisdiction of this court, to commit her to any private Madhouse licensed under the acts of Parliament thereabout; or into any Public Hospital or Public Asylum willing to receive her, there to be determined until her cure or until sufficient caution shall be found for her safe custody …[785]

There were no asylums in the Highlands as yet, thus the language in the Sheriff Court

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[782] SLA, Lockup Book of Portree Police Cells.
[783] SLA, Duty Book, District of Portree, 1883.
[784] *Ibid.*
[785] NAS, SC24/13A/147.

papers quoted here provided for Urquhart to be taken to an asylum or hospital in another county. The keeper of Cromarty Prison provided some insight as to why prison keepers preferred not to have lunatics in their cells:

> At first she was quiet but I saw when she came in she was insane. (Later) she was worse. She tore the bed clothes and her own clothes, and took the shower out from behind the wall …. I found her on the Monday or Tuesday after she was apprehended all black with soot, as if she had attempted to set up the chiminey and the walls of the cell were also black. I have no doubt of her being insane, I have had two other lunatics in my custody before and she is worse than either. She broke the bed in her cell also.[786]

The disorderly insane were objects of legal action, and the first point of contact between them and the legal process was local law enforcement and local jails. However, as such institutions were not acceptable long-term accommodation for the mad, particularly from the perspective of prison wardens, who did not want them, and we find very few long-term insane residents in jail. It happened, but seems to have been the exception more than the rule. Archibald McLellan was admitted into Inveraray Jail in September of 1826, tried for the murder of his own child, and found not guilty by reason of insanity. He was "confined until he could do no injury," a condition which he ostensibly never attained. He died in Inveraray Jail in January 1839.[787] In 1831 and 1833, Hugh Henderson and Catherine McLellan respectively also remained in the jail, but their stays were substantially shorter: Henderson died a year later and McLellan was released a year after she was admitted. *The Inverness Journal* reported the case of John Smith, a man from Stornoway who had been in the Circuit Courts of Justiciary on a murder charge but was judged to be "incompetent" to stand trial. "The Court therefore ordered him to be conveyed back to the jail of Tain, there to remain subject to future orders of the High Court of Justiciary."[788] In all other cases, the jail merely held onto them until something else could be done. The initial process for assessing derangement thus began as a local affair: local constables and local prisons, likely responding to a particular events or concerns raised by family, friends, and neighbours, starting with the Sheriff granting "a warrant to commit the lunatic to the prison of the district as a place of safe custody until the case is investigated… A proof is then taken, and if it shows the person is insane and dangerous, an order is issued for sending him to an asylum beyond the county."[789]

The practice of not keeping the criminal insane in prisons was further enshrined in

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[786] *Ibid*.
[787] IJ, HH21/35-2.
[788] *Inverness Journal,* 10 November 1830 3B.
[789] 1857 Session 2 (199) Lunacy (Scotland). *Copy of correspondence between the sheriffs of counties and the Lord Advocate on the report of the Commissioners on Lunacy* (Scotland). 42.

law with the passage of the 1837 Prisons (Scotland) Act, which articulated that:

> Provision shall be made for the proper custody, treatment, and maintenance of criminal prisoners, who by reason of Insanity or Lunacy may be found by the Court to be unfit to be brought to trial, or who may upon their trial be found Insane or Lunatic, or to have been so when the offense wherewith they were charged was committed, and who may be detained and subjected to confinement as such; and that it shall be lawful for the Board, if they shall think proper; instead of making use of a Prison or any portion thereof for the use of such Prisoners, and in addition to the powers herein conferred, to contract and agree with the Directors or Managers of any Lunatic Asylum for the close and safe custody and management of such Insane and Lunatic Prisoners on such terms as may be agreed upon …[790]

Parochial boards, kirk sessions, Sheriffs, and Procurators Fiscal, the points of authority responsible for managing and maintaining the insane, were keen to send them to an institution deemed appropriate for treating them, or at least remove them from their parish. They were also swift to point out the paucity of asylum provision in their regions, especially after the 1857 Lunacy Act further elaborated on the necessity of it and imposed "statutory duties" on sheriffs relative to the lunatic asylums. George Moir, the Sheriff Substitute of Ross-Shire, wrote a letter to the Lord Advocate explaining that "there are no lunatic asylums of any kind within the shires of Ross and Cromarty."[791] Similarly, Thomas Cleghorn, the Sheriff Substitute of Argyll, wrote the Lord Advocate, "There are no lunatic asylums, or licensed houses, or poorhouses having lunatic wards in the county of Argyll."[792] A pauper lunatic asylum was opened in Elgin in 1832, which served the counties of Nairn, Banffshire, and Elgin, but was not much closer to the West Highlands than Glasgow.

Inverness had a general hospital, the Royal Northern Infirmary, which opened in 1804, and this had approximately twelve beds dedicated to the accommodation of lunatics.[793] The type of person sent here in the early-nineteenth century included John McLeod, a man who became insane while incarcerated in Inverness Prison. He was then "lodged in one of the lunatic apartments of the Royal Infirmary, with some prospect of cure."[794] With only twelve beds, it was not much use to a county with allegedly 600-700 pauper lunatics.[795] The Lunacy Commissioners at any rate were not impressed by the accommodation and treatment offered at the Infirmary, writing in the

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[790] 1837-38 (201) Prisons (Scotland.) *A bill to improve prisons and prison discipline in Scotland*. 11.

[791] 1857 Session 2 (199) Lunacy (Scotland). *Copy of correspondence between the sheriffs of counties and the Lord Advocate on the report of the Commissioners on Lunacy (Scotland)*. 42.

[792] *Ibid*. 2.

[793] John D. Comrie, *History of Scottish Medicine to 1860*, (London: Wellcome Historical Medical 1927), 136.

[794]*The Inverness Courier,* January 14 1827. Accessed at http://www.electricscotland.com/ history/highlands/no14.htm, Autumn 2009.

[795] 1857 Session 2 (100) Lunatic asylums (Scotland). *Copy of a memorial from the inhabitants of Inverness to the Secretary of State for the Home Department.* 2.

1857 report: "Their treatment in this institution is not better than that afforded to them in the jails. In one essential respect, it is worse, for the patients, being more removed from the cognisance of the Sheriff, are usually detained for longer periods before being sent to asylums."[796] They go on to describe chains being permanently attached to the foot of the beds for restraining the patients, a practice not in line with emerging modern paradigms of treating madness, and observed that "as a general rule, none of them was ever taken out for exercise." The reasons given were that the Infirmary had no enclosed airing grounds and that the only asylum attendant was one man "who is styled keeper of the lunatics; but he is at the same time gardener, barber, and porter, and has neither the means nor the time to attend to the patients. Accordingly he uses what restraint he considers necessary."[797] The general impression conveyed by the Lunacy Commissioners was that the Infirmary was not intended to be permanent accommodation for the incurable insane; rather, its cells were "meant principally for the detention of patients till they can be sent to the chartered asylums in the South."[798]

II.2. Transportation: Highland lunatics in Lowland asylums

The most frequently adopted means of confining the insane deemed too dangerous to be boarded-out was to send them to an asylum in another county, often over one-hundred miles away from the lunatic's home parish. If a pauper, as most Highlanders in the royal asylums were, the lunatic would be maintained in the asylum by funds from his or her parish. Where they went was determined by geography and also by agreements that parishes had with particular asylums. George Moir, the Sheriff of Ross and Cromarty, explained that:

> Lunatics from Ross-Shire are usually sent to the Edinburgh Royal Asylum, or the private asylum at Tranent, at the rate of charge per annum being 25l and 20l respectively; and when the inspector of the poor agrees to pay this sum to the asylum, the procurator fiscal takes no further charge of this case, and the sheriff has no power or means of inspection, the asylums not being within his jurisdiction.[799]

Lunatics from Sutherland, Rosshire, and Invernesshire, including the Outer Hebrides, were most frequently sent to the Dundee and Montrose Asylums, while individuals

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[796] 1857 Session 1 [2148] [2148-I] *Scottish Lunacy Commission. Report by Her Majesty's commissioners appointed to inquire into the state of lunatic asylums in Scotland and the existing law in reference to lunatics and lunatic asylums in that part of the United Kingdom.* 154.
[797] *Ibid*. 370.
[798] *Ibid*.
[799] 1857 Session 2 (199) Lunacy (Scotland). *Copy of correspondence between the sheriffs of counties and the Lord Advocate on the report of the Commissioners on Lunacy (Scotland).* 42.

from Argyll and Bute, including Arran, Islay, Tiree, Coll, and surrounding islands, were usually sent to the Glasgow Royal Asylum. However, these arrangements were fluid and it seems likely that, while inspectors of the poor and local sheriffs had preferred locations, they would send someone to any asylum where space was available. Patients from the West Highlands, for instance, might travel by steamship to Glasgow or by overland roads to Montrose or Dundee. Steamship routes through the Western Isles were well established, while the roads were continuously improving, as from 1807 onwards, Parliament made provisions for funds and resources to improve infrastructure in the Highlands. The influx of "distance patients" into these asylums meant beds were often at a premium, as the Sheriff of Forfarshire pointed out: "The particular of which [Dundee and Montrose Asylums] complain relates to the overcrowded state of both houses, which, as explained by the Commissioners themselves, has arisen from the influx of patients from the Northern counties of Scotland."[800]

It was not a particularly satisfactory arrangement for anyone, although it was not remedied until the mid-1860s. In addition to causing overcrowding in the southern asylums, transporting the patients such distances laid a considerable expense on the parish, as often they had to send a sheriff's officer along with them. Oftentimes, the patients were not well-treated along the way and arrived at the asylum in poor condition. Malcolm McLeod from Duirinish is described in the Glasgow Royal Asylum's casenotes as "sleeping soundly" for three days after his arrival in Glasgow, "having had none for the days en route from Duirinish, Highlands,"[801] while Marie Grant of Corpach was described as having "an emaciated and haggard appearance."[802] The 1857 Lunacy Commission report gives a more detailed and scathing account of the hardships suffered by some patients *en route*, beginning with: "Their removal thither is often effected in a most harsh and cruel manner …"[803] They queried asylum superintendents, then Dr. McIntosh at Gartnavel and Dr. Skae at Edinburgh, as to the state of the patients on arrival. McIntosh said: "They generally arrive bound and I have seen the flesh cut," while Skae answered: "All patients coming from the North are in a hopeless state … generally bound with canvass or with ropes, on their arrival, and I have frequently seen ulcerations produced by the ropes."[804] The report then offered several cases as examples of the abuse some patients suffered:

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[800] *Ibid.* 14.
[801] SHB, HB13/5/55. 175.
[802] SHB, HB13/5/87. 206.
[803] 1857 Session 1 [2148] [2148-I] Scottish Lunacy Commission. *Report by Her Majesty's commissioners appointed to inquire into the state of lunatic asylums in Scotland and the existing law in reference to lunatics and lunatic asylums in that part of the United Kingdom.* 206.
[804] *Ibid.* 207.

One young woman who was perfectly quiet and affable on admission [to Gartnavel], had been tightly strapped to a window shutter for several days prior thereto. Her wrists, fingers, and ankles aedemateous, and covered with unhealthy ulceration; and she has since lost the use of a finger by supperation into, and disorganisation of, the joint induced by the pressure of the ropes with which she was bound.[805]

And of a patient in the Montrose Asylum:

A strong piece of wood was inserted bit-wise between the teeth, and firmly secured by a strong cord tied behind the neck. The reason assigned was that the patient had severely bitten her tongue. The instrument of torture was at once removed, with great relief to the sufferer. On its removal, both angles of the mouth were ascertained to be in a state of ulceration, and the pressure of the wood, and the tongue presented a fetid and sloughing mass, to the depth of an inch. The patient was in so anemic and exhausted a condition as to make recovery almost hopeless.[806]

The Commissioners' intention with these horror stories was to highlight instances of severe mistreatment and make the case for building asylums in the Highlands.

While being transported to the south was unpleasant for most patients, not everyone from the Highlands arrived to the Lowland asylums in a terrible condition. The asylum superintendents, who as we can see did not hold back and wrote vivid and graphic observations when a patient was mistreated on their journey, also noted when a patient arrived in a more acceptable state. For instance, Kenneth McAulay of Lewis "seemed to be in enjoyment of good bodily health" when he arrived at Gartnavel.[807]   In any event, humane treatment of the insane during the Victorian period was generally associated with medical expertise, supposedly guaranteeing knowledge of how the mad *should be* treated in order to effect a cure. Such was the case, as we saw earlier, made by Mitchell against aspects of boarding-out, which left the insane in the care of relatives.   It invoked the Foucaldian dichotomy of restraint: how the "moral treatment" paradigm established a madness that could be "restrained" through psychological, rather than physical means, but such knowledge was solely in the hands of the medical expert. "Ordinary" people did not apparently have such expertise and, to the consternation of Lunacy Commissioners and enlightened asylum superintendents, were likely to use any means necessary to control the paroxysms and frightening behaviour of the insane. Invoking this discourse, Dr. McIntosh from Gartnavel criticised the treatment of a patient before and during his journey from Arran to Glasgow:

His bodily condition is shocking, giving evidence of most inhumane treatment although perhaps done for the best by ignorant people.

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[805] *Ibid.*
[806] *Ibid.* 208.
[807] SHB, HB13/5/55

He is tied round the wrists and ankles, his wrists and ankles, more particularly his right wrist, are much swollen, red, and the skin cut and apparently commencing to slough. On being stripped his … and a portion of his back adjoining were covered with scabs and his shirt was sticking to the sores. Two patches of ulceration existed on each elbow joint. They were semi circular in shape and circles of ulceration went around each wrist with a slough forming at the bottom of each. Right and left ankles were also marked in a similar manner with sores as a result of tying with a chord or something analogous. There were also several marks or bruises on different parts of his body, on his back and upon his chest where he complained of pain. The worst sore of all is on his right wrist, which is much swollen, red, tense, and where a large slough is forming. The wounds were all carefully dressed at the patient out put into a room.[808]

Similarly requisitioning the discourse of knowledge poised against ignorance and brutality, the Lunacy Commissioners asserted that the main purpose of removing a patient to an asylum was so they could receive "humane medical care."[809] At the same time, the provisions and necessity for transporting patients from the Highlands to Lowland asylums placed the insane in the hands of non-medical experts for the duration of their journey. The patient had to travel in a confined space – on a ship or horse-drawn cart – and, if he or she were violent and excitable, the examples above show that those attending the patient on their journey handled it by tying them up as securely as possible. Often the patients were accompanied by a sheriff's officer – the Sheriff of Ross and Cromarty explained that, at least in his jurisdiction, this was the norm[810] – but the Gartnavel case notes show patients being brought in by relatives, spouses, friends, and inspectors of the poor, as well as police officers. In some instances, it was nearly all of the above, like Ronald McLarty, who came from Arran in the company of his father, a local constable, and the son of the Inspector of the Poor for Kilmory parish.[811] The presence of relatives at the admission of many patients suggests – in spite of the Lunacy Commissioners' assertion that, "in the Highlands, there exist very strong feelings towards imbecilic relatives" and a strong reluctance to desert them[812] – families were at least somewhat willing, or desperate, to remove deranged relatives to a distant asylum.

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[808] SHB, HB13/5/56.

[809] Lunacy Commissioner Report (1857), 209.

[810] 1857 Session 2 (199) Lunacy (Scotland). *Copy of correspondence between the sheriffs of counties and the Lord Advocate on the report of the Commissioners on Lunacy (Scotland)*. 42.

[811] SHB, HB13/5/56.

[812] Lunacy Commission Report (1857), 182.

II.3. Admission: life as a Highlander in Glasgow Royal Asylum

When the patients were removed from a site of local care, whether it was a local jail or a relative's house, they might enter a more humane space by the treatment standards of the time, but nevertheless the Lowland asylum, in this case Gartnavel (Fig. 5.3), was a space of linguistic and cultural difficulty and confusion. Most Highland paupers spoke little to no English, while most of the doctors, asylum attendants, and the superintendent in the asylums spoke no Gaelic. The case notes frequently describe the behaviour of Gaelic-speaking patients with adjectives like "taciturn" and "depressed." When reading these cases, one detects the uncertainty felt by the asylum superintendent faced with patients with whom he could

Fig. 5.3. Garnavel Royal Asylum circa 1890
(Source: Glasgow Caledonian University Research Collections)

not communicate. Following are several examples from the case notes of the manner in which Dr. McIntosh viewed Gaelic-speaking patients and their struggles to cope with the Glasgow asylum.

William McMillan came from Colonsay on July 22nd, 1858. On admission, the case notes state:

> At present he has been insane for the last twelve months. The cause of the supposed attack had been supposed to be an injury to the head from the fall off a barrel of lime upon it. He is neither suicidal nor homicidal and behaves himself in a quiet and inoffensive manner. He cannot speak a word of English and of course does not … any delusions. His eye restless and oscillating and his general aspect is that of a person of a weakened intellect.[813]

McIntosh, who did not have Gaelic, intimated that he was unable to ascertain whether the patient had any delusions or what the content thereof might be. Throughout his stay in the asylum, McMillan's behaviour was pathologised as manifestations of his "weak intellect." Thus, he "he cannot be engaged in conversation from his lack of English and general intelligence," although, curiously, McIntosh also did point out that he "reads a good deal." Similarly, John McPherson from South Uist was noted as not speaking or associating with other patients, while Diarmuid McDiarmuid of Islay was described as: "On admission his mind is very weak but as he can't speak much English

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[813] SHB, HB13/5/55. 8.

his exact condition cannot be clearly ascertained."[814]   Throughout his stay in the asylum, McDiarmuid remained depressed and "torpid."   On April 18th, 1860, he was described as, "Working in the garden. His mind appears to be much relieved – but there is a degree of torpor."   Then, on May 21st, 1861, he "is very depressed and taciturn. Does not associate with the other patients.   Mind weak, conversation childish and delivered in a slow and low tone of voice."   The following year, the entry in the case notes states: "No improvement mentally. He is quiet, unsocial and depressed. Mind very weak. Never reads any nor cannot give intelligent answers." By June of 1862, he had made no improvements and was discharged into the custody of his brother on Islay. This material is arguably more informative about the superintendent's construct of intellect rather than the patient's actual intelligence or mental disorder. "Intellect," as constructed in case notes, was a manifestation of the patient's ability to interact socially with other patients and asylum staff, and also his or her ability to hold a coherent conversation. Gaelic-speakers in Glasgow Royal struggled to do either and many were duly categorised as being of "weak intellect."   It was a common term throughout Victorian psychiatry and many asylum patients received this label; here McIntosh's usage of it seems most associated with depressed and incoherent, rather than just delusive, individuals.[815] The "melancholic" behaviour of patients in the asylum became an important aspect of the pathology magnified by doctors and asylum attendants.   A "torpid" patient who did not want to work on the grounds or interact with asylum staff or patients was regarded as still ill, whilst one who was "orderly and industrious,"[816] or "coherent, peaceable, and industrious,"[817] was regarded as improving or nearly well.

Madness in the asylum, confined, controlled, and sanitised, had markedly different characteristics from madness outside the asylum. While many of the Highland patients became depressed and listless once removed to Gartnavel, usually such behaviour was not why they were brought to the asylum in the first place. As examined previously, admission papers and Sheriff Court records indicated that people were generally admitted due to violent or outrageous and disruptive behaviour. For example, the medical certificates contained in the admissions papers for Mary Grant from Corpach stated:

> *Had the general appearance of a maniac and her stating that she had a demon inside. That she

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[814] SHB, HB13/5/55, 288.
[815] William Hirsch, an American psychiatrist, commented in an 1898 paper that: "delusions must by no means be considered evidence of a weak intellect." "The psychical mechanisms of delusion," *The Journal of Mental and Nervous Disease,* 25:3 (March 1898): 159- 174, 163.
[816] SHB, HB13/5/100, 56.
[817] SHB, HB13/5/56, 133.

endeavoured to procure a knife or some instrument to cut her throat.

* A desire to jump out a window, to get a hold of a cutting instrument to cut her throat. Being found lately with a hankerchief tightly twisted around her neck with which she endeavoured to choke herself.[818]

The case notes, however, do not report her as manic, delusive, or actively suicidal. Rather, she was "Listless and bewildered. Disposed to take little exercise and unwilling to exert herself."[819] Later entries described her as incoherent and confused, but "cleanly and inoffensive."[820] Testimony contained in admissions papers for many patients frequently, as detailed in Chapter 4, boasted descriptions from witnesses of violent behaviour. Examples include Charles McKenzie from Oban, who assaulted Isabella McColl, a servant, and was designated as "a danger to lieges" during his trial in Inveraray. Colin Campbell of Kingairloch, "without any apparent exciting cause … became maniacal threatening and attempting violence to his friends and requiring the strength of several strong men to restrain him."[821] Charles Scott, an Arran man, was "subject to fits of violent lunacy."[822] James Robertson from Kingussie allegedly threatened violence to his brother and the admission papers for him do not contain more detail than that. In other cases we find more detailed descriptions, so that we learn how James McGillivray of Tobermory:

recently assaulted his mother and threatened to deprive her of her life and has also threatened to deprive William McGillivray, residing at Criech, of his life and to injure and destroy his children and he has otherwise conducted himself in a violent and outrageous manner.[823]

Ronald Bell, the brother of Peter Bell, who was admitted to Gartnavel in 1857, described an incident where Peter "began to quarrel with me and put me down upon the ground. He got above me and was keeping me down until I was relieved by Donald Cameron, farmer at Killanalan who happened to be present."[824] Papers from the Sheriff Court in Inverness petitioning for the detainment of lunatics in the Northern Infirmary contain testimony with similar language and themes – violence and wild behaviour appearing in most of the cases: Catherine Ferguson of Kilmorack "became quite insane and very violent, tearing the bedclothes and everything else she could get hold of and crying out aloud and trying to bite the people about her." Alexander Douglas, a crofter from Muir of Englishtown, was reported by Ann Grant as chasing her

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[818] SHB, HB13/7/65A
[819] SHB, HB13/5/87, 207.
[820] *Ibid.*
[821] SHB, HB3/7/1.
[822] SHB, HB13/7/3
[823] SHB, HB13/7/1
[824] SHB, HB13/7/6

through a field:

> On his observing us he left his horses and ran after us, and he took a bundle which the other girl had and threw it down. We were frightened and ran off but he pursued us and took a flagon from me which I had in my hand and threw it up in a tree, but I picked it up and again ran, and he pursued and again took it from me and struck me with a large stone on the back as I was running and kicked me once. He was in a great rage and was cursing and swearing.[825]

Removing patients from their communities and confining them in the asylum thus seems to have produced a substantial effect on their behaviour. Foucault, Porter, and others have claimed madness as having two faces, mania and melancholia.   Foucault contends that "virtually all physicians of the eighteenth century acknowledged the proximity of mania and melancholia," but that "several … refused to call them two manifestations of the same disease. Many observed a succession without perceiving symptomatic unity."[826]   However, some physicians, still viewing mental disease within a paradigm based loosely on Galenic humoral theory, suggested that mania was characterised by blood and "cerebreal fluid" becoming agitated, while melancholia was characterised by immobility of the same fluids, one following the other, ascribing to "the principles of classic mechanics."[827]   The explanations of eighteenth century physicians, nonetheless, reflected a "perceptual structure and not a conceptual system,"[828] since a conceptual system for what would later be known as manic-depressive illness, or any other sort of mental disorder, had yet to be firmly established. The upshot was that qualitative explanations for the relationship between mania and melancholia could change without altering the integrity of the figure. Many of the Highland patients duly presented a succession of symptoms, with the torpid and melancholic affect induced on admission to the asylum, but the mania and melancholia could be cast as a functional unity in the asylum, two sides of the same disease. Therefore a Gaelic-speaking patient's taciturn manner and "incoherence" could be categorised as emanating exactly from the same site of disease that caused the maniacal behaviour which brought him or her to the asylum in the first place. Feeling isolated and unable to communicate or be heard were hardships probably endured by all recent admissions, but clearly exacerbated for Gaelic-speaking Highlanders who did have even have the same language as asylum staff and most fellow patients, and who were that much further away from home.

  Some patients nevertheless continued to be violent and manic in the asylum,

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[825] NAS, SC29/75/8
[826] Foucault, *Madness and Civilization,* 125.
[827] *Ibid*. 127.
[828] *Ibid*. 128.

such as Kenneth McAulay, a Lewisman who was "Mentally weak – fretful, notional, peevish – sometimes supplied with what he called for would throw it in attendants face or on the floor and persisted in annoying and irritating those around him – by bawling, screaming, and abusing them with his tongue."[829]   Yet most did not so continue, suggesting that removal to the Lowland asylums substantially reconfigured people's behaviour. In any event, for the parish to justify the expense of sending someone to the asylum and for Procurators Fiscal and Sheriffs to pursue a case, either a criminal trial or a dangerous lunatic petition, initially someone had to be deranged enough to frighten people and cause substantial disruption. Depressed and torpid patients do not appear in admissions reports or legal records, suggesting that Highlanders in a more melancholic, torpid state of mind were less likely to commit violent or criminal acts, thus the depression and torpor manifesting itself in patients' behaviour once they were committed to the asylum seemed to arise from asylum life itself.

In spite of often being characterised as "incoherent" and having minimal English, Gaels in Gartnavel did not go entirely unheard.   The asylum developed methods for dealing with them. McIntosh was able to understand the content of some individual's delusions, through either an interpreter or a patient's broken English. When Lachlan Currie, a fisherman from South Uist and "an epileptic maniac," was admitted, McIntosh stated that: "On admission he is calm and docile and answers every question put to him through the medium of an interpreter."[830] Archibald Gillespie of Islay was described as: "Mind continues weak – very delusive – today says his breath was locked up in a room for a year so that he cannot get breath till today when it was let out of its prison." In a later entry, he: "Chatters in broken English and Gaelic. Has some peculiar notions about pigs and fancies that he had a tail like one of those animals." Barbara McBride, a widow from Campbelltown, evidently was talkative and confused, quoting "largely from the Scripture."[831]   Another Campbelltown patient, Hugh Fergison Greenlees, believed he had an estate in Fifeshire and that a doctor was preventing him from becoming Laird. Later, he had delusions that he was "getting medicine in a surreptitious way which has a deleterious effect upon him."[832] McIntosh was also able to ascertain the content of Kenneth McDonald's delusions: he came from Skye and had "but a slight knowledge of English," but McIntosh was still able to write: "believes that he is the Saviour and that he is possessed of a large quantity of gold."[833]

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[829] SHB, HB13/5/54, 89.
[830] SHB, HB13/5/55, 148.
[831] SHB, HB13/5/87, 128.
[832] SHB, HB13/5/64, 131.
[833] SHB, HB13/5/56.

The notes also show that McDonald could and did communicate with the asylum attendants: "he laughs in a silly manner at trifles and puts very childish questions to the medical officers and attendants." McIntosh put this into the case notes as evidence of a "weak mind;" like other such entries, it is arguably more indicative of the construct of intellectual weakness rather than the patient's actual experience, but this case, and those cited above, provide evidence that Gaelic-speakers were in fact capable of communicating with asylum staff in a language different to their native one, at least to some degree.

Educated Gaels or people from regions nearer to the Central Belt such as Southeastern parts of Argyll would have been at least somewhat bilingual. Such bilingual patients probably included Alexander Stewart, an Established Church clergyman from Islay admitted in 1856. We can assume, from his profession, that he was probably fluent in Gaelic and English, as his parishioners on Islay would most certainly be Gaelic-speakers and many were unlikely to have any English. He certainly had English, as the case notes quote letters written to his children while in the asylum.[834]   The case notes also reveal asylum attendants making an effort to communicate with Gaelic-speakers. When Sarah McDonald of Fort William was admitted into Gartnavel, McIntosh wrote: "Repels all advances made to get into her confidence although made in her own tongue. Makes low frustrated moans and sits in a corner when she can get the opportunity with her knees drawn and her hands in her mouth."[835] Translators were likely to be bilingual patients employed to interpret for ones who had no English and facilitate communication between fellow patients and staff. Of McDonald, the entry for April 15th, 1858, stated: "The other day she suddenly sprung from her seat and said in Gaelic that she was going to break glass, when she was caught by a patient who understood her tongue before she could effect her purpose."[836] Over the course of her stay in the asylum, her mind appeared to deteriorate, so that by June 26th, she: "Requires to be washed, dress, and put to bed by attendant." The September 28th, 1860, entry described her thus: "Mind almost gone. Mutters very much when walking and wanders about in the gallery;" and then in November, she: "Appears to understand simple questions when they are asked in Gaelic. Answers are … childish."   These entries show that asylum staff and patients were capable of communicating with and understanding her, although such interaction did not appear to have had any beneficial effects for this patient.

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[834] SHB, HB13/5/54, 133.
[835] SHB, HB13/5/87, 114.
[836] *Ibid.*

II.4. Improvement and discharge

The stories told by the case notes do not always reflect a grim, steadily deteriorating existence in an asylum far away from the patients' language and culture, and some patients did improve enough to be discharged. As always with case notes, we only have the glimpses of the patient which the asylum staff thought relevant to the patient's pathology and whether they were remaining the same, getting worse, or getting better. By looking at their cases, we can ascertain the behaviour and criteria used by asylum staff to measure improvement John Fury, a labourer from Rothesay, came into the asylum at the end of April 1864 in the following state:

> He was much excited, threatened violence to others and was put into a straight jacket. He saw animals round about him, chiefly dogs, heard voices telling him to kill someone and stated his intention of acting according to these imaginary commands. He also threatened to stab himself and on occasion took up a spade and threatened to kill his brother towards him he conceived a great antipathy.[837]

By May 3rd, McIntosh had written: "The excitement has abated; he is now rather depressed, answers tolerably correctly and is free from excitement." On June 10th, Fury was "exhibiting slight excitement but he is coherent, peaceable, and industrious," and he was discharged a week later. On June 27th, however, he returned to the asylum as "a fiscal case being brought to the asylum by two police officers from Dumbarton Prison."[838] His madness was attributed to excessive drink, to which he evidently returned once discharged from the asylum, only getting as far as Dumbarton. "Curing" the insane suggests bringing people from a state of insanity – behaving in variously socially unacceptable or bizarre ways – to a relatively acceptable social norm. Psychiatrists accepted that they had no means of curing a "weak intellect," but seemed willing to discharge anyone who seemed at least sensible enough no longer to pose a danger to society. Archibald Rodan, a clerk from Islay, had already undergone a stint in the Crichton-Royal Asylum in Dumfries when he was admitted to Gartnavel. After approximately two months, the case notes concluded: "Patient seems to have again regained his usual state of mental health but his mind is certainly not of large grasp but he seems to have reached his standards."[839] Similarly, Jane Glen McLean of Rothesay was admitted on January 15th, 1864, and was "vociferating, swearing and using the most

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[837] SHB, HB13/5/56.
[838] *Ibid.*
[839] SHB, HB13/5/63. 35.

obscene language." Three months later, she continued to be "exceedingly filthy in her habits both day and night. She is constantly wet and dirty. Her language is very obscene and she swears fearfully." By August, however, McIntosh noted significant improvement in her habits: "She is now very quiet, orderly, and industrious. Her mind is still very weak but the mental faculties seem to be gradually gaining strength."[840] Accordingly, she was discharged. Lachlan MacDonald was also discharged after his demeanor became "cheerful and converseable," although the case notes observed that he still "is at times excited and states that he is a minister."[841] William McCallum, a stonemason from Campbelltown, was brought to the asylum due to an attack which was allegedly caused by damaging his hands in an accident firing a gun, and thus "severely for a time impair his life and render him unable to follow his former employment." After a year and a half in Gartnavel, he was described as "cheerful, coherent, free from delusions, and industrious."[842] "Weak mindedness" alone was not viewed as a reason to continue detaining someone in an asylum.

By reading the short comments in the above case notes, we can reconstruct the "ideal" patient and a sense of what constituted both mental health and mental derangement. Patients who were seemingly well-behaved and industrious in the asylum were no longer considered dangerous – the ostensible reason they were there in the first place – and therefore cured enough for release. Another set of criteria appeared to be the patient's level of social engagement with asylum life – whether or not they were working on the grounds and whether their interactions with asylum staff and other patients seemed appropriate. This criteria applied to all patients, but, as I have shown, many Highland patients had particular difficulties with social interaction in Gartnavel due to linguistic and cultural differences. What should be emphasised, however, is that asylums for the most part did not want to keep patients longer than necessary: hence the category of "relieved" when patients were discharged, signifying not entirely cured but hopefully no longer a public health risk to the community or themselves. While asylums have been vilified as depositories of society's unwanted, and many patients were indeed deemed "incurable" and became long-term residents, asylum staff generally viewed themselves and their institutions as curative sites.[843]

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[840] SHB, HB13/5/64. 211.
[841] SHB, HB13/5/55, 370.
[842] SHB, HB13/5/55, 329.
[843] This sense of being effective in a "curative" role probably changed or lessened over time, with the accumulation of ever more "chronic" cases in British asylums.

III. Trends in admissions: the broader picture of Highland lunacy

By the early-1860s, the social construction of insanity from the "bottom-up" had become conjoined to the juridical processes and definitions of madness. Highlanders had adopted the construct of the "dangerous lunatic" and accepted the asylum as a method for coping with insane friends and relatives. People were regularly being sent to distant asylums – over 220 insane people from the Highlands and Islands went to Glasgow Royal Asylum between 1822 and 1886, with the majority of admissions occurring between 1858 and 1863.[844] There were six Highland lunatics admitted in 1856 and eight in 1857. While this was an increase from ten years previously, where the average was one to three Highland admissions per year, it is still significantly reduced from the number of lunatics admitted after 1857: 26 in 1858, 15 in 1859, 17 in 1860, 15 in 1861, and 19 in 1862. Admissions tail off a little in 1863, with 13 admissions, and 1864, with 12. A more significant drop-off occurs after 1865: 4 in 1865, 1 in 1866, 2 in 1867, and 3 in 1868. All but one of these patients were private, a pattern of Highland admissions in Gartnavel which remained relatively stable throughout the remainder of the nineteenth century. While I did not consult the registers for Montrose and Edinburgh Royal Asylums within the timeframe of this project, I hypothesise that their data set would contain similar patterns.

The Gartnavel admissions register therefore implies that, prior to 1857, boarding-out and local provision were by far the most common methods of managing the insane in the Highlands and Islands, notwithstanding a not insignificant number of insane Highlanders turning up at Lowland Asylums. The 1857 Lunacy Commission Report and subsequent Act had an immediate effect on practice in the Highlands. A small number of insane each year were clearly being sent from Highland parishes to the Glasgow asylum, but the harsh criticism parish authorities and Sheriffs received in the 1857 report over the inadequate local care being provided, both boarded-out and in institutions like the Northern Royal Infirmary, appears to have encouraged them to send far more people to Lowland asylums. This peak or upward blip did not last, though, and the sudden decrease in Gartnavel admissions from the Highlands in 1865 can of course be attributed to the opening of the asylums in Lochgilphead and Inverness. As the next chapter will show, the *idea* of building a large Highland asylum had existed, in one form or another, since the 1840s, but it only gained fruition twenty years later and fundamentally altered the geography, sociology, and culture of Highland madness.

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[844]SHB, Gartnavel Asylum General Register.

Chapter 6. Highland Asylums

I. Administrative wrangling to construct lunatic asylums in the Highlands

I. 1. Earliest attempts

Up to a decade before the two Highland asylums in Inverness and Lochgilphead were actually built and even before the 1857 Lunacy Commission Report exposed the deficiencies, as they saw it, of care for the insane in the Highlands, administrative bodies in the North complained about the lack of appropriate local provisions for the insane. The first attempt to construct an asylum was in 1843, the year of the Disruption. A committee, convened by Lord Lovat and made up of local lairds and prominent citizens including MacKintosh of MacKintosh, Lord Chisholm, MacLeod of MacLeod, Fraser of Reelig, and Sir John Rose of Holme, was set up to "promote the erection of a lunatic asylum at Inverness for the Northern Counties."[845] By 1845, the project for constructing the Royal Northern Lunatic Asylum had Queen Victoria's favour and upwards of £4,500 was collected.[846] However, the 1840s were not a good time for the Highlands, which was destitute, suffering from famine and depopulation, and could barely provide for the basic needs of their own people, much less a lunatic asylum. Addressing this point, Martin Whittet quoted the minutes of the Royal Northern Lunatic Asylum:

> The destitute state of the Northern Counties in regard to any means within themselves of providing for the alleviation of the greatest of human calamities; and the expense to which they have so long been subjected to in sending to and maintaining their pauper lunatics in distant asylums loudly call for an united effort to obtain from the Government the power of assessing themselves for the purpose of erecting and maintaining an establishment for Lunatics…[847]

The implication that they could not pay for it and required government assistance would however, not yet stir Parliament into motion.

In June of 1853, the Inspector of the Poor for Inverness wrote a letter to the Board of Supervision, the Edinburgh-based body responsible for administering all of Scottish Poor Law, [848] informing them that at their last meeting, the Parochial Board had

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[845] Whittet, *Craig Dunain Hospital, Inverness*, 11.
[846] *Ibid.*
[847] *Ibid.*
[848] The 1845 Scottish Poor Law Act established parochial boards in the parishes and a central administrative body, the Board of Supervision, in Edinburgh, which had the ability to raise local taxes to cover Poor Relief costs.

directed their committee to "consider and report on the propriety of erecting a lunatic asylum for the use of that and some adjoining parishes."[849] As we have seen, lunatics were regularly being transported to Lowland asylums, and from the perspective of the Inspector of the Poor and later, Scottish Lunacy Commissioners, the expense and trouble of doing so were less than optimal. The English Lunacy Board (as yet there was no Scottish one) agreed with the Inspector of the Poor's proposal, but amended it so it extended to the counties of Ross, Sutherland, Argyll, Nairn, and Moray and suggested that the Inverness Parochial Board should seek the cooperation of those other counties and districts.

The next communication reported by the Board of Supervision came from the Black Isle Poorhouse Combination, proposing to annex sections of their poorhouse for lunatics.[850] This was no ideal solution, either. After all, alienists in the mid-nineteenth century "mad-business" had a dim view towards confining the insane in poorhouses and in other types of accommodation not built for purpose, as the general opinion of the time was that the insane should be under medical supervision, in an asylum constructed in such a way to order their disordered minds, not a poorhouse. The 1808 County Asylums Act, for example, declared "'The practice of confining such Lunatics and other insane persons as are chargeable to their respective parishes in Gaols, Houses of Correction, Poor-houses, and Houses of Industry, is highly dangerous and inconvenient."[851] In any event, the Board directed the Black Isle Poorhouse to review instead the earlier proposal of the Inverness Parochial Board.[852] Nothing, however, happened as a result of these communications. Hence in 1856, the Inverness Parochial Board again wrote to the Board of Supervision, reiterating the necessity for erecting a lunatic asylum, and the Board of Supervision subsequently passed on their recommendations to the Lord Advocate "and other members of Her Majesty's Government." The Lord Advocate replied that the an incipient Scottish Board of Lunacy was already dealing with these and other issues relating to "Scotch Lunacy" as a whole and would be forthwith issuing a report. The government then would respond according to the Lunacy Board's recommendations.

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[849] PP. 1857 Session 2 (212) Lunacy Commission (Scotland). *Copy of a letter from the President of the Board of Supervision to the Secretary of State, and of a statement transmitted therewith from the board relative to the report of the Scotch Lunacy Commissioners.*

[850] The Black Isle Poorhouse Combination was a poorhouse built in 1859, near Fortrose, servicing the parishes of Avoch, Cromarty, Killearnan, Knockbain, Resolis, Rosemarkie and Urquhart. The Poor Law in both England and Scotland differentiated between "indoor relief," where the poor were made to stay in such a workhouse or poorhouse, and "outdoor relief," which meant the poor could stay in their homes and communities.

[851] PP. 1808 (252) *A bill [for the better care and maintenance of pauper and criminal lunatics.* 48 George 3, c.96.

[852] PP. 1857 Session 2 (212). *Board of Supervision.*

There were several other unsuccessful attempts by means of private subscriptions to erect a lunatic asylum in Inverness.[853] The main reason this failed appears to be the belief that Parliament would step in and erect public or district asylums. Scottish Lunacy Commissioner Dr. James Coxe, testifying before Parliament's Select Committee on Lunatics, explained that, "Several attempts have been made to establish [an asylum] at Inverness; but the feeling there was that there would be legislation on the subject, and that interfered with private exertions."[854] An MP, Sir George Grey, asked Coxe to clarify: "Do you mean that there was an impression in Scotland that district asylums would be required to be erected by an Act of Parliament?" Coxe confirmed, "Yes; they collected several thousand pounds at Inverness, and it was afterwards returned to the subscribers, in the expectation that district asylums would be established."[855]

It was over twenty years between the initial proposals for a Northern Royal Lunatic Asylum and the actual construction of the two asylums in Inverness and Lochgilphead. The 1857 Lunacy Act (Scotland) had granted the Lunacy Board the power to "inquire into the necessities of Districts and require Asylums to be provided" if they concluded that such existing accommodation failed to provide for the pauper lunatics in the district.[856] Still, as late as 1859, Parliament was still cogitating justifications for erecting district asylums, considering the high expenses of construction and maintenance and reliance on not entirely-cooperative counties to pay for them. Their examination of Dr. Coxe illuminates their concerns with costs and also with whether or not existing provision was sufficient, or not. In the Highlands, the letters from local administrative bodies such as that of the Inverness Parochial Board above, suggest that the counties in question did in fact want asylums, but Parliament's concern was more indicative of the tensions between local and national government in general, rather than any issue specific to Highland counties.

While Parliament waffled their way out of the 1850s, the need for a district asylum was recognised by local Highland officials in the form of the Inspectors of the Poor and Parochial Boards, and also at a more national level, from Lunacy Commissioners to Parliament itself. This sluggishness to take action is arguably endemic to the Parliamentary process, but in this case, it also seems attributable to the enormity of the problem and bureaucratic paralysis (or possibly ineptitude) in response

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[853] PP. 1857 Session 2 (100) Lunatic asylums (Scotland). *Copy of a memorial from the inhabitants of Inverness to the Secretary of State for the Home Department;* 2.
[854] PP. 1859 Session 2 (156) *Report from the Select Committee on Lunatics.* 110.
[855] *Ibid.*
[856] PP. 1857 Session 2 (68) *Lunatics (Scotland). A bill for the regulation of the care and treatment of lunatics, and for the provision, maintenance, and regulation of lunatic asylums, in Scotland.* 21.

to it. Complications with providing pauper lunatic accommodation were rampant throughout Scotland due to the remote geography, not just in the Highlands and Islands, but also Dumfries and Galloway, parts of the Northeast, and Shetland. Parliament had previously passed an Act in 1846 which required that "all such paupers should be removed to asylums or licensed houses."[857] The Board of Supervision expressed incredulity at the broadness of the statute and doubted that the legislature had even the vaguest understanding of the problem. They complained:

> There devolved upon the Board of Supervision a task which no one had ever dreamt of imposing on us. We were expected to provide for the proper care and treatment of more than 1600 pauper lunatics, scattered over nearly 900 parishes from the Mull of Galloway to Unst, the most remote of the Shetland Isles, without the power to remove one tenth of their number to any asylum or establishment legally authorised to receive them.[858]

They were also not happy that the Lunacy Commission, in its 1857 report, had castigated them for the insufficiency of care of pauper lunatics in Scotland. The Commission accused them of leading the public to "believe that everything relating to the care and treatment of pauper lunatics in Scotland was satisfactory,"[859] when in fact it was quite dismal. The Board of Supervision's contention was that, while Parliament had laid out the requirements for the proper care and maintenance of the insane, it had not done anything useful like passing legislation providing funds for the creation of more asylums, thus saddling the Board of Supervision with an onerous task and no fiscal means or increased powers to complete it.

Their letter to the Secretary of State, assailing the Lunacy Board's assertion that they had misled the public and legislature to believe lunatics were receiving proper care, included in it a transcript of the 1848 testimony of Sir John McNeill, Chairman of the Board, before the Select Committee of the House of Commons on Miscellaneous Expenditure. McNeill had deposed to Parliament the assorted troubles associated with effectively managing lunatics in Scotland, which consisted of:

> deficiency of accommodation in asylums and the serious evils resulting from it – to the insufficiency of means at the disposal of the Board for the selection of the cases most proper to be sent to an asylum – to the imperfect acquaintance of the parochial surgeons with the different forms of lunacy – to the indispensable necessity there was for providing the board with an itinerant medical inspector, devoting his whole time to the duty, in order for us to carry out effective supervision of the pauper lunatics – to the inability of the Board without such assistance to attempt anything like a critical examination of the nature of the disease – to the fact that the Board has no jurisdiction or control over lunatic establishments, public or private, or over the patients detained in them.[860]

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[857] PP. 1857 *Board of Supervision*. 3.
[858] *Ibid.*
[859] *Ibid.* 4.
[860] *Ibid.* 4-5.

Essentially, the Board of Supervision deposited the responsibility for the paucity of care squarely on Parliament's shoulders, making the case that they had told the House of Commons Committee about the main issues, and still Parliament made no substantial changes to the Lunacy Acts addressing these problems. "We had done our duty in showing the existence of the evil and the necessity of legislation," their letter to the Lunacy Board announced, and "the matter … now rested with the Government, and the Legislature, to dispose of."[861]

While the Lunacy Board's 1857 report acknowledged, as we have already reviewed in the previous chapter, the poor state of lunatic accommodation in the Highlands, and members of the Board of Supervision had testified on the nature of these specific problems to a subcommittee, Parliament took no immediate action to redress it. We can speculate that amidst other problems facing the nation at the time, the insane, especially those in the remotest parts of Great Britain, were not a huge item on the Parliamentary agenda. Before the Lunacy Board's report was published, however, and while the government was trying to pacify complainants that all these issues would be addressed in the aforesaid report, representatives for the burgh of Inverness assembled at the Burgh Court House on March 3rd, 1857. The result of this public meeting was a letter to the Secretary of State "on the subject of a proposed lunatic asylum for the Northern Counties of Scotland."[862] The letter argued that, because of the linguistic and cultural distinctiveness of the Highlands, they should have their own lunatic asylum catering to the requirements of a Gaelic-speaking population in a way that the southern asylums did not:

> That throughout the rural districts of those extensive counties, comprehending a large portion of the North, Central, and West Highlands, with the sound of the Hebride [sic] Islands as pertain to Inverness and Ross-shires, the Gaelic language prevails, and that language is also spoken by the poorer classes in all the towns which lie chiefly along the shores of the Moray Firth.[863]

The letter went on to illuminate both the cultural and geographical predicaments endured by mad Highlanders:

> That differing, as the Celtic population do in their mother tongue, manners, and habits of thought from their fellow countrymen, they require, when morbidly affected in mind, to be peculiarly dealt with; while their distance in general from medical aid often causes their mental aberrations to become confirmed and incurable before they can be submitted for proper treatment.[864]

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[861] *Ibid.* 5.
[862] PP. 1857 Session 2 (100) Lunatic asylums (Scotland). *Copy of a memorial from the inhabitants of Inverness to the Secretary of State for the Home Department.*
[863] *Ibid.* 1.
[864] *Ibid.* 2.

They appealed to Victorian notions of Celtic distinctiveness as well as the more apparent issues of language and the physical distance of Highland parishes from medical knowledge. On the subject of the latter issue, it emerged from this letter that the town elders in Inverness, meeting to discuss these issues and write letters to the government, subscribed to the medical paradigms of madness dominating discourses of madness elsewhere in Scotland and Britain. The letter strongly implied that people in remote Highland parishes, isolated from medical knowledge, were not capable of effectively or humanely treating lunatics. Thus, the insane would only deteriorate in their mental abilities and habits. Such implicit reasoning presumed that there was nothing in their "distinctiveness" which allowed for a superior treatment of madness. Their appeal – in effect a criticism of *this* localism – then was also an appeal to universalism, a modernising vision that the "best" treatment of madness involved "modern" medicine in an asylum.

Ideas that "Celts" were mentally quite different from other inhabitants of Great Britain had already established a hold in the Victorian consciousness. Francis Grierson, in "The Celtic Temperament and other Essays," wrote:

> The character of the Celt is inscrutable in its complex subtlety, endowed as it is with absorbing the quintessential learning of the world without any loss to personality. The moods and temperaments are so akin to changes and fluctuations of nature, because so intimately related to the physical elements seen in daily life – the rolling of mists across bleak and barren hills at seasons when the soul is longing for light and sunshine, and when human instinct rebels against the inevitable and incongruous; the beating of seas against rock-bound coasts which present an appearance as bleak and unrelenting as the surging waves themselves; sudden showers on fine summer days, which impress the mind with the close relationship between physical law and spiritual life, between the joys of living and the burden of thinking, between illusion and reality and the vast mysterious realm bounded on one side by the sensuous and real while on the other there is no limit to the mystic and the imaginative.[865]

Grierson's description is far more florid than anything in psychiatric or medical literature, ascribing wholeheartedly to the archetype of the mystical, emotional, and "naturalised" Celt who populated Romantic literature (but not necessarily the actual Highlands). It was the more extreme form of the Romantic discourse of Celticness, framing how both inhabitants and outsiders viewed Gaelic Scotland and Ireland. Nevertheless, this discourse insinuated itself elsewhere, such as the letter from the Burgh Court meeting in Inverness, framing the "Celtic character" as one reason why Lowland asylums were unsuitable for mad Gaels. They still believed that they required a modern asylum, which would in certain respects substitute for more "superstitious" indigenous responses to madness, but it needed to be culturally "softened" and attuned in order to operate effectively in this distinctive Highland cultural environment.

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[865] Grierson, 40.

Indeed, they hoped the presence of an asylum, a powerful representation of modern medicine, would mitigate occurrences of folk treatment, helping to "stamp out," as Mitchell phrased it in his 1862 paper, superstitious and "ignorant" practices.

The same 1857 document also contained correspondence from the Commissioners of Supply for the county of Ross, who asserted that the problems of finding appropriate treatment and accommodation for lunatics were so pressing in their county that the government should take action now, rather than wait for the publication of the Lunacy Board report. They "[urged] their representative in Parliament to procure, if possible, from Government, immediate publication of the Lunacy Commissioner's Report … or of that portion of it which relates to the Northern Counties."[866] "Immediate," for the Select Committee on Lunacy, the Lunacy Board, and Parliament, meant two years later.

Fig. 6.1. Royal and District Asylums in Scotland, Summer 1864.

(Source: Satellite image. Map design by Scott Smith)

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[866] PP. 1857 Session 2 (100) Lunatic asylums (Scotland). *Copy of a memorial from the inhabitants of Inverness to the Secretary of State for the Home Department.* 125.

I.2. Construction begins

The Parliamentary Select Committee on Lunatics conceded in an 1859 report to the demand for district asylums in Argyllshire and Invernesshire. By 1859, District Lunacy Boards had been formed and the one in Inverness had negotiated the conditional purpose of 100 acres of land as a site for an asylum.[867] Similarly in Argyll and Bute, the 1859 Lunacy Commissioner's Report noted "negotiations are at present pending for the acquisition of a site at Lochgilphead."[868] The decision to build the asylum, however, was only the beginning of debate and negotiation over location, size, and structure of the new asylums. Records from correspondence and meetings between the Lunacy Commissioners and Argyll District Board illuminate some of the issues and conflicts arising during these negotiations. As we will see, the negotiations became quite contentious. The primary fracture lines occurred between the local and the national, with the local body, the Argyll District Lunacy Board, claiming knowledge over the specific requirements of their county, while the national body, the General Lunacy Board, made knowledge claims about the prevalence of lunacy in Britain and expressed concern about cost. In 1858, the Argyll District Lunacy Board had sent the Lunacy Commissioners their initial plans for the new asylum, outlined in the following bullet points:

> 1st. That Accommodation should be provided for 200 pauper lunatics, or lunatics at pauper rates.
> 2nd. That the asylum should be erected near Lochgilphead.
> 3rd. That a site should be advertised for, with a quarter of an acre for each patient, as recommended by the General Board.
> 4th. That the General Board should be asked if they had plans or skeletons of plans or architects to recommend.[869]

The material geography of Argyll and Bute was in and of itself a major obstacle, a key point around which arguments over the size and structure of the asylum revolved. The 1860 Lunacy Board commented: "The physical nature of the district is an important element,"[870] that "physical nature" being the lack of large towns and the thin and scattered population. They asserted that boarding-out would continue to be practised, by geographical necessity more than anything, and therefore they suggested that an asylum of 120 beds would be large enough to cope. The plans put forth by the District

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[867] PP. 1859 Session 1 [2489] *First annual report of the General Board of Commissioners in Lunacy for Scotland.* 113.
[868] *Ibid.* 22.
[869] PP. 1861 [2809] T*hird annual report of the General Board of Commissioners in Lunacy for Scotland.* 209.
[870] *Ibid.* 208.

Board for a 200 bed asylum were hence thought "too expansive" for a "county such as Argyll," so the Lunacy Board hence rejected these initial plans on cost grounds and did not bother addressing anything else that the District Board had proposed.

The Argyll District Board, however, was not impressed by the Lunacy Board's rejection and sent them the minutes of their meeting in which they discussed the merits or, in their view, the demerits, of the Lunacy Board's decision. They observed that, since Dr. Browne, the Lunacy Commissioner who had inspected the site in 1858, could not speak Gaelic, he had been unable thoroughly to investigate how large the population of lunatics was in the county and whether or not there were adequate resources to take care of them. The Secretary of the District Board wrote:

> That the number of pauper lunatics and private lunatics at pauper rates, for whom the Board recommend accommodation in a district asylum, is 120. I am instructed to say that the Board are strongly inclined to think that the real number of lunatics will eventually be found to be considerably higher … owing to the inability of the Visiting Commissioner to speak Gaelic, he was unable to carry on an investigation in as thorough a manner as he wished to do.[871]

The District Board also found it unfair that in 1858/59 the Lunacy Board had not objected at all to the proposed size of the asylum, and that when it sent Browne out to visit the potential site near Lochgilphead, he had mostly discussed changes in the boundaries of the site, not size:

> They approve of the lands of Brenochy and Druie, as the site of the district asylum, on condition that six or more acres of the field to the south be substituted for the portion of bog at the northern extremity and for the rocky and wooded ridge to the east. [872]

Fig. 6.2. The therapeutic view: the Kintyre peninsula, at the top of which is Lochgilphead.
(Source: Photo by Estelle Clements)

Though not stated explicitly in these papers, the redrawing of the boundaries reflected the Lunacy Board's provisions that asylums be self-sustaining agriculturally, and therefore set on as much "improvable" land as possible, with fields being regarded as more desirable than bogs and rocky ridges. The District Board, however, wanted to keep the ridge on the basis that expansive views over Loch Gilp and surrounding hills would be beneficial to patients, and wrote in the minutes that: "The General Board

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[871] *Ibid.* 209.
[872] *Ibid.*

aquiesce in the proposal to retain the ridge referred to, but at the same time they consider it desirable for the District Board to acquire an equivalent of good land on the plateau."[873]   The minutes continued to discuss consultation with architects, emphasising that in none of these was anything "said over the number being too large or the site being faulty."[874] By the time the 1860 rejection appeared, the county of Argyll had, at considerable expense, felled land for an asylum of 200 and obtained plans at £225, as per the 1858 decisions. The District Board announced that it would decline to "take any further steps towards building an asylum" until the Lunacy Board could explain the discrepancy between its 1858 and 1860 instructions.[875]

The Lunacy Board responded to the District Board's complaints with a letter explaining that a building with 120 beds would provide suitable accommodation for the county's lunatics initially, but more buildings could be erected on the site if necessary. It also pointed out that the estimate of pauper lunatics in Inverness was 339. The Inverness District Board had proposed building a 400 bed asylum but then reduced its plans to 300: "It took care, however, to secure a site of no less than 170 acres, which will permit after extension to any degree which may be found necessary."[876] Telling them that the Inverness Board did better failed to quell the Argyll District Board's annoyance, nor did it satisfy their queries about the initial discrepancy. In a sharply worded letter, they demanded that the Lunacy Board send a Lunacy Commissioner back to Argyll, this time accompanied by a Gaelic interpreter, to determine how many lunatics there were in the county and whether accommodation for private patients could, and ought to, be established by the district. The District Board expressed a clear sense of boundaries between its role and that of the Lunacy Board, contending that not only was the former not properly doing its job, it was stepping on the District Board's toes:

> They cannot but think that the question of expense, is one of all others, that is rather for the District than General Board to consider. The District Board, who are all rate payers, are not very likely to incur what they consider unnecessary expense, whilst, as Dr. Browne observed to the District Board when pressing them to take more land and give larger accommodation than they thought called for, the Commissioners represent the lunatic paupers.[877]

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[873] *Ibid.*
[874] *Ibid.*
[875] *Ibid.* 212.
[876] *Ibid.* 215.
[877] *Ibid.* 217.

The contentious exchange continued with several more letters in which both parties essentially restated their earlier arguments, accusing the other of "ignoring" and "misunderstanding," until the Secretary of the Lunacy Board wrote to the District Board: "It is obvious to the General Board that it would serve no good purpose to prolong the discussion with the Argyllshire District Board as to the amount and nature of the accommodation which should be provided for pauper lunatics in the county."[878] He then discussed, at length, the difficulties of determining the precise population of lunatics in a county, even an urban one, the advantages of housing the improving insane in small cottages instead of larger dormitories, and the costs of maintaining lunatics in asylums which were within the Lunacy Board's purview. It then seems as if the Argyll District Board finally gained what it wanted, in spite of the Lunacy Board's resolute and fairly vitriolic final letter. They adopted a proposal to erect an asylum without any further delay, a bigger one than demanded by the Lunacy Board.[879] According to the 1862 Lunacy Commissioner's Report, they compromised at a 142-bed asylum, but "as the day-room accommodation is sufficient for 200 patients, the number of beds might, if necessary, be increased by converting part of this accommodation into sleeping rooms."[880]. Construction was completed by May of 1863 and the asylum admitted its first patients, mostly transfers from Glasgow and Edinburgh asylums.

Fig 6.3. Argyll and Bute Asylum, circa 1880.
(Source: Argyll and Bute Hospital. Painting hanging in reception area)

The construction of the Inverness Asylum, whilst not beset by as many communication failures and territorial spats as that of the Argyll and Bute Asylum, encountered some minor difficulties as well in its construction. Dr. Aitken, the medical superintendent of the new asylum, reported delays in its completion to the Lunacy Board due to the failure of the contractors to "carry out their engagements."[881] The carpenter had yet to fit a lift for the conveyance

[878] *Ibid*. 225.
[879] PP. 1862 [2974] *Fourth annual report of the General Board of Commissioners in Lunacy for Scotland.* xv.
[880] *Ibid.*
[881] PP. 1864 [3344] *Sixth annual report of the General Board of Commissioners in Lunacy for Scotland.*

of coal to the top floors, iron doors for the containment of a fire had yet to be hung, and the bathrooms still required furnishing and the chapel required seating. However, by January 1864, the vast majority of the asylum was complete, with its eastern wing ready to be opened to patients in early spring.[882] Aitkin's timetable proved to be accurate – the asylum opened in May of that year (Fig. 6.4).

Fig 6.4. Inverness District Asylum, 1864.

Neither one of these asylums had fences or boundary walls, which made them distinctive additions to Britain's asylum system. Much was made of the lack of walls in the Inverness Asylum. Commissioner Browne claimed that the grounds of the new asylum would "accommodate some thirty or forty husbandmen who, with no other bonds, nor walls, nor restrictions other than the will of the governor, have made a large corner of desert to blossom like the rose."[883] When the asylum opened in 1864, *The Inverness Courier* pronounced: "In no public asylum in the kingdom is the freedom from restraint and from the old system of imprisoning lunatics within high walls more carried out than here."[884] The lack of walls gave the asylums very different socio-spatial dimensions than those in asylums with walls, placing "restraint" almost entirely within the realm of the psychological. They were, in essence, the culmination of ideologies of "moral treatment."

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xviii.
[882] *Ibid.*
[883] W.A.F. Browne, "The moral treatment of the insane: a lecture," *Journal of Mental Science*, 10:51 (October, 1864): 317-334, 320
[884] In Chris Philo, "Scaling the Asylum: three different geographies of Craig Dunain Lunatic Asylum," in J. Andrews, L. Topp, and J. Moran, eds., *Psychiatric Spaces: Architecture, Madness and the Built Environment*, (London: Routledge, 2007), 107-131.

II. The asylums open: the early years

II.1. Intake from Lowland asylums

The initial patient populations for both the Inverness and Argyll Asylums were predominantly transfers from other asylums. As I have shown in the previous chapter, it was common practice for parishes to send unmanageable or unboardable lunatics to Lowland asylums. To reiterate some earlier points, it was unsatisfactory for everyone – for the asylums, which were overcrowded anyway; for the parish, which had to deal with the expense incurred by transport; and for the lunatic him or herself. The Lunacy Commissioners had highlighted instances of maltreatment at the hands of people ignorant about insanity during the long journey from the Highlands that insane paupers undertook in order to be received at Lowland Asylums, as well as the language difficulties arising when Gaelic-speakers were removed to predominantly English or Scots speaking regions of the country. My analysis of the case notes indicated that once incarcerated in Glasgow Royal, individuals often became depressed and morose, possibly more so than occurred for other patients and with a notable shift from the manic state which had often led them to be admitted in the first place.

Once the two Highland asylums were operational, patients flooded out of the Lowland asylums. In the first three months that it was opened, Inverness District Asylum received 139 transferred patients, mostly from Montrose Asylum in Angus, the closest large institution to much of Invernesshire, Rosshire, and Sutherland, but the asylum's register shows patients who were supported by Inverness, Ross, and Sutherland parishes arriving from asylums all over Scotland. The scatter of patients suggests that, while the closest one geographically was ideal, parishes would send patients to any place where space was available. The following table (Fig. 6.5) demonstrates the asylum transfers which took place in Inverness Asylum's first three months, forming the majority of its initial patient population.

Fig. 6.5. Table of patient transfers to Inverness District Asylum, May to August 1864 (private madhouses marked with an asterix)

(Source: IDA, Inverness District Asylum General Register)

Asylum	Number of Patients
Englishton House*	36
Montrose	22
Edinburgh (Morningside)	6
Glasgow (Gartnavel)	4
Millholm House*	14
Newbigging House*	2
Campsie Lane Asylum*	11
Musselburgh*	1
Somerside Asylum*	3
Aberdeen	2
Garngad House*	1
Tranent*	1
St. Cuthbert's Poorhouse	1

Though patients were well scattered, more arrived from the madhouses nearest Inverness. As we can see, Englishton House and Montrose Asylum sent the greatest number patients to Inverness. Englishton House was a privately run madhouse in Muir of Englishton, a village about five miles away from Inverness. The Lunacy Commissioners, who thought it was a well-run little madhouse, expressed some remorse at the fact that its massive disgorgement of patients meant it would probably have to close, saying "The future of this establishment is uncertain."[885] Millholm House and Campsie Lane Asylum were both small privately run madhouses near Edinburgh and Glasgow respectively, and interestingly they kept more Sutherland, Inverness and Rosshire patients than did their larger neighbours, Morningside and Gartnavel.

What can be inferred from the asylum register is that, if a parish sent one lunatic to a Lowland asylum, they were likely to send subsequent patients to that same asylum, even if the asylum was several hundred miles away. Parishes ostensibly had some sort of arrangement with madhouses, private and public alike. The parish of Golspie, for instance, had two patients in Millholm House, which was in Musselburgh, while Duirinish, a small parish on Skye, had sent both its dangerous lunatics to Gartnavel. Even more striking is the fact that eight out the eleven patients who had been in Campsie Lane Asylum were all from Skye. In the case of Duirinish and the other Skye

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[885]PP. 1865 [3506] *Seventh annual report of the General Board of Commissioners in Lunacy for Scotland.*. 182. Later in 1865, however, "the uncertain position of this establishment" would be remedied, as Mr. Hyslop, the proprietor, had drawn up an agreement with the District Board of Caithness providing for accommodation in this asylum of all pauper lunatics of Caithness. The General Board, however, thought that Englishtown was poorly suited to containing violent and dangerous patients, and consequently, that they should still be sent to Inverness District Asylum. 1865 [3506] *Seventh annual report of the General Board of Commissioners in Lunacy for Scotland.* xix.

parishes, it was probably just as economical to transport a patient by boat to Glasgow and Edinburgh as it was to travel overland to Inverness, Angus, or Aberdeenshire. Also, it appears that some Lowland asylums had at least somewhat established policies of accepting Highland patients and then getting rid of them when the Highland asylums opened, while others did not. For example, there were no admissions from Dundee Royal Asylum until two patients from Tongue and Portree arrived from there in 1876. One is listed as being insane for only five months and the other eight years, so they were unlikely to have been sent to Dundee Asylum *before* Highland facilities existed. Although in closer geographical proximity to Invernesshire than Glasgow and Edinburgh, it appears that Dundee did not have such an open policy of accepting patients from the Highlands and Islands.

Similar patterns emerge at Argyll and Bute Asylum from June to September of 1863. Like Inverness, most of their initial intake during the first three months comprised of transferred patients from Lowland institutions, as can be seen from the following table (Fig. 6.6):

Fig. 6.6. Table of patient transfers to Argyll and Bute District Asylum, June to September, 1863

(Source: ABH, Argyll and Bute District Asylum General Register)

Asylum	Number of Patients
Glasgow Royal Asylum	44
Edinburgh Royal Asylum	6
Lilybank House*	4
Garngad House*	3
Langdale House*	4
Millholm House*	8
Abbey Poorhouse	1
Govan Poorhouse	1
Hallcross House*	1
Greenock Asylum	1
Greenock Poorhouse	1
Barony Poorhouse	1

The most noticeable feature is that over half of the patients transferred to the Argyll and Bute Asylum had been detained in Gartnavel Asylum.[886] This in part reflected the coastal nature of many Argyllshire communities and ease by which Glasgow was relatively accessible by boat. There were regular steamship sailings between Glasgow, the Firth of Clyde, and the Isles. Certain parishes also ostensibly developed the practice of sending the insane to Glasgow more regularly than others. For instance, eleven of

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[886] Glasgow Royal Asylum changed its name to Gartnavel Royal Asylum in 1842, when it was moved to its current site off Great Western Road, near Jordanhill and Hyndland. It is evident from the data entries in this register that some people still thought of it as Glasgow Royal Asylum.

the forty-four transferred patients from Glasgow originally came from Islay – far more than any other parish – while half of the Millholm House patients were from Tiree, which probably reflected the predilections of individual Sheriffs and Inspectors of the Poor. It is also possible that patients ended up in certain institutions because they were working in that area when they went insane. This was at least the case for the patients sent from the urban poorhouses of Greenock, Govan, and Barony. Someone who went insane in their home parish would be sent to a proper asylum, even if it was over 100 miles away, not a poorhouse, but many Highlanders migrated to the cities for work and Highland paupers who went mad frequently found themselves in the local poorhouse.[887] Otherwise, the scatter of patients in both Highland asylums bears some relation to the availability of beds, as well as the efficacy of transport thereto.

Moving all of these patients to the new asylums was a serious undertaking, even though the end result – living in an asylum arguably more sympathetic to their language and culture and closer to home – was viewed as positive and to the patient's long-term advantage. At least one patient died of exhaustion during her journey to Inverness from a southern asylum.[888] The effect that it had on other asylums was immediate: the number of Highland intakes received by Gartnavel dropped massively. From an average of about twelve per year between 1853 and 1863, with a huge spike of 25 in 1858, Highland admissions declined to about two to three per year after 1864, and these overwhelmingly private.[889] As soon as there were local and therefore cheaper asylums available, parishes no longer had any reason nor any legal basis to send their pauper lunatics out of the district, but private individuals could and continued to do so, although not in large numbers. Philo has found similar patterns in English asylums, a class dimension "causing certain sorts of people and authorities to send their "mad" charges *not* to the nearest mental institution but to ones further away."[890]

II.2. New superintendents, staff, and buildings

The Lunacy Commission's 1865 report describes the imposing job faced by Dr. Aitken and his staff when the Inverness District Asylum opened, and undoubtedly Dr. Sibbald had the same onerous task when the Argyll and Bute District Asylum became operational. The Commissioners described the superintendent as being faced with

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[887] Charles Withers, *Urban Highlanders: Highland-Lowland Migration and Urban Gaelic Culture, 1700-1900*, (East Linton: Tuckwell Press, 1998).

[888] PP. 1865 [3506] *Seventh annual report of the General Board of Commissioners in Lunacy* for Scotland. 170.

[889] SHB, Gartnavel Asylum General Register.

[890] Philo, "Journey to asylum," 158.

"cares and anxieties attendant on the administration of so many patients of whose previous histories he is ignorant."[891] In spite of this, their impressions of the asylum were positive, and they found:

> the general condition of the patients already admitted was extremely satisfactory; perfect tranquillity prevailed for both sexes and recourse to seclusion has only been necessary in one instance since the opening of the house, for the period of a day. Dinner was served in the hall during inspection in a neat and orderly manner, all the patients being present with the exception of 2 males and 8 females. Already, a considerable proportion of both sexes are engaged in industrial occupation.[892]

The Commissioners also observed that some of the problems with Highland patients being boarded-out or sent to the Lowlands, which had justified the construction of these asylums, thankfully seemed to be more or less resolved for the Inverness patients. "Some patients," they wrote, "have been seen for the first time by their friends for many years." They also commented on the facts that all of the asylum attendants spoke Gaelic, Sunday worship was partially in English and partially in Gaelic, and "no inconvenience has been experienced from the ignorance of any of the patients of English."[893]

From the descriptions of the Lunacy Commissioners, who inspected the asylums at most once per year – probably saw the best face of the asylum, as asylum superintendents did not wish to be eviscerated in the Annual Reports – one obtains a rather rosy view about how easily operations fell into place at the new Highland asylums. The medical superintendents, living on-site and facing the daily management and operation of the asylum, were not always so positive. Dr. Sibbald's Annual Reports from the Argyll and Bute Asylum provide a glimpse at some of the issues with which he had to cope in the early years of the asylum. In the asylum's Second Annual Report, for example, Sibbald clarified a position that recovery or cure was not a likely outcome for most of his patients, since the vast majority were chronic cases from other asylums:

> From the large number of chronic cases brought from other asylums, where they had been accumulating for many years, the proportion of recoveries on the numbers resident must be very small; and the benefits of the asylum must, in the meantime, be looked for more in the general improvement of the condition of the insane than the dimunition of their numbers from recovery.[894]

The following year, Sibbald suggested that insanity in Argyll was on the increase and had little doubt more beds would be needed, attributing this increase to "emigration and

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[891] *Ibid.*
[892] *Ibid.*
[893] *Ibid.*
[894] ABC, Second Annual Report, 1864, 22.

other temporary causes."[895]   Sibbald was not the only Victorian alienist suggesting that emigration and depopulation, especially in rural, agricultural communities, contributed to pauperism and madness. A paper of 1889 appearing in the *Journal of Mental Science* on the general state of British asylums asserted that "the tide of emigration, owing to the ever-spreading agricultural depression, seems to be depriving the country [Scotland] of its best men."[896]   Those who were left were often seen as the weak-minded, unwilling or unable to leave.

In the Highlands, the proverbial elephant in the room which sheriffs, procurators fiscal, and other such authorities did not directly address, but to which they sometimes alluded – like Sibbald's reference to emigration in the above Annual Report – were the Clearances, the extreme destitution, and the obvious effect that migration, both forced and willing, had on the mental health of the population.[897]   Highlanders such as Donald MacLeod who brought the attention of the press and public to the Sutherland Clearances in a series of letters published in the Edinburgh *Weekly Chronicle* were more forthright in connecting Clearance to insanity.   He described the factors and their men forcibly removing villagers in the parishes of Farr and Kildonan from their homes, burning the structures and people's belongings. In consequence of this, "Several old men took to the woods and precipices, wandering about in a state approaching to, or of absolute insanity."[898]   The two individuals most instrumental in the forced removals of early-nineteenth century Sutherland were William Young, the Duke of Sutherland's first Commissioner, and Patrick Sellar, his factor, and of these men, MacLeod wrote:

> Their appearance in any neighbourhood had been such a cause of alarm, as to make women fall into fits, and in one instance caused a woman to lose her reason, which as far as I know, she has not yet recovered; whenever she saw a stranger she cried out, with a terrific tone and manner, *Oh! Sin Sellar!* – 'Oh! There's Sellar!'[899]

The case notes from the Inverness District Asylum occasionally acknowledged Clearance as a possible cause for the patient's malady. On one patient's admission, Aitkin speculated: "The cause has not been definitively ascertained but he has been dull and dissatisfied since his mother and sisters were ejected from their croft in Leanach Moor of Culloden some twenty years ago."[900]   Another patient is described as having

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[895]ABC, Third Annual Report, 1865, 10.

[896]" English retrospect: Asylum Reports, 1887-8*," Journal of Mental Science*, 34 (January 1889): 586-601, 598.

[897] Between the 1840s and the 1860s, emigration from the West Highlands increased dramatically due to the collapse of the seaweed industry sind the Potato Famine.

[898] Mackenzie, *History of the Highland Clearances*, 16.

[899] *Ibid*. 23.

[900] IDA, case notes, v.2, 399.

delusions which appeared to be a Clearance reversal: "She was heard singing Gaelic songs and English songs declaring that she was ill and that the people about her are mad and that she would drive the proprietor of the estate on which she lives from the possession of it."[901] It clearly, and unsurprisingly, had severe and lasting effects on the mental soundness of people affected by it, ones which have had little airing in the historiography.

Whether spurred by emigration, destitution, or other variables, Sibbald's 1865 prediction about the increasing numbers of patients came to fruition by 1869, when he complained of overcrowding:

> The evils produced by overcrowding have been experienced in a very special manner during the past year. Not only has the number of patients continued considerably larger than there was suitable accommodation for in the original building, but that accommodation was seriously encroached upon by the requirements of contractors engaged in erecting the additional buildings.[902]

Two additional wings were close to completion, and there were 138 patients in the asylum at this point. In early reports, Sibbald had advocated boarding-out as a means for keeping non-violent, easily managed patients, contending its benefit for the patients – a reflection of the belief amongst Scottish alienists that community care, when it worked (and often it did not), was conducive to curing madness. More pragmatically, it could conceivably prevent overcrowding in the asylum. By 1868, however, Sibbald cynically concluded that: "The experience of the system in Argyllshire has not, however, been altogether satisfactory."[903] He believed that boarded-out patients should be kept with families who lived near the asylum so as to enable proper supervision. He also stated that families "should be rather above average intelligence and civilization," further commenting on the difficulty of finding such families and persuading them to take on the task of caring for the insane in a community as small as Lochgilphead.[904] The reality was that people's "ignorance" over what the medical establishment regarded as proper and humane treatment for the insane rendered boarding-out impractical and even inhumane from the medical perspective. For example, Sibbald explained that the correct treatment for mania was "to supply as much easily digestible and nourishing food as the patient will take; and in many cases this would be considerably more than is necessary in health," whereas even well-meaning friends and family attempted to treat it by giving the patient "a low diet and other such remedies thought to have a depressing effect." There was also at least one documented case where, to Sibbald's horror, the

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[901] IDA case notes, v.2, 345.
[902] ABC, Sixth Annual Report, 1869. 9.
[903] ABC, Fifth Annual Report, 1868, 8.
[904] *Ibid.*

folk treatment was attempted: the lunatic was taken out to sea by her friends and thrown overboard.[905]   As the vision that he had for boarding-out in the Lochgilphead community had proved more or less unworkable, Sibbald sought the expansion of the asylum as the best option for managing the growing numbers of lunatics.

Other difficulties emerged from the asylum's geographical isolation from any large population centre.   Lunacy Commissioner Coxe briefly mentioned troubles associated with asylum attendants; they needed to be suited to the task and also bilingual.   There were not many people to choose from in Lochgilphead and the surrounding area, and the ones that they did find had very little experience with the insane.   Seclusion and restraint were noted in the asylum's records as being used twelve times between 1864 and 1865, more so than was regarded by physicians as necessary or good practice, and Coxe attributed it to the asylum staff's lack of experience.   He observed: "It has to be borne in mind that the difficulty of procuring experience, or even untaught trustworthy attendants is considerably enhanced by the limited choice which a knowledge of Gaelic involves."[906]   We can tease out of this sentence Coxe's *a priori* presumptions, both about the ideal asylum attendant and the average Highland Gaelic speaker.   In the former case, they should be educated, civilised, and preferably experienced; and in the latter case, they were most likely uneducated, uncivilised, and certainly deficient in medical knowledge.   Leaving a university-educated, Lowland doctor's slightly pejorative views of lower-class Highlanders aside, it was likely that the first attendants working in the Argyll and Bute Asylum were undoubtedly inexperienced in their new jobs and probably somewhat overwhelmed by the task. Needless to say, these difficulties decreased the longer the asylum was around, as a completely novice asylum attendant in 1863 would have had a decade of experience by 1873.   The Annual Report from 1874 confirms this supposition.   Dr. James Rutherford, who became the superintendent after Sibbald had left to become a Lunacy Commissioner, claimed that: "Cases may occur in which seclusion would be the best treatment; but it so happens that all the cases from Argyll and Bute can be easily treated without it."[907]

Sibbald and Coxe also emphasised the importance of the asylum being self-sustaining, as even basic items such as milk and cheese could not be easily or quickly procured from elsewhere.   It was standard practice at most Victorian asylums to have vegetable gardens and sometimes to engage in other farming practices, such as keeping

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[905] *Ibid.* 8.
[906] ABC, Second Annual Report, 1865, 23.
[907] ABC, Eleventh Annual Report, 1874, 15.

chickens, since it was more economical for the asylum and also provided wholesome occupations for the patients. That said, the isolation of the Argyll and Bute Asylum necessitated more extensive agricultural practices, as Coxe pointed out below:

> All vegetables, with the exception of potatoes, are now fully supplied by the garden. The uncertain supply of milk, and the inconvenience to which this gave rise have rendered it necessary to purchase cows; and indeed, from the remoteness of the asylum from markets it will be found advantageous to make it as independent as possible of extraneous sources of supply for all perishable articles of food.[908]

Inverness did not suffer the same sort of issues associated with geographic isolation. In the Annual Reports, Dr. Aitken wrote rather of difficulties such as problems with the asylum's water supply, freezing temperatures in the house during winter months, and the fact that: "There can be no doubt that notwithstanding the more liberal views held with regard to those afflicted with insanity, there is great difficulty returning patients to society."[909] He also remarked on trouble with patients escaping as the asylum had no perimeter walls. Argyll and Bute also had the occasional escapee, but Inverness was closer to transport, a large town, and associated resources. Isolation was an effective barrier, but Inverness did not quite have that. Dr. Aitken hence complained in the asylum's 1866 Annual Report:

> One of the greatest sources of anxiety connected with the government of an Asylum consists in attempts to escape, and to this the inmates are prompted by various causes: some act from a mere desire to wander, others from a sense of liberty, many from a natural wish to return home, some from a love of solitude, others for the purpose of ventilating their views on political and religious matters, and some with a view of carrying out designs against their own life or the lives of others … It is also a curious feature in connection with these attempt, that the greater number are made by patients coming from Skye, whilst, in general, they occur most frequently during the harvest and at the time of the Northern Meeting.[910]

The asylum provided a variety of amusements for patients, including balls, concerts, recitations, and lectures, as well as offering patients English classes. The Lunacy Commissioner wrote in the asylum's Annual Report that patients must "communicate with superior officers" in English.   At least on paper, the asylum was still, indeed, an outside imposition parachuted down into an unfamiliar land and making moderate attempts to Anglicise the patients. It was unlikely, however, that they were successful: services were conducted in both languages and the case notes show patients frequently communicating solely in Gaelic.[911]

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[908] *Ibid.* 24.
[909] Whittet, *Craig Dunain Hospital, Inverness,* 27.
[910] *Ibid.*
[911] *Ibid.*

III. Life in the asylum

In the previous section, I addressed the initial growing pains of the Inverness and Argyll and Bute District Asylums, emphasising difficulties specific to the isolated geographical context of these asylums, especially Argyll and Bute. In the following section, I will turn to how the asylums were managed and the experiences of patients and staff during their first decade. As one of the main themes of here is the interaction between older and newer paradigms of madness, alongside the cultural reconstitution of madness in the Highlands, I limit the scope in this study to the period between 1863 and 1874 in order to engage in more depth with a limited and focused set of records, as people's understanding of mental disorder and what they did about it was influenced considerably by the arrival of the asylums. The initial time-period during which this paradigm shift occurred, from folk medicine, boarding-out, and transport elsewhere to prevalent use of the institutions, is therefore my focus. Roy Porter writes that, "medical events have frequently been complex social rituals involving family and community as well as sufferers and physicians."[912] The pivotal change to the treatment and understanding of madness in the Highlands – thus the manner in which people utilised the asylums – was how madness was constructed by family and community. I will begin with a demographic outline of the patients who were admitted into the asylums, derived from the Asylum Registers of both Inverness and Argyll and Bute, before considering what this information illuminates about how madness was perceived and organised. Then I will examine asylum reports and case notes in order to analyse the experience of madness and the management thereof in the asylums: this will mainly focus on the Inverness Asylum, as the case notes for the first several decades of the Argyll and Bute Asylum's existence have sadly been lost.

III.1. Geographical Patterns of Admissions: Inverness

After the initial flood of patients from Lowland asylums in the first three months when the Highland asylums were opened, Lowland asylum patients continued to filter in over the years, but at much lower numbers. The vast majority of the later intake hence came from parishes in their immediate districts. After mid-August 1863, most admissions to Argyll and Bute were direct admissions by local sheriffs, and by early

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[912]Roy Porter, "The patient's view: doing medical history from below," *Theory & Society*, 14 (1985): 175-98, 175.

August of 1864 the same was true for Inverness. The differences in distribution of the Highland population north and south of Fort William are evident in the admissions records of the two asylums. Fort William and the parishes of Kilmallie and Ardnamurchan marked the dividing lines between the district served by Inverness Asylum (which also included Ross, Cromarty, and Sutherland), and the district served by Argyll and Bute Asylum. Incidentally, patients from Kilmallie and Ardnamurchan appear in both asylums. The picture of the Highlands in much of its historiography and current tourist marketing is that of a desolate, wild landscape, depopulated by Clearance and emigration. However, Inverness in the nineteenth century was a busy market town, with industries including rope-making, sail-making, tanning and wool, and shipbuilding. By 1855, the railroad from the south connected it to the rest of Scotland and Britain.[913] New buildings, including the Northern Infirmary and a town hall, were built and the town was modernised in terms of having a gas and water supply. The area within a thirty to forty mile radius of Inverness was fairly well populated, as it consisted of fertile valleys and glens rather than the mountaineous, peatbog country to the north and west; this locality was hence more readily sustainable for a larger population. Indeed, Inverness became a geographical, cultural, and social hub for the Northern Highlands, its spokes reaching south towards Aviemore, southwest towards Glenmoriston, west to Garve and Contin, and north along the Cromarty Firth. By the 1860s, many of the people who lived in the remote inland glens like Strathnaver and Assynt had been removed to villages along the Sutherland coast such as Brora, Golspie, and Dornoch, closer, especially by sea travel, to Inverness.[914] Thus it is unsurprising to find that a significant number of admissions to Inverness District Asylum came from parishes within thirty or forty miles of Inverness, or from the town itself: in fact, 627 of the 848 patients admitted to the asylum during its first ten years were from parishes within this forty mile radius. As Inverness was a central hub for the neighbouring parishes, both local authorities and families turned to the resources that it offered, like an asylum, as a first resort rather than last, desperate effort.

In outlying regions – parishes in Wester Ross, Sutherland, the Hebrides, or Kintail and Lochalsh – lunatics were more frequently documented than they were before Inverness Asylum was built, but admissions from these areas continued to be more infrequent than admissions from ones local to Inverness. The obvious inference is that places with a smaller population in general had less insane people, but crucially, there was probably also a greater reluctance to use the asylum when it was not much

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[913] Fry, 170.
[914] *Ibid.* 172.

different, in terms of distance or accessibility, in people's minds, than Glasgow. Referring to the Inverness District Asylum, Chris Philo and Hester Parr have observed:

> Especially in remote areas in the west and north, accessing the institution meant isolation from friends and family for months or years at a time, and it was usually in the most dire of circumstances that families or parochial authorities 'referred' their loved ones to the asylum.[915]

Out of 848 admissions between May 1864 and December 1874, approximately one-third were from these outlying areas while two thirds came from villages within the hub-and-spokes of Inverness (Fig 6.7 and Fig 6.8). Within the outlying regions, however, some parishes removed significantly more people to the asylum than others. For instance, 23 patients came from Applecross during this ten-year period while only four were sent from Lochcarron. These parishes are comparable to one another in many aspects: they are both similarly distant from Inverness – Applecross is about eighty miles from Inverness while Lochcarron is about sixty miles, and they were (and are) both small crofting and fishing communities on the west coast with similarly rugged terrain and populations of under 2,000 people. Tellingly, perhaps, Gairloch, Applecross's more populated neighbouring parish, only sent five. Applecross, relatively near to Loch Maree and the site of St. Maelrubha's monastery, has a long association with madness in Gaelic culture, as discussed in Chapter 3. Possibly its historical associations with lunacy drew in people suffering from mental disorder, who then found themselves on a cart to Inverness, although it is completely speculative to suggest that this had anything to do with its tendency to send its lunatics to the Inverness District Asylum. Nonetheless, its 23 patients clearly surpassed the numbers of patients sent by other outlying parishes of similar distance, population, and geographical features.

Parishes even further away than the ones in Wester Ross, such as the Western Isles, sent predictably few patients to the asylum – three from Barvas on Lewis, two from Uig on Lewis, one from Harris, five from Barra, two from the Small Isles of Eigg and Rum – but there was an exception: nineteen came from the Uists. Again, we can only speculate as to why this would be the case. Insanity, due to its at least partially hereditary nature, may have occurred with more frequency in some areas than others. This was certainly T.C. Mackenzie's theory when he suggested that in remote parts of

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[915] Chris Philo, Hester Parr, and Nicola Burns, "Social geographies of rural mental health: experiencing inclusions and exclusions," *Transactions of the Institutions of British Geographies,* 29:4 (Dec. 2004): 401-419, 405.

the Highlands, intermarriage amongst relatives was not uncommon.[916]   Additionally and quite crucially, the people of some areas may have developed the practice or habit of requesting asylum provision for insane relatives and neighbours, while others did not, but again, exactly why this should become the case is hard to fathom. It is likely that various factors would have come into play, such as the beliefs and experiences of key local figures involved in the admissions procedure.

Fig. 6.7. Lunatics supported by Ross and Cromarty and Sutherland parishes, 1864-1874.

(Source: Original maps found in *Parish, Registers, and Registrars of Scotland,* published by the Family History Society (1993). Maps configured by Scott Smith)

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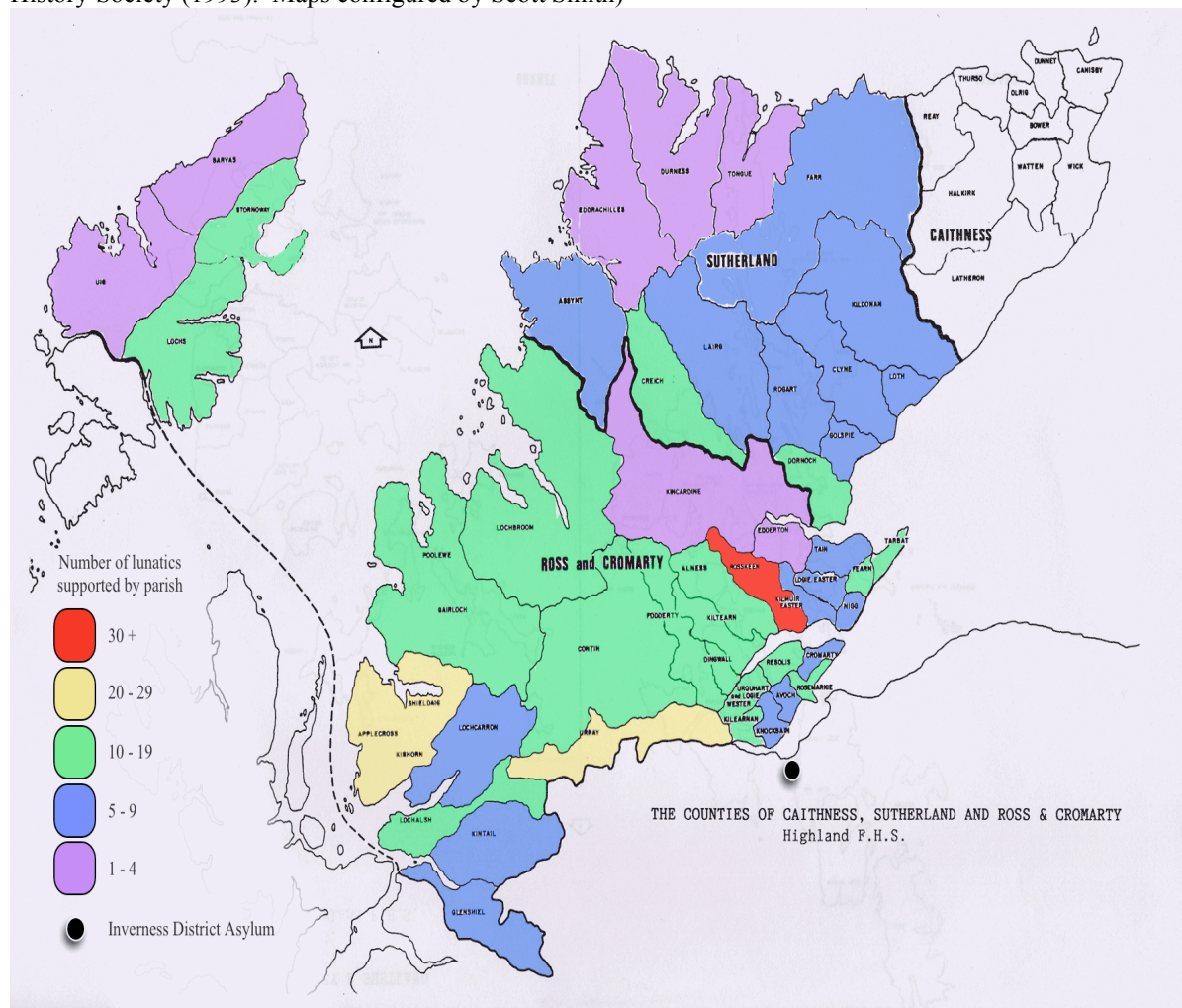
[916] T.C. Mackenzie, "Some considerations regarding the family history of insanity in the Highlands," *Journal of Mental Science* 61 (1915): 95-98. Mackenzie was the medical superintendent of Inverness District Asylum when he wrote this paper.

Fig. 6.8. Lunatics supported by Inverness parishes, 1864-1874.
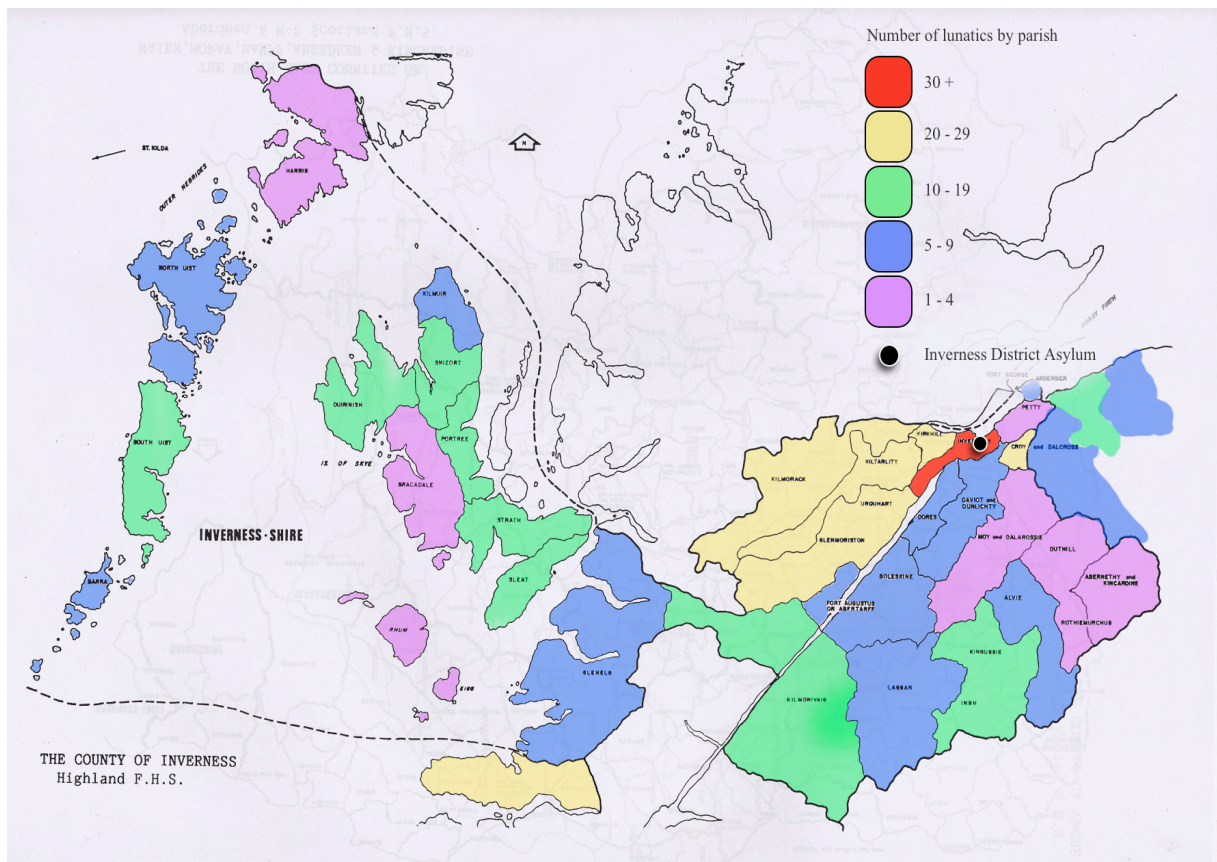
III.2. Geographical patterns of admissions: Argyll and Bute

Lochgilphead, unlike Inverness, was not a major population or industrial centre, but it was (and is) the administrative centre for the county. The District Board met in Lochgilphead and decided that it should be the location of the new asylum due to its reasonably central location in the overall district. The population of Argyll, as the Lunacy Commissioners had observed, was "thin and scattered" and "there were no large towns."[917] As previously explained in my examination of the correspondence between the Lunacy Commissioners and the Argyll District Board, the former were sceptical that the hospital needed more than 120 beds, believing instead that boarding-out would remain prevalent in a county as rural and sparsely populated as Argyll. The asylum's register shows otherwise, supporting an 'if you build it, they will come' paradigm for understanding social constructions of psychiatry and institutional care. Historians of psychiatry researching asylums in other geographical locations such as Ireland have

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[917] PP. 1861 [2809] *Third annual report of the General Board of Commissioners in Lunacy for Scotland.* 208.

shown that psychiatric hospital admissions increase substantially where there are hospitals, a cycle (perhaps misleadingly) which convinces Lunacy Boards, Parliament, and local authorities that lunacy is on the increase, fuelling demands for more hospitals or more beds in existing hospitals, then spurring further increases in admissions.[918]

Approximately 645 patients were admitted to Argyll and Bute Asylum between June 1863 and December 1873. While this was substantially less than were admitted to Inverness during a ten-year period, it exceeded the Lunacy Commission's initial expectations. Unsurprisingly, the distance and efficacy of travel to the asylum reflects in the patient distribution of the Argyll and Bute Asylum's register (Fig 6.10). Glassary, for instance, the parish which includes Lochgilphead, sent 51 patients to the asylum, more than any other Argyll parish. The proximity of Glassary inhabitants to the asylum must have made it seem like the obvious option for dealing with insane relatives and neighbours. The same was true for Campbelltown, which sent 43: Lochgilphead is at the north of the Kintyre peninsula, while Campbelltown is near the Mull of Kintyre, so it was a straightforward journey by sea between the two. The other parishes along the Kintyre peninsula also regularly transported their insane to the asylum: Kilberry sent 30 and Kilchenzie 17. For similar reasons, patients from nearby parishes to the north and east of Lochgilphead were frequent admissions. Knapdale sent 33; Kilbrandon 17; Kilmore and Kilbride, which includes Oban, sent 23; and Dunoon sent 33. Oban, Campbelltown, and Inveraray (which sent 24) were the main population centres of Argyll. Outwith the nearest and most populated parishes, the number of insane removed to the asylum varied considerably. Lismore and Appin sent 26, for example, while its neighbour, Glenorchy and Inishail, sent only four. The pattern of distribution from the islands suggests that admissions were related to a series of variables which included the island's population and proximity to Lochgilphead, but these variables do not always appear to have reflected the numbers of pauper insane arriving at the asylum. Islay was regularly in the habit of institutionalising the mad (they were not infrequent patients in Gartnavel either), with 20 in Argyll and Bute, while Jura only supported three there. Thinly populated islands, such as Gigha and Colonsay, transported four and three, respectively. As I have already discussed in relation to admissions patterns in Inverness, there were probably practices and conventions developed by the inhabitants and authorities of particular parishes which may have also reflected a greater propensity for insanity in some populations – and

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[918]For a more detailed account of the rapid expansion of Irish lunacy provision and its effects on the population, see Finnane, (1999); Prior, (2003); Walsh, (1999); and Malcolm and Jones, (1999).

perhaps greater instability in terms of emigration and depopulation – but not others. Before the Argyll and Bute Asylum was built, parishes such as Campbelltown, Islay, and Rothesay regularly sent patients to Glasgow, and Gartnavel's admission register suggests that the practice of institutionalisation had already established itself in these Argyll parishes by the late-1850s.[919]

Fig. 6.9. Lunatics Supported by Argyll and Bute parishes, 1863-1883.
(Source: Original map found in *Parish, Registers, and Registrars of Scotland,* published by the Family History Society (1993). Map configured by Scott Smith)
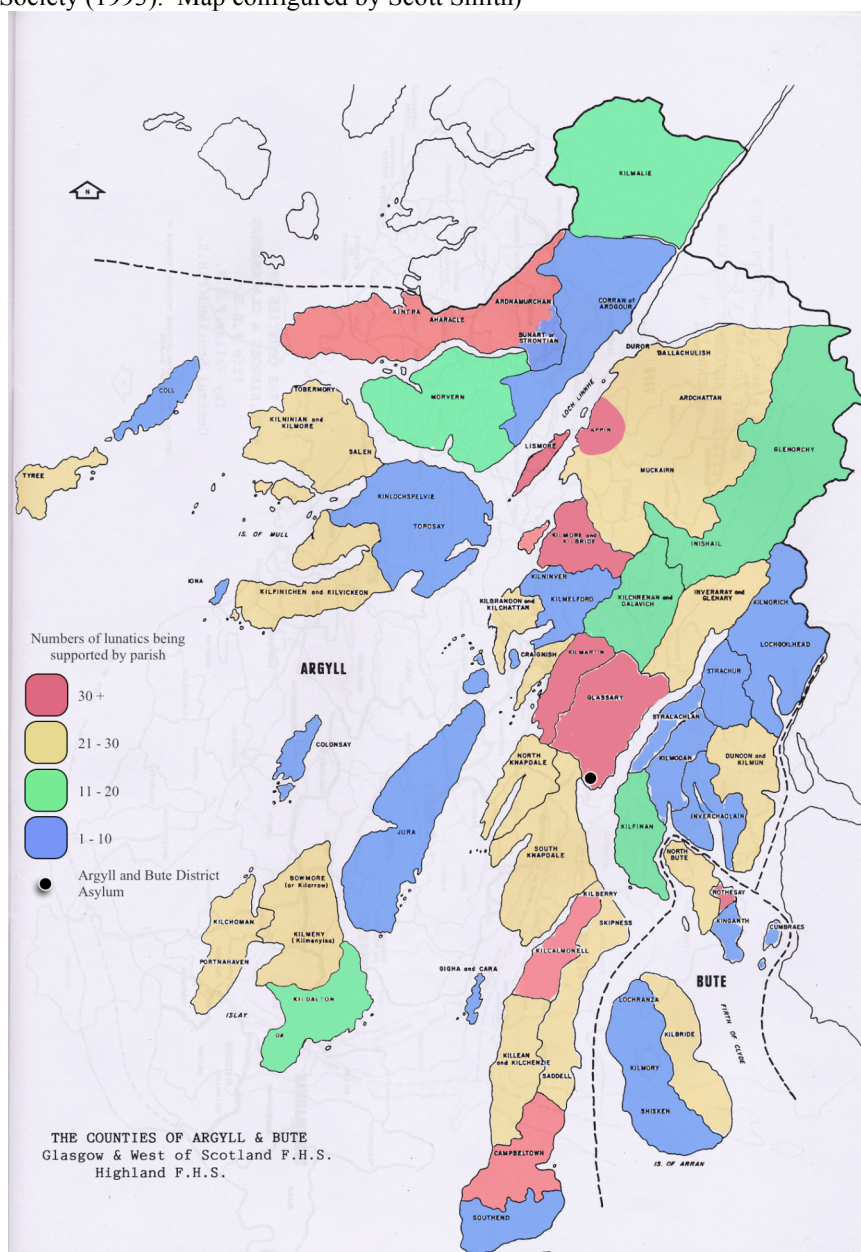
Admissions data for both Highland asylums thus show similar patterns of geographical distribution, although more exaggerated in Inverness due to the greater population density near the town itself and the massive amount of rural space covered

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[919] ABH, Argyll and Bute Asylum General Register.

by the asylum's catchment area, which far surpassed any other in Britain.[920] The social space that the asylums inhabited hence depended on the physical geography between the asylum and its users, and the practices and conventions that were individual to specific parishes. The proximity factor has been examined in other contexts, first by Edward Jarvis (1803-1884), an American physician and social reformer, who proposed that asylum admissions from particular localities decreased the further away from the asylum these localities were. This "distance-decay" model has since been known as "Jarvis' Law."[921] Such patterns are observable in the Highlands: once an asylum was open and accessible, the people most inclined to use it were the "carers"[922] of those who lived closest to it, whereas for those furthest away, it was a distant shadow, a remote place associated with anxiety should one be unlucky enough to lose their reason. Philo and Parr have written of Inverness Asylum: "the sheer physical distance between their homes and the asylum must have fuelled fearful feelings about this distant edifice to which people might be transported if their mental state was failing sufficiently to render them unsupportable by kith and kin."[923] It has been suggested that asylums were sometimes used to remove embarrassing and mad relatives, and in many cases they probably were, but they seem to be more frequently resorted to by families and friends of the insane in nearby parishes.

However, Jarvis' Law cannot be the sole model characterising the geography of admissions, since the latter is evidently more complicated than a simple distance-decay formula might allow. As I have illustrated above, parishes with similar topographical and demographic make-up and of similar distance to the asylums could have very disparate numbers of admissions. Philo, examining English asylums, notes exceptions to Jarvis' Law, and argues that it is often the exceptions which are most revealing of the underlying dynamics of the admissions process. While these exceptions were more the rule in England, which has a much "friendlier" geography than the Scottish Highlands and a rather greater density of potentially competing asylums, Philo's speculation that "there are strong indications that borough practices in this respect were also shaped by a deep-seated politics of borough-county relations"[924] seems partially applicable to the Highland case, albeit territory now not in terms of borough-county but parish-parish relations. Philo had the advantage of writings by alienists and Lunacy Commissioners supporting his contentions. Unfortunately, no such texts have as yet been unearthed

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[920] Philo, "Scaling the asylum," 115.
[921] Philo, "Journey to asylum."
[922] Meaning neighbours, family, and other people who could potentially become embroiled in the admissions process. See Chapter 4.
[923] Philo, "Scaling the asylum," 115.
[924] Philo, "Journey to asylum," 161.

offering possible explanations for why Applecross, for instance, admitted considerably more insane to Inverness Asylum than Gairloch. Thus, we can only infer, but reasonably so, that local politics, practice, and conventions played as important a role as physical proximity.

III.3. Patient profiles

From the data in asylum registers, a general picture of the people who were sent to these institutions can be constructed. The practice of keeping a register, which listed demographic data about each patient such as age, occupation, marital status, type of insanity, and discharge date, emerged in the early-nineteenth century as part of a general movement to gather information about insanity and also to make asylums more transparent to outside oversight.[925] By the time the Highland asylums opened their doors to patients, asylum registers had long since become standardised and the practice of maintaining them part of the normal day-to-day operation of the asylum. From the registers, we know where patients came from, their marital and economic status, with what they were diagnosed, and how long they stayed in the asylum (or if they died there). Occasionally, we have a glimpse of what the admitting physician believed caused their insanity, although such a conjecture was not always written down. This data, especially when combined with case notes, not only reveals the type of person who was sent to an asylum, it provides broader insights into the Highland population in the middle to late-nineteenth century.

The majority of admissions to the Inverness and Argyll and Bute Asylums were pauper patients, but they were predominantly working people, not homeless wandering lunatics (although there were a few of these).[926] The gendering of Highland society comes through unequivocally in this data. Most female patients were described as "domestic servants," while male patients held a greater variety of occupations, the most common of which were labourer, fisherman, and crofter. The women who were married and not domestic servants were usually described as "shepherd's wife" (or whatever occupation her husband had) or "housewife." Only a comparative handful of women had other jobs, most of which still subscribed to nineteenth-century gender norms. There were a few craftswomen such as weavers, seamstresses, and dressmakers, and even smaller numbers of female teachers, schoolmistresses, and

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[925] Jonathan Andrews, "Case notes, case histories, and the patient's experience of insanity at Gartnavel Royal Asylum, Glasgow, in the nineteenth century," *The Society for the Social History of Medicine,* 11:2 (1998): 255-281, 256.

[926] IDA, Inverness District Asylum General Register.

innkeepers.   The demographics which appeared in the asylum register, the one-word descriptions of what people did for a living, reflected the changes that Highland society had undergone in the past century: mainly the dominance of migrant, seasonal wage labour, the transformation of the Highlands into an economic satellite for England and, in sum, its entry into the capitalist system.   As can be seen clearly in the asylum registers, both men and women had to partake in wage labouring types of jobs, as the previous economic structure held together by the clan system, where most people were sustenance farmers, paying tithes to their laird with sheep, cattle, and produce, had long ceased to be viable.[927]   Higher-skilled and more educated patients made up a smaller proportion of the asylums' population, but there was still a handful of clergymen, skilled craftsmen and women, ship and steamboat captains, teachers and schoolmasters, and a handful of university students (the admitting physician frequently wrote that "too much study" caused their insanity).

The majority of admissions were single, both for men and women. This suggests various possibilities: that either single people, especially women in a highly religious society where being single lay on the boundaries of social unacceptability, were more likely to suffer from mental distress; that people with mental problems were less likely to get married; or that a married individual could be cared for by his or her spouse and in-laws and thus had more community support and no need for asylum care.   Religion was not a category which appeared in the register, but it was listed in the case notes. From there, we know that most Inverness Asylum patients were Free Church, although many were still associated with the Established Church, and there was a smattering of Catholics. Physicians such as Dr. Aitken were sceptical of the evangelicalism which had swept the Highlands, and "religion" or "religious excitement" appeared regularly in the admissions register as causes of madness.

Here we can examine the diagnosis of madness itself and what the doctors believed to be its causes. In the latter half of the nineteenth century, only about half a dozen diagnostic categories appear to have been in use at Scottish district asylums. This was not the case elsewhere in Europe, where new disorders were being "discovered" all the time and nosologies were perpetually being updated to reflect the most recent advances of psychiatric knowledge. Such categories, which were appearing in England, Germany, and France, but *not* in the Highlands, included "diseases" like moral insanity, neurasthenia, and hysteria. What separated these categories from older categories of madness, echoing earlier claims in this thesis, was their undetectability to the lay

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[927] Richardson, *The Highland Clearances,* 56.

observer, the fact that it allegedly took an expert to recognise and to treat them. Porter has called the Victorian era "the golden age of depression, nervous disorder, and breakdown."[928] Medicalised epistemologies were surging ahead, becoming the dominant paradigm for mental disorder, and psychiatrists claimed that "they alone, could perceive the epidemic of madness penetrating civilization."[929] The diagnostic column in the registers was a small piece of the general movement in psychiatry to standardise knowledge and practice. The 1844 Report from the Metropolitan Commissioners in Lunacy, for instance, described the characteristics of the above categories and expressly stated its intentions to:

> distinguish the principal forms of Insanity which are usually met with in lunatic asylums, in order to render more clear and intelligible the statements which we are about to make respecting the classification and treatment of their inmates. They may also be useful in illustrating the Statistical Tables which will be found in the Appendix.[930]

For those "on the ground," treating patients, it was a form that they had to fill out rather than a principal guide to treatment and, as the case notes will show, they did not appear to be overly concerned with the typology of the disease when managing individual patients.

This was not, or less, so in the Highlands. In the far North and West of Scotland, proto-psychiatric knowledge even as propounded by people with medical training retained its foundations in lay epistemologies of madness, what Foucault calls an "epistemology of delirum."[931] We witnessed this phenomenon in our examination of Sheriff Court records admitting people to hospitals, and it also appears in the registries of the new district asylums. The diagnoses surfacing in the registers hence largely consisted of mania, melancholia, dementia, idiocy and imbecility, general paralysis of the insane, and, quite infrequently, monomania. All of these categories were recognisable to the layperson and, as we saw in the admissions records, were certainly recognisable to the neighbours and family members committing the mad person to the asylum or infirmary. Mania and melancholia were by far the two most common species of madness, but asylum staff knew that the one-word diagnosis in the asylum register utterly failed to capture the complexity of an individual's experience of madness. As we will see when we turn to the Inverness District Asylum case notes, Dr. Aitken and his staff did not overly concern themselves with the diagnosis when treating

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[928] Porter, *Mind Forg'd Manacles,* 283.
[929] *Ibid.* 282.
[930] *Metropolitan Commissioners in Lunacy Annual Report*, 1844.
[931] Foucault, *Abnormal,* 310.

individual patients, and the patients themselves were often recorded as exhibiting both characteristics.

The admissions register also provided a column for the superintendent to speculate as to the causes of each patient's insanity. Aitken did quite a lot of speculation, while Sibbald, and later, Rutherford in Lochgilphead did very little. Aitken had usually written something in the "causes" column, even if it was "unknown," while Sibbald and Rutherford usually left it blank. When the latter did suggest a cause, they were still relatively vague about it, writing only, for example, "grief," "drinking," or "religion." Aitken on the other hand could be very detailed and specific in spite of having only a very small box in which to fit his descriptions. Some examples of his florid manner of ascribing causes to his patients' madness included: "Wounded vanity," "joy on getting a new house," "forsaken by the man who was to marry her," "cold caught at lobster fishing," "overwork and insanity of sister," "weakness of eyesight brought on by knitting and confinement to house," "whisky drinking" (drink was not uncommonly associated with madness, but for this patient, Aitken thought it necessary to specify whisky), "fright from crossing a river in flood," "forcibly removed from a small-holding of land" (another Clearance reference, perhaps), "loss of means and disagreement with wife," "head suffered from removal of teeth," "intemperance and misfortune in business," "family annoyance," and "quarrel with neighbour who accused her of stealing part of washing." Causes listed with more regularity were religious excitement, intemperance, loss of money, grief, puerperal mania, health problems, disappointment in love or marriage, head injuries (usually from falling off ships, horses, carts, or, in one case, the top of his house), and having illegitimate children. The last was usually reserved to female patients, although there were at least two male patients who went mad due to their paternity of an illegitimate child.

These causes illuminate the social nature of both madness and normativity. Thematically, they reflect a divergence from moral and social norms: intemperance and bearing illegitimate children violated moral norms, although people were not averse to doing both, frequently. But when the person who committed the moral violation went mad, the insanity was correlated with the transgression. In other cases, those of insanity ostensibly caused by injury and misfortune, we see a more compassionate construction of madness as an affliction brought on by stress and unhappiness, rather than madness as a punishment for moral and social transgressions. Insanity then inhabited both places for Highlanders, that of transgression but also that of a weak mind cracking under the weight of misfortune. What becomes clear, then, is that Aitken and Sibbald in the

1860s and 1870s evaluated their patients on a case-by-case basis. To use terms borrowed from the Sociology of Scientific Knowledge (SSK), they were in practice "meaning finitists," rather than "meaning determinists." In his explanation of these notions, Martin Kusch writes: "Meaning finitism rejects the idea that meanings determine use; instead it sees meanings as the continuously created product of verbal behaviour. Meanings are continuously created outcomes of the use of words, not the determinants of that use."[932] SSK proponents also emphasise the importance of the collective, of social institutions, in meaning-creation. In our case, the very term and concept of insanity had no fixed meaning, but rather was re-evaluated every time a new patient arrived in the asylum *in lieu* of socially derived criteria for madness, but also with a high degree of reflexivity – "he or she is insane because we say he or she is insane" – and their behaviour would be ordered accordingly.

The hereditary nature of insanity, established in the medical epistemologies of madness since the early-nineteenth century, is also given its dues in the asylum registers, as many cases were described as "hereditary" or "congenital." All patients diagnosed with imbecility and most diagnosed as epileptics were listed as having a congenital disorder, an implication that doctors nosologically categorised madness, in all its various and wildly varied manifestations, as a disorder one could conceivably get from external circumstances, but that no one suddenly became an idiot or an epileptic – rather such individuals were born as such.[933] It also carried the implication that these individuals could not be cured, unlike the maniacs and melancholics, who might be cured. However, there was a strong argument in the medical establishment that *any* sort of mental disorder could be inherited, hence those categorised as manic or melancholic were sometimes described as hereditary if a family member was known to be insane. Aitken, for one, firmly believed in the hereditary tendencies of insanity, writing extensively on how patients had few defences against hereditary "taints," which he acknowledged could be either exacerbated or averted by life circumstances. It might be "softened into hidden sorrow, mitigated by the amenities of life," but at least in the case of the patient who was the subject of this writing, it "terminated in the attack of insanity."[934] Aitken proposed that "mental and moral defects are equally transmissible,

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[932] Martin Kusch, "Meaning finitism and truth," in Kepa Korta and Jesus M. Larrazabel, eds., *Truth, Rationality, Cognition, and Music*, (Dordrecht, Netherlands: Philosophical Studies Series, Kluwer Academic Publishers, 2004), 67-83, 69.

[933] In the twentieth century, these nosological divides would expand, and people classified as having a cognitive disability, or by the late twentieth century, a learning disability, would be kept in separate institutions from those classified as having a mental disease. See Mark Rapley, *The Social Construction of Intellectual Disability,* (Cambridge, UK: Cambridge University Press, 2004).

[934] Whittet, *Craig Dunain Asylum, Inverness,* 30.

or appear in descendants in other forms, as talents, aptitudes, genius, vices, or peculiarities."[935] This returns us to the manner in which madness was essentially re-created in every diagnosis; the most significant cause of someone's madness arising out of their own case history, rather than predetermined, fixed understandings of madness as definitely one thing or another.

The asylum registers also documented how long patients stayed in the asylum. The work of Philo has suggested that Craig Dunain acquired almost a mythical status, "a place people went to, but didn't come out."[936] Approximately half of the patients admitted to the asylum died there, the other half were released as either "relieved" or "recovered." A "recovered" patient was someone whom the doctors believed cured, and a "relieved" patient was someone who was not cured, but was deemed safe enough to self and others for leaving the asylum.   The average stay for someone who was released was less than a year, although people were frequently discharged after two or three years. Some stays were longer, but patients in longer than four or five years seem less likely to have been discharged. There were exceptions: one patient, Donald Ross from Broadford, was admitted in 1868 and discharged as "recovered" in 1905.   Of those who died, only a few lived out their lives as long-term residents; most asylum deaths were recorded within five years of the patient's committal to the asylum. Lunacy Commission reports suggest that the asylums were fairly clean and well-kept – disease was no more rampant there than anywhere else. Indeed, because of their rural settings, the Inverness and Argyll and Bute Asylums were usually rated has having higher quality health and sanitation than urban asylums. Even so, the case notes suggest that patients frequently entered the asylum in ill-health.   For some patients, this might have been closely related to their deteriorated mental state due to pathologies such as what was then understood as general paralysis of the insane, or alcohol-related disease. Also, phthisis – in modern parlance, tuberculosis – was associated with mental weakness and was a common cause of asylum fatalities. Even though more than half the patients sent to the asylums were released, a substantial enough number died there indeed to instil the malevolent image of the asylum as a place where once you go, you never return, in the imagination of Highlanders. In any event, medical professionals preferred not to detain patients in asylums indefinitely and people who could be discharged were. It was the prevailing belief among physicians in the "mad-business" that if a person received medical attention early enough after the onset of the attack of insanity, they could be

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[935] *Ibid.* 31.
[936] Philo, "Scaling the asylum," 115.

cured, whereas those left in the care of the ignorant for long periods of time were more likely to become chronically insane. In the *Annual Reports for Argyll and Bute Asylum,* Sibbald explained:

> The primary object of an Asylum is, undoubtedly, the cure of the Insane, and when it is ascertained by the medical superintendent that a patient is incurable and that he or she is not dangerous, from that moment he or she becomes a fit subject for removal to a private dwelling …[937]

This was, as we have already discovered, one of the justifications for building the Highland asylums. They were not intended to be long-term repositories for the mad, but like many asylums in Britain, constructed with the hope of alleviating insanity, even though that hope had to be tempered by reality.

IV. The experience of madness in the asylum

IV.1. Introduction to case notes

We can only acquire a partial reconstruction of what life was like for patients in the asylums, as we encounter individual patients through the case notes kept by the asylum superintendent and medical officers. Case notes have been used by historians of psychiatrists since Andrew Scull published *Museums of Madness* in 1979. Writing in the context of the anti-psychiatry movement, Scull used them as part of his critique of the Victorian institutions (Bethlem, mainly) as monolithic forces, built for social control and for concealing society's most unwanted individuals. In a 1993 paper he wrote revising his position and reviewing the historiography that had developed after the publication of his book, but still reiterating a trenchant attack on "progressivist" histories:

> Generations of Whiggish historians, celebrating the Victorian asylum as the triumph of science over superstition, the very embodiment of an aroused moral consciousness, sang variations on the same theme, seizing on the passage from the madhouse to mental hospital as decisive evidence of our progress towards ever greater enlightenment, and heaping opprobrium on the benighted denizens of an earlier age.[938]

Critical historians can be sceptical of "Whiggish" triumphalism, but, as we approach the

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[937] ABC, Second Annual Report, 1865, 5.
[938] Andrew Scull, "Museums of madness revisited," *The Society for the Social History of Medicine*, 6:1 (1993): 3-23.

case notes, we should do so with the awareness that their authors – the situated alienists – viewed themselves in something like this manner. They believed that scientific progress had indeed greatly increased knowledge of insanity, and that the treatment of the mad had moved from the darkness of the Georgian era, or, worse, the utter blackness of folklore, to the light cast by scientific knowledge. In any event, the historiography has taken a more measured view of asylums as porous institutions. Susan Lanzoni, for example, describes the historiographic trends as "a complicated and unique set of negotiations between state and local political organisations, family, police, and medical personnel, all of whom play an active role in the assessment and care of the insane. In short, the medical gaze no longer has exclusive authority; it is now refracted by many other 'gazes.'"[939]

In his discussion of the advantages and limitations of case notes, Jonathan Andrews writes: "Some of the foremost difficulties in using questionnaires and case notes to reconstruct a patient's history are in the area of incompleteness and inter-textual discrepancies."[940] He elaborates: "The real and ascribed reasons for the inadequacies of histories may say much about contemporary social propriety and medical ideologies."[941] Making a similar argument, Emma Spooner, in her discussion of casebooks from the Auckland Lunatic Asylum in New Zealand, notes that, "The casebooks were not written by an 'objective' hand, and, as is now widely recognised among asylum historians, can be seen as reflecting the discourses that were prevalent in society at the time in which they were created."[942] Entries in the Highland case notes were usually made once per year, by the superintendent or medical assistants, although this practice does not seem to have been systematically followed. Some patients have gaps of more than a year in their case histories, while others have more than one entry in a given year. Notes often distinguish between "well-behaved" patients and difficult patients, and the cases contain a varied amount of rich data reflecting how much or how often a patient might challenge asylum (and societal) norms and rules. Spooner observes:

> It is mainly when patients were misbehaving, or challenging social norms, that their behaviour was recorded in depth. For the majority, it seems that appropriate or 'sane' behaviour is to a large extent missing from the reports. Generally when patients were presumably behaving as required, and were not causing attention to be drawn to themselves, very few notes were made, except to remind us that there has been 'little change since last note.'[943]

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[939] Susan Lanzoni, "The asylum in context: An essay review," *Journal of the History of Medicine and Allied Sciences* 60:4 (2005): 499-505, 499.
[940] Andrews, "Case notes from Gartnavel," 262.
[941] *Ibid.*
[942] Spooner, 64.
[943] *Ibid*, 70.

This characterisation of the Auckland case notes perfectly describes the Scottish ones, as well as raising a broader but key element of case note discourse analysis – what is there and what is absent, not just how often an entry is made, but what is contained or not in the entry itself. Censorship effectively lay in what the medical officers thought noteworthy or not: what constituted, to them, evidence of madness or, alternately, evidence that the patient was improving, and also the interest that they had in portraying their practice in the best light.[944] "Perhaps," Andrews muses, "the foremost difficulty in using case notes and questionnaires is that they often convey more about the preoccupations of the Asylum's medical regime than about patients and their histories."[945]

IV.2 The structure of case notes in Inverness District Asylum

When the Inverness District Asylum opened, the practice of keeping case notes was standard procedure at British asylums. The format of Dr. Aitken's notes is more or less the same as that found in those of Gartnavel and elsewhere. The medical officers wrote down relevant, as they saw it, demographic information about each patient, such as their town or village, their occupation (if they had one), their religion, their age, and their marital status. Such descriptions overlapped in many respects with the Asylum Register. The notes proceeded to describe the patient's physical and mental condition on entering the asylum and then commented on changes to either during the course of their stay in the asylum. If there were no noteworthy changes in the patient's physical or mental state, the entry was simply, "No change from last entry."

The entries in the Highland case notes were filled with elaborate descriptions of the patients' delusions and behaviour, arguably far more specific and florid than the Gartnavel case notes, which were comparatively taciturn. The physicians and their assistants in Inverness showed tremendous interest in the detail of patients' mental and wider social lives, perhaps reflecting the sense that local lay people's experiences of interactions with a "mad" person were indeed a consequence of a more contextualised sense of the mad person and madness was not so reduced to an embodied diagnosis. Staff had Gaelic as well, which, as I have examined, was notably lacking in Gartnavel. While Aitken's medical officers describe the bodily condition of their patients, documenting the functioning of lungs, heart, and bowels, among other organs, and their physical appearance, the overwhelming amount of text was devoted to mental

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[944] Andrews, "Case notes from Gartnavel," 265.

phenomena, such as delusions and hallucinations, and behavioural disturbances, the symptoms in their aetiologies of mental disorder.

Foucault, referring mainly to France, has suggested that the 1850s to the 1870s was a period in which "psychiatry gave up delirium, mental alienation, reference to the truth, and then illness. What it considers now is behaviour with its deviations and abnormalities; it takes its bearings from a normative development."[946] In the Inverness District Asylum, however, the medical officers continued to use *both* delirium and behavioural abnormalities as referents to delineate the mad from the sane. Notably in Inverness, there was very little "monomania" or "moral insanity," and the insane who were confined there had symptoms more characteristic of the classic delirium. In any event, the patients emerged out of the case notes as individuals, and it is apparent that insanity was evaluated in a "meaning-finitist" sort of way; patients' behavioural "symptoms," as evaluated by the medical professionals writing the case notes, were often specific to them as individuals, rather than any *a priori* construction of what constituted a symptom of mental disorder.

For example, Malcolm MacNiel was a patient transferred to Inverness from Gartnavel as per the Secretary of State's order. Little was known about him, but the case notes stated that he was a piper and viewed, as evidence of his disordered mind, that when he played the pipes he would do so "without enthusiasm and spirit and even of pleasure which always accompanied the piper's exercise of his art."[947] In no mainstream aetiology of mental disorder is unenthusiastic piping a sign of insanity,[948] but from the point of view of Dr. Aitken and his attendants, it constituted a part of this man's mental unsoundness, in light of his other behaviour (slightly delusional, a masturbator, and "there is an undercurrent of morbid thought") and the fact that he was a patient in both this asylum and Gartnavel. Such comments are insightful about social norms and expectations and how, once a person was labelled as insane, any transgression of a perceived social expectation – in this case, how one *should* play the pipes – was construed as evidence of abnormality. Other sorts of normative transgressions, which do not in and of themselves signify madness, but which Aitken utilised as elements of a particular patient's disordered mind, included: "It is said she occasionally changes her dress three or four times a day and walks about the village to exhibit herself;"[949] and "manifests the most wonderful ingenuity in avoiding anything

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[946] Foucault, *Abnormal,* 209.
[947] IDA, v. 3, 189.
[948] The author of this thesis would herself be a psychiatric patient if it were.
[949] IDA, v.2 185.

but the very slightest labour."[950]   The former was illustrative of vanity, the latter of laziness, and while both traits were regarded as socially undesirable under any circumstances, they were turned into more egregious transgressions, enfolded into a construction of madness which was quite individual to those patients.

As we will see, madness was far more complex than merely transgressions of social boundaries, although a fundamental part of it was the willingness of the mad, and the manner in which their willingness was viewed by the sane, to transgress such boundaries in a society with fairly rigid constructs of normativity. That is not to say that people unerringly followed social codes – they definitely did not, as indicated by illegitimacy, for instance, or resistance to authority wielded by upper classes such as one's landlord.[951]   Wild violations of normative behaviour, then as now, were obviously held as signs of mental disease, but more ambiguous moral transgressions became signs of a more serious mental abnormality when the person appeared to be insane in other ways. I must emphasise here – and it will be shown fairly clearly in the following subsections – that while madness incorporated not conforming to social norms (mad people usually did not conform), it also included far more outrageous, and undoubtedly to family and friends, frightening behaviours and beliefs. For Highlanders who were bringing fellow community-members to the asylum, madness was more archetypal, the raving, howling lunatic with fantastic delusions. These are the people we meet in the asylum's case notes.

IV.3. The *Abnormal* patient

In the Inverness case notes we find myriad examples characterising what Foucault calls "the symptomological value of conduct."[952]   This is "what enables an element or form of conduct to be the symptom of a possible illness ... a deviation of conduct from rules of order or conformity defined on the basis of administrative regularity, familial obligations, or political and social normativity."[953]   Foucault then suggests:

> Starting around the 1850s, deviation from the norm of conduct and the degree to which this deviation is automatic are the two variables that enable conduct to be inscribed on the register of mental health or on the register of mental illness. Broadly speaking, conduct is healthy when there is minimal deviation and automatism, that is to say, when it is conventional and voluntary. When

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[950] IDA, v.2, 269.
[951] Historians have noted the remarkably sporadic and weak resistance to Clearance and have suggested that one of the reasons why people did not make a bold stand against eviction was the deeply ingrained social norms of subservience to the laird. However, there were spots of resistence, especially on Skye, but such actions frequently received mixed reviews in the press.
[952] Foucault, *Abnormal,* 159.
[953] *Ibid.*

deviation and automatism increase, however, and not necessarily at the same rate or to the same degree, there is illness ...[954]

Much of the content of the case notes entails descriptions of conduct which the asylum's medical officers viewed as pathological. It also consists of a continuum of pathology, as Aitken and his medical officers rated how much a patient's behaviour deviated from normativity; the closer it got to a norm, the healthier the patient was getting. This was not, of course, unique to the Inverness District Asylum but rather the manner in which asylum patients were viewed and case notes were written throughout Britain. Behaviour was interpreted in the light of the social and cultural assumptions of asylum staff, which in the context of Inverness, was coloured by Highland inflections.

The continuum was such that extreme conduct deviating in any direction from what was deemed normal was labelled as pathological, so long as it satisfied these conditions of involuntariness and unconventionality. The types of behaviour were those easily observable – sound, movement, and physical appearance, as well as other failures of cognition and social awareness, such as one patient's inability to recognise her mother,[955] or a fellow patient's apparent inability to comprehend "any idea of the purpose of the words addressed to him."[956] Foucault offers us the conceptual framework of the catch-all "condition," which he argues was a development in the mid-nineteenth century that significantly restructured the construction of mental abnormality. It allowed it to encompass and explain more things, to give a bewildering and vast variety of undesirable, strange, and frightening behaviours alongside erroneous or often, quite crazy beliefs, a kind of internal unity that they might not have otherwise enjoyed. Everything a patient did or said, even if ostensibly unrelated, now could be ascribed to a condition. Of it, Foucault explains:

> A condition is a real, radical discriminant. The individual who suffers from a condition, who has a condition, is not a normal individual. However, the peculiarity of this condition that is typical of so-called abnormal individuals is that it has an absolute, total etiological value. A condition can produce absolutely anything, at any time, and in any order… In short, anything that is pathological in the body or deviant in behaviour may be a product of a condition. A condition does not consist in more or less pronounced trait but essentially in a sort of general deficiency in the individual's level of coordination. A condition is defined by a general disturbance in the play of excitations and inhibitions, by the discontinuous and unpredictable release of what should be inhibited, integrated, and controlled, and by the absence of dynamic unity.[957]

Foucault's final sentence provides a loose guide to how medical professionals, in our case, Dr. Aitken and his attendants, went about their job of treating patients,

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[954] *Ibid*.
[955] IDA, v.1, 26.
[956] IDA, v. 160.
[957] Foucault, *Abnormal,* 312.

continuously defining and redefining insanity in all its forms, and constructing a narrative of it in the case notes. Any behaviour which seemed disturbed, likely to be a failure of inhibitions, or evidence of what Foucault describes as an inability to "integrate" thought and/or behaviour,[958] was remarked in the case notes, which were there to facilitate the monitoring of patients' conditions. After all, conditions could and did change, and ideally they improved, and the structure of case notes allowed for a cohesive narrative to be constructed around the conditions, however incohesive they might be.

Both Houston and Spooner have indicated the importance of maintaining one's appearance in Victorian society, so a complete disregard thereof was surely evidence that one had lost their mind.[959] Patients' habits were often described as "degraded" when they did not clean themselves, or get out of bed even to relieve themselves, such as Donald Ross, who "even threatened violence on this occasion to another and another when checked for having passed his urine in bed." [960] Pathological untidiness manifested itself in other ways, such as Elizabeth MacDonald, a patient from Inverness, who "has become more untidy in her person and from her habits of secreting rags, pieces of bread, or whatever she fancies. She requires to be searched at stated intervals for the sake of cleanliness."[961] Tidiness and untidiness were often referents for improvement in a patient's mental soundness and, conversely, its deterioration. For example, when Gilbert Hogg from Cromarty was admitted in 1864, the case notes described him as having short-lived "attacks," "when he refuses to labour, complains of headache, avoids and manifest little interest in the visit of the officers, otherwise a source of great interest to him, lies for days extended on a seat or crouched in a corner, refuses or takes but little food …" The 1866 entry then observed: "This patient is more untidy than at the period of last report and marks the most unjustifiable attacks, when he thinks he can escape observation, on his fellow patients whom he occasionally handles somewhat rudely." And in 1867, the case notes stated: "More untidy unless constantly under pressure from attendants, is invariably seen lying full length upon the ground or on the floor with his jacket off."[962]

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[958] By "integrate," Foucault possibly means the ability to show some degree of rationality and thought in one's behaviour. The mad, on the other hand, characteristically act, or are alleged to act, randomly and unpredictably (*Abnormal*, 313). This holds for some Inverness patients, such as one who "for days at a time outwardly calm was always extremely variable in his manner and at all times irritable. Frequently gracious he would at other times start up when approached and the rapidity with which he darted from his interrogator and his flustered face indicated the feeling with which he regarded him." IDA v.3, 17.

[959] Houston, "Face of Madness," 51. Spooner, 67.

[960] IDA, v.1, 198.

[961] IDA, v.1, 439.

[962] IDA v.2, 195-198.

When patients moved in seemingly bizarre ways, were violent towards fellow patients, staff, or themselves, or in some cases were nearly torpid, the medical officers took note. Andrew Ross of Applecross was observed to be "leaping in an opossum like manner from one end of the room or airing yard to the other."[963] This same patient also had a habit of attacking other patients: "without cause and without warning the patient leaps upon anyone passing and struggles violently with them," and then a later entry stated, "has inspired all his fellow patients with a wholesome fear from the sudden attacks he makes upon them."[964] David Clark, meanwhile, "suddenly took off his shoe and threw it at [a fellow patient] with such violence as to inflict on him a severe wound at the outer angle of his left eye." The case notes described him as "gentle in the extreme" unless he was in an irritable mood, in which case he would "attack the old and the helpless."[965] The sharp and sudden mood changes reflected the previously discussed deficiencies in personality integration and unity. Later notes regarding Clark suggest improvement of sorts in his behaviour: "This patient has become much more subdued during the past year and does not start up so suddenly to attack those around him."[966] Random, sudden, and inexplicable violence epitomises Foucault's notions of involuntariness, the fear associated with unreason, which supported the old societal desire to contain it as well as the newer power that the medico-juridical establishment was establishing over it. The pathologisation, or psychiatrisation, as Foucault calls it, of violence, more than any other facet of madness, justified the power asserted by psychiatry.[967]

Movement or action did not necessarily require violence or attacks on other patients to be symptomatic of madness, although part of the aetiology of insanity was the ever-present potentiality of violence. It could just be bizarre enough to get the attention of asylum attendants. Examples include Anne Sims, who "embraces the shrubs in the grounds and decorates her person with large branches;"[968] Isabella Mackenzie, whom the case notes described as "rocking herself to and fro on her seat or walking about moaning and in a state of great agitation or in her less agitated mood she

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[963] The metaphor of the opossum is in itself interesting, as opossums are not native to the Highlands or even Britain; rather, they are a North American mammal, not related (other than by being a marsupial) to Australian possum species. Nor are any of these animals, North American and Australian alike, known for their leaping abilities. Some asylum staff member – if not Aitken, one of his attendants – obviously transferred the imagery of an animal from a different continent when trying to describe the patient in question. The metaphor was meaningless to people who have never seen opossums (and even those who have) and the originator of this analogy may well have been confusing his marsupials and really meant kangaroos instead.

[964] IDA v.1, 162.

[965] IDA v. 2, 400.

[966] *Ibid*.

[967] Foucault, *Abnormal,* 309.

[968] IDA v.3.

constantly picks at her own head or clothes or those who may near her;'"[969] or Donald Ross, who "spends his days in sitting in selected seats, standing in particular corners, walking up and down the ward and certain parts of the airing yard with closed eyes and his hands pushed within the sleeves of his shooting jacket and voluntarily he never speaks."[970] These patients did not appear particularly dangerous but their actions so described can definitely be peculiarised as deviations from a norm, and in these instances, not even specifically a Highland one.

Another type of mannerism which typified evidence of the patients' condition was their speech – incoherent, overly loud or overly taciturn were all considered pathological. Excessive noise, yelling, ranting, and weeping were all classified as evidence of psychiatric disturbance. Lucy Campbell was "easily excited and is then noisy and abusive and menacing. I found her in bed and very much excited, speaking loudly and incoherently and gesticulating wildly."[971] Elizabeth MacDonald was noted as "Soaking her head and breast with water, wandering about excitedly, talking incoherently, has an intoxicated look; described by attendant as screaming excitedly and worse mentally since admission."[972] Occasionally, the case notes attempted to transcribe patients' incoherent speech. For instance, Malcolm McLeod was described as habitually saying, "the weaver (?) and it seems to be the only hair left in his memory of his former occupation – Is he alive? He asks. Has anyone seen him? Is in Alloa? He continues to repeat over and over again …"[973] These ramblings apparently had no discernable internal coherency, but in other cases "incoherency" appeared to signify not fitting within any sort of normative conceptual framework possessed by the medical officers – and therefore appearing crazy – even if still maintaining its own narrative consistency.

William Gray of Dornoch evidently demanded an audience with Dr. Aitkin, where he then described his cure for epilepsy. To Aitken, this was a paroxysm of rambling nonsensical excitement, just part of Gray's condition, but to those of us familiar with Highland folk remedies, it will seem very familiar. The case notes give the following transcription of Gray's speech at his meeting:

> The cure which he now hastened to communicate urgent that it should at once be tested was as true as Heaven. It is done by eating and drinking and is not known to any in Europe or many in the world and the £50 he is to receive for it is to be collected in the churches and the ? is to be advertised in Europe as having been discovered and so many cured effected. But if one trial is not

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[969] IDA, v.4.
[970] IDA v. 1, 196.
[971] IDA v.2, 185.
[972] IDA v.1, 439.
[973] IDA v.1, 244.

effective he is ready to suffer any punishment. The cure is to be performed by a skull but not that of a lunatic. It must have no hole in it and must be drunk out of three times on a Friday morning before the sun rises and after eating a cake of barley split through the middle and in the centre of which a salt herring flattened has been laid. This must be done in a solitary place and the edges of the skull must be scraped and what falls from it must be caught in a handkerchief and burned in the grave from which it was taken, but in exercising this art it must be kept a profound secret and communicated to no one.[974]

It is very much like the folk remedies for epilepsy discussed earlier, with some elaborate variations (but, as I illustrated in Chapter 3, they could vary greatly from reciter to reciter). Clearly, Gray's version was not completely random or incoherent, but rather drawn from other elements of the patient's culture, ones of which Dr. Aitken probably did not have much grasp. As with other "symptoms" that I have examined, a belief in folk remedies and superstition was not *per se* evidence of lunacy. This incident was hence incorporated into the general picture of this patient, who "talked incessantly with unseen persons" and believed "he had been made factor to the Duke of Sutherland and Baillie of Dornoch," among other things. Nonetheless, it illustrates how the paradigm of "the condition" allowed for the unity of all these disparate behaviours, from a fervent belief in folkloric treatments of epilepsy to a delusion of one's aristocratic connections.

IV.4. Delusion and superstition

More than any other medically and socially accepted symptom of mental disorder, delusion, or belief systems which medical professionals constructed as delusion, features most prevalently amongst Inverness Asylum patients. As Foucault has discussed in *History of Madness*, delusion and hallucination became the iconic representations of madness during the eighteenth and nineteenth centuries. When madness was viewed as the antithesis of reason, what could be more indicative of unreason than seeing or believing in things which were not there, or which violated both moral dictums in a given culture and scientifically established laws of nature? Delusion and hallucination are recogniseable, both to laypeople and medical professionals; the social construction of delusion as madness presumes that there is cultural agreement as to what reality is and what sort of beliefs transgress reality, and that such beliefs *per se* must mean that the person holding them is mad. The presence of mental disorder in many asylum patients, not only in Inverness but at any institution, frequently seems contingent on the presence of delusions and hallucinations. What emerges strongly from the Inverness case notes is the cultural relativism of delusion and hallucination

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[974] IDA v.4, 289.

and, interestingly, the manner in which it interacted with older Highland "superstitions" and constructions of supernaturality. When I refer to the former, delusion and hallucination is relational to conflicts and concerns common to a given society at a given time. In the Victorian Highlands, Evangelicalism had become popularised and the asylum's records indicate that many patients were members of the Free Church. T.M. Devine, in reference to the rise of Evangelicalism, has suggested that the hardships of famine and Clearance, linked to the destruction of the old social system, encouraged people to turn to Evangelical religion.[975] While social class had always defined Highland life, it acquired a different sort of currency, with ownership of land now being based more on economics than a hereditary class and the rise of the wage labouring and crofting classes. Chapter 1 has indicated how Evangelicalist religions spread throughout the Highlands, especially after the Disruption of 1843 and the rise of the Free Church, and how people clung onto religion as a social structure filling the gaps left by emigration and economic reorganisation.

Religious imagery and the complete erasure of class boundaries were both common elements of asylum patients' delusions.[976] For all the patients described below, forming a small but illustrative sample of the case notes, religious delusions which could be found in any asylum in Britain were infused with Highland localism. All of these individuals believed that they had connections with, or were themselves, biblical characters, but simultaneously many believed that they had connections to, or were, the local nobility. One patient, for instance fancied "he is Christ and his uncles who are dead he believes alive."[977] Another patient believed he was a Deity and "has gone from house to house proclaiming that he is a divine ambassador come to reform the world."[978] This patient's delusions about his divinity intermingled with delusions of great wealth and status, and the case notes said of him:

> His Majesty, the King of Harris, for so this patient has designated himself, may generally be seen sitting his legs wide apart, slipping his hands backwards and forwards over each other, smiling, nodding his head, muttering to himself, or he is strutting along the ward, his head thrown back and laughing to himself. If addressed he shakes hands replies he is well but at once breaks into a sentence of jargon, which he has formulated. If the conversation however is continued further he will describe himself besides a King of a Western Island, the Lord of heaven and earth and men and the cattle and all the sheep and all the cows and all the deer and all the dogs. He represents himself as having steamers of gold in the harbour, of his intention to paint the house with gold, of his having gold robes decorated with stars, talks of the stripes of

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[975] Devine, 141.

[976] Not only in Inverness District Asylum. Religious imagery is observed in delusions associated with mental disorder in asylums all over Britain and Europe and even further afield such as North America, India, and Australia. The cases cited from Inverness also show a strong sense of localism, as well as broader Biblical themes, such as the patient above to styled himself the "King of Harris."

[977] IDA, v. 3, 297.

[978] IDA, v. 4, 165.

> gold and the crown he wears, of his making 3 ft gold watches before he went to Stornoway, of his capital of £50,000,000 and of his being able to go from Inverness to Montreal in four hours.[979]

His delusions, while exceptionally grandiose, were quite emblematic of the aforementioned themes: religious ideations and delusions that he possessed great wealth and status, and here the latter pair are constructed in a very Highland manner – in terms of cattle and sheep, as well as gold and ships. It is also very much situated in local geography, that of the Outer Hebrides. Similarly, David Clark "has proclaimed himself a judge in Israel and governor of Scotland for 12 years:"[980] less grandiose than believing himself the lord of Harris and everything else, but still a delusion expressing a desire for, or erroneous belief in, his position of power and status. Claiming that they had important connections to nobility and/or Biblical figures was not uncommon either. Alexander Mackay "held that the Medical Superintendent had received a letter from Victoria authorising his dismissal and not to touch him till the day of Judgement;"[981] while Catherine Matheson or Munro of Ardross "imagines the Asylum to be Ardross Castle; talks incoherently of Lord Matheson who is to be both here and in heaven."[982] This same patient also believed that "Christ himself has appeared to instruct her," and that God "has gifted her with the power to distinguish believers from unbelievers and with that everyone ought to be satisfied."[983] Patients' delusions were not static; usually they changed or evolved during their stay in the asylum, and the aforementioned patient was a case in point. The two casebook entries above were from her first year in the asylum, while entries three or four years later showed alterations to her delusional system: "For a long period she represented herself as Lady Matheson shouting this three times at the top of her voice and then rising from her chair and walking off after the matron and finally after assuming various Dignified positions." When the entry was written in 1868, though, she "has for the present become the Marquis of Sutherland's bride. She still continues as formerly to be a special messenger of truth but of late her mission has been somewhat less dignified and she has now received an appointment to keep the banks from burning."[984]

This patient fancied herself as part of the landowning aristocracy, who must have seemed extraordinarily powerful individuals to even the sane Highland labouring classes. The lairds had actual power to remove people from their lands, sometimes

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[979] *Ibid.*
[980] IDA, v. 2, 399.
[981] IDA, v. 3, 17.
[982] IDA, v. 3, 139.
[983] *Ibid.*
[984] *Ibid.* 140.

exercising it violently; and, until legislation was put in place to protect crofters in 1886, there was very little that evicted crofters and small farmers could do about it. Similarly, Ann Sim, who went "silly" after having an illegitimate child, "announces herself to those who question her that she is Queen Ann Victoria Sim that she has no money at present but soon expects to obtain a large sum and that she is about to enter a state of matrimony with the son of a nobleman in the neighbourhood."[985]   When William Gray was admitted to the asylum, he claimed he had been in personal contact with Jesus Christ for a fortnight (and had also attacked his wife with a candlestick). The case notes then continued:

> He talked incessantly with unseen persons; held most important intercourse with them; knocked on the wall and the summoned the Duke of Sutherland to his presence, represented to him his views of particular subjects and encouraged him to go on with various matters in which he was interested.[986]

Gray also believed that one of the medical officers was the Duke of Edinburgh and Prince of Wales, and, as I commented upon earlier, he believed he was factor to the Duke of Sutherland and the Baillie of Dornoch.

In addition to delusions of grandeur, paranoia was a common element in patients' delusional systems. Catherine Cameron, for instance, believed her nurse was trying to poison her.[987]   So did Donald MacLeod, and of him, Aitkin commented:

> By the far the most troublesome symptom of his disease has however been the morbid condition of his sense of taste already referred to which has led to the obstinate refusal of food on the ground that poison is mixed with it. It is on this account that he keeps his finger over his mouth and by the strength of the will of God he says he keeps his hand there for the purpose of keeping the stuff and trash out of it and so great has been his repugnance on several occasions to take his meals that compulsory alimentation has required to be resorted to.[988]

Quite specific to Inverness and its placement as a meeting-space on the boundaries between Gaelic-speaking Highlanders and English speakers, the latter with their progressive epistemologies of mental disease and cure, was that Cameron also "dislikes to hear English spoken lest something she does not understand may be said unfavourable to her and she has several times stated it as her belief, after returning from her daily walk that it was the intention of the attendant to throw her into a well."[989]   Her particular delusion reflected the linguistic and cultural tensions of the time as English slowly pushed into the Gaelic fringes, and she was not the only patient associating the

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[985] IDA, v. 3, 32.
[986] IDA, v. 4, 289.
[987] IDA, v. 1, 16.
[988] IDA, v. 3, 61.
[989] IDA, v. 1, 16.

hearing of English with potential harm. The case notes claimed the following about Lucy Campbell: "From time to time her melancholy takes a more active form and she then objects to the English spoken around her as she feels confident the words are those indicative of coming injury to herself."[990] Paranoia could also be directed at other people in the asylum and at people, real and imaginary, who were not in the asylum. Isabella Mackenzie from Applecross "speaks constantly about her cows and believes that attempts are made to kill them."[991] A patient was described as "afraid of being dragged away by one of his fellow patients when walking in the grounds,"[992] while another made odd gestures because of his "belief that he is chased by Daniel the Printer who seizes him now on his limb, then on his hip and then on his head."[993] While paranoid delusions are common to a patient population of any asylum, even the Lunacy Commissioners noted its apparent prevalence in the Highlands, noting too the relationship between types of madness and "emigration," which in some cases was actually emigration and in others, it could be speculated, was a euphemism for forcible Clearance. Certainly Clearance, or even the threat thereof and the instability it created, could lead to well-founded paranoid ideations. Arthur Mitchell, in the Seventh Annual Report of the Lunacy Commission, observed: "In the counties of Inverness, Argyll, Ross, and Sutherland, I have learned that emigration does actually influence the amount and form of insanity which occurs in them."[994]

More elaborately, Donald MacDonald wrote letters to Dr. Aitken detailing the torture that Aitken and his medical officers were inflicting upon him and announcing that God would punish them, one of which is included in his case notes:

> Inverness District Asylum May 2 1868 – Mr. M. Aitken I am very much surprised that you are keeping me in this place for they are nothing the matter with me for I am as wise as yourself and let me out of this place this day and let me do for myself where I can get something to do at my daily employments – or are you to let me out ever or are you to keep me in bondage for ever here. You know yourself that I am not used well here under your own hands. Are you intending to murder when you are keeping me in this cruel house Mr. Aitken God will try you how you are using me with witchcraft to my private parts me out of my judgment and straking my brain out of my head with torture – is that a Christian feeling towards your fellow creature to be keeping me in torture. God will punish you yet, how you are using me, for you did put trouble on me that will never leave me. I can give my oath upon the Bible this is the bad house to me for you could woman me with witchcraft to my privates. Good Christian people would not be trying

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[990] IDA, v. 2, 185.
[991] IDA, v. 4, 53.
[992] IDA, v. 1, 160.
[993] IDA, v. 2, 195. No indications remain in the case notes of who was "Daniel the Printer," nor is significance. We must remember that accepted methodology in case notes writing, and in psychiatric practice of the time, is to note and observe delusions and other strange behaviour, but not analyse them or connect them to other aspects of the patients' life. Such a new turn to psychiatry would come much later, around the turn of the century, to an extent under the push of an incipient psychoanalysis.
[994] PP. 1865 [3506] *Seventh annual report of the General Board of Commissioners in Lunacy for Scotland.* 242.

such things to their fellow creature. I hope to God you will let me out of this fearful house of bondage. I want my liberty non this day: if the minister that come here would know how I am used her(e) under your hands in such manner he would think very little of you and try me with your evil deeds.[995]

The letter, a rare glimpse of a patient's own words, weaves together the delusions of persecution not uncommon to the insane with both religious imagery and Highland superstition. MacDonald's delusional system, as reflected in his letter, appeared to construct a binary, oppositional world, with God on the one side and witches and asylum officials on the other. There *was* a degree of coherence to such a conceptual framework, despite the incoherence assumed by medical professionals. Both folklore and religious dogma, creating oppositional systems between good, characterised by God, Jesus, saints, and the Virgin Mary, and evil, characterised by the Devil or his demons in most instances, formed an integral structure of the conceptual framework which dominated the political and social landscape. Christianity, in its various guises, was a prominent feature in moral and social life, more so perhaps in the Highlands than elsewhere, as we have already illustrated, Evangelicalism had taken off. Its oppositional systems were prime motivators for moral behaviour. Thus, it is no wonder that in a society where people were encouraged to follow certain social norms, with the threat of sin, Hell, and the Devil hanging over them should they transgress, such imagery dominated delusions and hallucinations when they went mad.

In any case, MacDonald was far from the only patient to claim he was being persecuted by supernatural beings, with allusions to Highland folklore as part of the delusion. William Gray complained of:

persecutions to which he is subjected by witches. Three of these he declared had made a "corp craidh" (anguished, pained body) intended to represent himself and had placed a pin in it in a corresponding point to the spot of inflammation on the bridge of his nose in evidence of the truth of this statement he pointed triumphantly to his wasted limbs as a proof that the evil influence was already at work and would shortly destroy him.[996]

Of Elizabeth MacDonald of Inverness, the case notes stated: "At intervals however there is evidence of deeper delusions and a belief that she is affected by witches and specially prompted by them to evil thoughts in the morning."[997] Complaints of persecution by pernicious supernatural beings were not limited to witches, moreover, and Lucy Campbell "walks to and fro mourning and weeping, refusing to tell the cause of her grief and protecting her face night and day with her hands and by bandages tied around her nose and forehead from evil influences which she imagines haunts the

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[995] IDA, v. 3, 66.
[996] IDA, v. 4, 289.
[997] IDA, v. 1, 436.

building and more particularly her bedroom."[998]   Meanwhile, Malcolm the piper "has confessed however that a spirit lies on him here and that it is like the person of a man and 'draws' and tries to fright people."[999]   As we saw in our examination of Gaelic folklore, witches played a prominent role and there were many stories of them persecuting people; aberrant behaviour was often attributed to witches and other mischievous or malevolent supernatural creatures.   These "symptoms" suggest that elements of the older epistemology perhaps remained strong in the Highland psyche. However, the admissions papers dissected in Chapter 4 indicate an emphatic change in the explanatory devices used by people to understand abnormal, and often violent, behaviour.   At least for educated classes, imported Lowlanders, and the English, in the mid-1860s the *belief* in supernatural persecution had become in and of itself a symptom of a *medical* problem which was causing the person to behave strangely, that of mental disease, whereas previously the belief was held to be a fact (the person genuinely being influenced by supernatural beings).   Lower-class crofters and labourers, as we have seen in Chapter 4, utilised the juridico-medical paradigm of madness and violence to some degree when testifying in asylum admissions proceedings.   But the so-called delusions of asylum inmates, as they were described by the asylum's *medical* superintendent, lead back to folk nosologies, suggesting how folk and medical concepts coexisted and interacted along a continuum of insanity and abnormality.

The other type of paranoia which manifested itself frequently amongst asylum patients brings us back to the religious undercurrents of many delusional systems; it consisted of the sense that one has committed a terrible sin or some other great wrong and is being punished, or fears being punished, for it. Given the obsessions of both the Established and Free Churches about sin, righteousness, and the social repercussions associated with being a "sinner," it again does not seem surprising that delusions were often related to these matters, comprising further evidence that most delusions and hallucinations were a perversion, or exaggeration, of the moral and social conflicts in the patient's life. The delusions of sin, wrongdoing, and uncleanliness, as described in the case notes, nevertheless veer towards the extreme and outrageous.   Donald MacDonald, who wrote the letter to Aitken complaining that Aitken was in league with the Devil and torturing him, had asserted on admission that: "He is a shame and a disgrace he says he says that he should be made the victim of such acts but many inventions more have found out to torment the body."[1000]   Another such patient

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[998] IDA, v. 2, 188.
[999] IDA, v. 3, 191.
[1000] IDA, v. 3, 61.

"Considers himself unclean and unlike the rest of mankind, that his faeces and excrements are poisonous and destructive to his neighbours and on this account he should die by his own hands."[1001] Isabella Mackenzie, who was brought to the asylum from Applecross saying people were trying to kill her cows, had reversed the paranoia inwards after a few months and was reported by an attendant as "[accusing] herself of having killed sheep and horses for the mere delight she took in destroying them."[1002] Less outrageous but seemingly, for the patient, no less a traumatic guilt over social transgression was Anne MacKenzie who "attributes all her unhappiness to a refusal on her part to obey her mother."[1003]

It is worth reiterating here the fluidity of delusions. For the sake of analysis, I have categorised and imposed a sort of order on them, but in the case notes themselves, and undoubtedly in the heads of the patients, they were indeed fluid, dynamic and usually encompassed a range of the themes discussed here. A very good example is Elizabeth MacDonald, whose delusions cover all bases and who I mentioned above in the context of her complaint that she was being affected by witchcraft. In addition to that, she:

> declares to be possessed by the devil though by active resistance on her part hopes to be pardoned for St. Paul a greater sinner than she has been at last received forgiveness. Sometimes however in this state there is more active excitement when she weeps bitterly, turns in anger from those she respects, possibly strikes at them; exhibits a certain wildness of manner, declares that her former clergyman is God and the Saviour accuses him of driving her into her present state of distraction by having been told by him that his wife was possessed of devils and tormented by witchcraft. Still further excited she gives utterance to blasphemous ideas, proclaims her sister as the principle instrument of her torment and feels her passion is so roused that she is prompted to attempt injury to her own life.[1004]

We cannot impose too much structure, or reason, upon this patient's complex delusional system, which the asylum attendants would have seen as quite indicative of extreme unreason and written it down as such. We are of course reading it through them, through their sense of what the patient told them and what seemed important enough to document in the case notes; but in the context of the themes examined and their cultural relevance to the patients, we can at least assert that neither were the delusions and hallucinations completely random. This patient believed herself to be tormented by witches and the devils, and that she had associations with religious figures and, specifically, people who she knew were in fact Biblical figures; she was convinced of being a great sinner, and that her sister was persecuting her. These beliefs are drawn

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[1001] IDA, v. 2, 399.
[1002] IDA, v. 4, 5.
[1003] IDA, v. 1, 344.
[1004] IDA, v. 1, 436.

from reality, from familiar people and social structures, from predominant belief systems in the patient's culture.

Needless to say, it has been long established in the epistemologies of psychiatry that delusions and hallucinations are culturally specific and relative.[1005] These cases illustrate the sorts of issues and points of societal conflict salient to nineteenth-century Highlanders (and Scottish people generally, as class conflict and Evangelicalism were not limited in any way to the Highlands) and which manifested themselves in the delusions and hallucinations of the mad.   They also demonstrate the relational matrix of unreason-delusion, opposing reality itself, and such opposition was critical to the paradigms of madness.   Thus, evidence of a patient's recovery was very much contingent on the patient agreeing that his or her delusions were indeed just that, delusions.   For example, Alexander Chisholm was discharged after he "came at last to tacitly acknowledge the delusions he had laboured under and showed such symptoms of mental health that he was dismissed Jan 3 1868;"[1006] and for Ann Sim, "her delusions have passed and her dismissal contemplated … it is believed that this can only be done with safety by placing the girl in a situation where she would be to some extent under control."[1007] In the case of Sim, her freedom from delusions did not come with a return to normal behaviour, but Aitken took it as a sign of enough improvement to consider discharging her.

V. Conclusion: Highland mental health in the twenty-first century

The case notes from Inverness District Asylum demonstrate that, while earlier associations of supernaturality and abnormality remained as salient as ever in the way "madness" manifested in individuals, the asylum and its medical regime harkened a significant shift in how madness was handled and understood in Highland communities. There was lessening recourse to "local" solutions, be they traditional medicine or boarding-out, for the asylums now defined how madness or mental illness was

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[1005] For example, Porter describes religious madness and the specificity of the manifestations, in an English context, in *Mind Forg'd Manacles* (62-81).   Roger Smith discusses the role delusions, and the identification thereof by medical men, judges, and juries, played in insanity trials, noting how such delusions (like that of Daniel McNaughton) often reflected the the politics or other cultural tensions of the day (95). And in his edited volume, *Culture and Mental Health,* Marvin Opler states: "the symbolic cultural world operates constantly to inject its traditional forms of structured meanings and experiences with greater or less effect upon the individual." (8). In essence, he is making the point that madness, as interpreted both by its sufferers and their carers, is always viewed in light of cultural symbols and meanings and the content of delusions and hallucinations is derived from cultural constructs. He further elucidates this argument empirically in a paper he wrote for the volume titled: "Cultural differences in mental disorders: An Irish and Italian contrast in the schizophrenias." (425-442).
[1006] IDA, v. 2, 245.
[1007] IDA, v. 3, 378.

concieved and treated. Sibbald, during his stint as superintendent of the Argyll and Bute Asylum, acknowledged, as we have already commented upon, the failure of boarding-out to provide consistently adequate care for the insane. The asylum became a dominant feature in the landscape of Highland insanity, as Philo and Parr have explored in their contemporary research, what they call "a basis for a regional stigmatising of the asylum."[1008] Their broader research suggests reluctance on the part of many Highlanders to disclose mental health issues, out of fear one would be sent to "The Craig," as the Inverness facility became known locally after the name-change to Craig Dunain, which developed a nearly mythological status.

Certainly treatments and theories regarding the causes of mental illness changed substantially and the advent of treatments such as ECT served to increase the hospital's fearsome reputation. In the early years of the asylums, it was believed, as per the paradigm of moral treatment, that the geographical location of the asylums on a hill (both Inverness and Argyll and Bute were so positioned) overlooking a picturesque landscape and surrounded by the clean, fresh air would be efficacious to returning lost reason. Lunacy Commissioner Browne, in a comment seemingly informed by Romantic constructs of the "sublime," wrote:

> You might, at first, conceive that if mere salubrity and drainage were secured, the choice of an asylum site might be left to an architect. This is the error of a prehistoric age. I hold that the choice should be the business of the physician. I believe firmly, moreover, in what the pious poet said, 'God made the country, man [sic] made the town;' and in this country it seems to have been his object to make the towns as ugly, as dirty and as insalubrious as possible. I hold in equal faith and reverence that there is a love for and a delight in the beauties of external nature implanted in every heart, so … undecaying that few minds are so blind or dead as to be unaffected by it … 'How beautiful!' cried the maniac as the blue sky met his gaze on emerging from the oubliette of Bicêtre, where he had grovelled forty years.[1009]

Aitkin, an ardent adherent to moral treatment, believed in the value of rest provided by a period of convalescence at the asylum and more proactive treatments, usually of whisky, wine, and brandy, should he feel a patient require it. For instance, one patient, when he fell ill, was given "brandy every three hours"[1010] and when another patient suffered from typhoid in May of 1869, she was given beef and wine.[1011]

The late-twentieth into the twenty-first century appears to be witnessing the withdrawal of large sites of institutional care and a return to paradigms of care-in-the-community. Craig Dunain Hospital is now closed and, while a new psychiatric hospital, New Craigs, has opened down the road from it, providing some on-site accommodation

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[1008] Philo, "Scaling the asylum," 127.
[1009] W.A.F Browne, 315.
[1010] IDA, v. 1, 118.
[1011] IDA, v. 2, 188.

and treatment for service users who require it, many patients are now housed in "supported-accommodation," private flats or houses with paid support. While the Argyll and Bute Hospital remains on its original 1863 site and in some of its original buildings, it too has undergone significant reductions in patient accommodation and current NHS cuts threaten to reduce it even further. Philo uncovered mixed feelings from Craig Dunain users, with regards to the closure of the old hospital in 1999.

> Interviewee 1: … I don't know why they built a new hospital.
> Interviewee 2: It [Craig Dunain] was a beautiful hospital.
> Interviewee 1: They said it was safety regulations and fire exits. They had all that anyway. Don't know why, they just [did] it.
> Interviewer: Did it [Craig Dunain] have an institutional feel?
> Interviewee 1: No, it was home wasn't it?
> Interviewee 2: Homely, very homely. I would say New Craigs was institutional.
> Interviewee 1: Oh terrible![1012]

Another user complained that life outside the hospital was very lonely and when Craig Dunain was still open, discharged patients would return to visit their friends who were still in the hospital.[1013] Other users had more negative views towards the place. One said that:

> I was so desperate, as soon as I was there, I was desperate to be out. It was actually the old Craig Dunain, and it was this building, the whole thing. Although people grow affectionate to it if they're working here, I just, it was just a, like a nightmare to me the way it was, sort of. The place I went to was the dormitory type, you're in next to a person a few feet away, very small spaces. I thought it was horrendous, that was me.[1014]

Philo's work thus shows how the hospital was a contested space for much of its one-hundred and fifty year history; certainly a feared one but, as his interviewees demonstrate, many patients developed affection for and attachment to it. The asylums, in essence, created their own folklore, for patients, staff, and also people in Highland communities who came to closely associate their buildings and grounds with insanity itself.[1015]

[1012] Philo, "Scaling the asylum," 122.
[1013] *Ibid.*
[1014] *Ibid.* 124.
[1015] For further interviews and discussion of the experiences of contemporary users of the hospital, see Chris Philo, Hester Parr, and Nicola Burns, "That awful place was home: contested mearnings of Craig Dunain Asylum," *Scottish Geographical Journal,* 119:4 (2003): 341-360.

Conclusion: mythologies of madness in and out of the asylum

The story of the development of Highland psychiatry parallels both the story of how the Highlands were increasingly brought into the fold of modernising industrial Britain over the course of the nineteenth century, and also how the institutional solution came to be the dominant form of psychiatric treatment for Britain, the United States, and Western Europe. In the Highlands, both its entry into modernity and its uptake of institutions for the insane occurred later and with more rapidity than elsewhere. While the discourse which emerged eventually followed along the lines of Foucault's "great confinement," it was delayed in doing so, reliant on the construction and investment in infrastructure, including the specialisation of spaces for the insane, essentially making the Highlands less isolated from social and intellectual developments in the rest of Britain.

Prior to the middle of the nineteenth-century, large-scale institutional care was non-existent in the Highlands. There were no asylums or madhouses, even as confinement became common practice in England and Lowland Scotland in the second half of the eighteenth century.[1016] This eventually necessitated the state enacting regulations over boarding-out, which, as we have seen, had been the "native" method of providing care for the lunatic poor throughout Scotland since at least the seventeenth century. The range of treatments that people in the Highlands received, and how they were treated, thus varied immensely according to geographic and other types of individual circumstance. A mad person in the far Northwest was still more likely in the 1830s or 1840s to be taken to a well or spring of some significance, while a mad person from Dunoon or Rothesay was more likely to be sent to Gartnavel Asylum. One of the prevailing themes to emerge out of this research is that there was a plethora of care and management options, and that people often went through more than one. Folk treatments, boarding-out, and forms of institutional care hence existed alongside one another, and I have layered my analysis in this manner in an effort to capture all of these practices. I have accumulated material from many – and indeed, quite disparate – types of sources and archives, and through the sheer amount of material, revealed patterns in the way madness was conceptualised and acted upon in this regional context.

Reading documents such as Gartnavel and Northern Infirmary admission reports, the impression is given that many patients had been insane for some time, in the

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[1016] Boarding-out existed in the Lowlands as well, although there were more institutional options available.

care of families and neighbours, and that institutional care was only sought when the problems of caring for an insane relative became too onerous for the family. Folk traditions also clung onto the fringes of society, surviving in the Northwest and Western Isles, as well as in Traveller communities, until at least the middle of the nineteenth century. This was in part due to geographical isolation, but also owed something to hostility at "outsiders" coming in to practice a type of medicine which the locals found suspicious. The latter was certainly felt by Highland Traveller communities, who expressed strong preference towards their oral traditions over the "new" medicine offered by doctors.

As was shown in my analysis of folk cures, practices varied considerably: there was geographical variation but even in the same locality, cures with the congruent underlying principles such as invoking a saint varied from individual to individual. This is arguably the nature of oral traditions, where knowledge is not set in stone, but rather fluid, as messages can change each time they are transmitted, and collective memory simplifies events by "fusing analogous personalities and situations into one."[1017] Although it does not relate "facts" as historiography has traditionally regarded them, the story that is told remains of interest to the historian seeking out cultural constructs and symbolism, information that oral accounts transmit rather well since part of the very function of folktales is the distillation of experience into symbolism.

In any event, there was a measure of universality to the Highland insanity cures, encompassing themes found in folk medical practices elsewhere, including the use of holy wells and other water cures and the inclusion of medicinal body parts. Many of these modes of thought had a connection to the Galenic texts; others are not that far removed from ideas found in practices further south, such as pilgrimages to holy sites like cathedrals to partake in rituals and utilise saintly relics. The emerging medical traditions of the Highlands, were also informed by "Celtic Christianity," the brand of Christianity specifically associated with the Scottish Highlands and Ireland. Like other cultures that the early Christian church co-opted, it had a distinctive combination of supernatural beliefs, incorporating geographical features. With the entry of the Church into the culture, Ireland and Scotland acquired an array of saints specific to Irish and Scottish history and mythology, alongside more standard Biblical figures such as Jesus, Mary, and the Devil, all associated with rituals. The folk treatments that we see for insanity, among other ailments, appealed to the powers of figures such as St. Fillan and St. Maelrubha, who had been missionaries for the Celtic Church in its early days.

[1017] Vansina, 20.

Again, belief in the healing powers of saints was common throughout Europe, but such belief had largely withdrawn from England in the years after the Reformation. Critical to my analysis is its continued prevalence in the Highlands even to the nineteenth century, when English and Lowlanders viewed it as nothing more than a quaint antiquity; for Lowland Scotland and England, it had foregone its salience as a valid epistemological construct. When folk beliefs began their retreat from the Highlands, experiences that one had in encountering phenomena such as witches, fairies, and the Devil, or with the Second Sight, became evidence of "madness;" no longer respresting local epistemologies of cause and effect in cases of mental distress. These phenomena, no longer held as part of social constructs of" "reality" inhabiting physical space and existing in an external environment, were consigned to delusion and madness. School of Scottish Studies tapes, as previously stated, show certain indigenous beliefs like Second Sight co-existing, at times uncomfortably, with delusion and hallucination well into the twentieth century. The former had lost much of its cultural validity, but some of the Scottish Studies informants indicate that it clung onto the fringes in areas like North and South Uist.[1018]

The folk cures analysed here suggest, by the sheer numbers of them, that these practices were common and that sometimes they were reputed even to have worked, although it is impossible to ascertain their efficacy for certain. However, they began yielding ground to epistemologies of madness and medicine that were being imported from elsewhere in Britain and beyond. The manner in which other understandings of madness were adopted was a small brick in the larger edifice of social change which was redefining the Highlands in the late eighteenth and nineteenth centuries. I have discussed the details of some of these changes, such as the creation of the crofting system and the transformation of the clan chiefs from the feudal to the capital class, as well as the impact of Clearance and emigration. As with England and the Lowlands a century or so earlier, folk tradition was now becoming another quaint antiquity. The fear that such knowledge would be consigned to history and lost forever spurred the Victorian folklore collectors into action; not that they wished to preserve the practices themselves in a particularly ethnographic way, since even the educated Highlanders who were collecting folkore, such as the Campbells, viewed folklore through an epistemic hierarchy which held "science" as a more valid form of knowledge. Nevertheless, the affinity felt for the traditions of their "old" culture led them to gather as many "antiquarian scraps," as McDowell put it, as possible.

[1018]SSA, SA1968.107.A3.

Highlanders themselves, in any event, adapted to the new institutions which came their way and some of them, like crofting, eventually acquired such a Highland character that it was assumed to be a "traditional" way of life, not a nineteenth-century reconfiguration of land-holding policies. In the realm of mental derangement, records from the 1820s show a handful of patients being sent to Gartnavel in Glasgow, and a handful more to jails such as Inveraray and Dornoch, on the grounds of being "dangerous." Highlanders were no strangers to confinement as such. While boarding-out and community care – even if that meant the community throwing the patient into a loch – dominated Highland psychiatric care, they still had jails, which served as receptacles for the insane when they were available and if the mad person was especially disruptive. There is also evidence of families and communities restraining and confining particularly problematic individuals, such as that in the J.F. Campbell tale, "The Barra Widow's Son," where the lover of the protagonist "went mad and the crew was forced to bind her."[1019] And the tale of Chirsty Ross, located in Thomas Dick Lauder's collection, saw the madwoman Chirsty escaping her bonds and running away to a derelict castle.[1020] Some of the folkcures mentioned, especially those at St. Fillan's Well, incorporated restraint as part of the cure: tying the lunatic up in the ruins of the old chapel. Pragmatics then often dictated the type of parochial care received.

When alternative forms of care, such as the increasing availability of opportunities to send the more problematic individuals to Lowland Asylums that came along with increasing oversight of care and growing infrastructure, Highlanders appeared willing enough to adopt it. It was the utilitarian choice, especially as many of the communities which would have previously supported the insane had vanished or become significantly depopulated through Clearance and emigration. The new economic system required those who were left to seek out wage labour, whether on fishing boats, sheep farms, or kelp beds, which made looking out for an insane relative even more of a burden. While parishes, initially through the kirk, had traditionally provided support for the insane and the poor, they too were relying more and more on institutional solutions.   So did individuals such as Sheriffs, police, and Procurators Fiscal, who were increasingly becoming part of the state apparatus, although offices such as that of the Sheriff had originally been part of the old Burgh court system, presided over by the local laird. In this way was care for the lunatic poor in the Highlands shifted steadily towards the state.

Once an embryonic psychiatry or "mental science" reached into the Highlands,

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[1019] J.F. Campbell, *Popular Tales of the West Highlands,* vol. 2, 118.
[1020] Lauder, 300.

shortly before the arrival of the asylums, the social construction of madness eventually became aligned with Lowland paradigms: not only in terms of how authorities such as law enforcement and medical professionals understood and dealt with it, but also laypersons of all social classes, from crofters and labourers to schoolteachers, craftspeople, domestic servants, and gentry. As we have seen, when presenting evidence to the Sheriff in proceedings to detain insane relatives, acquaintances, or neighbours, Invernesshire residents in the mid-1850s most commonly testified about the alleged insane person's dangerous and violent behaviour. Foucault has argued that psychiatry straightaway was interested in "madness that kills" in order to "justify itself as a scientific and authoritative intervention in society."[1021] Crime and violence which "suddenly irrupts, unprepared, implausibly, without motive and without reason"[1022] was thus the principal domain of the proto-psychiatry that forged its way into the Highland psyche in the nineteenth century. Psychiatry intertwined madness with violence and danger through its claim that it alone could recognise and predict the motiveless crime, which confounded a penal system structured around punishing people's intentions.[1023] In order to ascertain how random and socially unacceptable violence existed in pre-modern Gaelic society, the sort of violence which the psychiatric paradigm elsewhere submerged underneath psychological disorder, we must return our analysis to the stories of supernaturality discussed in the first two empirical chapters. In most cases, the stories have excised violence from the human realm, consigning it to the encroachment of the supernatural. Foucault's motiveless crime there arises not from the impenetrabilities of unreason, but from the impenetrabilities of the supernatural. In the mid-1800s, Highlanders began to reconfigure the motiveless crime through a kind of "proto-psychiatric" grid, but with arguably the same instrumental and wholly local contextual logic that had previously been at work when the "supernatural" interfered in instances of violence and criminality. Both mitigated responsibility. Madness, rather than the supernatural, then took centre stage in narratives created to explain violent and "abnormal" behaviour, but still serving a similar purpose, allowing people to make sense of it and channel problematic behaviour into the realm of the "unhuman." Nevertheless, the classification itself now engendered responses from both local and national authorities, as insanity was construed as a mental disease needing treatment and the insane seen as subjects from which society required protection.

The culmination of the shift towards state-run institutional care for the insane in

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[1021] Foucault, *Abnormal,* 120.
[1022] *Ibid.* 121.
[1023] *Ibid.* 123.

the Highlands was, of course, the arrival of the district asylums in Inverness and Lochgilphead. As I have shown, the impetus to build them, at least in the town of Inverness, was there from the 1840s and 1850s, when educated men in the parish first set out the argument that the pauper lunatics of the Highlands required their own asylum. They recognised the cultural distinctiveness of the Gaels, insisting that their needs could not be met in Lowland asylums linguistically and culturally unsuited to them, but they also warned that the backwards, superstititous qualities of the "typical" Highland Gael militated against proper care for the non-institutionalised lunatic.[1024] The fact that they were not built for another twenty years seems more reflective of Parliamentary sluggishness than any other cause, and, as far as allocating funding went, Highland lunatics were not initially one of Parliament's priorities. After they opened, these asylums had an overwhelming impact on the unfolding psychiatric landscape and became closely associated with what it meant to be mad. As Philo phrases it with reference to the Inverness District Asylum (later Craig Dunain): "its 'shadow' fell over the whole of the Highlands and Islands from the 1860s onwards, so much so that – despite having formally closed – the 'myth' of the Craig still remains part of a regional culture."[1025] Philo has written about the stigma associated with Craig Dunain, the "mythology of fear" stemming from the belief that it was a place people went to and never came back.[1026] While Craig Dunain and the Argyll and Bute District Asylum, like other asylums, were keen to treat and discharge people, even as "relieved," it is certainly the case that many patients indeed lived out their lives in the asylums.

Nevertheless, the Highland Asylums are not unique in this regard. Something about lunatic asylums themselves, no matter where they are sited, creates a "mythology of fear" in the discourse of mental derangement in a given area. The asylums themselves become huge, physical representations of the underlying fear and repulsion felt by society towards those suffering from insanity and towards the very idea of madness itself. Foucault wrote of this fear in both *History of Madness* and *Abnormal.* He discusses in *History of Madness* how asylums inherited associations of contagion, disease, and evil from leper houses, and also how "unreason" became a source of "great fear" in eighteenth-century society: "all the forms of unreason, which in the geography of evil had taken the place of leprosy and been banished to the margins of society."[1027] Scull, although critical of Foucault's claims in the earlier translation of *Histoire de la*

[1024]PP. 1857 Session 2 (100) Lunatic asylums (Scotland). *Copy of a memorial from the inhabitants of Inverness to the Secretary of State for the Home Department.*
[1025] Philo, "Scaling the asylum," 115.
[1026] *Ibid.* 116.
[1027] Foucault, *History of Madness,* 357.

Folie, agrees that statements like there is "no disease to be more dreaded than madness" became so commonplace in studies of madness in the eighteenth century that they were almost cliché.[1028] Scull then contends that: "The madman remained, then, emblematic of chaos and terror, of the dark, bestial possibilities that lurked within the human frame, waiting only upon the loss of 'that governing principle, reason' to emerge in their full awfulness."[1029] While inside asylums, the mad were ostensibly controlled and tamed through the mechanisms of order, routine, and "moral treatment" (although the accounts in case notes show plenty of disorderly behaviour in the asylums). To those outside of the asylums, the buildings themselves became edifices of fear. "Fear," Foucault observes, "appears as an essential character of the asylum."[1030] The shadow that Craig Dunain and the Argyll and Bute Asylum cast over the Highlands thus bore similarities to the shadows cast by asylums all over Western Europe. Madness had been constituted in many locations prior to the construction of these asylums, but once built they created a gravitational force of their own, becoming sites of confinement for not only the inmates, but for madness itself. Insanity, once constituted around geographical sites like Loch Maree and Strathfillan, became re-constitituted around the asylums.

What has been shown here, then, are complex, differentiated circulations of the "bottom-up:" indigenous practices and beliefs, shifting from the supernatural as the primary construct through which abnormality was understood, to an instrumentality with "psychiatric" forms. The latter enrolled the expanding state and emerged out of, but also helped to feed and create, the accoutrements of a coming "modernity:" asylums and psychological medicine. I have in part positioned the coming of asylums and encroachment of "mental science" as the primary theoretical model of madness as being the "top-down," imposed on the landscape by outsiders who saw it as part of a greater scheme to "improve" the Highlands. This separation was, to an extent, an analytic construct on my part, and Chapter 4 was intended to demonstrate the fluidity of the dynamics between traditional and modern understandings of insanity. Some Highlanders clung to their old traditions or, like the folklore collectors, found ways in which to maintain an element of their cultural significance, but neutralised them, safely locking them behind the glass case of folklore collection. Yet many others embraced and advocated for the appropriation of modernity, not only for psychiatric care, but also for the entire social and economic apparatus of the Highlands. There was also a utilitarian aspect here: communities using whatever resources were available in order to

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[1028] Scull, "The Domestication of Madness," 235.
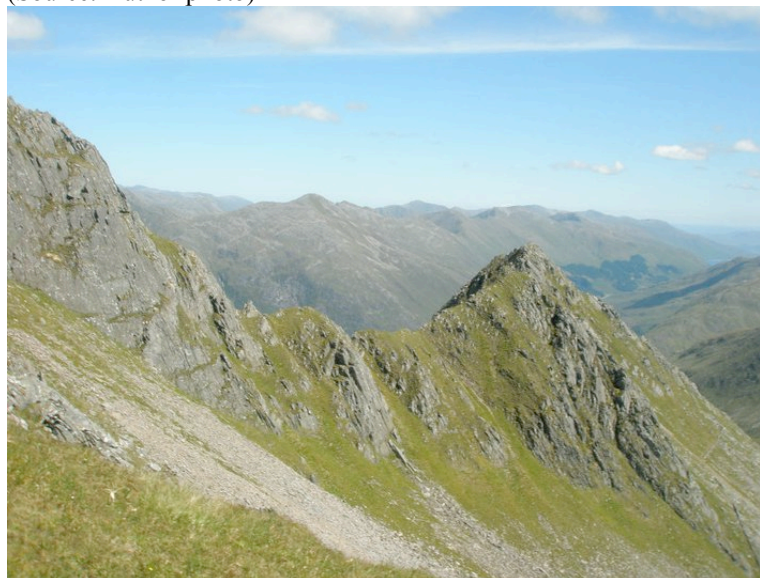[1029] Foucault, *History of Madness,* 386..
[1030] *Ibid,* 485.

manage troublesome individuals, whether it was a holy well, the local prison, or an asylum. Nevertheless, the essences of the traditional beliefs clung precariously onto life and even to this day one can hear the odd tale of the Second Sighted person in the Outer Isles.

The convergence between the themes highlighted, traditional and modern, "bottom-up" and "top-down," created a fissured and chaotic psychiatric landscape in the mid-ninteenth century, arguably one traumatised by a collapsing of several hundred years of "psychiatric history" elsewhere (of "peasant" traditions *gradually* being supplanted by asylums, physicians, and medico-juridical procedures) into a mere half-century or so. In order to draw out these concepts, I revived Foucault in the psychiatric literature, as many of the ideas that he presents in both *History of Madness* and the *Abnormal* lectures grapple with exactly these sort of discursive and ontological transitions and fissures. He has provided analytical tools to describe contiguity between folktales and folk cures and modern mental science. I have also tried to access the experiences of the mad nineteenth century Highlanders as much as possible and to address the silence in this regard that is found in the historiography. Porter has contended that there is a lack of voices in histories of madness and mental health. All too often, he argues: "They [the mad] were mutes or muted, or we catch the depressed, disturbed or deranged only though the talk of others – the families, doctors, legal documents or asylum registers."[1031] While I have indeed described the mad "though the talk of others," I have

Fig. C.1. Other behaviours which some may take as "madness": having just scrambled the knife edge ridge on Sgurr na Forcan, Kintail
(Source: Author photo)

also expanded my scope beyond the "usual" sources for writing histories of madness, employing the folk tales to find a different path into the experiences of the mad and at long last giving them at least the semblance of a voice.

[1031] Porter, *Mind Forg'd Manacles,* 230.

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