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‘Jabbering continuously in Gaelic’: Language and care of the insane in the nineteenth-century Highlands

The care of ‘lunatics’ in the nineteenth-century Highlands, and in Inverness District Asylum¹ in particular, has attracted increasing attention from scholars concerned with insanity and asylums, and recent work has considered this institution in the context of geographies of space and the historical geography of mental illness (Parr et al. 2003; Philo 2007; Donoho 2012). As yet not fully explored, beyond brief discussion in Donoho’s work on Highland folklore and insanity, is the linguistic dimension of this asylum which provided for a large swathe of the Highlands and where some areas still had majority monoglot Gaelic-speaking populations at the end of the century.² This study focuses on the place of the Gaelic language in the provision for pauper lunatics after the Lunacy (Scotland) Act of 1857, situating this within the wider context of studies of insanity in both colonial settings and within the British Isles and Ireland. It considers the provision for Gaelic-speaking lunatics before the Act, wider health and social welfare provision for Gaelic-speakers, and the emphasis placed on the language in petitions for the establishment of Inverness District Asylum which opened in 1864. The final section draws on evidence from the Asylum’s patient case notes over a thirty-year period and examines how the Gaelic language, and patients’ use of it, was described. It discusses what these descriptions imply about communications between staff and patients, and about the nature of the care received by Gaelic-speaking patients against a wider backdrop of improvement and anglicisation. In focusing on this asylum, we gain a sense of the place, or lack thereof, accorded to Gaelic in the developing nineteenth-century health-care system in the Highlands, and a deeper understanding of the unequal power dynamic created by the language barrier which existed more generally across a range of sociolinguistic domains between monoglot English speakers in positions of authority and Gaelic speakers with either no, or limited, English.

The burgeoning body of work on the care of the insane in colonial settings has noted the unequal power relations which underpinned the care of patients from indigenous populations in asylums. This comparison is of particular relevance to the Highlands given that the area has been viewed, although not without contention, by some scholars, including most recently Iain MacKinnon, as having experienced internal colonialism (MacKinnon 2017). In this wider body of work on colonial asylums the language barrier emerges in a number of studies, albeit only in the passing and subsumed within broader discussions of cultural alienation. In late nineteenth to mid-twentieth-century British Columbia the

‘profound alienating cultural experience for Aboriginal patients’ who experienced linguistic isolation without access to translators has been discussed by Robert Menzies and Ted Palys (2006). The problems presented by asylum staff being unable to communicate with indigenous patients in their native language has been shown by Lorelle Barry and Catharine Coleborne to have been similarly present in late nineteenth-century New Zealand where it was very rare for an interpreter to be used, reinforcing the alienation of Māori patients (2011: 295). In the same period, Philippa Martyr’s work on the diagnosis of lunacy among the indigenous peoples of Western Australia raises questions about the reliability of the certification of lunatics whose first language was not English (2010: 324). In the case of colonial India, however, Sarah Ann Pinto has demonstrated that on occasions there was an insistence that asylum superintendents should be capable of communicating directly with their patients (2018: 138–39).

As regards other Celtic languages, a communication barrier does not appear to have presented a problem within asylums in Ireland, or at least has not been commented upon, although the use of English, unsurprisingly, as the language of official communication between the asylum manager and doctor has been noted (Fennelly 2014: 427). Elizabeth Malcolm’s study of Irish lunatics who were disproportionately represented in four Lancashire asylums alludes to communication problems as a result of English staff and Irish-speaking patients not having recourse to a common language (Malcolm 2003: 130). In contrast, the North Wales District Asylum which opened in 1848 specifically required that all its staff be Welsh speakers (Michael and Hirst 1999: 169). The situation for Gaelic speakers, therefore, was part of a much wider picture of language usage and potential barriers to communication as systems of care for lunatics developed nationally and internationally in the nineteenth century with varying degrees of accommodation for speakers of indigenous languages.

With a long-held association between the Gaelic language, rebellion, backwardness and ignorance and an impetus towards what Charles Withers has described as ‘civilisation through anglicisation’, formal recognition of the language was limited (Withers 1984: 117). Beyond the provision of Gaelic-speaking clergy and the establishment of Gaelic schools aimed at enabling Gaels to read the Bible in their own language, Gaelic lacked formal recognition in most other sociolinguistic domains and there was little specific provision made to ensure that Gaelic speakers were not marginalised, excluded or disadvantaged in interactions with non-Gaelic speakers who held positions of authority. This is similarly reflected in a lack of discussion of the language barrier in Highland historiography with the

work which exists, for the most part, focused on education and the church (e.g. Withers 1984; Durkacz 1983).

One rare instance of specific provision for Gaelic speakers beyond religion and education emerged in the wake of the Poor Law (Scotland) Act of 1845. The Board of Supervision, which was established to oversee the national network of parochial boards which administered poor relief, introduced a requirement in 1847 that, in all parishes where Gaelic was the medium of religious instruction, inspectors of the poor should be Gaelic speakers, a regulation by which boards seem to have abided judging by advertisements for these positions in the press (BSup 1849: 2; Kidd 2020: 88). When medical provision for the poor expanded with the introduction of a Medical Relief Grant in 1848, Highland parochial boards were quick to draw upon this grant (Blackden 1986: 156–58). There was, however, no stipulation as to the language competencies of the medical officers in the way that there was for inspectors of the poor, most likely due to the difficulties in recruiting doctors for many of the more remote Highland parishes. An inquiry conducted by Edinburgh's Royal College of Physicians in 1850–51 found that, of 155 parishes in the Highlands, 41 'are never, or almost never, visited by any regular practitioners' and a further 52 were only 'partially supplied' by medical practitioners (RCP 1852: 5). Many parishes did mention Gaelic, however, when advertising for medical officers, sometimes, as being indispensable and sometimes merely as a 'desirable' criteria.³ The awareness of the potential language barrier between those in receipt of poor relief and those from whom they received financial support and medical care was, therefore, an issue of which parochial boards and the Board of Supervision were aware and prepared to accommodate, where feasible.

Establishing Inverness District Asylum

The lack of an asylum in the Highlands and Islands of Scotland had galvanised a fundraising campaign as early 1843 to establish an institution which would cater for the northern counties of Scotland. The report of an Inverness County meeting records the financial burden placed upon public authorities by the cost of transporting patients to the nearest asylum – generally Aberdeen, Perth or Dundee, although sometimes further afield – and also by a maintenance charge which was doubled for all 'stranger lunatics' (*IC* 3 May 1843: 3). Later reports suggest that in the region of £5,000 had been committed through private and public subscriptions to the asylum campaign but that this was insufficient to see the projected asylum come to fruition (*IC* 5 March 1857: 5). These plans were resurrected in 1857 in

advance of the passing of the Lunacy (Scotland) Act with the situation felt to be even more pressing. A letter published in the *Inverness Courier* in 1856 by an anonymous ‘Parochial Inspector’ had already highlighted that the lack of a Highland asylum was an ongoing concern and introduced the linguistic environment to the debate observing: ‘It ought to be kept in mind that the probabilities of a poor Highlander’s recovering from moral derangement are greatly increased if he can be treated in an institution where the medical officers, the nurses, and servants can speak the Gaelic language’ (IC 12 June 1856: 6). This coincided with similar views coming to the fore in England and Wales, with the ‘distance-decay pattern’ noted in the argument for the building of local asylums, an argument accentuated by the linguistic dimension in the Highland context (Philo 2004: 553). The same view is reflected later in 1856 in the minutes of Inverness Parochial Board, on whom the financial burden of paying for lunatics’ care fell:

The moral influence that is necessary to the proper treatment of a Lunatic can be exercised only by persons who speak a language that is understood by the patient and it would be an important benefit to the whole of the Parishes the language of whose population is Gaelic to have open to them an asylum in which patients could be placed under the care of persons who speak the language. (IPBM: 18 November 1856)

In 1857 a memorial was sent to the Secretary of State for the Home Department, Sir George Grey, on behalf of the inhabitants of Inverness, seeking ‘the erection at Inverness of a large lunatic asylum for the use of the northern counties’ (PP 1857: 2). The costs associated with paying for the care of lunatic paupers from the Highlands in other parts of the country is highlighted along with the savings which would result from an asylum in Inverness. However, it is to the cultural and linguistic benefits that the memorial devotes most attention, emphasising that this would assist the recovery of patients. The document begins by highlighting the lack of asylum care in any part of the Highlands and Islands and then proceeds to outline:

That throughout the rural districts of those extensive counties, comprehending a large portion of the North, Central, and West Highlands, with such of the Hebride (sic) Isles as pertain to Inverness and Ross shires, the Gaelic language prevails, and that language is also spoken by a large proportion of the poorer classes in all the towns which lie chiefly along the shores of the Moray Frith. (ibid.:1)

The crux of the petitioners' argument was that due to Highlanders' 'mother tongue, manners, and habits of thought' being different from that of Lowlanders they require, 'when morbidly affected in mind, to be peculiarly dealt with'. This linguistic and cultural disparity between Highlands and Lowlands is used to 'claim the special care and attention' of the government, with the added financial burden placed upon Highland parishes not discussed until the second page of the memorial where the petitioners express confidence that the costs of building the asylum would be repaid by the savings made over 20 to 30 years (ibid.: 1–2). The same linguistic argument had been used over ten years previously in Wales when campaigners pushed for an asylum in North Wales with lunatics, at that point, accommodated in workhouses, boarded out with relatives or others, or placed in asylums in England (Michael and Hirst). The last was described by Samuel Hitch, a supporter of the proposed North Wales Asylum, as 'the most refined of cruelties, by being doomed to an imprisonment amongst strange people, and an association with his fellow-men, whom he is prohibited holding communion with.' (Michael and Hirst 1999: 168)

The report of the Scottish Lunacy Commission which led to the 1857 Act, and which appeared in print very shortly after the Inverness Memorial had been submitted, noted the large number of lunatic paupers placed with 'relatives and strangers' in the Highlands compared with the Lowlands. Of the 373 pauper lunatics in Caithness, Sutherland, Ross and Cromarty, and Inverness, 274 (73%) were placed with 'relatives and strangers', rather than in asylums, licensed houses and poor houses. This compared, for example, with 51 (17%) of 309 lunatic paupers in the county of Forfar who were housed with 'relatives and strangers' (Scottish Lunacy Commission: 55). In his evidence to the Commission, William Walker, Secretary to the Board of Supervision, suggested that:

the reluctance on the part of the population [to send lunatics to an asylum] arises partly from the necessity of removing their friends to so great a distance; and from this further reason, that as regards the Gaelic-speaking counties, it must not only be a great drawback to treatment in an asylum, but a great discomfort to the patients, that there is no asylum, so far as I know, in which their own language is spoken by the attendants. (ibid.: 344–45)

A report for the Lunacy Commissioners by Alexander Mitchell, a Gaelic speaker who was at the time the Clerk to the Argyll District Lunacy Board, outlined his findings on visiting lunatic paupers in the northern and western Highlands in 1860. He made a point of recording

which language(s) patients spoke and, in the counties of Ross and Cromarty and Inverness, the combined results showed that of 341 lunatics, 308 (90%) were Gaelic speakers, and 188 (55%) of these were monoglot Gaelic speakers, underlining the sizeable number of individuals who might potentially benefit from an asylum within the Highlands (GBCLS 1861: 250).

The annual reports of the Lunacy Commissioners which began to appear after the 1857 Act, and which were based on inspections of asylums and licensed houses, confirm that Highlanders were being cared for in the Lowlands, with Musselburgh seeming to accommodate a particular concentration of Gaelic speakers. This may have arisen from the temporary movement of Highlanders there for harvest and railway work during the famine years a decade earlier (Withers 1988). In 1859 it was noted that at Millholme House, Musselburgh, ‘about twenty inmates were found whose native language is Gaelic and attendants are employed who can communicate with them’ (GBCLS 1860: lxxxv). In Newbigging House, Musselburgh ‘the large number of individuals using the Gaelic language attracted the attention of the Reporter, and seemed to justify the suggestions that one at attendant, at least, should be employed capable of speaking to them in their native tongue’. This report also sheds light on the way in which these Gaelic speakers were judged in this ‘foreign’ environment, stating that ‘among various absurd and frivolous complaints submitted to the Reporter was the reasonable statement that the inability to express ideas in English might be, and in some cases was, attributed to mental illness.’ (ibid.: lxxxvi) The experience for Gaelic-speaking patients in East Lothian continued to be variable a year later. Millholme seemingly still offering the best provision with a number of staff, including the medical officer, reported as being able to speak the language (GBCLS 1861: lxxxviii). At Musselburgh’s Eastport House, on the other hand, five female patients spoke Gaelic and ‘have no means of communicating freely with persons who can fully understand their meaning’ (ibid: lxxviii). At Tranent Asylum, none of the staff were able to speak Gaelic, ‘although eight of the patients use that language [of a total of 36], and two of them are ignorant of English.’ (ibid.: civ)

Alongside this concentration of Gaelic speakers in East Lothian’s private houses there are occasional references to the language barrier between staff and Gaelic-speaking patients in other parts of the Lowlands. In 1861, in Edinburgh’s St Cuthbert’s Poorhouse, ‘three [pauper lunatics] speak Gaelic, and English so imperfectly as to render communication with them impossible (GBCLS 1862: cli). It was recommended that Montrose Asylum consider

employing Gaelic speakers since this was the only language of ‘several’ patients in 1861 (ibid.: 153). The experience in Glasgow’s Barnhill Poorhouse was somewhat different with a number of Gaelic speakers among the staff in an establishment where many lunatics were from the Highlands and Ireland (ibid.: 193). Given that Glasgow was home to a substantial Gaelic-speaking population by the middle decades of the nineteenth century – close to 15,000 of the city’s population had been born in the Highlands according to the 1851 Census – the recruitment of linguistically qualified staff seems likely to have been easier than in other parts of the Lowlands (Withers 1998: 88). Nonetheless, in discussing the experiences of Gaelic-speaking patients in the Glasgow Royal Asylum in the mid-nineteenth century, Donoho has described ‘a space of linguistic and cultural difficulty and confusion’ where staff often did not speak Gaelic and where other patients would on occasion acts as interpreters (2012: 244).

With the establishment of the Scottish Lunacy Board under the 1857 Act and, under the Board, 21 district boards with responsibility for the provision of care for lunatics within their districts, the Inverness District Board was established, encompassing the counties of Inverness, Nairn, Ross and Cromarty, and Sutherland (GBCLS 1859: vi). No specific provision for, or recognition of, the needs of Gaelic speakers was made by this new Board, in the way that the Board of Supervision required inspectors of poor in Gaelic-speaking areas to be proficient in the language. This new district board immediately embarked upon planning for the asylum sought by the 1857 *Memorial* and by the middle of 1859 plans had progressed with land identified at Charlestown, to the south-west of the town, and a medical superintendent appointed who would, in advance of beginning work, provide advice to the architects. In contrast with the North Wales Lunatic Asylum which required all staff to be fluent Welsh speakers, no such policy was adopted by the Inverness Asylum (Michael and Hirst 1999: 169). The appointee was Dr Thomas Aitken, a Lowlander who did not speak Gaelic and who had previously worked at Dumfries’s Crichton Royal Hospital and Durham County Asylum (*IC* 7 July 1859: 5). The likelihood of the Board being able to appoint a Gaelic speaker with the requisite experience was, presumably, very slim in this early stage in the development of a national network of district asylums. When the posts of matron and house steward were advertised in January 1864 there was no indication that either of these posts required a knowledge of Gaelic, as was not unusual in job advertisements at the time. While staff records from this early period do not survive, the local press noted the appointment of Miss Probyn of the Derby County Asylum and Mr W. C. Laing, Governor of New Monkland Poorhouse to these posts, neither of whom seem likely to have been Gaelic

speakers (*IC* 7 April 1864: 5). The former did not remain in post long as, by September, the post of matron was being advertised again and, perhaps hinting at the problems associated with hiring a non-Gaelic speaker for this post, it stated that ‘it is desirable that applicants should possess a knowledge of Gaelic’ (*Scotsman* 5 September 1864: 1). It has not been possible to establish whether or not the Asylum was successful in this search for a Gaelic-speaking matron.

Although those holding the higher offices in the Asylum may not have been able to speak Gaelic, those in closest contact with patients were, according to the first official report on the institution which noted that, within three months of it opening, all 12 attendants were Gaelic speakers (GBCLS 1865: 170). There is no suggestion that recruitment of attendants was problematic in Inverness, whereas the same report noted of Lochgilphead’s Argyll District Asylum (later Argyll and Bute District Asylum), which had opened a year earlier in 1863, that ‘it has to be borne in mind that the difficulty of procuring experienced, or even untaught trustworthy attendants, is considerably enhanced by the limited choice which a knowledge of Gaelic involves’ (*ibid.*: 146). Despite this challenge, the Argyll Asylum employed a head steward, head attendant and 13 attendants, all but one of whom could speak the language (*ibid.*: 144). The lack of Gaelic speakers among the higher-level staff in Inverness is paralleled by staffing patterns in Argyll with neither the medical officer nor the matron at the time of the 1891 Census able to speak Gaelic, or the retired matron, presumably placing the responsibility on attendants to act as interpreters between patients and those in charge of the asylum. Of the 11 male attendants, 10 were Gaelic speakers, but only three of the 15 female attendants spoke the language.

Returning to Inverness Asylum, by 1868 the average number of patients was 254, rising to 352 within 10 years and to 544 in 1888 (Whittet 1964: 61). Initially, most of those admitted were transferred from elsewhere in Scotland, confirming the need for an asylum in the Highlands: 128 out of the 162 admitted in the first four and a half months, between 19 May 1864 and 30 September 1864, were transferred from other asylums compared with only nine out of 20 in the remaining three months of the year, and only seven out of 27 in the first four months of 1865 (HHB/3/5/1/1/1). The language(s) which patients spoke was not recorded when they were admitted nor was it formally recorded anywhere in their case notes, although that is not to say that language usage was never mentioned in these notes, as will be discussed later. No detailed analysis of the language competencies of staff and patients of the Asylum can be undertaken for the years before 1881, which saw the first Census question about

individuals' ability to speak Gaelic. The 1881 figures are, however, less than reliable due primarily to the lack of clarity of the question itself, as to whether or not individuals spoke Gaelic 'habitually'. The 1891 Census was more robust, identifying whether individuals spoke Gaelic only, Gaelic and English, or English only. Table 1 shows the language abilities of patients and staff based on the evidence of this Census.

	Gaelic only	Gaelic & English	English only
Male Patients	14	196	30
Female Patients	11	216	10
Total Patients	25	412	40
Staff Present in Asylum	--	11	2
Staff identified as resident in their own homes	--	32	9
Total Staff	--	43	11

Table 1. Language(s) spoken by Inverness District Asylum patients and staff in 1891.
Source: 1891 Census records.

While staff present in the Asylum at the time of the Census are readily identified, those in their own homes are harder to pinpoint. Although 41 staff who were resident in their own homes on the day of the Census were found in the 1891 records, it is conceivable that a very small number of employees do not feature in this data. The picture which emerges is that of the 477 patients, 5% were monoglot Gaelic speakers with the majority (86%) identified as speaking both Gaelic and English, and the remaining, 8% were monoglot English speakers. There is no way of knowing from this data the extent to which this very sizeable majority of 'bilingual' patients were in actual fact able to communicate adequately in Gaelic. These would almost certainly all have been native speakers of Gaelic with English as their second language and for some their knowledge of, and competence in, English may have been very limited.

Of the 54 staff identified, 80% were bilingual and most likely able to function well in English in order to secure their jobs in the first place. What is striking, however, is that the 20% who did not speak Gaelic, included the Superintendent of the Asylum, Dr Thomas Aitken, Dr

Samuel Elliot (born in Galashiels) and the only doctor apart from Aitken present on the day of the Census, and the Matron, Maria Robinson, originally from Middlesex. These three individuals were those with most authority in the institution, and with overall responsibility for the diagnosis and care of patients, yet they would have been unable to communicate with at least 5% of these patients, and in all probability had difficulty communicating with a significant proportion of the 'bilingual' patients. They would, instead, have been dependent on attendants acting as intermediaries between themselves and their patients, raising questions about the quality of the communications between doctor and patient. When Dr William A. F. Browne, Commissioner in Lunacy, inspected the Asylum in 1866 he underlined the language barrier between senior staff and patients as well as the implicit support for the anglicisation of patients:

The institution of classes for the instruction of the female attendants, and which are regarded as successful, obviously suggest the extension of such a means of occupation & recreation to the patients, especially as familiarising them with the English language, in which they must communicate with the superior officers. (Inverness District Lunatic Asylum 1866: 10)

One of the other rare references to the Gaelic language in official reports appears in the 1870 annual report where the Commissioner, Dr Arthur Mitchell, observes that, 'there is, as we should expect among patients, so many of whom speak English imperfectly, less interest apparently taken either in newspapers and books than in many other Asylums' although he fails to make any connection between this and the fact, noted elsewhere in his report, that all the donated reading material is in English (Inverness District Lunatic Asylum 1870: 5, 32). The importance of a Gaelic environment for Gaelic-speaking asylum patients, which had been strongly emphasised in the 1857 Memorial, was clearly not whole-heartedly embraced by the institution which, in line, with the prevailing views of the time, implicitly directed patients towards English.

The Gaelic language's place in the Asylum was to become a matter of public discussion in 1892 after the death of Thomas Aitken. When the District Lunacy Board met to discuss advertising for a new medical superintendent, one member suggested that Gaelic should be taken into consideration when making the appointment but the Chair, Duncan Forbes of Culloden, took the view that this would restrict the Board's choice. He pointed out that the Asylum had a Gaelic-speaking chaplain, completely ignoring the fundamental difference in

the roles of medical superintendent and chaplain, and the matter was dropped with no mention of Gaelic in the subsequent advertisement (*IC* 30 September 1892, 7; *Scotsman* 5 October 1892, 10). The lack of any regulation relating to language from the Scottish Lunacy Board meant that this was an acceptable course of action, as compared with the Board of Supervision's stance on Inspectors of Poor. The same issue of the *Inverness Courier* as reported this meeting, carried a letter from a reader under the pen-name 'Medicus' who took issue with the Board's handling of the language question, suggesting that if a non-Gaelic speaker were to be appointed, this 'would be about as reprehensible as the appointment to an asylum in England of a French or German expert ignorant of English', arguing that a suitably qualified Gaelic-speaker could justifiably be appointed in preference to a 'brilliant' one without Gaelic. (*IC* 30 September 1892: 6)

After the post was advertised, a letter to the *Inverness Courier* from a London-based health professional who claimed to have experience of working with the insane, and writing under the initials 'M. F.', referred to the 'unpardonable omission' of Gaelic in the advertisement. This writer argued that it was essential that the appointee be a Gaelic speaker, given that when patients suffered from attacks of mental illness their native language was often the only language which they could speak or understand (*IC* 14 October 1892: 6). Four days later a letter submitted under the name 'Humanity' suggested that, without a Gaelic-speaking superintendent, Highlanders were being treated worse than foreigners. The writer cited a recent conversation which he had with a man who spent much time among the patients of the Asylum: 'Oh, I heard a man speak to the Doctor the other day in Gaelic, and he asked the keeper what he was saying. He said he wanted to get away. This was not what the man asked at all; but the Doctor, thinking it was, paid no more heed to him.' (*IC* 18 October 1892: 6)

The apparent strength of feeling over the language qualifications of the new medical superintendent, compares starkly with the complete lack of attention, in the press at least, when non-Gaelic speaker, Aitken, had been appointed three decades earlier. The focus on language doubtless owed much to the campaign for a recognised place for Gaelic in Highland schools in the wake of the 1872 Education Act (Scotland). This had galvanised Gaelic campaigners and it became increasingly common for comments to be made about the need for those in various positions of authority in the Highlands to be able to speak Gaelic. In a lecture delivered in 1887, Professor John Stuart Blackie, who had led the successful campaign to establish a Chair of Celtic at the University of Edinburgh, asserted that there

were five ‘classes’ within the Highlands who should be able to speak Gaelic, ‘the clergy, teachers, lawyers, lairds and doctors.’ (*Scotsman* 15 January 1887: 6)

In the end it was a Gaelic speaker who was appointed as superintendent of the Asylum. The District Lunacy Board had received 22 applications which were reduced to a short-list of six. What part language played in the final decision is not known, but the appointee was Dr John C. Mackenzie, a native of Glen Urquhart, who had been employed as an assistant medical officer by the Northumberland County Asylum (*IC* 28 October 1892: 6). Mackenzie’s time as medical superintendent came to an ignominious end after little more than 18 months when he resigned, presumably to avoid dismissal by the Board of Lunacy, after witnesses claimed he had been visiting the room of the chief nurse, Margaret MacDonald, for extended periods of time at night, allegations which he denied (HHB/3/1/2, 3 July 1894). The Asylum’s short-lived time with a Gaelic speaker at its helm came to an end with Mackenzie’s departure and the appointment of Dr John Keay who had lost out to Mackenzie in 1892. He was not a Gaelic speaker and the District Board specifically asked that, when appointing an assistant medical officer, he give preference to a Gaelic speaker if candidates were otherwise deemed equally qualified (HHB/3/1/2, 13 July 1894). Gaelic was, therefore, acknowledged as being of importance, but not of over-riding importance, in the appointment of the Asylum’s most senior officer and with no requirement placed upon the District Board to appoint a Gaelic speaker.

Despite the fact that Gaelic would have been used on a daily basis by many of the patients in Inverness District Asylum, both among themselves and in their communications with staff, references to the language are few and far between in the Asylum’s surviving records, the most useful of which are patients’ case notes. As noted previously, languages which patients spoke were not recorded upon their admission in the way that their age, occupation, native parish and, often, religion are noted. This next section will consider the evidence afforded by the fleeting references to language in these notes, identifying how patient’s use of Gaelic was perceived, including instances where a language barrier may have led to communications between patients and staff being problematic. The case notes consulted for this paper span 30 years from 1864, when the Asylum opened, to the end of 1893. As Jonathan Andrews has noted, case notes provide valuable evidence for treatment and practice in nineteenth-century asylums but this must be balanced against the fact that they ‘often convey more about the preoccupations of the Asylum’s medical regime than about patients and their histories’ (Andrews 1986: 255, 265). James Mills, in his study of case notes from India’s Lucknow

Asylum offers similar caution against viewing case notes as an objective representation of individuals but rather as the product of the circumstances in which they were composed (Mills 2000: 147).

The fact that Gaelic is only mentioned fleetingly in these records suggests that it was to a great extent normalised in the daily life of many of the staff and patients and did not, therefore, generally merit specific comment. It is interesting to note, however, those comments which are made, observations made by medical officers who may not always have been Gaelic speakers themselves. Full staff records for the Asylum are not extant, although the surviving salary book covering 1876–87 helps identify the medical officers during this period, if not their language abilities. Cross-referencing with Census records in 1881 and 1891 confirms that at least three of the medical officers employed by the Asylum in the 30-year period under scrutiny did not speak Gaelic and it may be assumed that this was not an unusual pattern.⁴

Only very rarely are the voices of Gaelic speakers heard. Five of the six instances of Gaelic words within the notes appear in 1876 and 1877 during which time Dr Alexander McKechnie was the Asylum's medical officer and it seems likely that he was a Gaelic speaker.⁵ In reference to one patient, Hector Bethune, the notes record, in accurate Gaelic spelling, that he 'constantly asks the medical superintendent in Gaelic "cuin a theid mi dhachaidh" the English of which is when will I go home' (HHB/3/5/2/8: 32). Three of the other examples record patients exclaiming 'a Dhia, a Dhia' (Oh God, oh God) and the final one a patient exclaiming 'Moursht, Moursht' [= Murt, Murt] (Woe is me, woe is me) (HHB/3/5/2/8, 100, 102; HHB/3/5/2/9, 41; HHB/3/5/2/10, 140). Catherine Munro, who at one point was under the delusion that she was the queen of Scotland, is referred to, somewhat mockingly, as 'the Banrigh' ('Queen') (HHB/3/5/2/3: 451).⁶ For the most part, however, the language itself is completely absent from the case notes.

The case notes of 27-year-old Donald Kinnaird from Ardnamurchan, admitted to the Asylum in 1872 describe how, on admission, he:

has all the appearance of an imbecile, but as he can speak no English it is impossible at present to describe his mental peculiarities. When questioned he usually says that he does not know. He delights to be taken notice of and always shakes hands with the Med[ical] Of[ficer] on all occasions. He appears quite content with his new residence, is always smiling & happy and chats with his neighbours. (HHB/3/5/2/6: 146)

The patient's ability to communicate with fellow patients underlines that the Asylum was, in part at least, a Gaelic environment. The medical officer's apparent inability to communicate at all with a monoglot Gaelic speaker is surprising given that all reports, as well as the later Census evidence, suggest that the majority of staff were Gaelic speakers and there would thus have been no shortage of people able to act as interpreters between him and the patient, and in turn raising questions about the level of communication in general between a non-Gaelic-speaking medical officer and those who could not speak English, and the implications for the care of these patients.

The description of 34-year-old Ann McKinley from Uig (which Uig is not specified) shows a similar sort of linguistic detachment from the patient: 'seeing that the patient has been but a few hours in the Asylum, & knows little English, & is by no means demonstrative, it is impossible to give anything like a full account of her mental condition.' (HHB/3/5/2/6: 82) Slightly more effort to break the language barrier is detected in the notes of Joana McDonald from Barra in 1879, 'a person having been found who understood her language fairly well, the following facts were elicited ...' (HHB/3/5/2/12: 117). And, again, the dependence on indirect communication with the patient is evident in the notes of Elizabeth Ross from Lochbroom who 'cannot speak English but talks fluently in Gallic (sic) and those about her who understand this language say that she talks rationally enough' (HHB/3/5/2/7: 192). The notes for Mary MacDonald, Urquhart, offer a clearer comment on the unofficial role of attendants as interpreters, stating 'she cannot speak English and the attendants say that she talks in an incoherent manner of which they can make nothing whatsoever', leaving the medical officer dependent on the judgement of others for his assessment of a patient (HHB/3/5/2/5: 464). Of Alexander Mackenzie, Lochbroom, it was noted, 'if addressed he answers in a sentence he has formulated and which he continues repeating over and over again for hours, or he replies in Gaelic I do not know.' (HHB/3/5/2/2: 129) This may point to an attempt at using English, a language in which the patient did not feel competent, but the notes do not suggest any understanding of, or empathy for, a patient's linguistic predicament.

Donoho has discussed the way in which Inverness Asylum's descriptions of patients' behaviour, in common with asylums in Britain in general, were focused on those aspects of their conduct which deviated from the norm (Donoho 2012: 294). At no point is any patient's use of Gaelic specifically identified as being a deviation from the norm, however, the ways in which patients' language usage is represented suggests there was some association between language usage and illness in the notes of at least some of the doctors. A glimpse of the

ambiguous place of language usage in the assessment of a patient's health emerges in the notes of Margaret McDonald from Sleat who was admitted in 1871. Seven months after her admission it was noted: 'A slight change in this case; occasionally speaks a little English but it cannot be said that her mental condition is improved as yet' (HHB/3/5/2/5: 476). Despite the lack of improvement, this comment on language may imply a view that the acquisition of English was associated with an improvement in the patient's mental health.

Donoho examines briefly the way in which aspects of speech, whether incoherence, or a patient being overly noisy, or taciturn, were used as evidence of deviations from the norm, although her discussion does not extend to the use of Gaelic (Donoho 2012: 247). Gaelic, often forms part of the description of patients, however, suggesting some degree of association between the language and their state of mind. There is no mention of Gaelic in the case notes of Mary Mackay from Barvas between her admission in November 1873 and November 1874, when it is recorded that the 'patient has had several attacks of excitement – during which she is rather restless and [?] impulsive movements and is very garrulous – expressing in Gaelic sentiments far from flattering'. Six months later she is 'very excited and noisy, clenching her fists, springing from the seat, jumping and stamping on the floor and shouting and screaming in Gaelic' (HHB/3/5/2/7: 20). It seems very likely that she would have been a monoglot Gaelic speaker since, almost 20 years later, the 1891 Census recorded 68% of the parish of Barvas as speaking Gaelic only (Census: 14). The fact that she was speaking in her native, and probably only, language seems, therefore, to have been highlighted unnecessarily in the notes and tells more about a non-Gaelic speaking medical officer's interpretation and representation of language usage than about the patient's behaviour. Similarly, Peggy McBeath, Applecross, who was admitted in 1874, was described as 'jabbering continuously in Gaelic' and as 'very noisy; talking and swearing in Gaelic, and stamping on the floor', yet the fact that she was using what would have been her native language to swear seems hardly surprising (HHB/3/5/2/7: 353, 354). Peter McMartin, Glenelg, 'speaks only in Gaelic, stupidly and with hesitation' (HHB/3/5/2/6: 150). Margaret MacRury, a domestic servant from North Uist was described as being of 'a rather kind nature and genial disposition' and Gaelic is only mentioned when she is 'excited', 'shouting in a threatening manner in Gaelic' and 'she seems to have a particular dislike to strangers when one goes into the ward, she begins to scold and talk impetuously in Gaelic' (HHB/3/5/2/10: 404–06).

Gaelic often features when the description of a patient's behaviour includes singing. The notes of Margaret Ross, Kincardine, twice observe that she is very fond of singing Gaelic songs (HHB/3/5/2/8: 278); George Harrison, from the parish of Boleskine and Abertarff, 'spends the greater part of the night whistling, singing Gaelic songs and knocking at the single room door' (HHB/3/7/2/7: 323); Christy McDonald is described as 'wailing plaintiff gaelic airs' (HHB/3/5/2/1: 220); Hugh McAngus 'croons an unintelligible Gaelic song', and Mary MacKenzie is 'very fond of Gaelic songs and often sits in a chair in the corridor either reading or singing these songs' (HHB/3/5/2/5: 528; HHB/3/5/2/8: 306). For a culture in which song played a central part the fact that patients passed the time by singing is hardly noteworthy but, in an Asylum which viewed the norms of behaviour through an English lens, this became a notable type of behaviour.

Observations on religious behaviour have similar linguistic nuances on occasions. It was observed of Murdo Morrison that he 'preaches a great deal in a disagreeably loud voice in Gaelic and is said to be very incoherent and unintelligible', the medical officer again, dependent on the interpretation of other staff members (HHB/3/5/2/4: 83). Elspeth Macdonald's habit was 'reverently to repeat in Gaelic the Lords (sic) Prayer and one or two of the first questions in the Shorter Catechism' (HHB/3/5/2/1: 280); Hugh Smith was observed 'praying in his native tongue with the most intense devotion' (ibid.: 38); and Andrew Ross 'fervently reads his Gaelic Bible' (HHB/3/5/2/7: 369). The relevance of language usage here would seem tenuous and again suggests that patients' failure to conform to Lowland norms may have affected the perception of their illness and, potentially, their treatment.

The notes of two patients suggest that the linguistic environment was one which may have actually exacerbated their illness. In the case of Catherine Cameron, Kilmonivaig, one of the earliest patients admitted to the Asylum, and who knew no English, her inability to understand all that was happening around seems to have increased her sense of vulnerability and fear: 'For the first few days after her admission this woman exhibited timidity, started at the opening or shutting of a door and even a footfall threw her into a state of trepidation [...] she dislikes to hear English spoken lest something she does not understand may be said unfavourable to her' (HHB/3/5/2/1: 16). It was reported of Lucy Campbell from Glenelg, another early patient, that 'from time to time her melancholy takes a more active form and she then objects to the English spoken around as she feels confident the words are those indicative of coming injury to herself' (HHB/3/5/2/2: 185; Donoho 2012, 302–02).

Given that the environment in which patients found themselves was a bilingual one with both Gaelic and English used, reflecting both language usage in Inverness itself, and the encroachment of English upon Gaelic more generally in the Highlands, the fact that patients switched between languages is not entirely surprising. It was, in fact a recognised feature of contemporary language usage which was much-criticised by some, such as the writer of an anonymous letter to the Inverness newspaper, the *Highlander* in 1873 who referred to the ‘disgusting mongrel medley’ of Gaelic and English often to be heard from Gaelic speakers (*H* 6 December 1873: 4). An intermixing of the two languages was seen as something to be commented upon in case notes, often in implied association with a patient’s illness. Thus Donald MacDonald, Glenelg was noted as ‘moving restlessly from foot to foot and on spot muttering to himself half in English and half in Gaelic’ (HHB/3/5/2/1: 116). Maria McDonald, or McKenzie, from Inverness was described as ‘very noisy and excited, speaks Gaelic and English alternately’ (HHB/3/5/2/23: 332). Isabella Macintyre, or Macdonald, Laggan, was also noted as using a mixture of English and Gaelic in her speech (HHB/3/5/2/7: 60).

The bilingual environment may, possibly, have added to patients’ confusion as, for example, in the case of Flora Macdonald, Ardnamurchan: ‘when questioned in Gaelic she answers in English: when spoken to in English she gave confused and rambling statements in Gaelic’ (HHB/3/5/2/6: 504). On admission, Janet Macpherson, Laggan, was ‘continually rocking herself to and fro and talking rapidly in Gaelic and English’ (HHB/3/5/2/12: 46). There are occasions where notes comment upon patients, such as Mary MacDonald, or MacLean, from Inverness apparently pretending not to understand English (HHB/3/5/2/4: 417). Janet Paterson ‘refuses to converse in English, although she knows it perfectly, saying she does not and cannot speak it’ (HHB/3/5/2/12: 420). While the notes do not provide evidence as to the level of proficiency which these women may have had in English, there is no sense of recognition that use of their native language would have been more natural.

For an institution whose establishment had been predicated on offering care to Gaelic speakers in their native environment and through their native language, there is little evidence that much formal notice was taken of Gaelic once Inverness District Asylum opened. In fact, evidence from both patient case notes and discussion in the press surrounding the appointment of a medical superintendent, calls into serious question the extent of efforts to accommodate Gaelic speakers. There is no evidence that Gaelic was made a requirement for any employee as was the case, for example, with inspectors of poor in Gaelic-speaking

parishes, or as the Welsh language was made a requirement for employees in the North Wales Lunatic Asylum. The environment offered by Inverness District Asylum was a bilingual one with the majority of staff Gaelic speakers; yet those with the most power and the ability to influence a patient's diagnosis and care, the medical superintendent, the medical officers and the matron, were generally unable to communicate directly with monoglot Gaelic-speakers for most of the 30-year period examined in this paper, closely paralleling some of the colonial institutions discussed at the outset. Patient case notes point to Gaelic speakers being 'othered' by the institution, at least in terms of their diagnosis and treatment, their use of Gaelic setting them apart, particularly from a number of the medical officers who were responsible for their care. The association of the Gaelic language, and a lack of English, with backwardness, while not explicitly identified as being related to patients' illnesses, seems to underlie many of the observations where language is mentioned in patients' notes. This may be attributed to the language barrier between patients and those treating them, doctors who were not linguistically or culturally attuned to their patients, but who viewed them through 'improving' English eyes. What emerges is that the Asylum fell short of the early ambitions which had been laid out for it and that it was an institution which mirrored the improving, anglicising impetus prevailing in the world beyond its walls. In broader terms, it is evident that this Highland institution functioned in a similar way to other nineteenth-century colonial asylums, with limited accommodation made for the linguistic needs of lunatics who were speakers of an indigenous language.

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¹ Inverness District Asylum was re-named Craig Dunain in 1947.

² The Census of 1891, the first to identify Gaelic speakers with any degree of accuracy, demonstrated that there were 36,968 monoglot Gaelic speakers in the counties of Sutherland, Ross and Cromarty, and Inverness, the main areas from which the patients of Inverness District Asylum were drawn, amounting to 19.6% of the population of these counties. A further 96,307 (50.9%) were identified as able to speak both Gaelic and English, undoubtedly encompassing a widely varying range of proficiencies in English (Census: xxi). In some parishes, the proportion of monoglot Gaelic speakers was as high as 64%, as in the case of Barvas in Lewis (Census: 104).

³ In 1862, for example, the following parochial boards advertised for doctors in the *Inverness Courier* with varying Gaelic requirements: Barra, 'preferred' (2 January 1862); Boleskine & Abertarff and Kilmonivaig, 'indispensable' (10 April 1862); Lochbroom, 'a recommendation' (15 May 1862); Glenurquhart & Glenmoriston, 'indispensable' (15 May 1862); Duirinish and Bracadale, 'a recommendation' (22 September 1862); Glenelg, 'indispensable' (30 October 1862).

⁴ Dr Thomas W. MacDowall, employed by the Asylum between 1870 and 1872; Dr Hugh Mann, who was assistant medical officer at the time of the 1881 Census; Dr Samuel Elliot, employed at the time of the 1891 Census.

⁵ MacKechnie seems likely to have been the Dr Alexander MacKechnie who appears in the 1891 Census living in Mull with the Census showing him to be bilingual, born on the island of Jura and registered as a medical practitioner in 1875 (Census Records 1891 542/5/11; HHB 3/6/9/1, 1, 16).

⁶ The sixth example of Gaelic is from 1879, where Mary McKinnon's notes state 'when moved about from one position to another, she repeats in an irritated sort of way, something like the following in Gaelic. "Koimagh, "Koimagh", possibly representing 'coma, coma' and indicating dislike (HHB/3/5/2/12, 17).