

International Encyclopedia of Rehabilitation

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Institutionalization

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Introduction

Michel Foucault has identified the nineteenth century as the period during which ‘the great confinement’ took place. He argues that the identification of deviancy expanded from criminality, which itself was increasingly contained through imprisonment rather than corporal punishment or transportation, to include a wide range of conditions, many of which are now collectively embraced by the term ‘disability’. This period, for example, often marked the disappearance of the ‘village idiot’ and the growth of institutions with objectives of controlling, containing, curing or training both adults and children whose behavior or physiological circumstances did not confirm with the growing ethos of rationality and self-reliance that had been advocated by Enlightenment thinkers.

In considering the growth of institutionalization in western society during the nineteenth century, I will use Scotland, the geographical focus of my own research, as a case study. Scotland joined with England and Wales in 1707 to become a nation within a union state. This arrangement resulted in Scotland retaining its own legal system and its own Presbyterian religious identity which pervaded all areas of life until the 1840s when religious adherence became increasingly complex. A combination of legal independence, religious ethos and philanthropic consciousness contributed to the expansion of institutional environments with diverse objectives. However, there are examples of institutions endeavoring to keep people in the community or return them to it resulting in a certain accommodation of rehabilitation during Foucault’s ‘age of confinement’.

While this case study focuses on Scotland, the Scottish experience was not an insular one. It provides interesting contrasts and comparisons with its nearest neighbor, England, but the men who ran, administered, or supported institutions, were aware of developments and strategies employed in other parts of the world, and their institutions often received like-minded people undertaking inspection tours in the pursuit of new ideas. For example, the Scottish National Institution for Imbecile Children often had visitors from Europe, North America, South Africa and New Zealand during the years following its opening in 1862.

In surveying the rise of the institution, consideration will be given to both adults and children, and will be addressed in such contexts as poverty, mental impairment, sensory impairment, physical impairment, education and training, and religiosity.

Poverty

From the time of the Protestant Reformation in 1560, the alleviation of poverty had fallen within the remit of the national church, the Church of Scotland. Such poor relief was funded by the likes of church collections, hire of mort cloths which covered coffins at funerals, and by contributions from landowners. It was a system that worked fairly well in the predominantly rural society that existed until the beginning of the nineteenth century. The two major cities, Glasgow and Edinburgh, opened workhouses early in the eighteenth century with the aim of taking able-bodied beggars and itinerants off the streets and giving them work, but this aim quickly failed and the role of these institutions then focused on the frail and indigent.

Rapid industrialization in Scotland prompted dramatic demographic change and rapid expansion of the cities. Despite an experiment in urban voluntarism by the evangelical clergyman, Thomas Chalmers, in Glasgow in the 1820s, the traditional parish system was not suited to the densely populated cities. The need for a secular system of poor relief was made additionally urgent by two events. The rapid influx of impoverished Catholic Irish immigrants fleeing from the potato famine of 1845-1849, and schism within the Church of Scotland in 1843 which resulted in a massive walkout of evangelicals to form the Free Church of Scotland, an event known as The Disruption. The Church of Scotland, by 1850, only represented around one third of the population and this would have made its provision of poor relief to all of the population an unenviable task.

However, following the introduction of new Poor Law arrangements in England and Wales in 1834, and the introduction of a Poor Law to Ireland in 1838, arrangements were already underway to overhaul the Scottish system, through the Poor Law (Scotland) Act of 1845. The English and Welsh Act of 1834 provided support for the destitute able-bodied by their admission to workhouses. The Irish Act of 1838 had the same intention but proved to be unable to cope with the high level of unemployment, especially during times of crop failure and famine. By contrast, the Scottish Poor Law of 1845 was aimed at aiding the 'disabled' and not the able-bodied. Destitute claimants might qualify under three categories of being disabled from providing their own livelihoods – those with various types of impairments, the frail and elderly, and husbandless mothers of infant children. Institutional provision was made through poorhouses, but the main form of aid was through outdoor relief – such as a modest cash allowance, clothing, blankets, or fuel. This was cheaper than providing places in a poorhouse, while aiding people in their own homes offered possibilities of relief being short-term, making their rehabilitation easier if circumstances improved. However the ethos of 'Self-Help' as advocated by Samuel Smiles in 1859, the first of several works on such themes, was one of a range of influences on Poor Law provision.

The Poor Law in Scotland was to be a solution of last resort. Relief to paupers was only to be given where there were no relatives to help. The poorhouse was not to be offered unless considered essential even although, in 1880, the national Board of Supervision instructed parishes to offer the poorhouse to claimants. However, this was to encourage them to rethink whether they could manage without relief or could be more diligent in finding relatives to provide support. The interpretation of the 'disabled' stipulation could also be variously interpreted – for example, John Smith

from Shetland, paralyzed from the waist down, had relief denied because 'he had a good pair of arms and a strong wife'.

In Scotland, the Poor Law provided the institutional option only in instances of last resort. The promotion of outdoor relief provided opportunities for rehabilitation, but it might be argued that this was driven more by cost implications than by altruism.

The Mental Asylum

Informal privately-run 'madhouses' already existed in Scotland in the eighteenth century, notably in the east coast town of Musselburgh which some commentators credited as having a restorative environment. The first of seven large charitably endowed mental asylums, which would eventually receive royal charters, was opened in Montrose in 1782. The others were in Aberdeen (1800), Edinburgh (1813), Glasgow (1814), Dundee (1820), Perth (1827) and Dumfries (1839).

Glasgow Asylum was built in the style of Bentham's panopticon with four projecting wings segregating inmates by gender, social class, and prospects of cure. All were subject to constant surveillance by attendants from the central 'tower'. When, in 1843, a new asylum was opened at Gartnavel in the west of the city, the panopticon was adapted for use as a poorhouse.

Glasgow's new Gartnavel Asylum consisted of two substantial sandstone buildings. The West Wing was for private patients and contained well-furnished parlors and lounges. The East Wing was for pauper patients who were supported by the poor relief boards of their home parishes and for whom conditions were intentionally austere. However, the opening of Gartnavel Asylum had been accompanied by a declaration of intent that 'mechanical restraint was never to be introduced.' Instead, the methodological approach was to be 'moral therapy' which eliminated the use of such physical control as chains, manacles and cold dowsing to subdue patients during moments of excitement or seizure that had been a traditional feature of madhouses and asylums. The system had been pioneered in England at the York Retreat and in Scotland had been advocated by the likes of W A F Browne in his treatise, 'What Asylums were, are, and ought to be' while he was medical superintendent at Montrose, and implemented by him when he took up his appointment as the first superintendent at Dumfries. Foucault saw this approach as turning the asylum inmate into his own jailer, suggesting that 'the absence of constraint in the nineteenth-century asylum is not unreason liberated, but madness long since mastered.' Under moral therapy every effort was made to replicate home life within the asylum including rational recreation and meaningful employment in the asylum gardens and workshops. Patients were encouraged to moderate and control their behavior in order to enjoy these privileges. Knowing that private patients were acutely aware of their social rank, David Lindsay, in 1891, was threatened with transfer to the pauper East Wing if he did not comply.

While moral therapy had become the approach of the royal asylums by the 1840s, the Lunacy Commission found, in 1855, that instances of mechanical constraint still occurred in privately-run madhouses. Some of these institutions were substantial in size and some parochial boards favored their use for their pauper lunatics because they offered cheaper rates of board than the royal asylums. The Commission, however, reported a culture of unhygienic close confinement, poor diet, clothing and

bedding, and poor or non-existent record keeping. The Commission's deliberations resulted in the passing of the Lunacy (Scotland) Act in 1857.

The 1857 Act created District Asylums, Scotland being divided into twenty-one geographical areas for this purpose. With the erection of district asylums for pauper lunatics by the 1860s, the royal asylums increasingly became the preserve of privately funded inmates. The Act eliminated most of the private madhouses, except for a couple specializing in wealthy clientele and even these had disappeared by the end of the nineteenth century.

Many asylum inmates spent relatively short periods as patients. Asylums had to justify to benefactors and ratepayers that they were serving a useful purpose. It was therefore in the interest of asylum superintendents to show patients being discharged as 'cured' or 'improved'. The scope for readmission was, of course, high, and in terms of familial responsibility towards mentally troubled relatives, records show that spinsters and widows were particularly vulnerable to admission to a mental asylum.

The rise of eugenics thinking and its concern that a less easily detectable category of mentally impaired person, the feeble-minded, was at large in society, and perhaps multiplying through marriage and childbearing, was a counter to the effort to 'cure' the insane and discharge them. The 1861 census showed that there were 1518 patients in infirmaries, 2,071 prisoners incarcerated in Scotland's jails, but 3,638 inmates in its mental asylums. Around this time two mental institutions were also established specifically for children, Baldovan Asylum near Dundee in 1855 and the Scottish National Institution at Larbert in 1862. By the end of the nineteenth century, the village idiot was lamented by diarists as having largely disappeared. One diarist, Robert Ford (1846-1905), noted with a mixture of regret and satisfaction that the village idiot 'has been legislated on, and from his listless and perilous wanderings ... has mercifully been placed within the confines of some private or charitable institution.' It was the late twentieth century before new strategies were advanced to reduce asylum provision and rehabilitate mentally troubled people to the wider community.

Sensory Impairment

While, as the nineteenth century progressed, there may have been uncertainty and ambiguity about the rehabilitation of mental asylum inmates, institutions established for the reception of blind and deaf children had objectives of preparing them to join the adult world with minimal disadvantage – and also that they should be able support themselves when this time came. Key themes that arose in Scotland's blind institutions were education, training, communication and religion.

The first institution opened in Edinburgh in the late eighteenth century. Thomas Braidwood established a school in 1760 to teach deaf children to articulate. He appeared to achieve some success although there has been some controversy as to whether his pupils were profoundly deaf or merely hard of hearing, one skeptic being Laurent Clerc, the young Frenchman who co-founded, with Thomas Gallaudet, the first American school for the deaf at Hartford, Connecticut, in 1817. Braidwood soon departed Edinburgh for London where he could attract a wealthier clientele, but his school was the beginning of a family dynasty that influenced early nineteenth-

century deaf education in Scotland, England, and, amid some controversy, in the USA. The Braidwood family surrounded their 'methodology' with secrecy. Preceded only by blind institutions in Paris and Liverpool, Edinburgh was also the location of Scotland's first blind asylum which opened in 1793, initially for adults, but later also for children.

By the middle of the nineteenth century, deaf and blind institutions were established in Edinburgh, Glasgow, Aberdeen and Dundee. Donaldson's Hospital, a palatial building designed by William Playfair and opened in Edinburgh as a residential school for deaf children in 1850, was unusual in that it accommodated both deaf and hearing children with the intention of familiarizing hearing children with deafness and deaf children with the hearing world which they would return to as adults. In addition to education, these institutions also provided training in various crafts. This was spurred by the self-help ethos and aimed that sensory impaired children should be capable of taking up employment and earning a living in adulthood – and not become claimants for poor relief. A flavor of this objective is given by the reprimand of an Inspector of poor in 1876 in the case of a blind youth who was 'unable ... to do anything for his own support being Blind and not having been learned to do any kind of work which a Blind person might be expected to learn to do, not having had an opportunity of learning.'

Glasgow Deaf and Dumb Institution emphasized the diverse range of occupations taken by its former pupils, but some pupils probably did not secure worthwhile employment. Pupils from the blind institutions tended to end up in work stereotyped as being suitable for blind people such as employment in the manufacture of baskets, rope, mattresses, etc. The blind institutions were different from the deaf institutions in that they provided employment as well as education and training and therefore maintained links with children as adults who mostly lived in their own homes and attended the asylum workshops as outworkers. The Dundee Institution for the Blind, for example, boasted of the quality of its hair, wool and straw mattresses, and was typical of blind asylums which not only aimed at rehabilitation but took a paternalistic role in that rehabilitation.

However, it should be emphasized that many sensory-impaired people did not enter institutions. There were various reasons for this, but one was that most institutions had an elective process and this favored the most able children and adults. Others lived in the community, not in what could be considered a rehabilitated condition, but depending on the support of the likes of charitable Outdoor Missions and relief under the Poor Law.

An important facet of education provision within institutions for the deaf and the blind was the development of communication systems suited to deaf and blind people. Some of these systems also had people without sensory impairment in mind, perhaps placing too much emphasis on their needs at the expense of the blind or deaf person. Before the widespread use of Braille, an Edinburgh clergyman, James Gall, developed a system of raised lettering and, in the 1830s, at the Glasgow Blind Asylum, John Alston also pioneered a system of tactile print which was widely adopted by blind institutions in England. Alston was driven by his desire to bring religious texts to the blind, but he also developed tactile systems for teaching arithmetic, geometry and geography.

Scotland was involved in the great debate surrounding deaf communication. As mentioned, James Braidwood professed to be able to bring speech to deaf children, but it was the use of sign that dominated Scotland's deaf institutions during the nineteenth century. The controversy that was to confront deaf people when the 1880 Milan Conference of (hearing) educators of the deaf passed resolutions that had the apparent intent of banning sign in favor of articulation and lip-reading had already begun to pervade some of the Scottish institutions by the 1870s. Several of them made moves to adopt articulation, including the Aberdeen Institution which had opened in 1819 with a declaration of adherence to the methods of the 'celebrated Abbé Sicard, Director of the Royal Deaf and Dumb Institution in Paris'. Articulation had many backers including some educators and parents who longed to hear their children speak. However, for profoundly deaf children, articulation was a slow and often irksome ordeal and practitioners widely accepted that it was not suited to many children. As a result, most children learned what became known as the 'combined system' which adopted some aspects of articulation and lip-reading but also made full use of sign, finger-spelling and gesticulation. By the end of the nineteenth century, 80% of pupils in England were being taught by the oral system, compared with 16% by the manual system and 4% by the combined method. By contrast, in Scotland 16% were taught on the oral system, 20% on the manual system, but 64% on the combined method. While the oral method was to have a period of dominance in later decades, the practicalities of suitability, time and teacher availability limited the impact of the Milan judgment in Scotland in the late nineteenth century.

Other institutions

There was a wide range of institutions operative in Scotland, particularly during the second half of the nineteenth century by which time political reforms and commercial success had placed a high level of influence at the disposal of the growing middle classes. Often driven by a Protestant work ethic and philanthropic disposition, it was the middle classes who predominantly underwrote institutional provision, often in buildings that were a statement of their underwriters' largesse and intent.

The diverse range of institutions included a growing array of voluntary hospitals and convalescent homes. It included Lock Hospitals and Magdalene Asylums for the cleansing a rehabilitation of 'fallen' women. It included night shelters for waifs and strays.

In the aftermath of the introduction of compulsory education in Scotland in 1872, the first institution for physically impaired children was opened in 1874. East Park Home was established in Maryhill, near Glasgow, by William Mitchell after school attendance officers discovered severely disabled children whose number had not been appreciated because they were confined to their homes, predominantly in the poorest districts of the city. Mitchell set up a society which aimed to provide aid to these children within their homes, but the severe or terminal condition of some of the children prompted the opening of the Home. Initially, children with a diverse range of impairments were admitted, but soon those with mental or sensory impairments were sent to existing institutions specializing in these disabilities and East Park's children became dominated by those with a range of tubercular conditions. Like asylums for blind, deaf or imbecile children, East Park endeavored to provide education and training, the latter in such areas as woodwork, sewing and knitting.

However, the health of the children meant that only a few of them were able to benefit from regular schooling in the Home. The religious ethos was again strong in East Park Home; lady visitors read Bible stories to bed-bound children, and Mitchell took pride that he had rescued the children from the heathen warrens of the city as well as from unattended disability.

In 1878, William Quarrier, a successful shoe manufacturer, set up the Orphan Homes of Scotland. The Orphan Homes formed a self-contained village of 'cottages' (in reality, substantial villas) in a rural setting in the county of Renfrewshire. The idea was that orphaned children would not be confined to large institutions, but would experience family life with a house-mother and father even although each cottage contained up to thirty children. While not initially intended to accommodate disabled children, Quarrier was always responsive when he identified new areas of need and, if finance was lacking, he would press ahead undaunted, believing that 'God will provide'. And finance was always found, although from a range of willing philanthropists and supporters rather than by direct divine intervention. In 1893, Quarrier was noted to observe:

During the 29 years of our work among poor children, we have had under our care about 10,000 children and young people. Among these there have been many deformed, helpless, and incurable ones. Some of these have been born without hands, others without a leg; some of them, being worsted in the battle of life, have lost some of their members, and again others have spinal and hip-joint disease, while some are affected with epilepsy, a most distressing form of disease. But among them there has been a great number of consumptives, for whom no special house or appliances have been provided.

The Orphan Homes of Scotland, therefore made increasing provision for the treatment of the likes of tuberculosis and epilepsy.

Rev William Jupp was the driving force behind the Aberlour Orphanage which opened in the north-east of Scotland in 1875. Eventually expanding over a twenty acre site, Aberlour grew to a capacity of 1,000 children and continued in use until 1967 by which time such residential care for orphans was being replaced by community-based social care provision. In 1864, the Roman Catholic Church opened Smyllum Orphanage near Lanark and in 1883 added a Deaf and Blind School. It had a particular concern to protect the faith of Catholic children from the protestant ethos that pervaded most of the other establishments.

Boarding-Out

Boarding-out was a popular form of rehabilitation in Scotland during the nineteenth century and certain parallels can be seen with the 'bidding out' system that operated in the USA.

Boarding-out was used for both adults and children. Boarding-out placements were generally to rural locations which concurred with the widely-held belief that environment was a critical factor in promoting good physical and mental health. It was also attractive to the likes of Poor Law officials to place children in a 'homely' environment that was a superior alternative to returning children to parents living in

perceived unclean and immoral urban conditions considered harmful to children with infirmities. The practice was given impetus by the 1857 Lunacy Act which published guidance for 'guardians' taking in mentally disturbed boarders in such spheres as sleeping arrangements, food, clothing, cleanliness, outdoor exercise and church attendance. Guardians were not to apply punishment and 'as much as possible to treat the Patients as members of their own families and ... do all they can to protect them from harm, and to improve their health and increase their happiness.'

Inevitably, there were some conflicting interests and attitudes. Landowners on the Isle of Arran, for example, expressed concern in 1844 that tenant farmers were taking in mentally impaired boarders as 'an easier way of making a living than adjusting to improved farming.' On the same island, in 1883, concern was expressed by landowners that 'numbers of paupers, children and persons of unsound mind ... sent to lodge or board with tenants ... are after a time left unprovided for and consequently become burdens on the poor rates in the Island.' Economic factors therefore induced the likes of urban poor boards to use boarding-out as a cost effective means of providing support for certain categories of pauper including instances of discharge from certain institutions, they were attractive to certain rural cottagers who could supplement their income and also benefit from extra assistance on their small-holdings, but rural ratepayers became concerned that, as boarding-out arrangements became prolonged, boarders became settled in rural communities, and ultimately became a burden on them rather than their original city parishes. While boarding-out was often used to separate children from 'unsuitable' parents or relatives, pragmatic poor boards sometimes also treated paupers living with their own families as boarders as a means of providing them with nutrition which might be beyond the financial means of the family carers.

John Batty Tuke, superintendent of Perth and Kinross District Asylum from 1866 to 1873, advocated boarding-out as one method of discharging insane paupers from the institution, which required to have a regular turnover of inmates and be seen as providing some curative or improving intervention. Melrose District Asylum used boarding-out as a probationary means of short-term care for patients who were pressing to return to their own families. Just as privately-run madhouses developed specifically around the town of Musselburgh, boarding-out of mentally impaired people was readily accepted by people in Kennoway and neighboring parishes in Fife where growing familiarity increasingly overrode ignorance and prejudice.

Over 7,000 children were emigrated, mainly to Canada, by William Quarrier's Orphan Homes of Scotland. A 'Quarrier's Party' on a steamship from Glasgow might consist of a hundred children. As the children marched as on parade to the docks, they and the bystanders, who might included family members, experienced emotions of both excitement and fear. Children were often placed on farms which were in need of labor and the experience of such children was considerably varied. The scheme was considered well-intentioned at the time, giving children an opportunity in the British Empire that they could not expect in Scotland's industrial cities, but views have of course changed and these emigration schemes are now perceived as cruel and unfeeling. In the thinking of the time, however, the emigration scheme for children of orphanages such as Quarrier's was no more than an innovative geographical expansion of the boarding-out system. The various uses of boarding-out, including

emigration, were considered as cost-effective alternatives to the institution and as a means of rehabilitation following periods of institutional residence.

International Context

As already mentioned, many institutions did not operate within a vacuum, but communicated with similar establishments in Scotland and beyond. The international exchanges affecting the course of deaf communication and education across the nineteenth century and beyond demonstrate an example of this and Scotland was involved in such exchanges with practitioners in England, France, Germany, USA, etc.

An example of international exchange in the late nineteenth century is provided by the Visitors' Book of the Scottish National Institution for Imbecile Children. Entries are consistently polite and complimentary, but the Institution took visitors' comments seriously, requiring the book to be presented for inspection at each meeting of the Directors.

The Directors must have taken satisfaction from statements such as those by Dr J A Peeters of Gheel, 'envoyé par le Gouvernement Belge pour étudier l'organisation de l'assistance des aliénés en Ecosse', who wrote in 1891: 'I hope that Belgium may some day have the glory of possessing an establishment organised in a similarly admirable fashion.' Or the following year by Dr Rey, Médecine en Chef à l'asile d'Aliénés de Marseilles, who wrote: 'I have initiated a movement for the creation of a similar institution for the South East District of France.' North American visitors came from Pennsylvania, Philadelphia, Minnesota and California, Wills Monroe of Stanford University's Executive Committee of Institutions for the Education of Feeble-Minded Children in the US commenting in 1894 that 'Surely Scotland may be proud of this school and its work.'

Despite the developments that had occurred in transport and communication by the late nineteenth century, international travel remained a slow undertaking. Yet physical exchanges between those involved in institutional, medical and social provision, occurred substantially, and these contacts were expanded further by correspondence and the exchange of annual reports.

Conclusion

The introduction of institutional provision in a variety of spheres occurred in Scotland throughout the nineteenth century and before. Their creation was driven by philanthropic intervention of the comfortable classes, but increasingly supplemented by legally backed provision which was enacted at the local level under central oversight. The driving ethos behind much provision was the ideology of self-help and the independence of the individual, coupled in the case of Scotland by the moral crusade of Presbyterianism. Rehabilitation was an important part of this and was particularly pursued by the provision of education and industrial training for young people, but also through efforts to restore independent living to paupers who had been admitted to the poorhouse and by mentally troubled people in receipt of the attentions of a growing band of psychiatrists as mental asylums increasingly sought avenues through which to achieve discharges. There were, of course, instances where such

objectives could not be met, while there were also concerns from some quarters about discharge into the community of the likes of the 'feeble minded'.

Institutions were built to have considerable durability which perhaps contradicts their aims of rehabilitation, or at least their expectation of achieving it with enduring results. Order was all-important to the running of an institution and they became increasingly impersonal as they increased in size. By the early twentieth century there were practitioners who questioned their utility, but who acknowledged that they would prevail simply because they existed. Many still exist in the twenty-first century, albeit with their functions changed to infirmaries and executive apartment developments. Nineteenth-century institutions required order and this created complications in cases where inmates did not conveniently fit into a category, such as the deaf-blind.

An area which has to be kept in mind is the agency of the inmate. It is perhaps ironic that many institutions could not accept all potential admissions and this resulted in competitions for places. Having achieved an admission, it was a dilemma for parents if their child rebelled within the institution regime and ran risk of expulsion, while there were also instances of parents arguing against the institution and wishing provision under which an impaired child could remain at home. Although the running of large institutions was highly regulated, inmates were often adept at subverting the system and expressing their own individuality.

It also has to be remembered that, while the nineteenth century became the era of the 'great confinement', there were many people with impairments who never entered an institution, and that the Scottish systems of boarding-out and out relief, often driven by pragmatic economic considerations, were nonetheless aspects of a rehabilitation process.

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