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**Scottish-Jewish ‘madness’?:**

**An examination of Jewish admissions to the  
royal asylums of Edinburgh and Glasgow,  
c.1870-1939**

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## Abstract

This thesis sits at the junction of asylum history and Anglo-Jewish history, specifically Scottish Jewish history, and contributes new perspectives to scholarship on histories of both psychiatry and Anglo-Jewry. It explores the lived experiences of Jewish patients admitted to the royal asylums of Edinburgh and Glasgow between 1870 and 1939 using a range of both quantitative and qualitative archival sources. A discussion of the relevant literature that has focused on 'Anglo' asylums and Anglo-Jewry, particularly on Scottish asylums and Scottish Jewry, provides the historical context for the research questions being asked about how Jewish patients admitted to the royal asylums were understood, diagnosed and treated. The quantitative Jewish patient population is presented, discussing: demographic variables such as gender distribution, age at admission and the patient's marital status at admission; social variables such as 'class' as regards a patient's accommodation within the asylum and their occupation; diagnostic variables such as the mental disorders identified; and finally institutional variables such as a patient's discharge status and the length of a patient's stay within the asylum. This Jewish patient profile is compared to control samples of non-Jewish patients to detect similarities and differences between the two groups, providing scope for the qualitative accounts that follow. Qualitative sources are then used, pulling out a number of individual case histories as detailed exemplars of broader claims, spread across three substantial chapters. The first qualitative chapter draws on several of the themes presented in the discussion of relevant literature, such as matters of Jewish demography, migration, family dynamics, social standing, cultural experiences and the like, as these intersect with the 'asylum lifecycle', meaning periods spent in and outside of the asylum by these patients. This material opens a door to the Jewish patient experience through the discussion and analysis of several themes, such as: family, community, immigration status, social class, migration histories, big and small and the asylum lifecycle with respect to patients who experienced multiple admissions to asylums. The next chapter's overarching theme is the Jewish body – all aspects of Jewish embodiment; of embodying Jewishness – in the asylum. This theme is further broken down into specific areas for discussion, such as: the male Jewish body; poisoning, because historically Jews have been associated with the act of poisoning; the diagnostic criteria as it was applied to Jews during

the period under investigation; the role of language within the clinical encounter; and troublesome patients. The goal here is to illustrate how the Jewish body was often seen as inherently different from other (British) asylum patients and therefore pathologised because of those differences, such that in certain situations merely being Jewish suggested a likelihood of being mentally unstable and possessing a mental illness due to the Jewishness association. The final qualitative chapter concentrates on Jewish women and their experiences within Scottish asylums, highlighting some of the gendered differences within that experience when compared to the male Jewish experience of madness that was primarily tackled in the previous chapter. This chapter discusses Jewish women and their place within the Jewish community and wider Anglo-Scottish society, and further it addresses the perceived close relationship between Jewish women and mental illness, itself complicated by the extent to which the woman concerned sought to live up to a vision of the perfect Jewish mother while also being judged through an idealized version of domestically content British (middle-class) womanly reserve. Final conclusions are added which summarise the contributions made by the thesis, and speculate about further inquiries that might be conducted in this field.

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## Important Dates

Asylum Building, Scottish Jewish Communities, Pogroms, Lunacy Legislation and Immigration Legislation.

1781 – Montrose Royal Asylum

1800 – Aberdeen Royal Asylum

1808 – County Asylums Act

1813 – Royal Edinburgh Asylum

1814 – Glasgow Royal Asylum, relocated in 1842 to Gartnavel in the city's West End.

1816 – Edinburgh Jewish community established.

1820 – Dundee Royal Asylum

1821 – Odessa Pogrom

1823 – Glasgow Jewish community established.

1826 – Perth Royal Asylum

1839 – Crichton Royal Asylum at Dumfries

1845 – Lunacy Act & County Asylums Act

1857 – Lunacy (Scotland) Act, an act for the regulation of the care and treatment of lunatics, and further for the provision, maintenance and regulation of lunatics.

1858 – Lunacy (Scotland) Amendment Act, an act to amend the previous act. Provides for the provision, maintenance and regulation of lunatics in Scotland.

1862 – Further Provision for Lunacy (Scotland) Act, an act to make further provisions respecting lunacy in Scotland.

1863 – Argyll and Bute District Asylum

1864 – Deputy Commissioners (Scotland) Act, an act to continue the Deputy Commissioners to Scotland, and to make further provision for the salaries of the Deputy Commissioners, Secretary, and Clerk of the General Board of Lunacy in Scotland.

1864 – Inverness District Asylum

1864 – Perth District Asylum

1865 – Banff District Asylum

1866 – Lunacy (Scotland) Act, an act to amend the acts relating to lunacy in Scotland and to make further provision for the care and treatment of lunatics.

1866 – Ayr District Asylum

1866 – Haddington District Asylum

1866 – Stirling District Asylum

1866 – Fife and Kinross District Asylum

1867 – Lunacy Certificates (Scotland) Act, an act to enlarge for the present year the time within which certain certificates regarding lunatics in Scotland may be granted.

1869 – Roxborough District Asylum

1871 – Criminal and Dangerous Lunatics (Scotland) Act, an act to amend the law relating to criminal and dangerous lunatics in Scotland.

1874 – Peebles and Midlothian District Asylum

1874 – Dundee Jewish community established.

1876 – Paisley District Asylum, former parochial asylum became Paisley District Asylum in 1909.

1877 – Prisons (Scotland) Amendment Act.

1879 – Habitual Drunkards Act, (an act that was applied to England, Ireland and Scotland), an act to facilitate the control and cure of habitual drunkards.

1881-1884 – Pogroms within the Pale of Settlement, within the Russian Empire, in response to the assignation of the Czar. Several of the conspirators were of Jewish origin. Over 200 anti-Jewish events in 166 towns and cities, i.e. Kiev, Warsaw and Odessa, etc.

1882 – Dundee District Asylum, the former premises of the Dundee Royal Asylum acquired in 1903.

1887 – Lunacy Districts (Scotland) Act, an act to make provision for altering lunacy districts in Scotland.

1888 – Inebriates Act, (an act that was applied to England, Ireland and Scotland), an act to amend the Habitual Drunkards Act from 1879.

1891 – Pogroms in Pale of Settlement

1893 – Aberdeen Jewish community established.

1894 – Greenock Jewish community established.

1895 – Lanark District Asylum

1895 – Govan District Asylum

1896 – Pogroms in Pale of Settlement

1896 – Glasgow District Asylum

- 1903-1906 – Pogroms within the Pale of Settlement, Russian Empire. 64 towns and 626 smaller towns and villages, with thousands killed. Notable cites: Kishinev, Odessa, etc.
- 1904 – Aberdeen District Asylum
- 1904 – Ayr Jewish community established.
- 1905 – Aliens Act 1905, an Act that for the first time imposed immigration controls and registration and gave the Home Secretary overall responsibility for immigration and nationality. Ostensibly designed to keep paupers and criminals from entering the UK. It in effect was used to control Jewish immigration from Eastern Europe.
- 1905 – Falkirk Jewish community established.
- 1905 – Inverness Jewish community established.
- 1906 – Edinburgh District Asylum, first Royal Edinburgh Asylum patients were transferred in 1904, but it officially opened in 1906.
- 1908 – Dunfermline Jewish community established.
- 1909 – Renfrew District Asylum
- 1913 – Mental Deficiency Act
- 1913 – Mental Deficiency and Lunacy (Scotland) Act, an act to make better and further provision for the care of mentally defective persons and to amend the law relating to lunacy in Scotland.
- 1914 – Aliens Restriction Act 1914 and British Nationality and Status of Aliens Act
- 1919 – Aliens Restriction (Amendment) Act 1919



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# Author's Declaration

I declare that, except where explicit reference is made to the contribution of others, this thesis is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

# Chapter 1

## Introduction

### Opening Words

Space within Jewish culture has always [been] described in relation to Others; spatial configurations – whether rendered through the intricate prohibitions of Talmudic *eruv* or the globally inspired architecture of post-modern Jerusalem – have been methods of signalling both difference and community, both power and powerlessness. ...

Barbara Mann, *Space and Place in Jewish Studies* (Kindle Edition) (New Brunswick, NJ: Rutgers University Press, 2012), [Location 155 of 2736].

As Barbara Mann states in the above passage, '[s]pace within Jewish culture has always [been] described in relation to Others...'¹, which is true of Jewishness, Jews and their beliefs and culture, both within a historical context and in the present. The Jew as 'other' is an important theme that will weave throughout this thesis, as too the space that the Jew should occupy. As regards the present, in an address to the European Parliament, the former UK Chief Rabbi Jonathan Sacks, spoke of the resurgence of anti-Semitism and the 'othering' of Jews and the spaces that they occupy, both physically and metaphorically, within Europe and beyond. Specifically, he stated on 27 September 2016:

Jews were hated because they were different. They were the most conspicuous non-Christian minority in a Christian Europe. Today they are the most conspicuous non-Muslim presence in an Islamic Middle East. Anti-Semitism has always been about the inability of a group to make space for difference. No group that adopts it will ever, can ever, create a free society.²

Furthermore, within the context of asylum spaces – meaning lunatic asylums – in Britain during the late nineteenth and early twentieth centuries, Jews were

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¹ Barbara Mann, *Space and Place in Jewish Studies* (Kindle Edition) (New Brunswick, NJ: Rutgers University Press, 2012), [Location 155 of 2763].

² Jonathan Sacks, *The Mutating Virus: Understanding Anti-Semitism*, at The Future of the Jewish Communities in Europe Conference at the European Parliament, Brussels, Belgium, 27-09-2016. < <http://www.rabbisacks.org/mutating-virus-understanding-antisemitism/> >, [Accessed October 2016].

doubly seen as others among others, an alien alien.<sup>3</sup> With this claim in mind, I propose to explore Jews, Jewishness and Jewish spaces, or the lack thereof, within the context of the lived experience of Jewish asylum patients admitted to the Royal Edinburgh Asylum, Morningside, and the Glasgow Royal Asylum, Gartnavel, between 1870 and 1939.

This inquiry will be accomplished through an examination of the certification/admission papers, patient registers and patient case notes that pertain to both Jewish patient admissions and a control sample of non-Jewish patients, in addition to annual reports that the institutions produced which help open a window onto institutional practices of the two asylums. Taken together, these records will give insight into the Jewish patient experience, and also suggest a number of themes speaking to the theme of the Jews in lunatic asylums as ‘alien aliens’. Additionally, periodicals such as *The Lancet* and *The Jewish Echo* (the Jewish newspaper that served Glasgow and Scotland as a whole between 1928 and 1991) will be used to gain a perspective on the common beliefs and attitudes directed towards Jews from within the medical establishment, well as by the wider public, and also on the Scottish Jewish reaction to such projections. It is hoped that, by exploring Jewishness and Jewish space through the lens of the robust and well-established academic field of asylum histories (and geographies), that a case can be made for a strong relationship between Jewish studies and asylum studies as fields of study which, in practice, have significant connections to one another.<sup>4</sup>

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<sup>3</sup> Roland Littlewood and Maurice Lipsedge, *Aliens and Alienist: Ethnic Minorities and Psychiatry* (2<sup>nd</sup> Edition) (London: Routledge, 1993).

<sup>4</sup> Examples include: Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.115-130; Todd Endelman, ‘Anglo-Jewish Scientists and the Science of Race’, in *Jewish Social Studies*, 11(1), 2004, pp.52-92; Sander Gilman, ‘Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response’, in *Journal of the History of Behavioral Science*, 20(2), 1984, pp.150-159; ‘Anti-Semitism and the Body in Psychoanalysis’, in *Social Research*, 57(4), 1990, pp.993-1017; *The Jew’s Body* (London: Routledge, 1991), pp.60-103 and 194-209; *The Case of Sigmund Freud: Medicine and Identity at the Fin de Siecle* (London: Johns Hopkins University Press, 1993); Ann Goldberg, *Sex, Religion and the Making of Modern Madness: The Eberbach Asylum and Germany 1815-1849* (Oxford: Oxford University Press, 1999); Jan Goldstein, ‘The Wandering Jew and the Problem of Psychiatric Anti-Semitism in Fin-de-Siecle France’, in *Journal of Contemporary History*, 20(4), 1985, pp.521-552; Carole Ann Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001); Edward Shorter, ‘Women and Jews in a Private Nervous Clinic in Late Nineteenth-Century Vienna’, in *Medical History*, 33(2), 1989, pp.149-183; and, Leonard Smith, ‘Insanity and Ethnicity: Jews in the Mid-Victorian Lunatic Asylum’, in *Jewish Culture and History*, 1(1), 1998, pp.5-26.

## Map of the Thesis

### **At the Crossroads of the 'Asylum Age', Jews and 'Madness'** (Chapter 2)

will discuss the existing bodies of literature that encircle the concerns of this project, and which, it is argued, should be brought into closer contact with one another. This chapter will first focus on the literature tackling asylum studies, more specifically asylum history or what is elsewhere termed the history of psychiatry,<sup>5</sup> paying particular attention to what has been written about the rise of the lunatic asylum (as an institutional base for treating 'madness' or mental ill-health) within the British and specifically Scottish contexts. The discussion will then move onto the literature surrounding the history of Anglo-Jewry in general and Scottish Jewry specifically, with special consideration given to how a distinctive body of work has appeared on the complex issue of to what extent there is a distinctive *Anglo-Jewish* (rather than just Jewish) history to be written, as coupled to empirical questions about the degree of 'assimilation' or 'distancing' of Jews into or from wider British society. Finally, the literature where Jews and mental illness come together will be discussed. With these three bodies of literature, the aim of this chapter is to establish the gap that this thesis will aim to fill, of discovering more about the lived experience of Jewish patients in Scottish asylums, and related themes, which at present principally has only one 'entry' that focuses on Jewish patients admitted to the district asylums in Greater Glasgow as pauper patients from 1890 through 1914.<sup>6</sup> This thesis will have a greater temporal scope, 1870 through 1939, which covers the waves of Jewish immigration from Eastern Europe, primarily the Russian Empire, settling in Britain from about 1880 until immigration legislation was enacted – namely, the Aliens Act of 1905 – which served greatly to reduce the flow of Jewish immigrants into the country. The Jewish communities of Edinburgh and Glasgow evolved from primarily immigrant communities, with a relatively small cohort of Anglicised Jews who controlled the majority of communal affairs, to a second or third generation British born community where the formerly new arrivals themselves controlled communal affairs and had made inroads into higher education and well-paying professions.

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<sup>5</sup> Examples of this include the specialist journal, *History of Psychiatry*.

<sup>6</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.115-130.



**Methods and Sources** (Chapter 3) will discuss the methods and sources used, quantitative and qualitative, why they were chosen and their advantages and disadvantages. Furthermore, the two case study institutions, the Royal Edinburgh Asylum and the Glasgow Royal Asylum, Scotland, will be introduced, with particular emphasis on the records that they produced during the period 1870 through 1939, and how and why they were selected and used in this project.

**Scottish Jewry, Asylum History and the Profile of Jewish Asylum Patients in Scottish Asylums** (Chapter 4) will provide an introduction to various contexts for everything that follows, as well as moving into an analysis of detailed statistical information about Jewish patients admitted to the Scottish Royal Asylums for Edinburgh and Glasgow. The first part of the chapter will provide the historical context by exploring the rise of the asylum within the ‘Anglo’ world and how that general experience compares with the specifically Scottish experience, focusing particularly on institutional examples near Jewish population centres. Then the discussion will move on to a general history of Anglo-Jewry, shifting to Scottish Jewry specifically and notably its communities in Edinburgh and Glasgow; and, by bringing these contexts together, the chapter echoes assertions made in Chapter 2 about needing to interface specific areas of study and literature: asylum history and the history of Anglo-Jewry.

**The Profile of Jewish Patients in the Scottish Royal Asylums, Edinburgh and Glasgow, 1870-1939** (Chapter 5), will explore the Scottish Jewish patient profile quantitatively. The Jewish patient populations – not samples, note, but, as far as can be certain, the complete Jewish populations – and control samples of non-Jewish patients admitted to the two asylums between 1870 and 1939 will be examined through the lenses of gender, age, class, both accommodation and occupational, marital status, mental disorder, discharge status and length of stay in the asylum, in order to discover similarities and differences between the groups. It is hoped that this chapter will prepare the way for understanding the deeper content of the following chapters, and attention will also be given to certain contrasts that emerge between the two Scottish Royal Asylums with respect to their Jewish cohorts

**Jewish Geography and the Asylum Lifecycle** (Chapter 6), the first of the three large empirical chapters based on in-depth qualitative material rather than the quantitative data of Chapter 5, begins with an account of three patient case studies. These patients are taken as representative of the Jewish patient population of the Edinburgh and Glasgow Royal Asylums in terms of issues relating to what I am terming, overall, ‘Jewish geography’. These issues are ones pertaining to the contexts of Anglo-Jewish life, aspects of which have been introduced in Chapter 2, bringing into view matters of Jewish demography, migration, family dynamics, social standing, cultural experiences and the like, as these intersect with what I am terming the ‘asylum lifecycle’, meaning periods spent in and outside of the asylum by these and companion patients. These mini-biographies – now conjoined with materials pertaining to other Jewish patients – then open a door to the Jewish patient experience through the discussion and analysis of several themes, such as: family; community; immigration status; social class; migration histories, big and small; and the asylum lifecycle with respect to patients who experienced multiple admissions to asylums.

**The Jewish Mind and Body in the Asylum** (Chapter 7) adopts a similar structure to Chapter 6, beginning with three patient case studies whose mini-biographies are then entry-points for addressing broader themes to do with Jewish patients in the lunatic asylum. The main theme of this chapter is the Jewish body – all aspects of Jewish embodiment; of embodying Jewishness – in the asylum. This theme will be further broken down in to specific areas for discussion, such as: the male Jewish body (the female Jewish body will be dealt with in Chapter 8); poisoning, because historically Jews have been associated with the act of poisoning; the diagnostic criteria as they were applied to Jews during the period under investigation; the role of language within the clinical encounter; and troublesome patients. The goal of this chapter is to illustrate how the Jewish body was often seen as inherently different from other (British) asylum patients and therefore pathologised because of those differences, such that in certain situations merely being Jewish suggested a likelihood of being mentally unstable, of possessing a mental illness due to Jewishness association.

**The Jewess and Madness** (Chapter 8) adopts a similar structure to that deployed in Chapters 6 and 7, but here the main focus becomes Jewish women, notably but not exclusively Jewish mothers, their place within the

Jewish community and the wider Anglo-Scottish society. Again, a grouping of six patients into three case studies then feeds into a wider discussion, here of Jewish women and mental illness, where the lived experiences of some Jewish women admitted to the royal asylums will be discussed. This chapter is full of idealised figures of the Jewish woman and mother, present in the wider Jewish culture but given sometimes contradictory inflections in the Anglo context, which some patients sought, pathologically, to emulate. It is also stereotypical images held by physicians and wider society, rendering a certain tendency in the asylum to see mental instability in female Jewish patients.

**Conclusion** (Chapter 9) will offer a summary of the proceeding chapters, their stated objectives and how these objectives were proven. The potential contribution to the fields of literature identified in Chapter 2 will be covered. This chapter will finally conclude with a discussion as to the wider impact and application of this thesis as regards ethnic minorities in institutional settings within the historical context of late nineteenth and early twentieth century Britain.

## Chapter 2

### At the Crossroads of the 'Asylum Age', Jews and 'Madness'

#### Introduction

On the surface the topics of Jews and Jewishness, specifically the Anglo-Jewish experience within the Scottish context, and of asylum histories and clinical encounters during the late nineteenth and early twentieth centuries do not appear to meet in such a way as to spark much research interest and debate. This chapter will nonetheless establish how these research topics intersect with one another, and suggest that there is a considerable body of literature from which to begin an exploration of Jewishness and Jewish spaces within the lived experience of Jewish asylum patients who were admitted to the Royal Edinburgh Asylum and the Glasgow Royal Asylum at Gartnavel between 1870 and 1939. The first part of this chapter will focus on literature concerned with the rise of the asylum within Britain, initially in England and Wales, before the literature specifically dealing with the Scottish context is addressed. Different versions of how to understand asylum history will be briefly considered, including tensions between 'amateur', often 'progressivist', interpretations and 'professional', as in scholarly, interpretations which tend to be more critical about the extent to which real, humane advances were being made. Woven in with reflections on real changes in the treatment of the mentally ill during the so-called 'Anglo-Asylum age', from the early-1800s to the 1920s-1930s, reference will be made to the extent to which asylum studies have considered ethnic differences within asylum patient populations

Next, the discussion will shift to the Anglo-Jewish experience, providing rather more detail about a field of inquiry that will be little known to those studying asylum histories: first, focusing on a related 'amateur' versus 'professional' scholar divide within Anglo-Jewish historiography, specifically as related to valid and important areas of research; then moving onto a discussion of work on Scottish Jewish history specifically. Finally, attention will be given to the literature where Jewish history and histories of madness intersect, thereby

identifying the chief concerns of the present thesis. By focusing on these bodies of literature, the foundation that this discussion establishes will facilitate a deeper understanding of the information and debates underpinning the subsequent chapters, which will concentrate empirically on the Jewish patient populations of the royal asylums of Glasgow and Edinburgh.

### **Anglo-Asylum Age Historiography**

The study of the history of madness, asylums and psychiatry is vast and at times contradictory in nature. With this in mind this section will highlight a number of scholars and works that touch on important themes and movements within the wider study of Anglo-American asylums, psychiatry and madness. It has been illustrated that the study of madness, asylums and psychiatry can be divided into two distinct periods, that of ‘amateur’ historians, who were often psychiatrists by profession, and ‘professional’ historians and those from other related academic disciplines such as sociologists.<sup>7</sup> Examples from the ‘amateur’ approaches to the study of madness, asylums and psychiatry can be seen in Albert Deutsch and DK Henderson, who incidentally is a major player in the asylum narrative within this thesis because he was medical superintendent of both the Glasgow Royal Asylum at Gartnavel and the Royal Edinburgh Asylum at different times during the period under investigation.<sup>8</sup> These accounts are not entirely wrong in their assessments, but they certainly approach their topics in an uncritical light emphasising a ‘progressive’ narrative that demonstrates how psychiatry and the treatment of madness moved ‘from cruelty and barbarism to organised, institutional humanitarianism, and from ignorance, religion and superstition to modern medical science’.<sup>9</sup>

During the 1960s and 1970s, the previous progressive narrative began to be questioned and deconstructed. Some of the prominent scholars within this

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<sup>7</sup> See Chris Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales* (Lewiston NY: Edwin Mellen Press, 2004), pp. 18-19; and, Roy Porter and Mark Micale ‘Introduction: Reflections on Psychiatry and Its Histories’, in Roy Porter and Mark Micale (eds.), *Discovering the History of Psychiatry* (Oxford: Oxford University Press, 1994), pp.3-36.

<sup>8</sup> Albert Deutsch, *The Mentally Ill in America: A History of Their Care and Treatment* (New York: Columbia University Press, 1937); and, DK Henderson, *The Evolution of Psychiatry in Scotland* (Edinburgh: E&S Livingstone, 1964).

<sup>9</sup> Roy Porter, ‘Introduction: Reflections on Psychiatry and Its Histories’, in Roy Porter and Mark Micale (eds.), *Discovering the History of Psychiatry* (Oxford: Oxford University Press, 1994), p.6.

movement, which is often referred to as the anti-psychiatry movement, were RD Laing, Erving Goffman, Thomas Szasz and Michel Foucault.<sup>10</sup> They proceeded to overthrow and question the accepted narrative about the progressivist nature of psychiatry, and to propose that the history of madness as humane and scientific was no longer realistic. Their questioning of the status quo helped to usher in a wave of critical and professional social historians and sociologists, such as Gerald Grob, Roy Porter and Andrew Scull, who drew from these revisionists' theories and produced alternative histories of madness.<sup>11</sup> Scull states in *Social Order/Mental Disorder* that:

Whatever the excesses and inadequacies of various revisionists accounts of lunacy reform ... one must surely be grateful to them for liberating us from the narrowness and naiveté of a vision that reduced the whole process to a simplistic equation: humanitarianism + science + government inspection = the success of ... the great nineteenth-century movement for a more human and intelligent treatment of the insane'.<sup>12</sup>

With this in mind, the scholars that produced these alternative histories of asylums, madness and psychiatry approached the topic from various perspectives that reflected the national boundaries of the scholars themselves (mostly in the Anglo-speaking world of Britain [more particularly England] and North America) and also the detailed subjects that they investigated (doctors, asylums, conditions), and how these contexts and subjects interacted with their conceptual frames in empirical groundings.<sup>13</sup> Another difference among these

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<sup>10</sup> Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason* (London: Travistock, 1967); Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (London: Penguin Books, 1961); RD Laing, *The Divided Self: A Study of Sanity and Madness* (London: Travistock, 1960); and, Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (London: Paladin, 1972).

<sup>11</sup> Gerald Grob, *Mental Illness and American Society 1875-1940* (Princeton NJ: Princeton University Press, 1983), 'The History of the Asylum Revisited: Personal Reflections', in Roy Porter and Mark Micale (eds.), *Discovering the History of Psychiatry* (Oxford: Oxford University Press, 1994), pp.260-281; Roy Porter, 'History of Psychiatry in Britain', in *History of Psychiatry*, 2(7), 1991, pp.271-279, 'Psychiatry', in *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: Fontana Press, 1999), pp.493-524; and, *Madness: A Brief History* (Kindle Edition) (Oxford: Oxford University Press, 2002); and, Andrew Scull, *Museums of Madness: The Social Organisation of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979), *Madhouses, Mad-Doctors and Madmen: The Social History of Psychiatry in the Victorian Era* (London: The Althone Press, 1981), *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (London: Routledge, 1989), *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (London: Yale University Press, 1993), etc.

<sup>12</sup> Andrew Scull, *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (London: Routledge, 1989), p.34.

<sup>13</sup> RD Laing, *The Divided Self: An Existential Study in Sanity and Madness* (REPRINT) (London: Penguin Classics, 2010), original edition published in 1960; Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients* (London: Penguin Books, 1961); Thomas Szasz, *The Myth*

scholars that is important for this thesis is how some of them approached the growth and expansion of asylum systems. Some scholars approached the establishment of asylums from the top down, such as Scull, and others like Porter approached the subject from the bottom up: the former has focussed (if highly critically) mainly on institutions, policies and the pronouncements of ‘great men’, usually doctors and reformers, while the latter has focussed more on popular cultural sensibilities or even on the experiences and words of patients themselves.

Prior to the nineteenth century there was no specialised branch within medicine treating patients that were mentally ill, although there were a small number of qualified physicians who were specialist ‘mad-doctors’ during the eighteenth century, such as William Battie, John Monro, Thomas Arnold and Francis Willis.<sup>14</sup> Up until this point, the mentally ill were largely considered the responsibility of their families. If there were no family to take care of them, then in Britain the town or parish would provide someone to care for and watch over the person that was mentally ill. If this arrangement was not working, the mentally ill person was placed in a jail, dungeon or a house of correction, or they could simply be left alone so that they would wander away. The position of those who in contemporary terms are considered mentally ill changed drastically during the course of the eighteenth into the nineteenth century, with the development of psychiatric medicine, (‘mental science’). Porter stated that at:

... first it was common, then routine, and finally almost inescapable for the mentally ill to be treated in what was successively called madhouses, lunatic asylums and then psychiatric hospitals, where they increasingly fell under the charge of specialists.<sup>15</sup>

In a similar manner, *Outside the Walls of the Asylum*,<sup>16</sup> co-edited by David Wright and Peter Bartlett, focused on mental health care provisions from within

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*of Mental Illness: Foundations of a Theory of Personal Conduct* (REVISED EDITION) (London: Harper Perennial, 2010), original edition published in 1961; and, Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason* (REPRINT) (London: Vintage Books, 2006), original French edition published in 1961.

<sup>14</sup> Chris Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales* (Lewiston, New York: The Edwin Mellen, Press, 2004), pp. 313, 323, 332-340, 352, 369-372, and 455-466; Andrew Scull, *The Insanity of Place/The Place of Insanity: Essays on the History of Psychiatry* (London: Routledge, 2006), pp.54-62; and, Leonard Smith, *Lunatic Hospitals in Georgian England 1750-1830* (London: Routledge, 2007), pp. 75-102.

<sup>15</sup> Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: Fontana Press, 1999), pp.493-494.

<sup>16</sup> Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Althone Press, 1999).

the community from the eighteenth century to the present. Crucially, this work illustrated how the care of the mentally ill within their communities is nothing new. It had been going on for a long time before the post-World War II era of deinstitutionalisation, when it was decided that it was better for society if the mentally ill remained in their communities instead of being institutionalised. In essence the institutionalisation of the mentally ill, which occurred during the nineteenth and early twentieth centuries, appears as the exception within the history of madness and its subsequent treatment. With these points clarified, a large amount of literature has been produced that attempts to describe, even to explain, the rise of psychiatric medicine and the establishment of spaces for those that were considered mentally ill to occupy during the nineteenth and twentieth centuries.

First, there is the theory that the rates of mental illness naturally increased during this period, a claim associated with Edward Hare, a psychiatrist attempting to explain historical trends. The second theory is that Western society became more benevolent towards those who suffered from mental illnesses, which meant that society was willing to care for, treat and study those with mental illnesses: for example, this is a theory that appears prominently in the work of Jones.<sup>17</sup> Her theory is optimistic about human nature, seeing the proliferation of asylums during the nineteenth century in a humanitarian light, as a manifestation of the state's recognition of its responsibility towards its citizens that were mentally ill.<sup>18</sup> A third theory that tries to explain the rise of mental illness and psychiatric medicine during the nineteenth and twentieth centuries suggests that there was an increase in psychiatric knowledge that led more people to be diagnosed with mental illnesses. Another, fourth, theory for the rise in mental illness and psychiatric medicine could be explained by administrative changes to the operation of the Poor Law during the nineteenth and twentieth centuries.<sup>19</sup>

Then there are the theories which are of the more alternative, critical variety that was mentioned above. They posit that the increase in mental illness

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<sup>17</sup> Kathleen Jones, *Mental Health and Social Policy 1845-1959* (London: Routledge & K. Paul, 1960).

<sup>18</sup> Kathleen Jones, *Mental Health and Social Policy 1845-1959* (London: Routledge & K. Paul, 1960); and, 'Scull's Dilemma', in *British Journal of Psychiatry*, 141(3), 1982, pp.221-226.

<sup>19</sup> Anne Rogers and David Pilgrim, *Mental Health Policy in Britain: A Critical Introduction* (London: Macmillan Press Ltd., 1996), pp.46-47.



and the rise of psychiatric medicine was due to the breakdown of the familial and community support networks of communities that resulted from urbanisation. In addition, there is a theory that the rise of the modern capitalist society was responsible for the increase in mental illness and the rise of psychiatric medicine. This means that mental illness increased because large numbers of people moved from rural areas where they had many social and familial ties that they could fall back on, to urban centres where they could earn a living in growing urban-industrial enterprises typical of capitalist development, but did not have large social and familial networks to act as a safety net when life became difficult. This meant that in most circumstances, if a person was no longer economically productive due to physical and or mental deterioration, then the care of these individuals was outsourced to those were seen to be better able to care for these individuals. The person might, for instance, be placed in an asylum.

These latter ideas are perhaps most notably associated with the works of Scull. I primarily focus on a limited selection of Scull's work, specifically, *The Most Solitary of Afflictions* and one of his articles from the *British Journal of Psychiatry*.<sup>20</sup> He wrote about nineteenth century asylums and caused much academic debate because of his theories concerning the explosion of asylum building and the drastic rise in the number of asylum patients. His argument within these works has been influenced by several different social theorists, such as Karl Marx, Max Weber and Michael Polanyi. Other authors characterise Scull's perspective on the rise of the asylum as a 'system [that] was encouraged by a group of medical 'entrepreneurs' who claimed knowledge of the cure of the mad and championed institutional treatment as a means of professional consolidation and advancement.'<sup>21</sup> Scull basically avowed that it was in the state's interest to institutionalise those who were troublesome and who did not have the resources to fight being institutionalised by their relatives.<sup>22</sup> It should

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<sup>20</sup> Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (London: Yale University Press, 1993), This book is a rewrite and enlargement of his earlier book *Museums of Madness: The Social Organisation of Insanity in Nineteenth-Century England* from 1979; and, 'Was Insanity on the Increase? A Response to Edward Hare', in *British Journal of Psychiatry*, 144(4), 1984, pp.432-436.

<sup>21</sup> Peter Bartlett and David Wright, 'Community Care and its Antecedents', in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Althone Press, 1999), p.2.

<sup>22</sup> Andrew Scull, 'Was Insanity on the Increase? A Response to Edward Hare', in *British Journal of Psychiatry*, 144(4), 1984, p.433.

be acknowledged that several scholars have strongly disagreed with Scull's conclusions. J. Crammer, for instance, has objected that Scull 'has painted these pictures many times ... they ignore much published information inconsistent with them:' however plausible sociologically, Crammer insisted that Scull's accounts of the rise of the English asylum and its doctors are historically wrong.<sup>23</sup> He goes on to argue this point by defining the different meanings and contexts of the terms 'madness', 'insanity' and 'mental illness'. The first term referred to the social aspect, the second the legal, and finally the third the medical, claimed Crammer, which was an important distinction because it provided a framework for how admission warrants functioned in their time and place.

Even if aspects of Scull's ideas are considered as overstated, too negative and too uncharitable about the 'real' intentions of those figures who ushered in the Anglo-Asylum age, it remains the case that his works have considered the type of patient that was likely to be thought of as 'mad' and therefore incarcerated in an asylum. Scull maintains that those who were thought 'mad' were individuals who were different and lacked power, economic and or social power. For example, the elites within society, upper class individuals or those from the professional classes, were less likely to be incarcerated in an asylum, as opposed to the less powerful or vulnerable, or indeed whoever seemed not to 'fit in' with the accepted social norms: hence, women, the working classes, the unemployed or paupers and other so-called social 'deviants' were proportionally more likely to be sent to an asylum. Furthermore, the idea of vulnerable individuals being incarcerated within asylums at a proportionally greater rate can be taken further and applied to ethnic minorities, like black people in North America, Caribbean immigrants to Britain or 'indigenous' peoples of various areas incarcerated in colonial asylums in Australia, New Zealand, South Africa, India and elsewhere.<sup>24</sup> Sometimes the 'Anglo' physicians and administrators of

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<sup>23</sup> J. Crammer, 'English Asylums and English Doctors: Where Scull is Wrong' in *History of Psychiatry*, 5(17), 1994, p.104.

<sup>24</sup> Loelle Barry and Catherine Coleborne, 'Insanity and Ethnicity in New Zealand: Maori Encounters with the Auckland Mental Hospital 1860-1900', in *History of Psychiatry*, 22(3), 2011, pp.285-301; Catherine Coleborne, 'Locating Ethnicity in the Hospitals for the Insane: Revisiting Case Books as Sites of Knowledge Production about Colonial Identities in Victoria, Australia 1873-1910', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.73-90; Harriet Deacon, 'Madness, Race, and Moral Treatment: Robben Island Lunatic Asylum, Cape Colony 1846-1890', in *History of Psychiatry*, 7(26), 1996, pp.287-297; Waltraud Ernst, 'On Being Insane

asylums or asylum systems positioned being black, ‘aboriginal’ or some other (non-white) ethnic minority as almost inherently ‘mad’, or more prone to ‘madness’ than are whites due to inherent mental deficiencies. The key point here is that there is something important to consider about the Anglo-Asylum Age and the treatment of ethnic minorities. In part leading from this point, the experiences of Jews within asylums, specifically Scottish asylums, during the Anglo Asylum Age is the focal point of this thesis.

There were perhaps two main features of Victorian and post-Victorian psychiatry of relevance in this respect. The first was indeed the role of the asylum, particularly with regard to pauper patients. The second was the biological emphasis, increasing as the nineteenth century progressed, which means that what was progressively characterised as mental *illness* was reckoned to be caused by physical structures and chemical processes within the body and not social forces. The former referred to the disruption and burden that was placed on British society by a lower class of individuals, specifically the poor who

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in Alien Places: Case Histories from British India c.1800-1930’, in Marjory Harper (ed.), *Migration and Mental Health: Past and Present* (London: Palgrave Macmillan, 2016), pp.61-84; Letizia Gramaglia, ‘Migration and Mental Illness in the British West Indies 1838-1900: The Cases of Trinidad and British Guiana’, in Catherine Cox and Hilary Marland (eds.), *Migration, Health and Ethnicity in the Modern World* (London: Palgrave Macmillan, 2013), pp.61-82; Marjory Harper, ‘Ethnicity and Environments: Perceptions of Alienation and Mental Illness Among Scottish and Scandinavian Settlers in North America c.1870-1914’, in Marjory Harper (ed.), *Migration and Mental Health: Past and Present* (London: Palgrave Macmillan, 2016), pp.105-128; Will Jackson, ‘Unsettled States: Madness and Migration in Cape Town c.1920’, in Marjory Harper (ed.), *Migration and Mental Health: Past and Present* (London: Palgrave Macmillan, 2016), pp.85-104; Tiffany Fawn Jones, *Psychiatry, Mental Institutions, and the Mad in Apartheid South Africa* (London: Routledge, 2012); Roland Littlewood and Maurice Lipsedge, *Aliens and Alienists: Ethnic Minorities and Psychiatry* (2<sup>nd</sup> Edition) (London: Routledge, 1989); Elizabeth Malcolm, ‘Mental Health and Migration: The Case of the Irish 1850s-1990s’, in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.15-38; Shula Marks, ‘“Every Facility that Modern Science and Enlightened Humanity Have Devised”: Race and Progress in a Colonial Hospital, Valkenberg Mental Asylum, Cape Colony, 1894-1914’, in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions, and Society 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999), pp.268-291; Angela McCarthy, ‘Migration and Madness in New Zealand’s Asylums 1863-1910’, in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.55-72; James Moran and Lisa Chilton, ‘Mad Migrants and the Reach of English Civil Law’, in Marjory Harper (ed.), *Migration and Mental Health: Past and Present* (London: Palgrave Macmillan, 2016), pp.149-170; Ellen Scheinberg, ‘Canada’s Deportation of ‘Mentally and Morally Defective’ Female Immigrants After the Second World War’, in Marjory Harper (ed.), *Migration and Mental Health: Past and Present* (London: Palgrave Macmillan, 2016), pp.171-198; Leonard Smith, *Insanity, Race and Colonialism: Managing Mental Disorder in the Post-Emancipation British Caribbean 1838-1914* (London: Palgrave Macmillan, 2014); and, David Wright and Tom Themeles, ‘Migration, Madness, and the Celtic Fringe: A Comparison of Irish and Scottish Admissions to Four Canadian Mental Hospitals c.1841-1891’, in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.39-54.

were mentally ill. The latter refers to the general eugenic trend that was common within the Western natural sciences at this time. Asylum patients were assumed to be mentally ill because they had come from what was eventually to be conceived as a flawed gene pool.<sup>25</sup> Both of these positions within Victorian and post-Victorian psychiatry had an impact on Jewish patients that were admitted to asylums. Many of the Jews were recent immigrants to Britain, so they were not economically well off, while all Jews were considered an 'other' within British society and looked down upon. With regards to the eugenic trend within psychiatry, Jews were seen as genetically inferior to other ethnic groups in Western society. I will return to these points shortly, as well as, of course, in the empirical chapters that follow in this thesis.

The events of World War I led to shifts in psychiatric practice. Men and women of various social classes were found to be affected by mental illness. There was the industrial fatigue of men and women who worked in industry during the war, and there were the former soldiers that came back to Britain suffering from shellshock.<sup>26</sup> By Victorian and Edwardian criteria, many of these people were from upstanding backgrounds (members of the aristocracy and middling classes) and were not genetically inferior, and should not have been suffering from mental illness. This realisation led to changes in the focus of psychiatric services over the course of the twentieth century. The first change was that neurosis and not psychosis that became more the focus of professional interest. Second, environmental theories gradually began to challenge the bio-deterministic approach of the Victorians (in some senses, perhaps, returning to themes present in earlier versions of 'mental medicine'). Third, mental health services equally gradually began to be organised on both an outpatient and inpatient basis.<sup>27</sup> Finally, the gendered approach to mental illness shifted away from asylum routines. The psychosomatic reactions of female munitions workers and the neurotic reactions of male soldiers became the focus of those who worked outside the walls of the asylum,<sup>28</sup> arguably shifting the emphasis away from any

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<sup>25</sup> Anne Rogers and David Pilgrim, *Mental Health Policy in Britain: Critical Introduction* (London: Macmillan Press Ltd., 1996), pp.55-56.

<sup>26</sup> Anne Rogers and David Pilgrim, *Mental Health Policy in Britain: Critical Introduction* (London: Macmillan Press Ltd., 1996), pp.57-59.

<sup>27</sup> Anne Roger and David Pilgrim, *Mental Health Policy in Britain: A Critical Introduction* (London: Macmillan Press Ltd., 1996), p.60.

<sup>28</sup> Anne Roger and David Pilgrim, *Mental Health Policy in Britain: A Critical Introduction* (London: Macmillan Press Ltd., 1996), p.58.

simplistic assumptions about class or indeed ethnicity.

### *Scottish Asylums*

Up until recently the majority of research into the history of madness, asylums and psychiatry was mainly an Anglo-American endeavour that 'largely neglect[ed] the very different Scottish approaches to the containment and treatment of the mad.'<sup>29</sup> Yet at the same time the exploration of the Scottish experience, in the words of Gayle Davis, has developed into 'an exciting and sophisticated field of research', and has attracted a growing number of researchers and general interest.<sup>30</sup> The established corpus of Scottish asylum histories can be subdivided into many themes, such as specific institutions (such as Jonathan Andrews and Iain Smith who focused on Gartnavel and Margaret Thompson who focused on the Royal Edinburgh Asylum);<sup>31</sup> specific diseases such as Davis's work on syphilis within Scottish asylums;<sup>32</sup> the Scottish practice of 'boarding-out' which was the focus of some of Harriet Sturdy's work;<sup>33</sup> and Jonathan Andrew's work on the Scottish Lunacy Commission.<sup>34</sup> There have also been several doctoral theses that have looked at the Scottish asylum experience from various angles.<sup>35</sup> The themes covered by these works include the general

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<sup>29</sup> Andrew Scull, 'The Peculiarities of the Scots? Scottish Influences on the Development of English Psychiatry 1700-1980', in *History of Psychiatry*, 22(4), 2011, p.403.

<sup>30</sup> Gayle Davis, *'The Cruel Madness of Love': Sex, Syphilis and Psychiatry in Scotland 1880-1930* (Amsterdam: Rodopi, 2008), p.17.

<sup>31</sup> Jonathan Andrews and Iain Smith (eds.), *'Let There Be Light Again': A History of Gartnavel Royal Hospital from its Beginnings the Present Day: Essays Written to Mark the 150<sup>th</sup> Anniversary in 1993 of Gartnavel Royal Hospitals Existence on its Present Site* (Glasgow: Gartnavel Royal Hospital, 1993); and, Margaret Thompson, *The Mad, the Bad, and the Sad: Psychiatric Care in the Royal Edinburgh Asylum (Morningside) 1819-1894* (PhD Thesis: Boston University, 1984).

<sup>32</sup> Gayle Davis, *'The Cruel Madness of Love': Sex, Syphilis and Psychiatry in Scotland 1880-1930* (Amsterdam: Rodopi, 2008).

<sup>33</sup> Harriet Sturdy and William Parry-Jones, 'Boarding-Out Insane Patients: The Significance of the Scottish System 1857-1913', in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Althone Press, 1999), pp.86-114.

<sup>34</sup> Jonathan Andrews, *"They're in the Trade - of Lunacy. The 'cannot interfere' - they say": The Scottish Lunacy Commissioners and Lunacy Reform in Nineteenth-Century Scotland* (London: The Wellcome Trust, 1998).

<sup>35</sup> Emma Halliday, *Themes in Scottish Asylum Culture: The Hospitalisation of Scottish Asylums 1880-1914* (PhD Thesis: University of Sterling, 2003); Hazel Morrison, *Unearthing the 'Clinical Encounter': Gartnavel Mental Hospital 1921-1932. Exploring the Intersection of Scientific and Social Discourses which Negotiated the Boundaries of Psychiatric Diagnosis* (PhD Thesis: University of Glasgow, 2014); Kim Ross, *The Locational History of Scotland's District Asylums 1857-1913* (PhD Thesis: University of Glasgow, 2014); Harriet Sturdy, *Boarding-Out the Insane: A Study of the Scottish System* (PhD Thesis: University of Glasgow, 1996).

Scottish asylum culture, by Emma Halliday;<sup>36</sup> the ‘clinical encounter’ within the Glasgow Royal Asylum from 1921 through 1932, by Hazel Morrison;<sup>37</sup> the separate history of the Scottish district asylums, by Kim Ross;<sup>38</sup> and the particularly Scottish practice of boarding out the non-violent insane, by the aforementioned Sturdy;<sup>39</sup> in addition to continued research such as that in Lauren Farqharson’s paper focusing on the Scottish parochial asylums and Scottish Poor Law.<sup>40</sup>

Between 1782 and 1839, seven royal asylums were established in Scotland. These asylums were: the Montrose Royal Asylum in 1782; the Aberdeen Royal Asylum in 1800; the Royal Edinburgh Asylum in 1813; the Glasgow Royal Asylum in 1814, which was relocated to the city’s West End in 1842; the Dundee Royal Asylum in 1828; the James Murray Royal Asylum at Perth in 1827; and the Crichton Royal Asylum at Dumfries in 1839. These institutions were established with funds from individual benefactors and the crown. It was hoped that the establishment of separate provision for the insane would relieve stress on the poor relief system and would provide a more humane environment for the insane themselves. At the time these institutions were established there was no legal requirement to care for the insane, in the sense of providing specialist asylum accommodation for pauper lunatics unable to support themselves, which would not come into effect until the Lunacy (Scotland) Act of 1857, which will be addressed more fully in Chapter 4. This dependence on the Victorian middleclass purse had consequences for pauper patients who were admitted to the royal asylums during the late nineteenth century, because, once the district asylums were established after 1857, there was another option for the care of pauper lunatics and it was in the royal asylums’ financial interest to have private paying patients admitted instead of paupers. Due to this financial tension, most pauper lunatics were discharged to the district asylums from the 1880s into the early 1900s.

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<sup>36</sup> Emma Halliday, *Themes in Scottish Asylum Culture: The Hospitalisation of Scottish Asylums 1880-1914* (PhD Thesis: University of Sterling, 2003).

<sup>37</sup> Hazel Morrison, *Unearthing the ‘Clinical Encounter’: Gartnavel Mental Hospital 1921-1932. Exploring the Intersection of Scientific and Social Discourses which Negotiated the Boundaries of Psychiatric Diagnosis* (PhD Thesis: University of Glasgow, 2014).

<sup>38</sup> Kim Ross, *The Locational History of Scotland’s District Asylums 1857-1913* (PhD Thesis: University of Glasgow, 2014).

<sup>39</sup> Harriet Sturdy, *Boarding-Out the Insane: A Study of the Scottish System* (PhD Thesis: University of Glasgow, 1996).

<sup>40</sup> Lauren Farqharson, ‘A “Scottish Poor Law of Lunacy”? Poor Law, Lunacy Law and Scotland’s Parochial Asylums’, in *History of Psychiatry*, 28(1), 2017, pp.15-28.

With this in mind, the majority of the works that will be discussed will primarily deal with the Royal Edinburgh Asylum and the Glasgow Royal Asylum at Gartnavel. The main reason is that the royal asylums of Glasgow and Edinburgh are the institutions that the Jewish patient population for this study, detailed further in Chapter 5, was drawn from. As regards the Royal Edinburgh Asylum, there are several prominent sources that come to mind. The first is Thompson's thesis, *The Mad, the Bad, and the Sad*, which focuses on the evolution of psychiatry in Scotland, specifically of the Royal Edinburgh Asylum, between 1813 and 1894.<sup>41</sup> The thesis first gives an institutional history of the asylum, then goes into a discussion of the model of psychiatric therapy that was fostered under Thomas Clouston, who was the third medical-superintendent of the institution and was the first named Lecturer in Mental Disease at Edinburgh University in 1879, so had significant influence beyond his institution. Beyond that, Thompson gives a statistical analysis of the patient population of the institution between 1874 and 1894, the overarching goal being to assess who was admitted to the institution and why, and further to explore the success or failure of the behavioural/environmental therapy that was advocated by Clouston for the patient population. She does a good job of detailing how Poor Law legislation affected asylum provision in Scotland generally and specifically in Edinburgh, but does not as effectively link together the evolving lunacy legislation, the dependence of the institution on the continued support of wealthy and middle class donors and its impact on the patient population, specifically the demographic shift away from serving pauper patients. Then there are articles from the journal *History of Psychiatry* by Allan Beveridge.<sup>42</sup> Within the first two articles he presents a patient profile, giving a broad overview of this patient population's social and clinical characteristics, while Clouston was the Medical-Superintendent of the institution. The third article focuses more on individual patients' lived experiences within the Royal Edinburgh through the letters that they wrote. Finally, there is Jonathan

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<sup>41</sup> Margaret Thompson, *The Mad, the Bad, and the Sad: Psychiatric Care in the Royal Edinburgh Asylum (Morningside) 1819-1894* (PhD Thesis: Boston University, 1984).

<sup>42</sup> Allan Beveridge, 'Madness in Victorian Edinburgh: A Study of Patients Admitted to the Royal Edinburgh Asylum Under Thomas Clouston 1873-1908, Part 1', in *History of Psychiatry*, 6(21), 1995, pp.21-54; 'Madness in Victorian Edinburgh: A Study of Patients Admitted to the Royal Edinburgh Asylum Under Thomas Clouston 1873-1908, Part 2', in *History of Psychiatry*, 6(22), 1995, pp.133-156; and, 'Life in the Asylum: Patients' Letters from Morningside 1873-1908', in *History of Psychiatry*, 9(9), 1998, pp.431-469.

Andrews' study of death, dissection and burial within the Royal Edinburgh.<sup>43</sup> He concludes that '[t]o a significant extent, death in Victorian asylums does seem to have meant consigning many lunatics (paupers especially) to unceremonious graves and to the increasing likelihood of routine post-mortem.'<sup>44</sup>

As regards the Glasgow Royal Asylum, one key source, already mentioned, is edited by Andrews and Smith, *'Let there be Light Again'*,<sup>45</sup> which is a collection of essays that cover the history of the Gartnavel Royal Asylum in Glasgow. In his article, 'Case Notes, Case Histories, and the Patients', based on Gartnavel materials, Andrews examines how and why case notes were created and how historians can use them for research. The value of this article is clear. It essentially teaches how to look at and critically examine the records that were produced at Gartnavel. Andrews's other article, 'A Failure to Flourish?', examines the influence that the superintendent David Yellowless had on Gartnavel and how his influence did not extend beyond the asylum. Yet another source is Davis's book, which deals with Gartnavel in addition to other Scottish asylums.<sup>46</sup> She focused on the mental illness that is caused by advanced syphilis. She restricted her research to lowland Scotland and compared the patients that were diagnosed with general paralysis at four institutions, two royal and two parochial asylums; the two types of asylums were differentiated by the type of patient that was admitted, the royal asylums dealt with a patient body that largely paid for their treatment or had a sponsor that paid for their treatment, whereas the parochial asylums largely served pauper patients, the fees for their care and maintenance being paid by the parish of which they were ordinarily a resident; in order to cover all levels of society.

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<sup>43</sup> Jonathan Andrews, 'Death and the Dead-House in Victorian Asylums: Necroscopy Versus Mourning at the Royal Edinburgh Asylum 1832-1901', in *History of Psychiatry*, 23(1), 2012, pp.6-26.

<sup>44</sup> Jonathan Andrews, 'Death and the Dead-House in Victorian Asylums: Necroscopy Versus Mourning at the Royal Edinburgh Asylum 1832-1901', in *History of Psychiatry*, 23(1), 2012, p.21.

<sup>45</sup> Jonathan Andrew and Iain Smith (eds.), *'Let there be light again': A History of the Gartnavel Royal Hospital from its Beginnings to the Present Day: Essays written to mark the 150<sup>th</sup> anniversary in 1993 of Gartnavel Royal Hospital's existence on its present site* (Glasgow: Gartnavel Royal Hospital, 1993); Jonathan Andrews, 'A Failure to Flourish? David Yellowless and the Glasgow School of Psychiatry', in *History of Psychiatry*, 8(30), 1997, pp.177-222; and 'Case Notes, Case Histories, and Patients' Experiences at the Gartnavel Royal Asylum, Glasgow, in the Nineteenth Century', in *Social History of Medicine*, 11(2), 1998, pp.255-281.

<sup>46</sup> Gayle Davis, *'The Cruel Madness of Love': Sex, Syphilis and Psychiatry in Scotland, 1880-1930* (Amsterdam-New York: Rodopi B. V., 2008).



## Anglo-Jewish Historiography

The study of Anglo-Jewish history, similarly to the study of asylum history, can also loosely be broken up into two distinct periods, that of the so-called ‘amateur’ and that of the so-called ‘professional’ scholar.<sup>47</sup> The first part of this section will deal with the amateur approach to Anglo-Jewish history. What type of topics were researched? What were the theoretical underpinnings of this research, if any? The second part will focus on the more recent professional approach to Anglo-Jewish history. What topics are now researched and how do these differ from those researched by amateur scholars? Have the topics changed over time, and why? What methods are now employed in the professional research? And finally, what are the theoretical underpinnings of this research? The third part of this section of the chapter will focus specifically on research concerned with Anglo-Jewish welfare provision. What have been the main themes addressed in such research? Have the scholars involved been in agreement, why or why not? The chapter will then close by addressing the scholarship that has focused on the intersections between the Anglo-Asylum age historiography and the Anglo-Jewish historiography, considering what has been written specifically about Jews and mental illness. Who has conducted the research? Have there been any common themes in this research?

### *Amateur Historiography*

The so-called amateur historians may or may not have studied at university, and were generally members of various other occupations and professions, such as, business, lawyers, doctors, rabbis, architects or other (non-historical) academic disciplines. Yosef Yerushalami was one of the first scholars to articulate the difference between amateur and professional historiography when applied to the study of post-Biblical Jewish history in general, and subsequently one of his students, Todd Endelman, applied this distinction to Anglo-Jewish historiography. Yerushalami’s book, *Zakhor*, is considered one of the core texts within Jewish historiography.<sup>48</sup> It begins to explain some of the theoretical,

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<sup>47</sup> The distinction between ‘amateur’ and ‘professional’ scholars within the study of Jewish history has been delineated by several researchers, particularly Yosef Yerushalami and his student Todd Endelman.

<sup>48</sup> Yosef Hayim Yerushalami, *Zakhor: Jewish History and Jewish Memory* (London: University of Washington Press, 1996); The word *zakhor* is translated as remember; the original version of *Zakhor* was published by a different publisher in 1982, and the version that I am using has additional forwards and some added content within some of the chapters.

theological and social underpinnings of Jewish scholarship, whatever the sub-discipline, for example whether studying Jewries in Anglo, French, German or American contexts. Modern Jewish historiography is rooted in the *Haskhalah*, which refers to the Jewish Enlightenment and began during the 1700s; specifically to the movement *Wissenschaft des Judentums* (Science of Jewish Thought), and was geographically centred in present day Germany, the Czech Republic, Slovakia, and Western Poland:

Where German scholarship began with the political and institutional history and only later turned to intellectual history, *Wissenschaft* focused first and foremost on the later, for there seemed to be no Jewish political history to write about, and the social and economic history of the Jews was largely beyond its ken.<sup>49</sup>

This emphasis on intellectual history helps to explain why the Jewish Enlightenment evolved in a different way compared to the larger Enlightenment occurring across Western Europe during the same period.

Since Jews were not allowed to settle in England until 1656, the inclination to explore Anglo-Jewish history did not occur until the Jewish community was re-established and Jews began to pursue university qualifications in greater numbers in the late nineteenth century. In terms of Anglo-Jewish historiography, the amateur period began in the 1890s with the establishment of the Jewish Historical Society of England in 1893 and the American Jewish Historical Society in 1892, and lasted through to the 1960s. Beginning during the 1960s, more of the scholars that were publishing their research in the journals of the Jewish history societies were professionally trained scholars based in universities. These two societies provided a forum for people who were interested in the history of the Jews to learn more and to publish their findings. Yerushalami explained the proliferation of amateur Jewish history societies that were established during the nineteenth century, on the basis of the exclusion of Jewish scholars from academic careers, by stating that:

Post-Biblical Jewish studies were systematically excluded from the universities. Jewish scholars knew from the start that they could not aspire to academic careers. That they obstinately pursued their vocation in the face of the adversities shared neither by their gentile counterparts

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<sup>49</sup> Yosef Hayim Yerushalami, *Zakhor: Jewish History and Jewish Memory* (London: University of Washington Press, 1996), p.88.

nor by their more favoured successors today smacks of the heroic or the compulsive.<sup>50</sup>

The prevalence of amateur scholars can lend a dilettante quality to the works that were produced.<sup>51</sup> In this case such an assessment is too harsh, because the ability to research a topic and present it in a logical and coherent manner is present in many of the occupations and professions from which the amateur historians were derived, such as lawyers, doctors, rabbis or architects. With this in mind, the work of the amateur historians should be approached with an open mind. Yet, many of the amateur historians were usually active in communal affairs and had a tendency to approach the subject of Anglo-Jewry with uncritical admiration, much like the amateur asylum historians with their backgrounds in psychiatry. Their works tended to focus on the establishment of synagogues and charities, the founding of provincial communities, the establishment of merchant and banking dynasties, the triumph of toleration of Jews within British society, and the contributions of individual Jews to the larger society.<sup>52</sup> Endelman characterised the tone of such amateur Anglo-Jewish history as:

... Whiggish, apologetic, and triumphalist, emphasis[ing] the harmony between Jewishness and Englishness, while minimising the discordant aspects of the assimilation process. They [the amateur historians] frequently treated their subject in isolation from English social and religious developments of the same period and [as a consequence] almost never explored its comparative dimensions in the light of Jewish history elsewhere in Western Europe.<sup>53</sup>

The first step in the evolution of the study of Anglo-Jewish history from an area of study dominated by amateurs to an area of interest to professional scholars occurred in the 1930s. During the 1930s Cecil Roth and Salo W. Baron

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<sup>50</sup> Yosef Hayim Yerushalmi, *Zakhor: Jewish History and Jewish Memory* (London: University of Washington Press, 1996), p.87.

<sup>51</sup> Todd Endelman, 'Writing English Jewish History', in *Albion: A Quarterly Journal Concerned with British Studies*, 27(4), 1995, p.627.

<sup>52</sup> For examples of scholarship that falls into this category, see the following: Siegfried Stein, 'Some Ashkenazi Charities in London at the End of the Eighteenth and Beginning of the Nineteenth Centuries', in *Transactions of the Jewish Historical Society of England*, 20(1), 1964, pp.63-81; GD Guttentag, 'The Beginnings of the Newcastle Jewish Community', in *Transactions of the Jewish Historical Society of England*, 25(1), 1977, pp.225-240.

<sup>53</sup> Todd M. Endelman, 'English Jewish History', in *Modern Judaism*, 11(1), 1991, p.91; and, 'Writing English Jewish History', in *Albion: A Quarterly Journal Concerned with British Jewish Studies*, 27(4), 1995, p.627. Whiggish refers to a perspective that holds that history follows a path of inevitable progression and improvement and which judges the past in light of the present.

were hired at Oxford University (UK) and Columbia University (US). They were the first modern Jewish history scholars at mainstream universities in the sense that their research did not focus on the Biblical period of Jewish history. Prior to this point the scholars who focused on Jewish history confined their research to the Biblical, both Old and New Testament, period of Jewish history. The term mainstream universities refers to the fact that these universities did not produce rabbis and cantors, and were therefore outside the Jewish 'ecosystem'.

### *Professional Historiography*

Professional scholarship began largely to replace amateur scholarship within Anglo-Jewish historiography during the 1960s. More of the scholars that appeared in the academic publications had earned postgraduate qualifications. The transition from amateur to professional scholarship was completed by the late-1970s. There are three themes that seem to appear across the various schools of contemporary Anglo-Jewish historiography. First, the scholarship has challenged the implicitly consensual model of English Jewish history of the older generation, replacing it with one in which social divisions and intra-communal conflict – in some versions class conflict – occupy a central position. Second, scholars have reassessed the character and extent of anti-Semitism and concluded that it has been less benign and peripheral than commonly acknowledged, a conclusion of particular import when translated into fields such as asylum history. Finally, scholars have argued that the persistence of disdain for Jews, however muted by comparison to the Continent, has worked to undermine Jewish identity, thus weakening the 'mainstream' willingness to defend Jewish interests in the political arena and ultimately threatening the long-term survival of the community.<sup>54</sup>

In this section I am going to focus on the work of Geoffrey Alderman, David Cesarani, Tony Kushner and Bill Williams, who I will loosely identify as representing a 'British' school of Anglo-Jewish studies. There are other British scholars, and some of them will be addressed later because much of their scholarship dealt with Anglo-Jewish health and welfare. Alderman is most widely known for his work that focuses on Jews and politics during the nineteenth and twentieth centuries. The majority of his scholarship focuses on

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<sup>54</sup> Todd M. Endelman, 'English Jewish History', in *Modern Judaism*, 11(1), 1991, pp.92-93.

the Jews of Greater London.<sup>55</sup> He is less well known for his work concerning Jewish settlement in Wales from about 1890 through to 1914, two key papers about which appeared in the *Welsh History Review* and the *Transactions of the Jewish Historical Society of England* during the 1970s.<sup>56</sup> The Jews who lived in South Wales were targeted due to both social and economic reasons: they were beaten and had their property destroyed because they were seen as outsiders who were supposedly better off economically than their Welsh neighbours. Until the closing decades of the nineteenth century there had been few if any Jews living in the valleys of Wales, and the Jews who did live in Wales were largely assimilated. Subsequently, more Jews came to Wales and settled, and the majority of these Jews were recent immigrants to Britain from Eastern Europe; they were not assimilated to British culture. They were seen as an ‘other’, an outsider; while the myth of the ‘rich Jew’ was also a factor in why the Jewish community was now attacked. These articles showed how Jews could be seen outside of the Greater London area; and they are important because they focus on the Jewish communities in Wales, while my research focuses on Jewish communities in Scotland. The Welsh Jewish communities can arguably be closely related to the Scottish Jewish communities, especially the smaller Scottish Jewish communities, such as in Ayr, Dundee, Falkirk or Inverness, in that due to distance and numbers communities had to take intuitive and adapt to Scottish mores because they had to remain more unified.<sup>57</sup> Glasgow and Edinburgh, due to larger populations, could support a certain amount of conflict and division within their communities, as was illustrated through the establishment of multiple synagogues that had various levels of Jewish observance and use of English in their services.<sup>58</sup>

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<sup>55</sup> Geoffrey Alderman, *The Jewish Community in British Politics* (Oxford: Clarendon Press, 1982); *London Jewry and London Politics 1889-1986* (London: Routledge, 1989); and, *Modern British Jewry* (Oxford: Clarendon Press, 1998).

<sup>56</sup> Geoffrey Alderman, ‘The Anti-Jewish Riots of August 1911 in South Wales’, in *Welsh History Review*, 6(1), 1972, pp.190-200; and, ‘The Jew as Scapegoat?: The Settlement and Reception of Jews in South Wales Before 1914’, in *Transactions of the Jewish Historical Society of England*, 26(1), 1979, pp.62-70.

<sup>57</sup> Cai Parry-Jones, *The Jews of Wales: A History* (Cardiff: University of Wales Press, 2017), pp. 1-17 and 158-166.

<sup>58</sup> Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007), pp. 142-169; Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives, 1990), pp. 69-116; and, Cai Parry-Jones, *The Jews of Wales: A History* (Cardiff: University of Wales Press, 2017), pp. 1-17 and 158-166.

Cesarani is an Anglo-Jewish social historian. His 1987 article in *Immigrants and Minorities* posits that anti-alienism, which refers to the opposition to immigrants and immigration as it was expressed after World War I, was a cover for institutional anti-Semitism, which is prejudice, hatred of, or discrimination against Jews for reasons connected to their Jewish heritage. He showed how foreign-born Jews had problems getting permanent residency or British citizenship from the Home Office.<sup>59</sup> *The Making of Modern Anglo-Jewry*, which Cesarani edited, is an important text because it is not primarily focused on the Greater London Jewish community, but rather on the wider institutional history of Anglo-Jewry.<sup>60</sup> The essays contained within the book cover a wide variety of topics, such as trade unionism amongst the Jewish tailoring workers of Leeds and London, Jewish women and the household economy in Manchester, the acculturation of immigrant children in Manchester, and the impact of British anti-Semitism. The chapter that Cesarani wrote shows how communal authority changed during the late nineteenth and twentieth centuries. He demonstrates that the children and grandchildren of the Eastern European immigrants replaced the Anglicised Jewish elite. The descendants of the immigrants were sufficiently acculturated that they established themselves in the leadership positions that had previously been held by the Anglicised Jews of the nineteenth century.<sup>61</sup>

Another member of this 'British' school of Anglo-Jewish studies is Kushner. His work largely deals with the late nineteenth and twentieth centuries. He has collaborated with Cesarani and Williams on several occasions,

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<sup>59</sup> David Cesarani, 'Anti-Alienism in England After the First World War', in *Immigrants and Minorities*, 6(1), 1987, pp.5-29.

<sup>60</sup> See Rickie Burman, 'Jewish Women and the Household Economy in Manchester c.1890-1920', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell Ltd., 1990), pp.55-75; Bryan Cheyette, 'The Other Self: Anglo-Jewish Fiction and the Representation of Jews in England 1875-1905', in *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell Ltd., 1990), pp.97-111; Anne Kershen, 'Trade Unionism Amongst the Jewish Tailoring Workers of London and Leeds 1872-1915', in *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell Ltd., 1990), pp. 34-52; Rosalyn Livshin, 'The Acculturation of the Children of Immigrant Jews in Manchester 1890-1930', in *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell Ltd., 1990), pp.79-96; and, Louise London, 'Jewish Refugees, Anglo-Jewry and British Government Policy 1930-1940', in *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell Ltd., 1990), pp.163-190.

<sup>61</sup> David Cesarani, 'The Transformation of Communal Authority in Anglo-Jewry', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell Ltd., 1990), pp.115-140.

including a chapter in *The Making of Modern Anglo-Jewry*.<sup>62</sup> He has written about how anti-Semitism affected British Jewry between 1918 and 1945. The conditions on the Continent, especially the rise of Nazism, affected Jewish welfare provision in Europe and in Britain. The chapter focuses on how the fear of anti-Semitism dictated the actions that the Jewish community was willing to take, specifically whether and under what conditions foreign-born Jews were allowed to enter and remain in Britain, recording how in most cases that the Jewish aid organisations sponsored the person, and how the Jews allowed to enter Britain hence could not be seen as a drain on the state. Another example of his collaboration with Cesarani and Williams is his chapter in *The Jewish Heritage in British History*.<sup>63</sup> The chapter illustrates how the image of East End Jewry changed over time. Jews immigrated to Britain and settled in the East End of London. As the immigrants became established in Britain and their financial situation improved, they generally moved to more affluent neighbourhoods usually in North London. Recently, the image of the Eastern European immigrant Jew has been somewhat romanticised.

Further, there is Bill Williams, a social historian who addresses Anglo-Jewish history and was mentioned in the sections above. His work focuses on immigration, class, assimilation and acculturation in Manchester Jewry during the eighteenth, nineteenth and twentieth centuries, although the majority of his scholarship is focused on the nineteenth and early twentieth centuries. First, there is his comprehensive early history of Manchester Jewry entitled *The Making of Manchester Jewry*.<sup>64</sup> It was one of the first major scholarly works to focus exclusively on a provincial community, and then there is his chapter in *The Making of Modern Anglo-Jewry*,<sup>65</sup> which focuses on the class and social differences between the established Manchester Jewish community, the assimilated Jews, and the Jewish immigrants, who were primarily from Eastern Europe. He shows how Jewish welfare provision and other services that were

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<sup>62</sup> Tony Kushner, 'The Impact of British Anti-Semitism 1918-1945', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell Ltd., 1990), pp.191-208.

<sup>63</sup> Tony Kushner, 'The End of the "Anglo-Jewish Progress Show": Representations of the Jewish East End 1887-1987', in Tony Kushner (ed.), *The Jewish Heritage in British History: Englishness and Jewishness* (London: Frank Cass & Co. Ltd., 1992), pp.78-105.

<sup>64</sup> Bill Williams, *The Making of Manchester Jewry 1740-1875* (Manchester: Manchester University Press, 1976).

<sup>65</sup> Bill Williams, '"East and West": Class and Community in Manchester Jewry 1850-1914', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell Ltd., 1990), pp.15-33.

provided by the Jewish community were used as tools by the elite of the Jewish community in order to entice the immigrants to assimilate more quickly into British culture, and thereby to adopt the behaviour and attitudes that the elite of the Jewish community thought was appropriate. Another example of collaboration is his chapter in *The Jewish Heritage in British History*,<sup>66</sup> which details the collection and organisation of records and later oral histories that concerned Manchester's Jewish community. Williams was one of the principal organisers of the Manchester Oral History Project and the Manchester Jewish Museum.

The collaboration between Cesarani, Kushner and Williams has been highlighted because, as a group, they have put forward the theory of 'conditional acceptance', a social force that supposedly operated on multiple levels. First, there was the social force of the British majority that would only accept Jews if they conformed to their standards in terms of language, dress and behaviour. By enacting this conformity, Jews were accepted into British society, which affected the Jews in terms of economic, social and educational opportunities. Second, there was the social force within the Jewish community, between the established community and the immigrant community. The established community did not want to 'lose' the acceptance that they had achieved from the British majority, due to the behaviour of the immigrant Jews. In order to force the immigrant Jews to behave in a manner that was acceptable to British society at large, the Jewish elite made local welfare aid conditional on the immigrants conforming to the standards of behaviour that had been established by the British majority. As will be seen later, differences between the assimilated, 'respectable' Anglo-Jewry and the unassimilated, less 'respectable' immigrant Jewry, the latter holding different assumptions about, for instance, the gender roles of Jewish women, are of some relevance when exploring the story of Jews in the Scottish royal asylums.

There is another approach to studying Anglo-Jewry, which I will term the 'American' school, which is distinctive from its British counterpart because it is concerned to draw out inferences from the specifically North American experience of Jews and Anglo society in these old British colonial possessions. A

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<sup>66</sup> Bill Williams, 'Heritage and Community: The Rescue of Manchester's Jewish Past', in Tony Kushner (ed.), *The Jewish Heritage in British History: Englishness and Jewishness* (London: Frank Cass & Co. Ltd., 1992), pp.128-146.



possible explanation for this different emphasis among the American school as opposed to the British school is explained by Lara Marks, whose work within Anglo-Jewish studies stands at a half-way point between the two schools, when she stated that:

In the USA where immigrants have constituted a large majority of the population, ethnicity has been regarded as a dominant part of American culture and something to be revered. By contrast, in Britain, the immigrant population has been smaller, and the pressures for immigrants to forget their ethnic identity and conform to the precepts set by the English majority have been greater. This means that research on Jews in Britain has tended to emphasize the ways in which they are part of the British nation and not to distinguish them as a separate group who are more important in their own right.<sup>67</sup>

This difference can largely be ascribed to the different perspective of American culture in general, which has been more concerned with the ethnic or racial background of different groups, because most Americans are either immigrants themselves or the descendent of immigrants. With this in mind, the American school primarily focused on the ethnicity of Anglo-Jewry, and if studying Britain on how Jews became a part of the larger British milieu, whereas the British school has arguably said less about ethnic difference and more about how difference is overcome.

Any student of Anglo-Jewish history cannot ignore Endelman's body of work. He is primarily an Anglo-Jewish social historian who has incorporated elements of ethnic studies in his more recent work. He has published prolifically over the course of the last 35 years. Throughout his writings he has made the argument that the study of Anglo-Jewish history should not be confined to the upper echelons of society, for example the Jewish elite, such as the great banking and merchant families, who composed a small minority among a minority.<sup>68</sup> I am only going to highlight a few of his works in this section. One of Endelman's major works is *Radical Assimilation in English Jewish History*.<sup>69</sup> Much like George Eliot's *Daniel Deronda*, the overarching questions of *Radical Assimilation* are is it possible to be both Jewish and English, how much

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<sup>67</sup> Lara Marks, 'Carers and Servers of the Jewish Community: The Marginalized Heritage of Jewish Women in Britain', in Tony Kushner (ed.), *The Jewish Heritage in British History: Englishness and Jewishness* (London: Frank Cass & Co. Ltd., 1992), p.108.

<sup>68</sup> Todd Endelman, 'The Checkered Career of "Jew King": A Study of Anglo-Jewish Social History', in *Association for Jewish Studies*, 7/8(1), 1983, pp.69-100.

<sup>69</sup> Todd Endelman, *Radical Assimilation in English Jewish History 1656-1945* (Bloomington: University of Indiana Press, 1990).

assimilation is desirable, and who decides?<sup>70</sup> The most important chapters cover native Jews in Victorian England, German Jewish immigrants in the Victorian Age, and missionaries that tried to convert Jews. He does not specifically address mental illness, although he does touch on the Jewish Board of Guardians, which was in charge of Jewish welfare provision. Endelman's research is important for my research because issues of immigration and the assimilation, or the lack of assimilation of those immigrants, are likely to have affected reactions to mental illness among members of immigrant groups.

Another article by Endelman that is relevant to issues surrounding Jews and mental illness is entitled, 'Anglo-Jewish Scientists and the Science of Race'. The article concentrated on Redcliffe Nathan Salaman, who was a physician and geneticist in the first half of the twentieth century. Endelman uses Salaman to show the evolution of Anglo-Jewish thought on eugenics and racial science during this period. The London Jewish community was concerned enough about racial theories that linked Jews to mental illness that the London Jewish community established the Jewish Health Organisation of Great Britain. It was a paediatric mental health clinic and hospital that treated Jews and non-Jews, and conducted research during the interwar years to try to redirect some of the racial theories asserting that Jews had a predisposition towards mental illness. Endelman uses Salaman's life and work as a case study of Anglo-Jewish scientists and their professional reaction to some of the eugenic theories concerning Jews that were prevalent during the first half of the twentieth century.<sup>71</sup> This article is significant because it shows that some segments of the Anglo-Jewish community were concerned about the link that eugenics had established between Jews and mental illness, suggesting too that they were motivated to counter eugenic racial theories with their own medical research.

### *Anglo-Jewish Welfare Provision*

This section will begin by defining what is welfare. For this thesis the, existing work that has focused on welfare provision within the Jewish community is important because it establishes that Anglo-Jewish communities endeavoured to

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<sup>70</sup> See George Eliot, *Daniel Deronda* (London: Vintage Classics, 1876); and, Todd Endelman, *Radical Assimilation in English Jewish History 1656-1945* (Bloomington: University of Indiana Press, 1990).

<sup>71</sup> Todd Endelman, 'Anglo-Jewish Scientists and the Science of Race', in *Jewish Social Studies*, 11(1), 2004, pp.75-92.

care for members of the community from within whenever possible. Next, there will be a brief break down of Jewish theology. Then there will be a description of Jewish welfare provision in Britain during the late nineteenth and twentieth centuries. This description will then evolve into a discussion of the research that has been conducted on Anglo-Jewish welfare provision. When I refer to welfare I am referring to services, usually access to medical care, but it can also refer to aid to buy food, fuel for heat or housing. In the past these types of services were provided by aid organisations, voluntary societies, friendly societies and other forms of charity, but now these services are currently provided, at least in part, by the state. The next part of the equation is, how can welfare be Jewish in nature?

In order to understand how welfare provision can be affected by whether a provider has taken Jewish beliefs and practice into consideration, a basic understanding of basic Judaism is required. Judaism is the oldest of the three major religions (Judaism, Christianity, and Islam). Christian and Islamic theology expanded on Jewish theology. For example, the *TANAKH*, an acronym created from the words *Torah*, *Nevi'im* and *Ketuvim*, consists of three sections: first, the *Torah*, which is translated as 'Teachings' otherwise known as the five books of Moses; next, there is *Nevi'im*, which is translated as 'Prophets'; and finally, there is *Ketuvim*, which is translated as 'Writings'. The *Tanakh* is also part of the Christian Bible, albeit in a slightly different order, and is called the Old Testament in this context.

Judaism has 613 commandments, including the 10 commandments of which most Christians are aware, such as: 'Thou shalt not kill' or 'Thou shall honour thy mother and father', and so on. The additional 603 commandments cover many areas of everyday life like food and medical provision. An example of this is *kashrut*, which are the dietary laws in Judaism. Food that can be consumed according to *halakhah* (Jewish law) is said to be *kosher*. Food that is not fit for consumption or is forbidden is *treif*. *Kashrut* details what animals can be consumed, how the animals are slaughtered, and how the meat is prepared and consumed. Most of the laws of *kashrut* are derived from the Torah, primarily from the books of Leviticus and Deuteronomy. The practical application of *kashrut* was set down in oral law and eventually codified in the *Mishnah* and the

*Talmud*, and further elaborated on in rabbinic literature.<sup>72</sup> The reason that *kashrut* was important for the provision of welfare where Jews were concerned was that, depending on how observant is a Jew, they could refuse to consume food when they were in an institution like a hospital or asylum. Practitioners could see the refusal of food by the patient as symptomatic of their illness or as opposition to treatment, as will be shown later. In addition, there was the issue of how to observe *Shabbat* or the Holy Days, also occasionally causing problems for Jewish asylum patients.

There are three main themes that run through most studies of Anglo-Jewish history, as implied above. The themes are segregation, acculturation and assimilation/integration. These themes have their roots in several questions: What does it mean to be British? What does it mean to be Jewish? Is it possible to be both British and Jewish? If one aspect has to give, how far is too far? Social institutions, like welfare provision within the Jewish community, can hence both help a minority integrate into a majority culture or to remain separated from it.<sup>73</sup> An example of this issue can be seen in the 1850 burial grounds controversy between the London Jewish community and the Board of Health. The Board of Health wanted to take control of all bodies and have all burials occur outside the city in order to stop the spread of some diseases. This action by the Board of Health was problematic for Jews on several levels. First, for Jews, the body needed to be attended by a Jew. Then the body could not be left unattended until it was buried. Finally, the cemetery needed to be within walking distance for the mourners to aid in their ability to keep the Sabbath. The Board of Health eventually allowed the Jewish community to continue to bury its dead within the city. This is an example of how welfare institutions worked to keep the Jewish community separate from the larger community, subject to different expectations.<sup>74</sup> Another example is the establishment of the London Jewish

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<sup>72</sup> The *Mishnah* was the first major collection of the Jewish oral traditions, which were called the 'Oral Torah'. It was the first major work of rabbinic Judaism, and can be dated to approximately 200 C.E. The *Talmud* has two components: the *Mishnah*, which has already been described, and the *Gemara*, an expansion on the *Mishnah* which can be dated to approximately 500 C.E. The *Talmud* contains the opinions of many rabbis on a variety of subjects, including law, ethics, philosophy, customs, theology and other topics.

<sup>73</sup> Aharon Bornstein, 'The Role of Social Institutions as Inhibitors of Assimilation: Jewish Poor Relief System in Germany 1875-1925', in *Jewish Social Studies*, 50(3/4), 1988, pp.201-222; or, Bill Williams, "'East and West": Class and Community in Manchester Jewry 1850-1914', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell Ltd., 1990), pp.15-33.

<sup>74</sup> Abraham Gilam, 'The Burial Grounds Controversy Between Anglo-Jewry and the Victorian Boards of Health 1850', in *Jewish Social Studies*, 45(2), 1983, pp.147-156.

Hospital in 1911. Prior to this date, the Jewish poor were cared for in Jewish wards within the London Hospital. The wards were funded by the well off assimilated Anglo-Jews. With these funds, the London Hospital provided *kosher* food and other accommodation for Jewish religious practice. The poor Jews, who were largely immigrants, thought that the Jews who funded the London Hospital were too assimilated. The desire to assimilate was hence present, along with the desire of the immigrants to remain separate, fracturing the Jewish cohort.<sup>75</sup>

There have been several scholars who have focused their research on various aspects of Anglo-Jewish welfare provision. The majority of the works focus on London Jewry. One of the earliest professional scholars to write on the topic of Anglo-Jewish welfare was Vivian D. Lipman.<sup>76</sup> He published *A Century of Social Service 1859-1959: The Jewish Board of Guardians*, in 1959.<sup>77</sup> As the title indicates, the book focused on the work that was performed by the London Jewish Board of Guardians, but this text is somewhat problematic. The London Jewish Board of Guardians commissioned the book, so it is not critical of the Board's questionable actions such as returning to Russia newly arrived Jews from the Russian Empire before the Aliens Act of 1905 was enacted. The Aliens Act 1905 was an Act of Parliament, the first to introduce immigration controls and registration, and it gave the Home Secretary the responsibility to oversee immigration and citizenship matters. The Act was designed to prevent paupers, criminals and, tellingly for this thesis, *the insane* from entering Britain, and set up a mechanism to deport those who still arrived. One of the main objectives of the Act was to control Jewish immigration from Eastern Europe. The Act was expanded in 1914 with the Aliens Restriction Act, and then again with Aliens Restriction (Amendment) Act 1919. The particular relevance of this legislation in

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<sup>75</sup> Gerry Black, 'The Struggle to Establish the London Jewish Hospital: Lord Rothschild versus the Barber', in *Jewish Social Studies*, 32(1), 1993, pp.337-353; and, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1914', in *Jewish Social Studies*, 36(1), 2001, pp.93-111.

<sup>76</sup> Vivian Lipman was a professional historian. He serves as a bridge from the earlier works of Lucien Wolf (1857-1930) and Cecil Roth (1899-1970), who view Jewish history in Britain as a triumphant narrative and tended to not explore Anglo-Jewish history much beyond Jewish political emancipation in 1858. Lipman was marginally more critical of the British Jewish experience in general and did explore events occurring after 1858, but he does tend to fall in line with the tone set particularly by Roth. When compared to the work of scholars of Anglo-Jewish history that came of age professionally after 1970, the degree of difference in terms of rigor and criticality is markedly reduced.

<sup>77</sup> Vivian Lipman, *A Century of Social Service 1859-1959: The Jewish Board of Guardians* (London: Routledge & K. Paul, 1959).

relation to Jews with mental health problems will be central to some of the empirical inquiry below. Endelman has nonetheless classified Lipman's scholarship as 'amateur' in nature.<sup>78</sup> The work is triumphant in tone and emphasises the harmony between Englishness and Jewishness, while it minimises the discordant aspects of the assimilation process. Contrary to Endelman, it is apologetic and Whiggish.

Then there are the works of Gerry Black. He wrote his PhD thesis in 1987, entitled *Health and Medical Care of the Jewish Poor in the East End of London 1880-1939*.<sup>79</sup> His thesis has been cited often since it was submitted.<sup>80</sup> It focuses on the role that the Jewish Board of Guardians played in the provision of health care for the Jewish poor in London's East End, the role that the Jewish Friendly Societies played in the provision of health care, and the role that the state played in the provision of health care for Jews and non-Jews in the East End. Several of the sections from the thesis were published later in the journal, *Jewish Historical Studies*.<sup>81</sup> Black concludes that, looking back over two centuries, the pattern of Anglo-Jewish charitable institutions providing welfare to the poor of the Jewish community of London, which included medical care, education, clothing and housing, showed that the community was well served by the Jewish philanthropists. The motives of those who made donations were varied. Jewish Victorian charity organisations depended almost entirely on the support of the wealthy, which was also the case with the non-Jewish charities; for example the income for Jewish Board of Guardians was supplied by just forty families.

Another scholar who has addressed the provision of health care for the Jewish poor is the aforementioned Marks. She has several publications that have focused on maternal health and the role of Jewish women in the East End

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<sup>78</sup> Todd Endelman, 'English Jewish History', in *Modern Judaism*, 11(1), 1991, p.91; and, 'Writing English Jewish History', in *Albion: A Quarterly Journal Concerned with British Studies*, 27(4), 1995, p.627.

<sup>79</sup> Gerry Black, *Health and Medical Care of the Jewish Poor in the East End of London 1880-1939* (PhD Thesis: University of Leicester, 1987).

<sup>80</sup> See Lara Marks, *Model Mothers: Jewish Mothers and Maternity in East London 1870-1939* (Oxford: Clarendon Press, 1994); or, Kenneth Collins, *Be Well!: Jewish Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001).

<sup>81</sup> Gerry Black, 'The Struggle to Establish the London Jewish Hospital: Lord Rothschild versus the Barber', in *Jewish Historical Studies*, 32(1), 1993, pp.337-353; 'Bernhard Baron: Tobacco and Philanthropy', in *Jewish Historical Studies*, 36(1), 2001, pp.71-80; and, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1914', in *Jewish Historical Studies*, 36(1), 2001, pp.93-111.

of London between 1870 and 1939.<sup>82</sup> Marks expanded on Black's work in that he does not deal with the specifics of infant and maternal welfare in the London Jewish community during the late nineteenth and early twentieth centuries.

Marks states that:

Health is critical for understanding not only the social and economic circumstances of an immigrant community, but also the extent to which it integrated into the host society to receive fundamental care at times of life and death, and how it was organized to cope with the inadequacies of the host institutions.<sup>83</sup>

She touches on the mental wellbeing of the mothers several times throughout the book, although not in as much depth as other scholars who will be discussed later. Marks, in *Model Mothers*, highlights that the Jewish Board of Guardians and the male-dominated friendly societies did not adequately serve the needs of the female half of the population. Marks dissents from Black's conclusion that the London Jewish community was adequately served by Jewish philanthropists. She drew on the example of the Jewish Board of Guardians stopping the coverage of labour and delivery because they thought that the government provided an adequate service. The women of the community did not agree with this assessment by the state, which led them to establish a midwife service for Jewish women to use when it was time to deliver their babies, and at a later date they established a midwife school whose graduates served both the Jewish and non-Jewish poor.

This section has endeavoured to establish the importance of welfare provision within Jewish culture and a sampling of the scholarship that has focused on various aspects of Anglo-Jewish welfare provision; although primarily London-centric, many of the same features are seen within Jewish communities outside London. As stated above, both Black and Marks concentrate on health and medical care in London's East End between 1870 and 1939, the later zeroing

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<sup>82</sup> Lara Marks, 'Careers and Servers of the Jewish Community: The Marginalized Heritage of Jewish Women in Britain', in Tony Kushner (ed.), *The Jewish Heritage in British History: Englishness and Jewishness*, pp.106-127; "'Luckless Waifs and Strays of Humanity": Irish and Jewish Immigrant Unwed Mothers in London 1870-1939', in *Twentieth Century British History*, 3(2), 1992, pp.113-137; *Model Mothers: Jewish Mothers and Maternity in East London 1870-1939* (Oxford: Clarendon Press, 1994); and, *Metropolitan Maternity: Maternal and Infant Welfare Services in Early Twentieth Century London* (Amsterdam: Rodopi, 1996).

<sup>83</sup> Lara Marks, *Model Mothers: Jewish Mother and Maternity in East London 1870-1939* (Oxford: Clarendon Press, 1994), pp.7-8.

in on maternity provision specifically,<sup>84</sup> while Lipman directed his attention towards the London Jewish Board of Guardians and its various activities.<sup>85</sup> Although they do not represent the full corpus of scholarship on Anglo-Jewish welfare provision, their works provide context for later discussion about the specific case of Jewish welfare provision within the Scottish context, since Jewish communities outside London, in many instances, modelled much of their communal structures and organisations along the same lines as those in London.

### Psychiatry, Jews and Jewish Asylum Patients

During the nineteenth and into the twentieth century, the position of Jews with regard to asylums and psychiatry was precarious. As mentioned previously, psychiatry during the Victorian period into and beyond the Edwardian was arguably biased against certain social classes, the poor and ethnic groups, which were often depicted, and responses towards them framed, in eugenic terms. As Carole Reeves states in her thesis, ‘Jews themselves came to believe in their own degeneracy because it was embedded in scientific dogma, and as the *shtetlakh* of Eastern Europe began to empty, the asylum became a surrogate ghetto.’<sup>86</sup> The purpose of this section is to illustrate how previous scholarship has brought together the two streams of Jewish history and asylum/madness history. This section will deal with the research that has been done on Jews, psychiatry and mental illness during the nineteenth and early twentieth centuries. Several scholars have published research that focuses on Jewishness and mental illness

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<sup>84</sup> Gerry Black, *Health and Medical Care of the Jewish Poor in the East End of London 1880-1939* (PhD Thesis: University of Leicester, 1987); ‘The Struggle to Establish the London Jewish Hospital: Lord Rothschild versus the Barber’, in *Jewish Historical Studies*, 32(1), 1993, pp.337-353; ‘Bernhard Baron: Tobacco and Philanthropy’, in *Jewish Historical Studies*, 36(1), 2001, pp.71-80; and, ‘Health and Medical Care of the Jewish Poor in the East End of London 1880-1914’, in *Jewish Historical Studies*, 36(1), 2001, pp.93-111; Lara Marks, ‘Careers and Servers of the Jewish Community: The Marginalized Heritage of Jewish Women in Britain’, in Tony Kushner (ed.), *The Jewish Heritage in British History: Englishness and Jewishness*, pp.106-127; ‘“Luckless Waifs and Strays of Humanity”: Irish and Jewish Immigrant Unwed Mothers in London 1870-1939’, in *Twentieth Century British History*, 3(2), 1992, pp.113-137; *Model Mothers: Jewish Mothers and Maternity in East London 1870-1939* (Oxford: Clarendon Press, 1994); and, *Metropolitan Maternity: Maternal and Infant Welfare Services in Early Twentieth Century London* (Amsterdam: Rodopi, 1996).

<sup>85</sup> David Lipman, *A Century of Social Service 1859-1959: The Jewish Board of Guardians* (London: Routledge & K. Paul, 1959).

<sup>86</sup> Carole Ann Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to East London, 1880-1920* (PhD Thesis: University of London, 2001), p.17; and Sander Gilman, ‘The Mad Man as Artist: Medicine, History and Degenerative Art’, in *Journal of Contemporary History*, 20(4), 1985, pp.575-597.



that is central to this thesis, such as: Sander Gilman, Jan Goldstein, Carole Reeves, Edward Shorter and Ann Goldberg. In addition, Leonard Smith and Kenneth Collins will be covered later because they deal with Anglo-Jews within provincial or Scottish cities from the late-nineteenth century until the outbreak of the First World War.

One of the major contributors whose work exists at the crossroads of the medical humanities and Jewish studies is Sander Gilman. He has written prolifically about the Jewish medical encounters, particular their experiences of mental illness.<sup>87</sup> Since he has been so prolific, this section will only focus on a small selection of his works. The first is his 1984 article in the *Journal of the History of Behavioural Science*, where he discusses Jews, mental illness, anti-Semitism and the Jewish response to the above.<sup>88</sup> He concludes that, while certain privileged groups would have happily banished Jews out of sight, into the asylum, the best that the elite could do was to institutionalise the idea of Jewish predisposition towards madness, Jews, like women during this period, were making political demands of the elite but, through the institutionalisation of madness of both groups, they could both be dismissed as being unworthy of admission into this elite because of their aberration.<sup>89</sup> Another work of Gilman's that is influential for this thesis is *The Jew's Body*.<sup>90</sup> Within the book he systematically discusses how certain parts of the Jewish body had been seen as

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<sup>87</sup> Examples include: Sander Gilman, 'Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response', in *Journal of the History of Behavioural Science*, 20(2), 1984, pp.150-159; 'The Mad Man as Artist: Medicine, History and Degenerative Art', in *Journal of Contemporary History*, 20(4), 1985, pp.575-597; *Differences and Pathology: Stereotypes of Sexuality, Race and Madness* (London: Cornell University Press, 1985); *Jewish Self-Hatred: Anti-Semitism and the Language of the Jews* (London: Johns Hopkins University Press, 1986); *Disease and Representation: Images of Illness from Madness to AIDS* (London: Cornell University Press, 1988); 'Anti-Semitism and the Body in Psychoanalysis', in *Social Research*, 57(4), 1990, pp.993-1017; *The Jew's Body* (London: Routledge, 1991); 'Freud Reads Heine Reads Freud', in Mark Gelber (ed.), *The Jewish Reception of Heinrich Heine* (Tubingen: Niemeyer, 1992), pp.77-94; *The Case of Sigmund Freud: Medicine and Identity at the Fin de Siecle* (London: Johns Hopkins University Press, 1993); *Seeing the Insane* (London: University of Nebraska Press, 1996); *Smart Jews: The Construction of the Image of Jewish Superior Intelligence* (London: University of Nebraska Press, 1996); 'Sibling Incest, Madness and the "Jews"', in *Jewish Social Studies*, 4(2), 1998, pp.157-179; 'Ch.6: Private Knowledge: Jewish Illnesses and the Process of Identity Formation', in *Jewish Frontiers: Essays on Bodies, Histories, and Identities* (New York: Palgrave Macmillan, 2003), pp.149-165; and, 'Obesity, the Jews and Psychoanalysis: On Shaping the Category of Obesity', in *History of Psychiatry*, 17(1), 2006, pp.55-66.

<sup>88</sup> Sander Gilman, 'Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response', in *Journal of the History of Behavioural Science*, 20(2), 1984, pp.150-159.

<sup>89</sup> Sander Gilman, 'Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response', in *Journal of the History of Behavioural Science*, 20(2), 1984, p.157.

<sup>90</sup> Sander Gilman, *The Jew's Body* (London: Routledge, 1991).

different from non-Jews, such as the Jewish voice, foot, psyche and nose, in addition to some more abstract concepts of Jewish difference such as the Jewish murder, genius, reader, essence and disease. Gilman concludes that 'these themes – the reflection of the body of the Jew – are part of a generalised vocabulary of difference which seems to be part of Western (Christian or secularised) means of representing the Jew.'<sup>91</sup> Gilman has continued to publish on the topic of Jewish difference and aspects of the Jewish body, but these works mentioned above covered the most important facets for this thesis.

Another important work for this thesis is Jan Goldstein's 1985 article in the *Journal of Contemporary History* focused on 'psychiatric anti-Semitism' in *Fin-de-Siecle* France. In France, during this period, psychiatric interpretation doubled as a form of evaluation accompanied by a plea for broadminded acceptance that, at other times, was used as a call for denigration. When Goldstein uses the term 'psychiatric anti-Semitism' he is referring to the preconceptions of practitioners to ascribe different interpretations, both positive but mostly negative, for patient behaviours when the patient was Jewish as opposed to for patients who were not Jewish. In the larger scope, this type of interpretation of patient behaviours can help to encourage the perception that French Jews were not really French, that they were still outsiders. In the article Goldstein wants to know about the implications of psychiatric interpretation for the Jews, attempting to answer this question through textual analysis. He states that a rich subtext could be reconstructed with a 'consideration of what the non-psychiatric human sciences ... 'found out' about the Jews through the application of the statistical method and how the Jews, in turn, sought to modify these pronouncements.'<sup>92</sup> Goldstein concludes that the reason there was not more opposition to the negative association that psychiatry was attaching to Jews was because the French Jewish community realised that the same research and opinions could be used to denigrate but also to lift up a group. He remarked that the 'Archives israelites' (a French Jewish publication whose title translates as *History/Annals of the Jews*) realised this point implicitly when it declared the psychopathological interpretation of Jewish 'wandering' (and rootlessness) to be, on the one hand, anti-Semitic defamation, but, on the other, a precious resource

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<sup>91</sup> Sander Gilman, *The Jew's Body* (London: Routledge, 1991), p.235.

<sup>92</sup> Jan Goldstein, 'The Wandering Jew and the Problem of Psychiatric Anti-Semitism in Fin-de-Siecle France', in *Journal of Contemporary History*, 20(4), 1985, p.525.

that the Jews might use against their anti-Semitic enemies.<sup>93</sup> Endelman, mentioned earlier in reference to his scholarship on general Anglo-Jewish history, expresses a similar opinion to Goldstein's in his 2004 article in *Jewish Social Studies*.<sup>94</sup> Endelman's article considers Anglo-Jewish scientists during the interwar years of the twentieth century. The scientist tried to use their own research to refute 'scientific evidence' showing that Jews were inferior, but also concluded that their research could be used against the Jewish community.

Further, another example where the topics of Jewish history and asylum history come together is Ann Goldberg's 1996 article in the journal *History of Psychiatry*, where she examines how Jewish patients were 'read' and therefore treated in a German asylum in Eberbach. She builds on the work of Goldstein, in the assumption that practitioners were biased against Jewish patients, noting that this bias could both help or hurt the Jewish patients and affect the patients' treatment outcome. She reconstructs how extra-medical factors, such as anti-Semitism, class and gender, played a role in allowing an individual to be more vulnerable to the medicalization of their behaviour and therefore being perceived as ill. The article is broken up into two sections. The first section offers a review of literature that had influenced her scholarship, mentioning Gilman, Goldstein and Shorter. The second section is a case study of two patients admitted to the Eberbach asylum between 1815 and 1849. The case study shows how the intolerance and stereotypes of Jews affected the treatment outcomes for these two Jewish patients in a German asylum during the nineteenth century. One patient was released because he was seen as the 'filthy Jew', incontinent and smearing faecal matter around: he was released from the asylum because the staff did not want to deal with this patient. From a more contemporary perspective, some scholars link the European/German anti-Semitism of the nineteenth century to the events of the Holocaust, in that Jews, being seen as psychologically predisposed towards leading 'filthy' lives, made the Nazi depiction of Jews as subhuman easier for the public to accept. The second patient, in contrast, was not so lucky, since he did not leave the asylum alive.

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<sup>93</sup> Jan Goldstein, 'The Wandering Jew and the Problem of Psychiatric Anti-Semitism in Fine-de-Siecle France' in *Journal of Contemporary History*, 20(4), 1985, p.547.

<sup>94</sup> See Todd Endelman, 'Anglo-Jewish Scientists and the Science of Race' in *Jewish Social Studies*, 11(1), 2004, pp.52-92; and Jan Goldstein, 'The Wandering Jew and the Problem of Psychiatric Anti-Semitism in Fine-de-Siecle France' in *Journal of Contemporary History*, 20(4), 1985, pp.521-552.

The asylum staff saw the patient as the ‘scheming’ Jew no matter how much he conformed to the asylum’s regime. In response to this treatment, he committed suicide.<sup>95</sup>

Another influential work for this thesis is the Reeves 2001 PhD thesis.<sup>96</sup> The thesis primarily examines the psychiatric history of Jewish immigrants to the East End of London between 1880 and 1920 and attempts to test the common perception of the period that Jews suffered noticeably higher rates of insanity and nervous disease than did the British public at large. The work concerns the lived experiences of Jewish pauper patients admitted to the Colney Hatch Asylum near London, a very large English public lunatic asylum which, within the Scottish context, is similar to the Govan District Asylum in Glasgow that Kenneth Collins, discussed below, studied. She concludes that ‘[t]he Jewish experience of mental and nervous illness was related to stereotyped perceptions not only of a racially idiosyncratic nervous system, but also of class, gender, religion and culture’.<sup>97</sup> In short the Jewish ‘clinical encounter’ was influenced not only by the patient’s Jewishness, but also the additional factors of their social class, gender, religious observance, or lack thereof and finally the culture they came from, meaning the influence that their age at the time of their immigration exacted on their propensity to exhibit signs of mental distress. For instance, if the person migrated in childhood it meant they were more assimilated into the wider British society and had a decreased chance of experiencing mental distress that would lead to an asylum admission. Adult migrants continued to view themselves as Eastern European Jews and experienced a comparatively lower level of mental distress when compared to teenage migrants, who essentially did not have a place in either the culture of their relatively assimilated younger siblings nor alongside their fully identified East European Jewish older siblings. They essentially existed in a cultural no-person’s land, which in turn led to higher level of mental distress that resulted in a higher level of admissions to the asylums in London that she examined. This work is important for my thesis because it touches on similar themes, albeit solely among Jewish paupers, as

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<sup>95</sup> Ann Goldberg, ‘The Limits of Medicalization: Jewish Lunatic and Nineteenth-Century Germany’, in *History of Psychiatry*, 7(26), 1996, pp.265-285.

<sup>96</sup> Carole Anne Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001).

<sup>97</sup> Carole Anne Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001), p.321.

will be discussed in Chapters 5, 6, 7 and 8, such as the pathologization of the Jewish body, male and female roles and expectations, and the role of migration among patients, clinicians and ideas.

The themes of migration and madness, as it affects patients, their families, clinicians and ideas, as Reeves touches upon in her thesis, are expanded upon by several edited collections.<sup>98</sup> Collectively, they examine these themes from various aspects. First, they examine the impact of the transmission of definitions, descriptions and theories of madness across national borders in the form of ideas presented in professional journals and the migration of the medical workforce from one place to another, with special emphasis on shifts from England and Scotland to the wider Anglophone world. The transfer of ideas as regards madness and its possible treatments from Scotland, and particularly from Edinburgh, is significant because it possibly served to attract patients from further afield and in effect served to extend the influence of institutional practices.<sup>99</sup> Additionally, there is the manifestation of what a majority population defines as mental ill-health in a minority or immigrant population. For example, '[a]s an immigrant ethnic minority, the Irish were subjected to stereotyping, prejudice, and discrimination, which were especially severe in England and during the nineteenth [and twentieth centuries]... [where] [h]ostility to them as an ethnic group and often as a religious group was important in that it contributed to their marginalisation.'<sup>100</sup> Additionally, the Irish body and mind, specifically the Roman Catholic variety, was pathologised in similar ways as the Jewish body. 'This discussion was not restricted to Ireland, however, but spilled over into medical and popular journals in Britain and America as well, because it was hoped that explaining the situation in Ireland would throw light on the reasons for the high committal rates found also

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<sup>98</sup> For several examples see: Catherine Cox and Hilary Marland (eds.), *Migration, Health and Ethnicity in the Modern World* (London: Palgrave Macmillan, 2013); Marjory Harper (ed.), *Migration and Mental Health: Past and Present* (London: Palgrave Macmillan, 2016); and, Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012).

<sup>99</sup> Maree Dawson, 'A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital c.1870-1900', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.91-106.

<sup>100</sup> Elizabeth Malcolm, 'Mental Health and Migration: The Case of the Irish 1850s-1990s', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), p.32.

among Irish immigrant populations.’<sup>101</sup> As regards Jews within the context of mental ill-health, inherent weaknesses and otherness, they were seen in a similar light, at least until the aftermath of World War II.

The next two works shift their gaze away from London. First, there is Leonard Smith’s 1998 article in *Jewish Culture and History* investigating how Jews, who were a small but growing minority in provincial English cities during the mid-to-late nineteenth century, were treated in public asylums that served the cities of Manchester, Liverpool and Birmingham between 1850 and 1900. He uses case notes and admission registers to investigate how the behaviour and symptom presentation of Jewish patients was perceived, how the different cultural background of the Jews affected their symptomatology, how the issue of *kosher* food could affect Jewish patients, and finally what the response of the asylum was to the Jewish patients. The main thrust of Smith’s argument also concerns what provincial Jewish communities did for their members who were admitted to asylums, when the community itself did not have as robust a level of welfare provision when compared to the London Jewish community. Smith uses the Jewish patient experience of the nineteenth century to contrast with the desired patient experience of the present day. He concludes that:

Perhaps one essential difference, however, between the contemporary situation and that of more than a century ago, is that this interaction is currently regarded very much as a sensitive political issue. In the nineteenth century there was no such consideration.<sup>102</sup>

In short, stereotyping, usually prejudicial, and negative diagnoses/prognoses – as well as relatively unsympathetic asylum treatments – all clustered around the figure of the Jewish asylum patient, at least in these institutions at this time, unlike what, hypothetically at least, would be the case nowadays when such negativity would likely be regarded as politically unacceptable.

Finally, there is Kenneth Collins’ book, *Be Well!*, which covers various aspects of Jewish immigrants’ health and welfare in Glasgow between 1860 and 1914, such as welfare, health and hygiene, trachoma, and Jews and the Medical Missions. The chapter of greatest interest for my research is the one that deals

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<sup>101</sup> Elizabeth Malcolm, ‘Mental Health and Migration: The Case of the Irish 1850s-1990s’, in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), p.21.

<sup>102</sup> Leonard Smith, ‘Insanity and Ethnicity: Jews in the Mid-Victorian Lunatic Asylum’, in *Jewish Culture and History*, 1(1), 1998, p.37.

with mental illness. Collins' research expands on Smith's research by focusing on another British provincial (not London) city during the Victorian period, namely Glasgow. Specifically, Collins focuses on Jewish patients admitted to the Govan District Asylum, where '[b]etween 1890 and 1918 there were 67 Jewish admissions ...out of a total of 5,750 (1.2%).'<sup>103</sup> Furthermore, he discusses some of the problems that Jewish psychiatric patients could encounter, which were compounded if they were also foreign born. The first issue would be difficulty communicating with clinicians, since a detailed case history was seen as essential. The foreign born Jew would have most likely spoken Yiddish as their first language. Another problem for the psychiatric patient, particularly the pauper patients, was tuberculosis, which was a concern for poor Jewish patients because many lived in substandard housing and were engaged in industries such as furniture and cabinet-making or tailoring that operated in workshops lacking in proper ventilation. Tuberculosis could easily be passed from resident to resident or from worker to worker in those conditions. Poor Jewish patients could be admitted to an asylum already suffering from the disease. Tuberculosis debilitated the psychiatric patient and helped to hasten the patient's premature death.

The next issue that psychiatric patients faced was the separation from their family and other forms of support. The Jewish immigrant faced the additional stress of their family still living in another country and the possibility that they themselves could be deported if they were admitted to an asylum within one year of arriving in Scotland, a point to be considered at length in my empirical chapters. In addition, there was the problem of possible overt or covert anti-Semitism from within the institution, meaning from doctors or other staff, or other patients. Collins states in closing the chapter that mental illness was considered a tragedy during the Victorian period, and was seen as doubly so for Jewish patients:

As immigrants in a new country, unfamiliar with language, diet and even the basic asylum regime, hospitalisation, and the uncertain attention of sometimes bewildered clinical staff, was often an unavoidable last resort.<sup>104</sup>

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<sup>103</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), p.117.

<sup>104</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), p.127.

Both Smith and Collins have studied mental health provision for Jews who lived outside of Greater London between about 1850 and 1914, anticipating my own focus on Scotland or, more particularly, the large Lowland Scotland cities of Edinburgh and Glasgow. Collins of course specifically studied Glasgow, albeit there are differences with my thesis in that he focused on Jewish pauper patients admitted to the Govan District Asylum and did not explicitly compare the Jewish patient population with the non-Jewish patients, as will be seen in Chapter 5; and nor did he carry the study over to Edinburgh to see if there were any similarities between the patient experiences within different institutions. This period is also significant for Anglo-Jewry because the time period in question covers what is generally acknowledged as the third wave of Jewish immigration to Britain.<sup>105</sup>

## Conclusion

At the most basic level, the purpose of this chapter has been to discuss asylum histories, Anglo-Jewish histories and briefly to summarise how both fields of inquiry have evolved over time. Both early asylum historians and early Anglo-Jewish historians were engaged in an ‘amateur’ pursuit. The research addressed, in reference to asylum histories, specific institutions and medical superintendents, often composed by psychiatrists themselves, and showed an uncritical nature that emphasised progress from barbarism to enlightenment with the advent and evolution of ‘modern’ psychiatric care. Similarly with Anglo-Jewish history, the elite of the well-integrated Anglo-Jewish community, notably the great merchant and banking families such as the Rothschild’s or the Goldmid’s, were the subjects of study. The tone in each case was triumphant and emphasised, respectively, the perfection of asylum-based psychiatry or the success of Jewish assimilation into British society. These works glossed over any controversies in order to present a united front to tell straightforward narratives devoid of struggle or anything remotely dark or problematic.

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<sup>105</sup> The first wave of Jewish immigration to Britain was between 1656 and 1756. The Jews that immigrated during this period were Sephardic and settled in London. The second wave of Jewish immigration to Britain was between 1750 and 1850. The Jews that immigrated during this period were Ashkenazi Jews, from Central Europe, most still settled in Greater London, but during this period many of the provincial communities were established, such as Manchester, Liverpool, Glasgow and Edinburgh. The third was of Jewish immigration to Britain was between 1850 and 1914. The Jews that immigrated during this period were Ashkenazi Jews from Eastern Europe.



Again, in similar fashions when the study of asylum histories and Anglo-Jewish history became professionalised, the subjects that were considered appropriate for research expanded greatly. In terms of the revisionist historians of psychiatry and their successors, they came from multiple disciplines such as history, literature, sociology and others, and brought with them a critical gaze that reinterpreted the trajectory of the histories of asylums and madness in a manner alert to misrepresentations, thoughtlessness, carelessness and, on occasion, real abuses – even if too there could be instances of understanding and empathy. In so doing, the particular fate of the most vulnerable of patients, those most departing from certain standard norms of gender, class and ethnicity, has become clearer. As regards Anglo-Jewish history, the British and American schools of Anglo-Jewish historiography have displayed different perspectives due to their own cultural baggage. They have focused on the social conflicts largely ignored by the amateur historians, but the British school has tended to view these social conflicts through the lens of class, because of the British experience with trade unionism and also because, until comparatively recently, Britain did not have much experience dealing with large immigrant groups which could so clearly be seen as an ‘other’ when they arrived. The exceptions to this rule were the Jews from Eastern Europe and the Irish, but these groups arrived at a time when Britain was not a ‘multicultural’ society, and there was a great amount of social pressure for these groups to conform to what was considered acceptable by the British majority. The American school tends to view social conflicts through an ethnic or racial lens because the majority of Americans are either immigrants or descended from immigrants. Even with these different perspectives, both schools have debated the role of assimilation as opposed to acculturation, recognising that anti-Semitism cannot be ignored as a key determinant of much social history, notably as directed at the least integrated (‘assimilated’) of Jewish people and communities.

In addition, the chapter has discussed Anglo-Jewish welfare provision during the nineteenth and twentieth centuries. The issue of assimilation was reflected in how health and welfare has been administered. Access to the resources of the local Jewish Board of Guardians could be restricted to the behaviour standards that the established and largely Anglicised portion of the community dictated. The immigrants set up Friendly Societies when the restrictions on the services of the Board of Guardians were too high; but often, it

seems, the Jewish communities in different parts of Britain, certainly outside of London, could not cope with the demands for assistance – or perhaps did not want to do so for the least assimilated of Jewish newcomers – and so poorer or poorly integrated Jewish people and families could be left to call upon the services of the British state at local level, public lunatic asylums included. Sometimes, though, it may also have been the case that even well-to-do and well-connected Jews might experience difficulties, notably to do with mental ill-health, that simply could not be tackled by the expertise and sources available within immediate Jewish communities and neighbourhoods – leading here as well to institutionalisation in an asylum, whether publicly funded or independently founded.

The next two sections addressed research that has been done on Victorian asylums and Jewish asylum patients in tandem. Within the Anglo-European context (especially as regards Britain and North America), that research deals with Jewish madness and its oftentimes problematic status (i.e. stereotyped prejudice, with Jews reckoned to be naturally or genetically predisposed to ‘madness’ on account of many features of their appearance, hygiene, language or conduct, which were often times subject to negative projections and assumptions). This led in practice to Jewish patients being treated poorly, with little regard for the customs and taboos within Jewish culture and religious observance. This thesis will add to this small body of literature that exists at the intersection of the medical humanities, specifically asylum histories, and Jewish studies. It will focus on the experience of Jewish patients admitted to the royal asylums of Edinburgh and Glasgow between 1870 and 1939. These Jewish patients were released or rejected from their families or the wider Jewish community to the mercies of the secular Scottish asylum, albeit most came from more advantageous economic backgrounds than those discussed by Collins, Reeves and Smith.<sup>106</sup> They covered a spectrum from comfortable to extremely wealthy families, that were themselves or through their connections, willing and able to fund the accommodation and treatment of their brethren within the ‘perceived’ to be higher quality ‘royal’ asylums. This thesis will serve to interface

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<sup>106</sup> See Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.115-130; Carole Anne Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001); and, Leonard Smith, ‘Insanity and Ethnicity: Jews in the Mid-Victorian Lunatic Asylum’, in *Jewish Culture and History*, 1(1), 1998, pp.5-26.

asylum history with an awareness of debates within the works focusing on Anglo-Jewry, notably about the themes of assimilation and isolation, and also about the various waves of Jewish immigration and hence the complex dynamic relationships between these different cohorts (notably between the long established, 'assimilated' Jewish elites and the more recently arrived Jewish immigrants who were less assimilated and therefore open to the unforgiving strictures of various iterations of the Aliens Act, which tellingly conflated the immigrants' foreign status and their mental status, a dangerous combination).

## Chapter 3

### Methods and Sources

#### Introduction

The purpose of this chapter is to discuss the methods used, why they were chosen and their advantages and disadvantages. An initial discussion will consider the choice to deploy a case study approach in this research project, indicating the ambition to get qualitatively ‘in depth’ with the rich detail of the historical record, as well as to supplement or contextualise the normal qualitative emphasis of case study work with some basic quantitative analysis. The latter particularly enabled comparisons to be made, firstly between Jewish and non-Jewish patients admitted to two different mental institutions, and secondly between the patterns emerging in these two different mental institutions, and secondly between the patterns emerging in these two different mental institutions with regard to the Jewish/non-Jewish comparison. Attention will then be given to justifying the two institutions and the two communities selected for the case studies: the Edinburgh Royal Asylum, Morningside, and the Glasgow Royal Asylum, Gartnavel (sometimes called Gartnavel [Royal] Asylum); and the Jewish communities occupying localities in Edinburgh and Glasgow, although patients entering the two royal asylums were never all that geographically constrained.

The overall research design for using these sources in a broadly case study frame will be explained, revealing the structure and mechanics of the case study method adopted and also the construction of an overall database allowing the comparisons noted above. Particular attention will be given to the quantitative profiling and analysis of this database, and secondly to how part of it was reworked by a qualitative profiling and interpretation, the former feeding chiefly into the empirical Chapter 5 and the latter feeding chiefly into the empirical Chapters 6, 7 and 8. Then, there will be a particular emphasis on the primary archival sources used for this project: namely, the records that the two royal asylums produced during the period 1870 through 1939, addressing the

nature of these sources, what can be distilled from them and also briefly considering their limitations. Finally, the overall database created for this project will be described and its utility and limitations inspected.

It can be noted here additional primary source material was employed in a supportive capacity. Examples include Census Reports from between 1860 and 1910, which means that the families of most of the patients that are directly discussed in Chapters 6, 7 and 8 are also cross-referenced through the various censuses. This allowed for verification of pertinent information from their patient records, showed geographic movement of the family in question, confirmed other familial connections and gave indications of the family's socioeconomic status. *The Jewish Echo*, which was the Jewish newspaper published out of Glasgow from 1928 through 1992, was used in a similar fashion throughout Chapters 6, 7 and 8. *The Lancet* was also searched for relevant material relating to Jewish mental health issues, and will be of particular significance in Chapters 7 and 8, since a major theme in those chapters is the pathologization of the male Jewish body in Chapter 7 and the female Jewish body in Chapter 8.

### **Case Study: Why?**

The most basic definition of a case study is the detailed analysis of a single case. In social research, 'case' can refer to a community, organisation or a family for example, and Alan Bryman's textbook, *Social Research Methods*, states that:

the case study [tends to be associated] with a location, such as a community or organisation. The emphasis tends to be upon intensive examination of the setting. There is a tendency to associate case studies with qualitative research, but such identification is not appropriate. It is certainly true that the exponents of the case study design often favours qualitative methods, such as participant observation and unstructured interviews, because these methods are viewed as particularly helpful in the generation of an intensive, detailed examination of a case. However, case studies are frequently sites for the employment of both qualitative and quantitative research ...[I]n some instances, when an investigation is based exclusively upon quantitative research, it can be difficult to determine whether it is better described as a case study or cross sectional research design. The same point can often be made about case studies based upon qualitative research.<sup>107</sup>

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<sup>107</sup> Alan Bryman, *Social Research Methods* (4<sup>th</sup> Edition) (Oxford: Oxford University Press, 2012), pp.67-68.

This passage is useful because it raises the possibility of case studies that effectively combine both quantitative and qualitative research approaches. With this in mind my research works between the quantitative and qualitative. By combining both approaches this thesis strives to avoid the snares of the 'cross-sectional' (meaning the case study that is anchored in a very particular time) by deliberately exploring a long time period, in this case 70 years. Further my case study approach avoids being spatially narrow as well by deliberately comparing and contrasting data from two different locations, the royal asylums of Edinburgh and Glasgow.

It is also helpful to refer to the article by Bent Flyvbjerg,<sup>108</sup> which examines the five common misunderstandings of case study research: first, that theoretical knowledge is more valuable than practical knowledge; second, that one cannot generalise from a single case, therefore, the single-case study cannot contribute to scientific development; third, that the case study is most useful for generating hypotheses testing and theory building; fourth, that the case study contains a bias towards verification; and, fifthly and finally, that it is difficult to summarise specific case studies.<sup>109</sup> He concludes that the divide between qualitative and quantitative case studies is closing, even though there is still a strong bias within social science research towards large quantitative data sets, that supposedly provides much breadth on a topic but not as much depth on the topic. Further he states that good case studies are problem driven and not method driven,<sup>110</sup> and argues that a combination of in-depth qualitative detail about a given setting with quantitative information securing the broader issues and contexts of the qualitative detail – all set within a frame of tackling a specific research problem (not just describing all the facets of a 'case') – may be the instructive way forward.

This thesis will endeavour to develop just such a case study. It will situate qualitative details – the close interpretation of particular patient 'cases', based on the textual traces of patients contained in certain surviving archival sources, most notably the 'case notes' or annotations from the admission

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<sup>108</sup> Bent Flyvbjerg, 'Five Misunderstandings About Case-Study Research', in *Qualitative Inquiry*, 12(2), 2006, pp.219-245.

<sup>109</sup> Bent Flyvbjerg, 'Five Misunderstandings About Case-Study Research', in *Qualitative Inquiry*, 12(2), 2006, p.221.

<sup>110</sup> Bent Flyvbjerg, 'Five Misunderstandings About Case-Study Research', in *Qualitative Inquiry*, 12(2), 2006, p.242.

registers or verbatim from case conference transcripts – in addition to a quantitative assessment of patient profiles, most notably the exploration of data about the demographic, social and diagnostic variables contained in the registers. Furthermore, the ‘cases’ will be readily comparable because I have qualitative and quantitative data from *two* institutional archives, the Royal Edinburgh Asylum and the Glasgow Royal Asylum (whose varying features and regimes will be introduced in Chapter 4). The contextual quantitative comparison will be provided in Chapter 5, while more thematically based (and on occasion admittedly *ad hoc*) qualitative comparisons will be covered throughout Chapters 6, 7 and 8. In this sense, therefore, it might be argued that this thesis embraces two case studies, of the two asylums (and their Jewish cohorts) in turn, and sometimes, therefore reference is made to case studies (in the plural) and sometimes to just one overall case study (in the sense that the findings from the two institutional ‘cases’ get combined and contrasted in much of the discussion).

It must be acknowledged that case studies potentially have disadvantages, chiefly because they cannot but be partial and selective in where and when they focus upon, and often too in what sources are consulted and what sources remain neglected –the classic trade-off between breadth of analysis, perhaps, and depth of interpretation. The case studies' qualitative aspect will be somewhat ‘biased’ towards the institutional voice in the sense of reflecting the requirements of institutional record-keeping imposed on later nineteenth and early twentieth century mental institutions, as well as perhaps being shaped by certain presumptions on the part of clinicians about what it might be expedient to say (and not say) about patients in their care.<sup>111</sup> The majority of the sources that will be examined were produced by the institutions to comply with the Scottish Lunacy Acts 1858 and 1870, also considered in Chapter 4, which required asylums to keep records on their patients, provide access to the Lunacy Commission for oversight purposes, and to appear transparent to the public and or raise funds through donations. In addition, when there were records that were created by patients, such as drawings, letters or photographs, the records themselves were curated by asylum staff. The latter made a decision as to whether or not the record of the materials was kept, so that even though the

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<sup>111</sup> Jonathan Andrews, ‘Case Notes, Case Histories, and the Patient’s Experience of Insanity at the Gartnavel Royal Asylum, Glasgow in the Nineteenth Century’, in *Social History of Medicine*, 11(2), 1998, pp.255-281.

patient's voice was sometimes present, it was also at the same time muted by forms of what in effect was institutional censorship.

## **Two Institutions, Two Communities**

It is worth underlining that this project does indeed *not* adopt a survey-type approach, preferring to pursue a case study approach hinging around the archives of the two institutions already mentioned several times: the Royal Edinburgh Asylum and the Glasgow Royal Asylum, Gartnavel (sometimes indeed called the Gartnavel [Royal] Asylum). A wider survey approach could have been applied to this project, seeking to recover data about Jewish patients in a greater number of Scottish asylums (i.e. royal, district,<sup>112</sup> parochial<sup>113</sup>), maybe across a still longer time span than what was ultimately used. By approaching this topic via a wider survey-type approach mentioned above, the study that would have been generated would likely have been quantitative in nature, militating against more detailed, in-depth dealing with particular patient experiences (in the medical sense individual 'cases') with its more qualitative sensibility. In practice, I have sought to retain elements of the former (see especially Chapter 5) but with a well developed attempt at the latter (Chapters 6, 7 and 8).

Thus, to clarify further, the research in this thesis effectively works between the two different institutions, drawing upon archival sources pertaining to both. The two institutions, the Royal Edinburgh and Glasgow Royal Asylums were selected for multiple reasons. First, Edinburgh and Glasgow were and are Scotland's largest cities. Furthermore, as regards Jewish settlement in Scotland, Edinburgh and Glasgow had the largest Jewish populations. With regards to Jewish patients treated in Scottish institutions, the best choices, as a researcher, were the institutions in the cities of Edinburgh and Glasgow. The two cities had the two largest concentrations of Jewish residents, which by default meant that the asylums in these cities would have the largest number of Jewish admissions. The two asylums had typical catchment areas, for lack of a better term, that overlapped the two largest Jewish communities in Scotland during this period

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<sup>112</sup> Kim Ross, *The Locational History of Scotland's District Lunatic Asylums 1857-1913* (PhD Thesis: University of Glasgow, 2014).

<sup>113</sup> Lauren Farquhauson, 'A "Scottish Poor Law of Lunacy"? Poor Law, Lunacy and Scotland's Parochial Asylums', in *History of Psychiatry*, 28(1), 2017, pp.15-28.



1870-1939. The largest Jewish communities in Scotland were indeed found in Glasgow and Edinburgh, although, there were significantly smaller communities in Ayr, Aberdeen, Dundee, Greenock, and Inverness.<sup>114</sup>

Second, as regards asylum provision for the period under investigation, district asylum provision came relatively late to both regions, the Govan District and Glasgow District Asylums which served Glasgow opened in 1895 and 1896 respective, while the Edinburgh District Asylum opened its doors in 1906. This means that both institutions had to accept pauper patients, even though both showed a distinct preference private fee paying patients. Since the objective of this thesis is to examine Jewish patients, not just poor Jews or just rich Jews, but rather potentially all Jews, this objective dictated that the asylums selected as part of the case study had to have, to use a modern term, a catchment area, even though the royal asylums did not have catchment areas in the same way that the district asylums did, in the case of both institutions, most patients hailed at the very least from Scotland or Northern England, that covered where the majority of the Scottish Jewish community, richer and poorer, resided.<sup>115</sup>

Furthermore, this thesis builds upon the work of Kenneth Collins, whose *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914*, contains a chapter that focuses on mental health provision for the Jewish poor.<sup>116</sup> Unfortunately Collins only focuses on the Jewish poor that were admitted to the Govan District Asylum between 1895 and 1919. He mentions the royal asylums only in passing, stating that '[a] few Jewish psychiatric patients were also treated at Gartnavel Royal Infirmary in Glasgow's West End and at Crichton Royal Infirmary in Dumfries, in the south of Scotland.'<sup>117</sup> This particular statement led to the conclusion that Collins' research did not encompass the full scope of mental health provision for Jewish patients who were treated in asylums near the sizable Jewish communities in Glasgow and Edinburgh, which undoubtedly were comprised of more than just the destitute poor. The people

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<sup>114</sup> For information about Scottish Jewish communities other than Glasgow and Edinburgh, see: Nathan Abrams, *Caledonian Jews: A Study of Seven Small Communities in Scotland* (Jefferson, NC: McFarland & Company Inc., 2009); and, Kenneth Collins, *Scotland's Jews: A Guide to the History and Community of the Jews in Scotland* (Glasgow: Scottish Council of Jewish Communities, 2008).

<sup>115</sup> There were seven royal asylums in Scotland that were erected between 1782 and 1839. In addition there were twenty-one district asylums erected in Scotland between 1857 and 1910.

<sup>116</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.115-130.

<sup>117</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), p.117.

within the Jewish community – here as indeed elsewhere – ran the gamut of the social economic spectrum, from the poor, who were dependent on aid and services from Jewish and other welfare organisations, to the working and middling classes, and the ultra-wealthy. Further information about the institutions and the Jewish communities centred near them will be discussed at greater length in Chapter 4.

## **Research Design**

To recap, since the focus of my research is Jews and madness during the later nineteenth and early twentieth centuries in Scotland, the case study method was selected because it offered the flexibility to conduct both qualitative and quantitative research, while at the same time enabling the sustained engagement with historical detail, including that of the grounded experiences of troubled individuals, families and communities, that might otherwise creep under the radar of more large-scale surveys. The goal of this section is to detail the structure, and also the more detailed mechanics, of the case studies that have been conducted. Specifically, the discussion will turn to the breakdown of the quantitative part of the two institutional case studies, each of which was comprised of two cohorts, a Jewish cohort and a ‘control’ cohort. There will be an explanation about how the two cohorts were selected, answering why this approach was needed and how it strengthens the overall case study. In subsequent sections of the chapter, the discussion will then shift to the archival sources used in both the qualitative and quantitative parts of the overall case study, addressing what sources were chosen and why, answering what purpose did the sources serve when they were created, from the administrative, legal and medical perspective. Finally, this consideration will lead into a discussion of the overall database structure which has been created from the archival engagements, before elaborating further on both the quantitative analysis and the qualitative interpretation of the materials contained in, and organised by, the database.

The question must first be answered of how patients were selected to be part of the case studies associated with the two royal asylums, making use of a range of sources deposited in the institutional archives, specific details about which will be included presently. Finding the Jewish patients, was surprisingly

straightforward because the information was contained in two sources, the admission/certification papers and the patient case notes. In both cases, information about the religious affiliation of the patient was recorded, but the admission warrants/certification papers were easier to go through systematically because they comprised a four page standardised form that was the same from asylum to asylum, so the religious affiliation was found in the same place in each document. Indeed, question five of these documents asked about the patients' religious affiliation.

If for some reason the admission warrants/certification papers were not available at all or for extended periods when Jewish patients were likely to be admitted (i.e. post-1900), the patients' case notes could be used instead. These documents were not as standardised from asylum to asylum, and the information about the patient's religious affiliation could be located anywhere on the first page or two. In addition, they could be anywhere between one and twenty pages in length for the case notes in bound volumes, depending on the length of the patient's stay, and up to eighty pages in the unbound loose case notes. The information about the patients' religious affiliation was nonetheless included somewhere as part of the patients' history recorded in these case notes. The patients who answered here 'Hebrew, Israelite, Jew, Jewess or Jewish' were therefore counted as the Jewish population of the dataset. Another source, once the Jewish and control patients were identified, was the patient registers, which contained much of the same information, but were once again, like the admissions/certification documents, presented in a standardised form. It is important to emphasise that, in principle, the entire Jewish asylum population of each of the two institutions over the time period under study was captured by this systematic trawling through of the institutional records.

By using the three sources together – the admissions/certification documents, the case notes and the patient registers – it was possible to follow the Jewish patients from the beginning to the end of their stays in the asylum, the latter being either final discharge – some patients had repeated spells of admittance then discharge before re-admittance, and so on – or death. In addition, the examination of the three sources worked as a form of built-in checks and balances. At times, there were conflicts identified between what was recorded in a patient's admission/certification papers as opposed to, for example,

in the register concerning the same patient. When this discrepancy occurred *and* the case notes were available, the deciding factor would be what was recorded in the case notes because this source would have been in continuous use and the staff would have had the opportunity to make corrections to the patient's information in this source.

A control sample of the overall asylum population was taken or, perhaps better, created for each of the two institutions. This sampling was done because the total sizes of the two institutions' overall populations during the time period were simply too large to be treated in the same manner as the Jewish patient population, and hence a sampling methodology was required. The purpose of the control sample was to provide a comparison for the Jewish asylum population, allowing findings to emerge about whether what was revealed was something of a trend just within the Jewish population or whether it was a more general pan-institutional trend (affecting both Jewish and non-Jewish residents). The so-called 'control' patients were selected because they were the patients who were admitted to the asylum immediately after the Jewish patients: i.e. organisationally in the registers, they are the next name after a Jewish name, almost certainly because, chronologically, they were indeed the next person through the door. When the case notes were used to find Jewish patients, the admission register was used to find the associated control patients because the next patient presented in the case note files after the Jewish patient (as in patient now identified as Jewish) was not always the next patient chronologically admitted. If the case notes were bound, the volumes were broken up into male and female volumes; in addition, with regards to the royal asylums, there were also another set of case note volumes that dealt with the patients that were paying higher rates for their treatment and accommodation.

It can be added as a postscript to the above discussion that Gayle Davis' work, *'The Cruel Madness of Love': Sex, Syphilis and Psychiatry in Scotland 1880-1930*, can be taken as a partial model for the research design of this project.<sup>118</sup> Davis' book focuses on patients diagnosed with general paralysis who were admitted to one royal and one district asylum in the west of Scotland and one royal and one district asylum in the east of Scotland. Davis offers a degree of quantitative comparison between the general paralysis patients and those not

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<sup>118</sup> Gayle Davis, *'The Cruel Madness of Love': Sex, Syphilis and Psychiatry in Scotland 1880-1930* (Amsterdam: Rodopi B. V., 2008).

diagnosed with the disease, but she did not select a specific control sample since she was able to compare the general paralysis admission cohort to the total population admitted in a given year. She examines the medical provision and patients' experience, socioeconomic boundaries (pauper versus private patients) and geography (eastern Scotland as opposed to western Scotland). Davis combines statistical analysis of the general paralysis population and control populations within the four institutions with a detailed examination of the patient case notes, and achieves a synthesis between quantitative and qualitative research methods.

### **Main Institutional Archival Sources**

First, as regards the material concerning the Royal Edinburgh Asylum, is held by the Lothian Health Services Archive. This collection is held by the University of Edinburgh as part of its Centre for Research Collections, which is based within the university's Main Library off of George Square in Edinburgh. In terms of access to this collection, at the time I began my research, the records created prior to 1911 were open to the public, because the archive operates a under a hundred year closure period for records that contain sensitive personal data in order to comply with the Data Protection Act. This means the records created between 1912 and 1939 were closed. In order to gain access to the 1912 through 1939 records, I had to provide a letter from my thesis supervisors to prove that I was conducting valid and sanctioned research. The letter and my reasons for asking for access was reviewed by the records manager for the Lothian NHS. Whereas the material concerning the Glasgow Royal Asylum at Gartnavel, is held by the NHS Greater Glasgow and Clyde Archives Service. This collection is held by the University of Glasgow, but is physically based at the Mitchell Library, not far from the City Centre in Glasgow. In terms of access to the collection, the records that were created prior to 1936 were open for research purposes, meaning the records created between 1937 and 1939 were closed. I was advised that to make an access request for only three years worth of records, when at the time I did not know if any would pertain to my research, would be superfluous and be unlikely to be granted because the records would come into the public domain for research purposes during the course of my studies. As can be seen from the above description the two archives had different

access requirements. This posed some logistical challenges.

Between the two asylums, the archives held records for 30,304 admissions, 20,123 from the Royal Edinburgh Asylum and 10,181 from the Glasgow Royal Asylum, between 1870 and 1939. Furthermore, there were reading room access issues. I was based in Glasgow and as regards the collection held by the Lothian Health Service, I was restricted as to the train schedule in and out of Edinburgh and the cost of those rail tickets. In addition, since the archives reading room at the Mitchell Library in Glasgow is shared with the Glasgow City Archive, those intending to use the records from the NHS Greater Glasgow and Clyde Archive can only view records three days a week. With these logistical constraints in mind, the decision was made to photograph relevant documents to be viewed later outside the archive (Jewish and control patient admission warrants/certification papers and case notes). As regards the Edinburgh documents, the archive sent them through to the university's photographic unit, whereas with the Glasgow documents I was able to do the photography myself. By photographing the documents I was obviously able to view them at times that fit my schedule, in addition I was able to enlarge the documents and invert the colour of the image to make the documents easier to read and transcribe for later coding. I used the information from the admission warrants/certification papers, patient registers and case notes to create a database for the Jewish populations and control samples from both institutions, which will be discussed at length below. Furthermore, I also took extensive notes from the annual reports, which were not photographed, of both institutions on my laptop for later analysis. In addition, when later writing about patient's experiences within the two asylums, a conscious effort has been made to use the patients first name after they have been introduced within a chapter because, to the extent that is possible, it gives them back their identity as individuals. Many of the patients that will be discussed in Chapter 6, 7 and 8 were in institutional settings for extended periods, that unfortunately had the side effect of dehumanising and objectifying individuals.

### *Admission Warrants*

The admission/certification papers served several functions when they were created, legal, administrative and medical. Legally the warrant served the purpose of removing an individual's (i.e. a patient's) right to self-determination

because their behaviour was too disruptive within the family structure and or society at large. The legal need for admission warrants was established with the passage of the Scottish Lunacy Act 1858. Medically, the warrant showed that two physicians had examined the individual/patient, and agreed that the individual/patient was in need of care and or treatment within the hospital setting. In addition, the warrant served as the starting point for the patient's case history. Finally, from an administrative perspective, the admission/certification papers were the starting point of the patients' paper trail. This fact is important because asylums had to comply with the Lunacy (Scotland) Act 1870, with one of the major points of the Act having been the creation and maintenance of patient records.

The admission/certification papers contained two main pieces of information: the two medical certificates and demographic information about the patient and their family. The medical certificates were the testimony of the physicians that examined the patient prior to their admission to the asylum. As was stated previously, this document served several functions legally, medically and administratively. In addition, the doctor may have included some additional information that the relatives provided to him or her. The demographic information was fairly straightforward. It included: the patient's name; age; sex; occupation; religious affiliation; previous place of abode; place found or examined; length of time insane; whether or not this was the first attack; when and where were they previously under examination or treatment; length of current attack; supposed cause of insanity; whether they were subject to epilepsy; whether they were suicidal; whether they were dangerous to others; the parish or union that the lunatic (if a pauper) was chargeable; the name, address, relationship, and whether there was any other known instances of insanity in the patient's family; and, special circumstances. In addition, there was information about the person that requested the patient's examination and admission to the asylum. An example of admission/certification papers is provided below, see **Figure 3.1a-c**.

### *Patient Register*

The patient register served two main functions that were intertwined, legal and administrative. Legally and administratively, the patient registers helped the asylums to comply with the Scottish Lunacy Acts 1858 and 1870, which



**Figure 3.1a-c:** Benjamin Golombok's Certification Papers, Glasgow Royal Asylum (own photograph, 2013)

Glasgow Royal Asylum, Gartnabel.

25 & 26 Vict., Cap. 54, Sect. 14.

PETITION TO THE SHERIFF TO GRANT ORDER FOR THE  
RECEPTION OF A PATIENT INTO AN ASYLUM.

(<sup>1</sup>) Sheriff or Steward of the Honourable the (<sup>1</sup>) Sheriff of the (<sup>2</sup>) Shire of  
(<sup>2</sup>) Shire or Steward of the Honourable the (<sup>1</sup>) Sheriff of the (<sup>2</sup>) Shire of  
The Petition of Israel Golombok  
residing at 3 Jordan St., Glasgow C.S.  
humbly sheweth that it appears from the subjoined Statement and accompanying  
Medical Certificates, that Benjamin Joseph Golombok  
your Petitioner's (<sup>3</sup>) father residing at  
44 Thistle Street, Glasgow C.S.  
is at present in a state of Mental Derangement, and a proper person for treatment in  
an Asylum for the Insane. May it therefore please your Lordship to authorize the  
transmission of the said Benjamin Joseph Golombok to the  
GLASGOW ROYAL ASYLUM at GARTNAVEL, and to sanction his admission into  
the said Asylum.

(To be signed by the party applying) Israel Golombok

(<sup>4</sup>) The date of the Petition must be within fourteen clear days following the dates of the Medical Certificates.  
DATED this 25<sup>th</sup> day of May One thousand nine hundred and twenty six.

**STATEMENT.**

If any of the Particulars in this Statement be not known, the fact to be so stated.

1. Christian Name and Surname of Patient at length,	<u>Benjamin Joseph Golombok</u>
2. Sex and Age,	<u>male 40</u>
3. Married, Single or Widowed,	<u>married</u>
4. Condition of Life, and previous Occupation (if any),	<u>book binder up till 5 yrs. ago</u>
5. Religious Persuasion, so far as known,	<u>Jewish</u>
6. Previous Place of Abode,	<u>has always lived at above</u>
7. Place where Found and Examined,	<u>examined at home</u>
8. Length of time Insane,	<u>two years.</u>
9. Whether first Attack,	<u>yes</u>
10. Age (if known) on first Attack,	<u>68</u>
( <sup>5</sup> ) If patient has been previously in an Establishment, state fact, and date of latest admission or approximation there to. If never previously under examination or treatment, state fact.	11. When and where previously under Examination and Treatment ( <sup>5</sup> ),
	<u>no previous examination or treatment</u>
12. Duration of existing Attack,	<u>two years (approx)</u>
13. Supposed Cause,	<u>no definite cause known.</u>
14. Whether subject to Epilepsy,	<u>no</u>
15. Whether Suicidal,	<u>no</u>
16. Whether Dangerous to others,	<u>no</u>
17. Parish or Union to which the Lunatic (if a Pauper) is Chargeable,	<u>—</u>
18. Christian Name and Surname, and Place of Abode of nearest known Relative of the Patient, and degree of Relationship (if known), and whether any member of Family known to be or to have been Insane,	<u>Israel Golombok, 3 Jordan St. Son</u>
19. Special circumstances (if any) preventing the insertion of any of the above particulars,	

I certify that to the best of my knowledge, the above particulars are correctly stated.

DATED this 25<sup>th</sup> day of May One thousand nine hundred and twenty six.

(To be signed by the party applying) Israel Golombok

B. K. & E.—May, 1925. P.p.



(1) Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.

(3) Insert the street and number of the house (if any), or other like particulars.

(\*) Insert Designation and visited and personally examined ( ) 2-11-1906 and that  
Residence, and if a Pauper at 44 Thistle St.  
state so. 2-11-1906 is a (\*) person of

(2) Lunatic, or an insane the said Benjamin Joseph Johnson and a proper person to be detained person, or an idiot, or a person of unsound mind. un Sound mind that I have formed this opinion upon the following

(\*) *State the facts.*

1. Facts indicating Insanity observed by myself: (4)  
Patient speaks disconnectedly, and has delusions of persecution. Entirely disoriented for time and place, and has complete amnesia (i.e. he does not know what date or day it is, & his memory is entirely gone).

(\*) State the information and from whom derived.

(1) State the information and from whom obtained. The son tells me: Patient has knocked pieces out of the walls and attempted to eat them: he turns on taps, sends to eat such articles as curtains, etc. occasionally he assaults his wife without reason.

Name and Medical Designation, } Joseph Fine, M.D., Ch.B.

Place of Abode, 31 Appleby Road

DATED this 22<sup>nd</sup> day of May One thousand  
nine hundred and twenty six

(3) *Set forth the qualification entitling the person certifying to grant the certificate; e.g., Member of the Royal College of Physicians in Edinburgh.*

(1) Set forth the qualification entitling the person certifying to grant the certificate, e.g., Member of the Royal College of Physicians in Edinburgh.

I, the undersigned, Abraham Mellick being a (1) Bachelor of Medicine and Surgery and being in actual practice as a (2) physician

(2) Physician or Surgeon, and being in actual practice as a ( ) 44  
or otherwise, as the case may do hereby certify, on soul and conscience, that I have this day, at (3) 44  
be.  
(2) Insert the street and number of the house (if any),  
Thistle St, South Side, Glasgow in the County of  
Lanark  
separately from any other Medical Practitioner.

(\*) Insert Designation and if a Pauper  
visited and personally examined (\*) Benjamin Joseph Golombok  
44 Thistle St. Glasgow. and that

(\*) Lunatic, or an insane person, or an idiot, or a person of unsound mind.

under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

(6) *State the facts.*

1. Facts indicating Insanity observed by myself: (6)

1. Facts indicating Insanity observed by myself: (\*)  
The patient says he is 9 years old, and that he has no children. He also accuses numerous persons of persecuting him. His memory is completely gone, and he does not recognize his relations, while he claims to know perfect strangers.

(7) State the information and from whom derived.

2. Other facts (if any) indicating Insanity communicated to me by others: (7)

The son informed me that he destroyed portions of the walls of the house, turned on the taps and flooded the room, and also turned on the gas. He has also attacked his wife.

Name and Medical Designation } Abraham Mellick, M.B. Ch.B.

Place of Abode, 23 Apsley Place, Glasgow

DATED this 25<sup>th</sup> day of May One thousand  
nine hundred and twenty six.

(This Certificate

I, the undersigned,  
being (1) *Royce*  
hereby certify  
in the Court  
*Bengal*  
person is of  
a sufficient  
at (3) *Y*  
And I

DATED  
nine hundred

I hereby  
therein  
to whom t

ORD  
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I, JOHN  
of the (2)  
having ha

Golombok,

Certificate  
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Asylum  
Benjamin Josep

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To the  
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J.S.



# CERTIFICATE OF EMERGENCY.

(This Certificate authorizes the detention of a Patient in an Asylum for a period not exceeding three days without any Order by the Sheriff.)

I, the undersigned, Angus Mac Niven  
being <sup>(1)</sup> Bachelor of Medicine of Glasgow University  
hereby certify, on soul and conscience, that I have this day, at <sup>(2)</sup> Glasgow  
in the County of Sanark, seen and personally examined  
Benjamin Joseph Golombok, and that the said  
person is of unsound mind, is a proper Patient to be placed in an Asylum, and is in  
a sufficiently good state of bodily health at this date to be removed to the Asylum  
at <sup>(3)</sup> Gartnavel

<sup>(1)</sup> State Medical  
qualification.  
<sup>(2)</sup> State place of  
examination.

And I further certify that the case of the said person is one of Emergency.

<sup>(4)</sup> State place at  
which Asylum is  
situated.

DATED this 25<sup>th</sup> day of May  
nine hundred and twenty six one thousand

(The following should be filled up in every case in which a Certificate of  
Emergency is acted on).

I hereby request the Superintendent of the GLASGOW ROYAL ASYLUM to receive  
therein Benjamin Joseph Golombok  
to whom the foregoing Certificate of Emergency refers.

Relationship or other capacity  
in which Applicant stands  
to Patient.

San

Signature Angus Mac Niven

Address 3 Govan Street C.5

Date 25/5/26

## ORDER TO BE GRANTED BY THE SHERIFF FOR THE TRANSMISSION AND RECEPTION OF THE LUNATIC.

I, JOHN AITKEN WELSH. Advocate, Sheriff Substitute  
of the <sup>(2)</sup> County of Lanark  
having had produced to me, with a Petition at the instance of <sup>(3)</sup> Israel  
Golombok, 3 Govan Street, Glasgow C.5.

<sup>(1)</sup> State whether  
Sheriff, Sheriff-Sub-  
stitute, Steward, or  
Steward-Substitute.  
<sup>(2)</sup> State whether a  
County or Stewartry  
<sup>(3)</sup> Insert Name  
and Designation.

Certificates under the hands of Joseph Fine  
and Abraham Mellick being two Medical Persons  
duly qualified in terms of an Act, intituled "An Act for the Regulation of the Care and  
Treatment of Lunatics, and for the Provision, Maintenance, and Regulation of Lunatic  
Asylums in Scotland," setting forth that they had separately visited and examined <sup>(4)</sup> Benjamin Joseph Golombok, 44 Thistle Street, Glasgow C.5 Petitioner's  
and that the said Benjamin Joseph Golombok.....father.....  
is a <sup>(5)</sup> person of unsound mind  
and a proper Person to be detained and taken care of, DO HEREBY AUTHORIZE you to  
receive the said Benjamin Joseph Golombok.....  
as a Patient into the GLASGOW ROYAL ASYLUM at GARTNAVEL, and I authorize his  
Transmission to the said Asylum accordingly; and I transmit you herewith the said  
Medical Certificates and a Statement regarding the said Benjamin Joseph  
Golombok which accompanied the said Petition.

<sup>(4)</sup> Describe him,  
and if a Pauper state  
his name.

<sup>(5)</sup> Lunatic, or an  
Insane Person, or an  
Idiot, or a Person of  
unsound mind.

DATED [at Glasgow] this Twentyseventh day of May  
One thousand nine hundred and twentysix.

To the Superintendent of the Public  
Glasgow Royal Asylum at Gartnavel.

J.S.

[Signature]

John Aitken Welsh

mandated that asylums keep records of their patients and that the Lunacy Commission have access to those records for oversight purposes. Whereas the previous suite of documents were specially created for each individual patient, the patient register, as the name suggests, was an overall listing – one after the other – of all patients admitted to the institution. Moreover, the register could be updated when a patient was discharged, and sometimes with other relevant information, and as such offered a snapshot of each inmate’s ‘career’, if it can be called that, in and through the institution. The demographic information was fairly straightforward. It included: the patient’s name; age; sex; occupation; previous place of abode; length of time insane; whether or not this was the first attack; when and where were they were previously under examination or treatment; length of current attack; supposed cause of insanity; whether they were subject to epilepsy; whether they were suicidal; whether they were dangerous to others; the parish or union that the lunatic (if a pauper) was chargeable; the name, address, relationship, and whether there was any other known instances of insanity in the patient’s family; and, special circumstances. Of course, virtually all of these headings were the same as the admission/certification papers, but in addition the registers contained information about the form of mental disorder; the supposed cause; the patient’s discharge condition; and their date of discharged. For illustrative examples, see **Figure 3.2a-b**.

#### *Patient Case Notes*

The patient case notes served several purposes administratively, legally and medically. Administratively the case notes showed the patient’s condition over time and the observations of the doctors about their patient’s, with often fulsome – but at other times surprisingly sparse – commentaries on diagnoses, prognoses and other reflections on events in and matters pertaining to the lives of these patients. Each case notebook had pages set aside for specific patients or sometimes bound together loose leaf pages written about a given patient; each case notebook hence housed materials about specific patients for specific periods of time. Sometimes records that were created by the patient were appended to the case notes, such as drawings, correspondence or photographs. The case notes contained the same demographic information as the admission/certification papers and the registers, albeit more lightly and less systematically drafted.



**Figure 3.2a-b:** Glasgow Royal Asylum Patient Register (own photograph, 2012)

Date of last previous Admission (if any)	Sex in Order of Admission	Date of Admission	Christian Name and Surname at full length	Sex and Class			Condition as to Marriage	Condition of Life and previous Occupation	Previous Place of Abode	County or Parish to which chargeable	By whose Authority sent	Dates of Medical Certificate and by whom signed	Bodily Condition
				Private	Pauper	Age							
				M.	F.	M.	F.	Married	Single	Widowed			
1869													
3636	Dec 31		Miller, David	1		51	1		Quotidian	Glasgow	Genl	McMurray	35
3637	" 31		Brookley, Hugh	1		50	1		Bookmaker	Glasgow	City	McMurray	35
1870													
3638	Aug 1		Cochel, John	1		41	1		Dealer	Glasgow	City	McMurray	35
3639	" 3		Fitchie, Robert	1		50	1		Sabanner	Edinburgh	Edinburgh	McMurray	35
3640	" 5		Cameron, Margaret	1		43	1		Lady	Glasgow	Edinburgh	McMurray	35
3641	" 5		McKee, Isabella			53	1		Domestic Servant	Edinburgh	Edinburgh	McMurray	35
3642	" 7		Larson, George	1		21	1		Carver	Glasgow	Edinburgh	McMurray	35
3643	" 8		Murray, Elizabeth			48	1		Domestic Servant	Glasgow	Edinburgh	McMurray	35

By whose Authority sent	Dates of Medical Certificate and by whom signed	Bodily Condition	Name of Disorder (if any)	Form of Mental Disorder	Supposed Cause of Insanity	Epileptic	Congenital	Duration of Existing attacks			Date of Discharge, Recovery, or Death	Recovered	Not Improved	Died	OBSERVATIONS
								Years	Months	Weeks					
	McMurray	31 Dec 1869	Mania	Spontaneous							31 Dec 1870	1			Can Read & Write
	McMurray	31 Dec 1869	Mania	Spontaneous				3 Days			31 Dec 1870	1			Can Read & Write
	McMurray	31 Dec 1869	Mania	Spontaneous				2 Days			31 Dec 1870	1			Can't Read or Write
	McMurray	31 Dec 1869	Mania	Spontaneous				3 Days			31 Dec 1870	1			Can't Read or Write
	McMurray	31 Dec 1869	Mania	Spontaneous				Lately			31 Dec 1870	1			Good Education
	McMurray	31 Dec 1869	Mania	Spontaneous				13			31 Dec 1870	1			Can Read only
	McMurray	31 Dec 1869	Mania	Spontaneous				1 Year			31 Dec 1870	1			Good Education
	McMurray	31 Dec 1869	Mania	Spontaneous				After days			31 Dec 1870	1			Can Read & Write

They showed the patient's condition and treatment over the course of their stay in the asylum. For illustrative examples, see **Figure 3.3a-c**.

### *Institution Annual Reports*

The asylum or hospital annual reports for both the Edinburgh and Glasgow Royal Asylums served several purposes. The first was public transparency, in that the workings of the asylum were held up to public and government scrutiny. The second purpose that they served was that they helped prove to financial contributors, in the case of the royal asylums, that the asylum was doing good work and needed their continued support. The annual reports contained several different types of information. The first was patient statistics, which covered the breakdown of admissions, discharges and deaths. In addition, the annual reports contained information about the patients' marital status, profession and more. The summaries from the Lunacy Commission Reports on the institutions were also included. There were the letters/reports from the Medical-Superintendent, which were representative of the institutional tone, maybe capturing eugenic or other underling philosophies/influences. Finally, there were financial summaries (i.e. how much did the asylum pay in wages, food and supplies etc?).

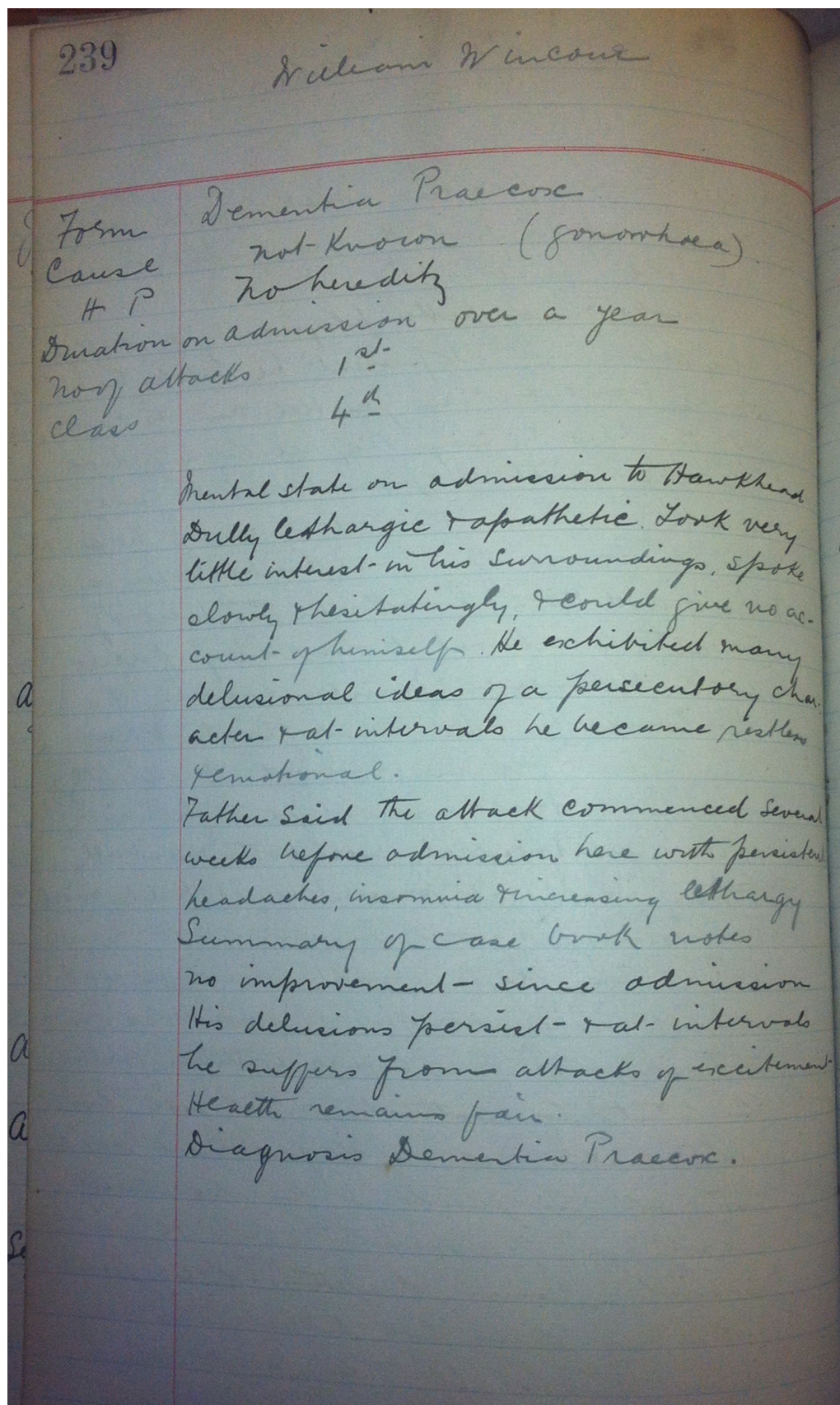
### **Database Structure, Analysis and Interpretation**

The database was constructed by drawing upon the information contained in the sources detailed above. There were twenty-eight main fields in the database. The majority of the fields were also present in the admission register for the asylums. The fields are as follows, with brief remarks upon some of them to underline how they 'worked' and their relevance to the project:

1. Patient Number - The patient number was in some cases unique to a particular patient within one institution. In the case of the Glasgow Royal, each patient was, usually, issued a patient number, and they retained this same number every time they were admitted to that institution. Alternatively, in the case of the Royal Edinburgh, patients in were issued a unique patient number every time they were admitted, which means the same person could have multiple patient numbers.
2. Admission Date - This was the date that the patient entered the asylum.
3. Surname.
4. First Name.
5. Sex.



Figure 3.3a-c: William Wineour's Case Notes, Glasgow Royal Asylum (own photograph, 2012)





William Wincour  
102 South Portland Street -  
Glasgow

240

Transferred from Govan District Asylum  
Hawhead to Gartnavel on Apr 18<sup>th</sup> 1918  
His father has paid for 6 months treat-  
ment in East House (£30).

Male, 26 years, Single, Traveller  
Jew, was admitted to Hawhead on  
April 25<sup>th</sup> 1917. Said to be non Epileptic  
Suicidal or dangerous

19.4.18 He is in good health and physical con-  
dition free from recent marks of bruises  
& injuries. He has an old scar about  
6 inches long at back of right upper arm.  
He has a very asymmetrical face  
coarse features, narrow palate, & shows  
stigmata of degeneration. Reflexes normal  
He makes mistakes in adding simple  
figures, his intelligence is not of a  
high order. He says he was born at  
Warsaw & speaks German. He seems  
to understand what is said to him  
but his replies are rather rambling.  
He says he is disturbed with voices at  
night. He has grandiose delusions  
talks about having much money &  
gold & having outfit. He has rested  
well & slept well last evening. He is not  
apparently nervous nor tremulous, speech  
good, knee jerks not exaggerated, pupils  
react to light - denies syphilis.

19.4.18 He is quite disorientated for time place & date



22. 4. 18 He has been quiet & has taken food & rested well since admission. He is getting up today for a few hours.
24. 4. 18 He became very excited, restless & talkative today, when outside had the brought in. He seemed as though he were hallucinated, pointed & scolded at some imaginary person.
25. 4. 18 He is quiet. today & is easily managed. Says he cannot help these attacks & says it is his head. Mother gives the following history: No history known, was rather slow at school well behaved, attended well to work & was a good business man. Two years ago he went to America & has been changed since has complained of headaches, & was peculiar in conversation. He wanted to get married & live in a big house & had great ideas, was not satisfied with his home. He had gonorrhea. Thirteen months ago he got so bad he was sent to Merryplate. He used to cry & fight & struggle & said his father did not hear him well. He was four weeks in Merryplate & his friends took him home for the afternoon but he went away back himself said he could not stay at home. Then he was sent to



6. Address - This field was added because the majority of the admission warrants, where possible, contained information about the patients' address prior to their admission to the asylum. This means that the geographic distribution of the patients could be examined.
7. Class - Within the royal asylums patients were classified as private or pauper patients. Private patients, their family, or another entity paid for the patient's treatment, whereas with pauper patients, the parish paid for his or her treatment.
8. Religion - This field should be obvious. First, I look for the patients where the field is answered as: 'Jew, Jewess, Jewish, Hebrew or Israelite'. These patients make up the Jewish patient set. The information about religion is recorded for the Control group.
9. Food Code - This field is used to see how often food or eating issues are mentioned and if there is a difference between the Jewish and control patients.
10. Ethnicity Code - This field can be used to determine if the ethnicity of a patient was mentioned in their records. It is possible that nothing will come out of this field.
11. Alcohol Code - This field is used to determine whether alcohol consumption was a factor in the patient's admission and whether there is a difference between the Jewish and control patients.
12. Age - This field deals with the age of the patient at the time of their admission to the asylum.
13. Age at first attack - This field, combined with the field for age at admission, can tell us how long the patient has been having difficulties.
14. Marital Status - This field deals with the marital status of the patient's at the time of their admission. This field can be used, with the fields for sex and age, to develop general trends among the Jewish and control groups.
15. Previous Admission - This field shows whether the patient had been admitted to an asylum previously.
16. Number of Admissions - This field, where possible, shows how many times a patient was admitted to an asylum.
17. Occupation - This field shows what jobs the patients had before they were admitted to the asylum. It is also an indication of the patient's socio-economic status.
18. Residence - This field correlates with the address. It is the city or town the patient is from. Again it can aid in showing the geographic distribution of the patients within the Jewish and control groups.
19. Billed Parish - This field, in the case of the pauper patient's, shows what parish was paying for the patient's treatment in the asylum. Sometimes this does not match up to the address because they had not lived in the parish long enough to have the parish that they were living in prior to their admission pay for their treatment.
20. Body Condition - The most common answers in this field were 'good, fair, average, weak, or poor'. This field can be used to see what condition the patient was in when he or she was admitted to the asylum. It can also be correlated with the fields for age, gender and class.

21. Epileptics - This field concerns whether the patient or their family had a history of epilepsy.
22. Congenital Idiots - This field concerns whether the patient or their family had a history of congenital idiocy. This is important because at the time psychiatry was very bio-deterministic. The doctors often looking to prove that patients had a hereditary disposition towards mental illness.
23. Name of Disorder - In most instances this field is not answered.
24. Form of Mental Disorder - This field shows the initial diagnosis of the patient. This field can be used to see what type of disorder(s) the patient was diagnosed as having, and as a key basis for detecting if there were any patterns between patient groups.
25. Supposed Cause - This field is most often answered with 'unknown'. In some cases it is answered with 'worry' or 'intemperance', for example.
26. Attack Duration - This field answers how long the patient had been experiencing symptoms of mental illness prior to this admission to the asylum.
27. Date of Discharge - This field is self-explanatory. When it is combined with the admission date, the length of the patient's stay in the asylum becomes apparent. The length of stay can also be correlated with gender, marital status and class.
28. Condition of Discharge - This field can be answered as follows: 'recovered, relieved, not improved, escaped or dead'. So far the researcher has not come across a patient that has been listed as 'escaped'. The criteria for the patient to be classified as discharged escaped were that they needed to have been absent from the asylum for a month without being returned to the asylum. The other answers can be correlated to sex, age, class and form of mental disorder.

This database was used to generate quantitative data which are detailed and become the key basis for the analysis provided in Chapter 5; which gives the qualitative chapters that subsequently follow, Chapters 6, 7 and 8, context and scope and aid in the discussion of the lived experience of Scottish-Jewish 'madness'. The control sample's database is structured the same way, with the same twenty-eight fields. For this reason I will not repeat the same information, especially since Chapter 5 does this analytical work already.

### *Quantitative Profiles and Analysis*

In total, during the period beginning in 1870 and ending in 1939, the two institutions, the Royal Edinburgh Asylum, Morningside, and the Glasgow Royal Asylum, Gartnavel, had a combined total of 30,304 admissions. The Royal Edinburgh saw a higher volume of patients, with 20,123 admissions, when compared to the Glasgow Royal's 10,181 admissions during the same period. With these figures in mind the number of Jewish admissions was extremely

small, with the Royal Edinburgh having 49 Jewish admissions and Gartnavel having 46 Jewish admissions, with a combined total of 95 Jewish admissions between the two institutions, meaning that only 0.31% of all admissions between 1870 and 1939 were for Jewish patients. The Royal Edinburgh's Jewish admission rate was 0.24% of all admissions, while the Glasgow Royal's Jewish admission rate was slightly higher at 0.45% of all admissions for the period.

In practice, the quantitative comparisons that will be presented in Chapter 5 are very simple, descriptive statistics, they do not deploy formal statistical tests of similarity and difference (such as t-test) or of differences between 'observed' and 'expected' frequencies – the reason for not doing this is principally because it is very easy to see patterns (differences and similarities) between the raw numbers/percentages. These patterns are intriguing in their own right: some can be explained via informed deductions, which are presented in Chapter 5; while others can be partially explained (or at least inferences can be made) from the qualitative interpretation; but others again can only hang there as teasers not amenable to explanation in the present research.

### *Qualitative Profiles and Interpretation*

The qualitative interpretation will be broken up into two phases in Chapters 6, 7 and 8. The first part of the chapters will present several patient case studies/histories, while the second half of the chapter will discuss the themes that the cases touch on and their relevance for the wider thesis, such as ideas about the Jewish body, the 'dirty' Jew or Jewish motherhood. These mini-biographies, that chiefly pertain to their times of mental ill-health and institutionalisation within the asylum. This is a deliberate strategy, wherein the integrity of the individual stories is somewhat maintained. A total of twelve patients were chosen to fill this role, six men and six women, split equally between the two institutions. These particular cases were chosen to fill this roll because these Jewish patient's case notes have a depth, breadth and length that is conducive for discussion and interpretation, while at the same time championing particular themes that appear in other Jewish patient's case notes that are not nearly as comprehensive. This was a decidedly purposeful sampling, or what some call a 'theoretical sampling', since it was informed by theories about, what is going on, what is salient and what speaks to the bigger research questions being asked. Further these patients are from across the age spectrum

from young teenagers to the elderly, acute and chronic admissions, as well as differing diagnoses. With this in mind, there are dangers that my ideas and expectations, such as the pathologization of the Jewish and or Jewish female bodies, weighed in on the selection of patients. At this point the patients that have been selected for detailed discussion were not anonymized, the 'real names' were used. This is somewhat problematic in that many of the patient's descendants still live in Glasgow or Edinburgh, and that the Jewish communities of these two cities have diminished considerably, even those who are not related to the patients discussed at length in the following chapters could figure out what families some of these patients belong to with little effort. Further, several of the patients cases extend well into the post World War II period, this has led me to be careful in what information was included. With this in mind, if parts of this thesis are used for a conference paper, journal article or a manuscript, the surnames will be changed.

In terms of the qualitative methods used to analyse the patient's cases, there was no formal method used as such, but rather the trusted method of a historian closely reading from institutional archival sources, then re-reading and triangulating supporting evidence (i.e. census records; birth, death or marriage announcements; military records, etc.) in an effort to as far as possible ascertain the truth of a given set of events. Broadly speaking this is a 'hermeneutic' approach – which seeks to discern meaning from the textual record, in that the meaning of experiences or the meanings that experiences held for individuals in their everyday lives – which holds a lens on questions about discourses circulating around being Jewish, the nature of Anglo-Jewry, the nature of 'madness', the implications of the pathologization of bodies, identities, power or exclusions.

On a more practical level I have 'coded up' much of my primary qualitative data – systematically transcribing of the case notes looking for repeated themes that could be traced across the transcripts as impacting upon different patients – thereby arriving at the themes and subthemes that are explored in detail in Chapters 6, 7 and 8. An example of this can be seen in Fanny Finkelstein's case notes and how they illustrate the medical superintendent's influence on the clinical encounter. The influence of DK Henderson can be clearly seen via a close reading of Fanny's patient interview

and the later case conference among the clinicians. The clinicians described Fanny's behaviour as follows:

Behaviour – To a superficial observer Mrs Finkelstein makes a good appearance. She takes up a pleasant friendly co-operative attitude with the doctor. She gets on well with the other patients and staff. She fits in well with all the routine of hospital. She is very amenable and quite anxious not to trouble anyone. She discusses her situation and troubles freely, and her speech is coherent, quite logical, and to the point. There is no emotionalism.

On closer examination points of importance come out. She far too easily accepts her situation here. After the first few days of sadness at being sent to a mental hospital, she became quite happy and remained so almost constantly since. She has done nothing at all towards getting her release, and this in spite of numerous visits from her lawyer and from various doctors. She has written no letters. She fits into the hospital routine without complaint. She has not asked for parole, even to go down town. She spends much time knitting woollen hats. She greets the doctor on visit with a pleasant smile. She feels that "everything is being done for her good."

The above indicate a certain facility, a deterioration of her initiative and power of purposeful action, and an uncomplaining apathetic acceptance of her confinement to hospital. A good example of this deterioration is shown in the fact that a few days ago, after having had a long interview with Dr Marr on the question of her discharge, on coming out of the room she met Miss Henry, matron, and at once asked Miss Henry to allow her to knit her a woollen hat; that she would love to – etc. Miss Henry thought it strange she should display such an interest in hats immediately after such an interview.<sup>119</sup>

This passage is important due to several implied points. First, the clinician in the text expressed surprise that Fanny was cooperating with the asylum's routine, because he was expecting her to rebel. This implies that Fanny was really performing the role of the model patient, which falls into the trope of the 'devious', 'conniving' or 'scheming' Jew that was playing the system and was in reality not making a genuine recovery. This position was reinforced, from the clinicians perspective, because Fanny had not done anything to affect her release or parole from the asylum despite numerous visits from her lawyer and doctors. Further along in Fanny's patient interview, in the section headed as 'Thought Content', she stated that:

"The rest of it all is money; it's money from the family's part and from the husband's part, he doesn't care what happens. The family all want a

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<sup>119</sup> LHB 7/1/Craighouse Box 4, 'Fanny Finkelstein Mental Status 04-03-1934', in *Royal Edinburgh Hospital Case Notes (Loose)*.

share of my money and the husband has put them up to it. I wouldn't have grudged giving them the money, and Lily wanted £2000 to get married and I wouldn't give it to her and therefore she turned against me. And Furst drew her away from her first boy and spoilt her." She says that Furst made love to Lily at the instigation of Mr Finkelstein with the intent to hurt Mrs Finkelstein's feelings.

Of her husband she says, "He has been cruel in every way; he did all he could to spoil my life; he tells lies and rumours, wicked lies about me to everyone. He is a manufacturer of lies. He does it to affect my health." Pressed to give an example of the lies, Mrs Finkelstein said it was a long story, and that they were wicked lies. She appeared somewhat at a loss to remember any of the lies.<sup>120</sup>

This section of the text was important because Fanny's own voice was 'heard' in it, where she seems to be referencing several negative images of Jews, in addition to clinicians actively trying to catch her out with contradictions within her narrative. The first negative image of Jews that Fanny highlighted is that of the Jew's obsession with money.<sup>121</sup> She stated that her family all wanted a share of her money and that her husband, Isaac, was behind it. Next, she reinforced the connection between Jews, lust, sex and prostitution, when Fanny was recorded as saying that Mr Furst had sex with her daughter, Lily, at the instigation of her husband, Isaac.<sup>122</sup> With this one statement, Fanny invoked the image of the lustful Jew through Mr Furst having relations with Lily. Then she compounded it with the image of the Jewish prostitute and pimp in her daughter and husband.

It must also be acknowledged that this thesis would be stronger and more all encompassing if the Jewish patient population from the Edinburgh and Glasgow district asylum was included, because it would have reflected the total experience of Jewish 'madness' in central Scotland across the entire spectrum of social, economic and migration experiences. This aspect of the study was not undertaken due to the necessary decision as to which set of institutions to devote research time investigating, since the in depth investigation of all five institutions could not be accomplished in a timely manner. The time needed to

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<sup>120</sup> LHB 7/1/Craighouse Box 4, 'Fanny Finkelstein Mental Status 04-03-1934', in *Royal Edinburgh Hospital Case Notes (Loose)*.

<sup>121</sup> Colin Holmes, *Anti-Semitism in British Society 1876-1939* (London: Edward Arnold Publishers, 1979), pp. 104-120; and, Estelle Pearlman, 'The Representation of Jews on Edwardian Postcards', in Bryan Cheyette and Nadia Valman (eds.), *The Image of the Jew in European Liberal Culture 1789-1914* (London: Vallentine Mitchell, 2004), pp. 217-242.

<sup>122</sup> Sander Gilman, *The Jew's Body* (London: Routledge, 1991), pp. 104-127; Lara Marks, *Model Mothers: Jewish Mothers and Maternity Provision in East London 1870-1939* (Oxford: Clarendon Press, 1994), pp. 3, 18 and 30.

go through all of the admission papers for all of the institutions would have been extensive. The Royal Edinburgh and Glasgow Royal had 30,304 admissions between them over the chosen study time period, and it took fourteen months to track the full, or as complete as possible, Jewish patient population, not just a sample. Additionally, a control sample of patients, the first non-Jewish admission, after a Jewish admission was also examined while the Jewish population and control sample were analysed (see Chapter 5) to tease out demographic variables such as gender, age and marital status; social variables, such as class, both occupational and accommodation in addition to diagnosis trends; and institutional variables such as the patients' discharge status and length of stay. Furthermore there are the findings concerning Jews and mental health up to 1914 from Kenneth Collins' *Be Well!* that are used as a comparator of a fashion.<sup>123</sup> From the outset the quantitative analysis was intended to feed into a detailed qualitative analysis, highlighting particular patient experiences that required sustained engagement with the archival sources that these patients generated. In short, it would have been very challenging, with the resources and time available, to repeat the same exercise (with its explicit qualitative angle) for the Edinburgh and Glasgow district asylums to use as a comparison to the royal asylums of the same cities.

In closing, this chapter has discussed the methods and sources used for this thesis. Overall, this chapter has discussed the advantages and disadvantages of combining both qualitative and quantitative methods. Furthermore, it has sought to highlight the sustained, in-depth reading – and coding up – of all the transcribed material from patient admission warrants/certification papers, patient registers and case notes pertaining to the twelve selected Jewish patients that will be spotlighted in Chapters 6, 7 and 8, in addition to others that spoke to particular points of interest within the discussions of these chapters. During this process I have endeavoured to detect all kinds of ways in which the Jewishness of the patients has been portrayed by clinicians and also by the patients themselves, with stereotypes and ideals, prejudicial and celebratory, abounding. In addition, more practical matters have been explored, such as those pertaining to diet, respecting the Sabbath, family relations, visits, escapes and much more where Jewish aspects appear to tumble

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<sup>123</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.115-130.

into the picture, if not always in any consistent fashion amenable to simplistic final conclusions.



## Chapter 4

### Scottish Jewry, Asylum History and Profile of Jewish Asylum Patients in Scottish Asylums

Thus said the Lord of Hosts, the God of Israel, to the whole community which I exiled from Jerusalem to Babylon: Build houses and live in them, plant gardens and eat their fruit. Take wives and beget sons and daughters; and take wives for your sons, and give your daughters to husbands, that they may bear sons and daughters. Multiply there, do not decrease. And seek the welfare of the city to which I have exiled you and pray to the Lord in its behalf; for in its prosperity you shall prosper.

Jeremiah: 29.1-7, Adele Berlin and Marc Zvi Brettler (eds.), *The Jewish Study Bible* (Oxford: Oxford University Press, 2004), pp.983-984.

#### Introduction

The objective of this chapter is to provide crucial contexts for the thesis. The chapter will provide the historical context through a discussion of the rise of the asylum within the 'Anglo' world and how that general experience compares with the specific Scottish experience, focusing particularly on institutional examples near Jewish population centres. Then the discussion will move on to a general history of Anglo-Jewry, shifting specifically to Scottish Jewry and by bringing these contexts together the chapter echoes in microcosm claims made in Chapter 2 about the need to interface specific areas of study and literature: asylum history and the history of Anglo-Jewry.

#### Anglo-Asylums

The rise of the asylum in the 'Anglo' world – I am using the term 'Anglo' to refer to Britain, specifically England; cannot be fully covered within this thesis section. However, it will provide a simple overview that is important in contextualising the chapters that subsequently follow. To begin with 'madness', or what is now called mental illness, existed well before the rise of asylums; it is the social context in which it was viewed that was different.<sup>124</sup> Michel Foucault

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<sup>124</sup> Roy Porter, *The Greatest Benefit to Mankind: A Medical History from Antiquity to the Present* (London: Fontana Press, 1999).

posits that the rise of asylum use and construction was linked to the European Enlightenment and its focus on reason. Those suffering from madness were believed to have lost all reason and needed to be removed from society, which led to what Foucault termed the ‘Great Confinement’.<sup>125</sup> This is a somewhat simple explanation that does not fully fit with the realities of the lived experience of both patients and clinicians within British asylums, and especially within the Scottish context, which will be touched on later in the chapter. It does not explain Bethlem Asylum, and other similar institutions, which has its historic roots in the thirteenth century, and by about 1400 had shifted its focus from treating paupers with physical illnesses to care for those suffering from madness. Bethlem’s shift to caring for and housing the mad occurred well before the start of the Enlightenment, which is an eighteenth century phenomenon. Revisionist historians of psychiatry, such as Roy Porter and Andrew Scull,<sup>126</sup> contend that in addition to shifts in thought brought on by the Enlightenment, there were additional social, political and economic factors that contributed to the dramatic rise in the construction and use of asylum care for those suffering from madness during the eighteenth, nineteenth and early twentieth centuries.

During the eighteenth and nineteenth centuries private madhouses were used to house individuals deemed to be suffering from madness. The 1774 Madhouses Act established a commission from the Royal College of Physicians to visit and issue licences to the private madhouses in the greater London area. Concurrently, charitable asylums were established in several English cities (Norwich 1713, London 1751, Manchester 1766, Newcastle 1767, York 1777,

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<sup>125</sup> Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (REPRINT) (London: Vintage Books, 2006).

<sup>126</sup> Roy Porter, ‘History of Psychiatry in Britain’, in *History of Psychiatry*, 2(7), 1991, pp.271-279; ‘Introduction: Reflections on Psychiatry and Its Histories’, in Roy Porter and Mark Micale (eds.), *Discovering the History of Psychiatry* (Oxford: Oxford University Press, 1994), pp.3-36; ‘Psychiatry’, in *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: Fontana Press, 1999), pp.493-524; and, *Madness: A Brief History* (Kindle Edition) (Oxford: Oxford University Press, 2002); and, Andrew Scull, ‘The Social History of Psychiatry in the Victorian Era’, in Andrew Scull (ed.), *Madhouses, Mad-Doctors and Madmen: The Social History of Psychiatry in the Victorian Era* (London: The Althone Press, 1981), pp.5-32; *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (London: Routledge, 1989); ‘Psychiatry and Its Historians’, in *History of Psychiatry*, 2(7), 1991, pp.239-250; *The Most Solitary of Afflictions: Madness and Society in Britain 1700-1900* (London: Yale University Press, 1993); ‘Rethinking the History of the Asylum’, in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions and Society 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999), pp.295-315; ‘The Insanity of Place’, in *History of Psychiatry*, 15(4), 2004, pp.417-436; and, ‘Psychiatry and Social Control in the Nineteenth and Twentieth Centuries’, in *The Insanity of Place/The Place of Insanity: Essays on the History of Psychiatry* (London: Routledge, 2006), pp.107-128.

Liverpool 1792, Leicester 1794, Hereford 1797 and finally Exeter in 1801).<sup>127</sup> In terms of Scotland, the construction of charitable, or later known as royal, asylums started slightly later than in England, being a primarily nineteenth century enterprise (Montrose 1781, Aberdeen 1800, Edinburgh 1813, Glasgow 1814, Dundee 1820, Perth 1826 and Dumfries in 1839). For the purposes of this thesis, the most significant institutions to focus upon are the royal asylums built in Glasgow and Edinburgh.

### *Asylum Legislation*

Differences in legislation, enforcement and interpretation between England and Scotland are important facets to bear in mind throughout this thesis. This means that in practice any legislation that, for the purposes of this chapter, deals with the running and regulation of asylums in addition to its patients had to be passed separately in the two countries. Examples of this include, south of the border, the County Asylums Act of 1808, the Lunacy and Country Asylums Acts of 1845 and the Mental Deficiency Act 1913.<sup>128</sup> The analogous Scottish legislation is the Lunacy (Scotland) Act 1857, the Deputy Commissioners (Scotland) Act 1864 and the Mental Deficiency and Lunacy (Scotland) Act 1913.<sup>129</sup>

The County Asylums Act of 1808 empowered magistrates to build rate-supported asylums in every English county to care for pauper lunatics.<sup>130</sup> The first county asylum was opened in 1811 in Nottingham, but by 1827 only nine county asylums had opened. This means that many of the criminally insane were held in prisons, while many of the pauper insane remained confined to poor/workhouses, quite possibly under physical restraint (i.e. chains, stockade or straightjackets to name a few options), in addition to private asylums. Due to this slow progress in building county asylums, the “one-two” punch of lunacy

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<sup>127</sup> Leonard Smith, ‘St Luke’s Hospital for Lunatics’, in *Lunatic Hospitals in Georgian England 1750-1830* (London: Routledge, 2007), pp.7-20.

<sup>128</sup> 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* (London: Wellcome Trust for the History of Medicine, 1998), pp.6-8.

<sup>129</sup> 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* (London: Wellcome Trust for the History of Medicine, 1998), pp.6-8.

<sup>130</sup> Leonard Smith, ‘The Rise of the Public Asylum’, in *‘Cure, Comfort and Safe Custody’: Public Lunatic Asylums in Early Nineteenth-Century England* (London: Leicester University Press, 1999), pp.12-51.

legislation was passed in 1845, the Lunacy Act 1845 and the County Asylums Act 1845.<sup>131</sup> The two Acts were dependent on each other.

The Lunacy Act of 1845 established the Commissioners in Lunacy, which was similar to the commission that was established by the Madhouses Act of 1774 that inspected and licenced the private madhouses in the Greater London area. The Commissioners in Lunacy essentially served the same purpose, but they worked in the whole of England and Wales instead of just one small area. Further, the Act required asylums, other than Bethlem, to be registered with the Commission, for the institution to have written regulations and to have a resident physician. The Commission also monitored insane persons who were outside the care of asylums, such as those in prisons and workhouses, and when possible worked to have individuals transferred to an asylum. While the County Asylums Act of 1845 required the provision of public asylum space for all pauper lunatics to be provided by the local county authorities, essentially the Commissioners in Lunacy were the enforcers. These two Acts, and their subsequent amendments in 1846, 1847 and 1853, were the foundation of Lunacy law and regulation in England and Wales until 1890 when they were repealed by the Lunacy Act of 1890.

The Mental Deficiency Act of 1913 replaced the Idiots Act of 1886, proceeding to demarcate the legal definitions of ‘idiots’ and ‘imbeciles’ in addition to adding provisions for the care of mental patients. It implemented the recommendations of the Royal Commission on the Care and Control of the Feeble-Minded, which was established in 1908. The Mental Deficiency Act established the Board of Control for Lunacy and Mental Deficiency, which replaced the Commissioners in Lunacy and performed many of the same functions. The Board oversaw the implementation of provision for the segregation and care of those who were deemed to have mental deficiencies, as defined as follows: 1. ‘Idiots’ were those that were so deeply defective that they were unable to guard themselves against common physical dangers. 2. ‘Imbeciles’ were those whose defectiveness did not amount to idiocy, but that was so pronounced that they were unable to manage themselves or their affairs, or in

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<sup>131</sup> Lunacy Act 1845, *An Act for the Regulation of the Care and Treatment of Lunatics*, 8 & 9 Vict. c.100, < <https://wellcomelibrary.org/item/b22317296#?c=0&m=0&s=0&cv=0&z=-0.3157%2C0.37%2C1.6314%2C0.925> >, [Accessed July 2017]; and, County Asylums Act 1845, *An Act to amend the Laws for the Provision and Regulation of Lunatic Asylums for Counties and Boroughs, and for the Maintenance and Care of Pauper Lunatics, in England*, 8 & 9 Vict. c.126.

the case of children were unable to be taught to do so. 3. 'The feeble-minded' were those whose weakness did not amount to imbecility, but who required care, supervision or control for their own protection or the protection of others, or in the case of children were not capable of receiving benefit from instruction in a regular school. 4. Moral imbeciles were those who displayed mental weakness with strong vicious or criminal tendencies, and for whom punishment was little or no deterrent.<sup>132</sup> As can be seen from the above definitions, the Act was highly eugenic in tone and outlook. The provisions of the Act remained in force until the passage of the Mental Health Act of 1959.

The purpose of the above detailed lunacy legislation was to formalise, codify and in general create a mental health system that normalised the act of seeking treatment for mental ill health and encouraged those, or their extended friends and family, to seek treatment within these institutions. Furthermore, it also created a legal obligation on parochial authorities to seek places in public asylums for their pauper lunatic charges – individuals with no means of support (i.e. insufficient personal, family or friends' financial resources) – would normally be the nearest public county asylum. In practice, quite large numbers of supposedly harmless but 'incurable' lunatics, and particularly idiots, were retained in parochial institutions (workhouses) rather than being transmitted to public asylums. In contrast more well-to-do patients and their families tended to seek out care and treatment (or alternatively hidden away) in charitable lunatic hospitals (the English equivalent of the royal asylums) or the more private madhouses (or 'licensed houses' as they became known). A few large metropolitan madhouses did take large numbers of pauper lunatics from city parishes, throughout the century, because the cost to the parochial authorities tended to be lower.<sup>133</sup> With this in mind, these laws sought to provide 'curative' environments that could facilitate the rehabilitation of patients that had experienced curable forms of mental illness, or during this period lunacy.

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<sup>132</sup> WH Gattie and TH Holt-Hughes, 'Notes on the Mental Deficiency Act 1913', in *The Quarterly Law Review*, 30(2), 1914, p.202; Harvey Simmons, 'Explaining Social Policy: The English Mental Deficiency Act of 1913', in *Journal of Social History*, 11(3), 1978, p.392; and, Neill Anderson and Arturo Langa, 'The Development of Institutional Care for "Idiots and Imbeciles" in Scotland', in *History of Psychiatry*, 8(30), 1997, pp.243-266.

<sup>133</sup> Chris Philo, *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales* (Lewiston, NY: Edwin Mellen Press, 2004), pp. 526-612; and Leonard Smith, 'The Rise of the Public Asylums', in *'Cure, Comfort and Safe Custody': Public Lunatic Asylums in Early Nineteenth-Century England* (London: Leicester University Press, 1999), pp.12-51 and 165-167; and *Lunatic Hospitals in Georgian England 1750-1830* (London: Routledge, 2007), pp. 7-20.

Further as the nineteenth century progressed and it became more readily apparent that some forms of lunacy were chronic in nature, the purpose of the legislation evolved to encompass the provision of facilities and care to accommodate those who were affected by these chronic or incurable forms of lunacy.

### *Scottish Lunacy Landscape*

Now the discussion will turn to the Scottish legislation. The Lunacy (Scotland) Act of 1857 set the guidelines for public asylum provision in Scotland. Prior to this, the majority of the provision for the insane, whatever their social class, was indeed handled by the aforementioned seven royal asylums, two of which, the Royal Edinburgh Asylum and the Glasgow Royal Asylum at Gartnavel, are the focus of this thesis, in addition to those accommodated within poorhouses and private madhouses or 'boarded out' with local families (as was distinctive feature of the Scottish response to lunacy).<sup>134</sup> The structure that the Act provided – dividing Scotland into lunacy districts and assigning a visiting commissioner to visit asylums, poorhouses, private madhouses and jails in their assigned district, the necessity of two medical certificates for admissions and the compulsion for local authorities to construct district asylums – came twelve years after the passage of the Lunacy Act of 1845, which essentially accomplished the same ends in England (and also Wales).<sup>135</sup> The twelve-year separation between the passage of the two pieces of legislation represents, in part, the double edge of Scottish resistance to English interference and pride in the history of voluntary charitable relief for the poor via the Kirk.<sup>136</sup>

It was only after a schism within the Kirk in 1843, where the established Church of Scotland split over issues of the Church's relationship to the state to form the Church of Scotland and the Free Church of Scotland, that the inherent weaknesses of the established parochial system of caring for lunatics was

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<sup>134</sup> Harriet Sturdy, *Boarding-Out the Insane, 1857-1913: A Study of the Scottish System* (PhD Thesis: University of Glasgow, 1996), pp.39-60.

<sup>135</sup> Jonathan Andrews, 'Raising the Tone of Asylumdom: Maintaining and Expelling Pauper Lunatics at the Glasgow Royal Asylum in the Nineteenth Century', in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions, and Society 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999), p.201; and, *They're in the Trade ...of Lunacy. They 'cannot interfere' – they say.": The Scottish Lunacy Commissioners and Lunacy Reform in Nineteenth-Scotland* (London: Wellcome Institute for the History of Medicine, 1998), p.28.

<sup>136</sup> Kim Ross, *The Locational History of Scotland's District Lunatic Asylums 1857-1913* (PhD Thesis: University of Glasgow, 2014).

revealed. This led to the passage of the Poor Law Amendment (Scotland) Act in 1845, which gave local authorities the power to levy assessments to set up their own asylums, which ‘marked a much delayed but major threshold in Scottish adoption of English approaches to poor relief. ...’<sup>137</sup> This shows that the revision of the Poor Law within the Scottish framework was central and a starting point for lunacy reform in Scotland during the nineteenth century.<sup>138</sup> However, in practice no progress was made after the 1845 legislation towards opening dedicated pauper lunatic asylums, except insofar as there were small moves to create, within poorhouse complexes, some space for pauper lunatics (the forerunners of the Scottish ‘parochial asylums’).<sup>139</sup> It was not until the 1855-1857 Commission of Inquiry into the state of Scottish lunacy that more decisive actions were taken in this direction.<sup>140</sup> Furthermore, the 1855-1857 Commission of Inquiry into the state of Scottish lunacy was important because it established that there was insufficient provision for lunatics in Scotland, with only the royal asylums; which were largely concentrated in more urban and eastern areas of Scotland (i.e. Montrose, Aberdeen, Edinburgh, Dundee and Perth), with the exceptions of Glasgow and Dumfries in the west of Scotland; and some relatively small wards within poorhouses.<sup>141</sup> As a consequence, the Lunacy (Scotland) Act of 1857 compelled the local Scottish authorities to construct district asylums, beginning with facilities located in more rural areas that did not have ready access to the existing royal asylums, which brought the overall Scottish asylum system more in line with the system that was already in place in England and Wales, with royal and district asylums paralleling the charitable and county asylums south of the border.

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<sup>137</sup> Jonathan Andrews, ‘Raising the Tone of Asylums: Maintaining and Expelling Pauper Lunatics at the Glasgow Royal Asylum in the Nineteenth Century’, in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions, and Society 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999), p.202.

<sup>138</sup> 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* (London: Wellcome Institute for the History of Medicine, 1998), p.7.

<sup>139</sup> Lauren Farquhauson, ‘A ‘Scottish Poor Law of Lunacy’? Poor Law, Lunacy and Scotland’s Parochial Asylums’, in *History of Psychiatry*, 28(1), 2017, pp.15-28.

<sup>140</sup> Kim Ross, *The Locational History of Scotland’s District Lunatic Asylums 1857-1913* (PhD Thesis: University of Glasgow, 2014); and, Lauren Farquhauson, ‘A ‘Scottish Poor Law of Lunacy’? Poor Law, Lunacy and Scotland’s Parochial Asylums’, in *History of Psychiatry*, 28(1), 2017, pp.15-28.

<sup>141</sup> See Kim Ross, *The Locational History of Scotland’s District Asylums 1857-1913* (PhD Thesis: University of Glasgow, 2014); and, Lauren Farquhauson, ‘A ‘Scottish Poor Law of Lunacy’? Poor Law, Lunacy and Scotland’s Parochial Asylums’, in *History of Psychiatry*, 28(1), 2017, pp.15-28.

In short, the Deputy Commissioners (Scotland) Act of 1864 made the Commissioners in Lunacy a permanent feature because the 1857 Lunacy Act put a time limit on the commission.<sup>142</sup> Finally, the Mental Deficiency and Lunacy (Scotland) Act of 1913, like its English counterpart, defined what was a mentally defective person and stipulated detailed provisions for their care and supervision within institutions, and also repurposed the Commissioners in Lunacy into the General Board of Control. The provisions of the Act remained essentially in effect until 1960 with the passage of the Mental Health (Scotland) Act of 1960, which affected several of the Jewish patients that will be discussed later in this thesis, and marked a turn towards care in the community and the gradual draw down of the asylum patient population during the course of the 1960s and 1970s.<sup>143</sup>

Royal or chartered asylums are different from the district, or in the English context, country asylums. The sole purpose of the district asylums was to care for and treat potentially curable pauper lunatics. The 1857 Lunacy Act indeed established the imperative to construct district asylum provision for pauper lunatics by local authorities, uniting together into composite 'districts' for the purposes of delivering on the requirements of the legislation. As was illustrated in Kim Ross' 2014 thesis, there were two waves of district asylum construction; the 'early' district asylums that opened between 1863 and 1896 and the 'late' district asylums that opened between 1904 and 1909. Ross further argues that the royal asylums, two of which are the main focus of this thesis, were the models that the district asylums emulated and that, specifically as regards the Glasgow Royal Asylum, it essentially acted as a proto-district asylum for Western Scotland.<sup>144</sup> In essence this means that these institutions, at least initially, accepted pauper lunatics that were supported by the charitable arm of the institution and further subsidised via the payments received from wealthier patients and their families. Within the context of the legislative background discussed, it is useful now to offer mini-portraits of the Glasgow and

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<sup>142</sup> 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* (London: Wellcome Institute for the History of Medicine, 1998).

<sup>143</sup> Vicky Long, "'Heading Up a Blind Alley?" Scottish Psychiatric Hospitals in the Era of Deinstitutionalisation', in *History of Psychiatry*, 28(1), 2017, pp.115-128.

<sup>144</sup> Kim Ross, *The Locational History of Scotland's District Lunatic Asylums 1857-1913* (PhD Thesis: University of Glasgow, 2014).



Edinburgh facilities, since they are the empirical bases for the case study research conducted in this thesis inquiry.

### *Edinburgh and Glasgow Royal Asylums*

The Royal Edinburgh Asylum has its roots in a request by Dr Andrew Duncan (1744-1828) upon the death of Robert Fergusson (1750-1774), Edinburgh's poet laureate, in Edinburgh's Charity Workhouse after he began to experience mental health issues following a head injury. Duncan was a physician, professor at Edinburgh University and was Fergusson's physician.<sup>145</sup> Edinburgh's Charity Workhouse did not function along the same model as its English counterparts of the period. In reality, it was an almshouse that housed the city's poor, orphans, foundlings, criminals and lunatics. As regards to the insane, there was space for both paying and pauper insane.<sup>146</sup> Fergusson's mother and friends had exerted considerable, and ultimately fruitless, effort to find a more appropriate and comfortable institution for his care.<sup>147</sup> Duncan was so moved by Fergusson's plight that he proposed that an asylum be built so that the mentally ill could be humanely looked after in 1792.<sup>148</sup> This proposed goal took about 20 years to be realised, after extensive fundraising efforts by Duncan and his supporters and finally money gifted by the Parliament in London. Another goal was to put Scottish mental patients on the same legal footing as their English counterparts, as was discussed earlier in this chapter, but the act of bringing the two legal systems, as regards lunacy legislation, into alignment was more easily said than done.<sup>149</sup> The Royal Charter was dated April 1807, and the Royal Edinburgh Asylum at Morningside opened with six patients in 1813.<sup>150</sup> Initially, only paying

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<sup>145</sup> 'Lothian Hospital Histories: Royal Edinburgh Hospital', in *Lothian Health Service Archive* < [http://www.lhsa.lib.ed.ac.uk/exhibits/hosp\\_hist/reh.htm](http://www.lhsa.lib.ed.ac.uk/exhibits/hosp_hist/reh.htm) >, [Accessed September 2016].

<sup>146</sup> Margaret Thompson, *The Mad, The Bad, and the Sad: Psychiatric Care in the Royal Edinburgh Asylum (Morningside) 1819-1894* (PhD Thesis: Boston University, 1984), pp.21-22.

<sup>147</sup> Margaret Thompson, *The Mad, The Bad, and the Sad: Psychiatric Care in the Royal Edinburgh Asylum (Morningside) 1819-1894* (PhD Thesis: Boston University, 1984), p.22; Also see William Ellis Gillis, *Auld Reikie's Laureate: Robert Fergusson, A Critical Biography* (PhD Thesis: Edinburgh University, 1955).

<sup>148</sup> GT Bettany and Lisa Rosner, 'Duncan, Andrew, the elder (1744-1828)', in HCG Matthew, Brian Harrison and R James Long (eds.), *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), p.162; and, 'Lothian Hospital Histories: Royal Edinburgh Hospital', in *Lothian Health Service Archive* < [http://www.lhsa.lib.ed.ac.uk/exhibits/hosp\\_hist/reh.htm](http://www.lhsa.lib.ed.ac.uk/exhibits/hosp_hist/reh.htm) >, [Accessed September 2016].

<sup>149</sup> Andrew Duncan, 'Observations Respecting Lunatic Asylums in Scotland, (Edinburgh 1810)', (Reprint) in Lisa Rosner, *Andrew Duncan MD FRSE (1744-1828)* (Edinburgh: Scotland's Cultural Heritage, 1981), p.3.

<sup>150</sup> Margaret Thompson, *The Mad, The Bad, and the Sad: Psychiatric Care in the Royal Edinburgh Asylum (Morningside) 1819-1894* (PhD Thesis: Boston University, 1984), p.4.

patients were admitted to the asylum. Then in 1842, with the opening of the 'new' West House, pauper patients began to be admitted. Finally, in 1844 the insane from Edinburgh's Charity Workhouse were transferred to the Royal Edinburgh.<sup>151</sup>

The position of medical superintendent of an asylum was an influential and powerful position because it set the tone for the treatment of the patients within the institutions, and depending on the institution (i.e. Royal Edinburgh and Glasgow Royal) could impact the care and treatment of mental patients further afield. Initially the Royal Edinburgh was, for the lack of a better term, a 'lay' operation led by John Hughes, who had previously been working at St Luke's Hospital in London.<sup>152</sup> In 1839 the position of Physician Superintendent was created, and the first to hold this position was Dr William Mackinnon, who encouraged patients to continue to use the trades or skills that they possessed (i.e. gardening, carpentry, farming or tailoring and sewing).<sup>153</sup> He remained in this post until 1846, when he was succeeded by Dr David Skae. Skae was a driving force in the separation and classification of patients within the asylum. He also was heavily involved with Edinburgh University's medical school, teaching students about the emerging specialty of psychiatric medicine, which led to the Royal Edinburgh becoming a well-respected postgraduate training site.<sup>154</sup>

Skae remained the Physician Superintendent until 1873, when he was succeeded by Dr Thomas Clouston (1840-1915).<sup>155</sup> Clouston was the first of the Physician Superintendents of direct importance for this thesis because of the effect these men – at this point they were all men – had on clinical practice within the Morningside institution, and he was followed by George Robertson and David Kennedy Henderson, who will both be discussed later within this section. Clouston spearheaded the expansion of the asylum with the construction

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<sup>151</sup> 'Lothian Hospital Histories: Royal Edinburgh Hospital', in *Lothian Health Service Archive* < [http://www.lhsa.lib.ed.ac.uk/exhibits/hosp\\_hist/reh.htm](http://www.lhsa.lib.ed.ac.uk/exhibits/hosp_hist/reh.htm) >, [Accessed September 2016].

<sup>152</sup> 'Lothian Hospital Histories: Royal Edinburgh Hospital', in *Lothian Health Service Archive* < [http://www.lhsa.lib.ed.ac.uk/exhibits/hosp\\_hist/reh.htm](http://www.lhsa.lib.ed.ac.uk/exhibits/hosp_hist/reh.htm) >, [Accessed September 2016].

<sup>153</sup> 'Lothian Hospital Histories: Royal Edinburgh Hospital', in *Lothian Health Service Archive* < [http://www.lhsa.lib.ed.ac.uk/exhibits/hosp\\_hist/reh.htm](http://www.lhsa.lib.ed.ac.uk/exhibits/hosp_hist/reh.htm) >, [Accessed September 2016].

<sup>154</sup> 'Lothian Hospital Histories: Royal Edinburgh Hospital', in *Lothian Health Service Archive* < [http://www.lhsa.lib.ed.ac.uk/exhibits/hosp\\_hist/reh.htm](http://www.lhsa.lib.ed.ac.uk/exhibits/hosp_hist/reh.htm) >, [Accessed September 2016].

<sup>155</sup> 'Lothian Hospital Histories: Royal Edinburgh Hospital', in *Lothian Health Service Archive* < [http://www.lhsa.lib.ed.ac.uk/exhibits/hosp\\_hist/reh.htm](http://www.lhsa.lib.ed.ac.uk/exhibits/hosp_hist/reh.htm) >, [Accessed September 2016].

of Craig House, which opened in 1894.<sup>156</sup> Craig House catered to private patients that paid the higher rates of board. Clouston was the Physician Superintendent of the asylum from 1873 until 1908 when he retired.<sup>157</sup>

He was succeeded by Dr George Robertson (1864-1932) in 1908, who had served as an Assistant-Physician at the Royal Edinburgh and was trained by Clouston.<sup>158</sup> Robertson was the Physician Superintendent until 1932, when he died just three days after his retirement from the post due to failing health.<sup>159</sup> Robertson was succeeded by one of his former students and former Edinburgh Royal Assistant-Physician, Dr David Kennedy Henderson (1884-1965).<sup>160</sup> Prior to his appointment as the Physician Superintendent at the Royal Edinburgh in 1932, Henderson had worked in the same position at the Glasgow Royal Asylum at Gartnavel from 1921 until 1932. While at Gartnavel, he pioneered the so-called Glasgow School of Psychiatry, with its emphasis on the 'whole' patient (i.e. typified by the taking of detailed patients histories and the practice of case conferences).<sup>161</sup> This link between the two institutions is significant because to a certain extent it unifies the clinical practice within both institutions during the period (1900-1939), when the majority of the Jewish patients were admitted to the two institutions.

The Glasgow Royal Asylum was established in 1814 in response to the degrading conditions that were provided in the city's poorhouses, jails and hospitals for those suffering from madness. The asylum was built in the

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<sup>156</sup> 'Lothian Hospital Histories: Royal Edinburgh Hospital', in *Lothian Health Service Archive*, < [http://www.lhsa.lib.ed.ac.uk/exhibits/hosp\\_hist/reh.htm](http://www.lhsa.lib.ed.ac.uk/exhibits/hosp_hist/reh.htm) >, [Accessed September 2016].

<sup>157</sup> LHB 7/7/12, *Royal Edinburgh Asylum Annual Reports 1908-1913*, in *Royal Edinburgh Asylum Ninety-Sixth Annual Report of the Royal Edinburgh Asylum for the Year 1908* (Morningside: Royal Edinburgh Asylum, 1909), p.1.

<sup>158</sup> LHB 7/7/12, *Royal Edinburgh Asylum Annual Reports 1908-1913*, in *Royal Edinburgh Asylum Ninety-Sixth Annual Report of the Royal Edinburgh Asylum for the Year 1908* (Morningside: Royal Edinburgh Asylum, 1909), pp.1-2.

<sup>159</sup> LHB 7/7/15, *Royal Edinburgh Asylum Annual Reports 1932-1939*, in *The Hundred and Twentieth Annual Report for the Year 1932 of the Royal Edinburgh Hospital, Morningside for Mental and Nervous Disorders Comprising the University Psychological Clinic, the Jordanburn Nerve Hospital, the Associated Nursing Homes, Craig House and the West House* (Edinburgh: The Darien Press, 1933), pp.1-3.

<sup>160</sup> LHB 7/7/15, *Royal Edinburgh Asylum Annual Reports 1932-1939*, in *The Hundred and Twentieth Annual Report for the Year 1932 of the Royal Edinburgh Hospital, Morningside for Mental and Nervous Disorders Comprising the University Psychological Clinic, the Jordanburn Nerve Hospital, the Associated Nursing Homes, Craig House and the West House* (Edinburgh: The Darien Press, 1933), pp.1-3.

<sup>161</sup> Hazel Morrison, *Understanding the Clinical Encounter: Gartnavel Royal Hospital 1921-1932. Exploring the Intersection of Scientific and Social Discourses Which Neglected the Boundaries of Psychiatric Diagnosis* (PhD Thesis: University of Glasgow, 2014).

Cowcaddens area of the city using a ‘panoptic’ design that sought to render inmates visible at all times to the institutional authorities.<sup>162</sup> The design helped to segregate patients along class, gender and diagnosis lines, which was considered very important for the ‘moral treatment’ of madness. It was believed that removal from urban areas into more pastoral locations was conducive in helping those regain reason and return to acting in a way that was acceptable to the larger society. At the time of its construction the asylum was on the outer edge of the city, but the city was growing quickly and would soon be problematically encircling the facility. Soon, by the 1830s, the population of patients at the Glasgow Royal was pushing the limits of the facility in the Cowcaddens area. By this time the city had also expanded, so that the area was no longer pastoral in nature but instead very urban, and due to this the facility could not be enlarged to accommodate the increasing number of patients in need of its services. A site at Gartnavel, in the city’s West End, was selected instead and the asylum relocated there in 1842, where it has remained ever since, often simply being referred to as ‘Gartnavel’ (a practice occasionally echoed below).

From its inception in 1814, the mission of the Glasgow Royal was to care for the insane of the city, no matter their social status, pauper or private, albeit payments were required from most patients (and so in practice it was not available for just anyone to use). During the 1870s and 1880s, the stated mission and the actual practice began to diverge in that, from the Medical Superintendent on down, there was a concerted effort to ‘de-pauper’ the asylum and to raise the status of the institution and to transform the patient population into one made up of the more genteel sort. By 1897, all the pauper patients had been released or transferred to other institutions such as the Glasgow and Govan District Asylums.<sup>163</sup>

The pauper free status of the Glasgow Royal was relatively short lived, and it only lasted until the First World War (1914-1918). After the outbreak of war, when it became clear to all concerned parties that the war would drag on

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<sup>162</sup> Ann Snedden, ‘Ch.3: Environment and Architecture’, in Jonathan Andrews and Iain Smith (eds.), *Let There Be Light Again’: A History of Gartnavel Royal Hospital from its Beginnings to the Present Day. Essays Written to Mark the 150<sup>th</sup> Anniversary in 1993 of Gartnavel Royal Hospital’s Existence on its Present Site* (Glasgow: Gartnavel Royal Hospital, 1993), pp.25-30.

<sup>163</sup> Jonathan Andrews, ‘Raising the Tone of Asylumdom: Maintaining and Expelling Pauper Lunatics at the Glasgow Royal Asylum in the Nineteenth Century’, in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions, and Society 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999), pp.200-222.

much longer than initially thought, Gartnavel was used to treat both officers and enlisted soldiers for the psychological aftereffects of combat.<sup>164</sup> The Annual Report from 1920 states that, “[o]f these 12 were “Service” patients, who were maintained by the Ministry of Pensions, and the total number of such cases under care at the end of the year was 63. ...”<sup>165</sup> Interestingly the Royal Edinburgh was also used in a similar fashion during and in the years immediately following the First World War.<sup>166</sup> The Royal Edinburgh Asylum’s Annual Report from 1914 stated that:

... the intention of the Managers was to set aside certain wards for the treatment and care of the wounded, but afterwards learning that many sailors and soldiers were returning from the front suffering from mental collapse, they felt that these men had the first claim on their attention. They accordingly wrote to the Red Cross Society offering free accommodation and treatment for twelve officers in Craig House and twenty-four men in the West House. This offer was gratefully accepted, but has not as yet been taken advantage of, the Naval and War Office authorities being, naturally and properly, anxious to avoid, if possible, sending cases to asylums until other means of cure have been exhausted.<sup>167</sup>

While the next year, 1915, Dr George Robertson stated that ‘[w]e have admitted during the course of the year about 30 officers and soldiers, the great majority of whom had not been to the front....’<sup>168</sup> In contrast, the Glasgow Royal, at the dawn of the Second World War accepted the transfer of patients out of Gartloch (a district asylum) to Gartnavel so that the former could be used as a hospital for wounded soldiers from the French and Belgium front.<sup>169</sup>

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<sup>164</sup> See GGHB 13B/2/223, Gartnavel Royal Asylum Annual Reports 1902-1920, specifically 1916-1920.

<sup>165</sup> GGHB 13B/2/223, Gartnavel Royal Asylum Annual Reports 1902-1920, *The One Hundred and Seventh Annual Report of the Glasgow Royal Mental Hospital (Glasgow Royal Asylum) for the Year 1920* (Glasgow: Glasgow Royal Asylum, 1921), p.12.

<sup>166</sup> See LHB 7/7/13 (Annual Reports Royal Edinburgh Asylum 1914-1922).

<sup>167</sup> LHB 7/7/13 (Annual Reports Royal Edinburgh Asylum 1914-1922), *One Hundred and Second Annual Report of the Royal Edinburgh Asylum, Morningside, Craig House and the West House Mental Hospitals for the Year 1914* (Edinburgh: The Darien Press, 1915), p.2.

<sup>168</sup> LHB 7/7/13 (Annual Reports Royal Edinburgh Asylum 1914-1922), *One Hundred and Third Annual Report of the Royal Edinburgh Asylum, Morningside, Craig House and the West House Mental Hospitals for the Year 1915* (Edinburgh: The Darien Press, 1916), p.14.

<sup>169</sup> See GGHB 13B/2/223, Gartnavel Royal Asylum Annual Reports 1902-1920, specifically 1916-1920; GGHB 13/7/146, *Gartnavel Royal Asylum Admission Warrants 1939*; and, Jonathan Andrews and Iain Smith (eds.) *‘Let There Be Light Again’ A History of Gartnavel Royal Hospital from its Beginnings to the Present Day: Essays Written to Mark the 150<sup>th</sup> Anniversary in 1993 of Gartnavel Royal Hospital’s Existence on its Present Site* (Glasgow: Gartnavel Royal Hospital, 1993), p.107.

## Anglo-Jewry

As explained in Chapter 2, it is generally accepted to use the term 'Anglo-Jewish' to refer to Jews in Britain as a whole, including Jews in Scotland and Wales. Further clouding the waters is that much of the history of the Jews in Britain concerns Jews who lived in English cities, particularly London. Many of the prominent scholars that study Anglo-Jewish history focus almost solely on the Jewish communities of Greater London,<sup>170</sup> which due to its size had a distinctly different experience than was true of the Jewish communities outside Greater London (i.e. Leeds, Liverpool and Manchester),<sup>171</sup> even before the differences

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<sup>170</sup> See Geoffrey Alderman, *London Jewry and London Politics 1889-1986* (London: Routledge, 1989); C. Aronsfeld, 'Jewish Enemy Aliens in England During the First World War', in *Jewish Social Studies*, 18(4), 1956, pp.275-283; 'A German Anti-Semite in England: Adolf Stocker's London Visit', in *Jewish Social Studies*, 49(1), 1987, pp.43-52; Gerry Black, 'The Struggle to Establish the London Jewish Hospital: Lord Rothschild Versus the Barber', in *Jewish Historical Studies*, 32(1), 1993, pp.337-353; 'Bernhard Baron: Tobacco and Philanthropy', in *Jewish Historical Studies*, 36(1), 2001, pp.71-80; 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1914', in *Jewish Historical Studies*, 36(1), 2001, pp.93-111; David Cesarani, *The Jewish Chronicle and Anglo-Jewry 1841-1991* (Cambridge: Cambridge University Press, 1994); Todd Endelman, 'Communal Solidarity Among the Jewish Elite of Victorian London', in *Victorian Studies*, 28(3), 1985, pp.491-526; *Radical Assimilation in English Jewish History 1656-1945* (Bloomington, Indiana: University of Indiana Press, 1990); 'Frankaus of London: Assimilation in Radical Study 1837-1967', in *Jewish History*, 8(1/2), 1994, pp.117-154; *The Jews of Britain 1656-2000* (Kindle Edition) (London: University of California Press, 2002); 'Anglo-Jewish Scientists and the Science of Race', in *Jewish Social Studies*, 11(1), 2004, pp.52-92; Abraham Gilam, 'The Burial Grounds Controversy Between Anglo-Jewry and the Victorian Board of Health, c.1850', in *Jewish Social Studies*, 45(2), 1983, pp.147-156; Judy Glasman, 'Assimilation by Design: London Synagogues in the Nineteenth Century', in Tony Kushner (ed.), *The Jewish Heritage in British History: Englishness and Jewishness* (London: Frank Cass & Co. Ltd., 1992), pp.171-209; Nancy Green, 'The Modern Jewish Diaspora: East European Jews in New York, London, and Paris', in Todd Endelman (ed.), *Comparing Jewish Societies* (Ann Arbor, Michigan: University of Michigan Press, 1997), pp.113-134; Lara Marks, 'Carers and Servers of the Jewish Community: The Marginalised Heritage of Jewish Women in Britain', in Tony Kushner (ed.), *The Jewish Heritage in British History: Englishness and Jewishness* (London: Frank Cass & Co. Ltd., 1992), pp.106-127; *Model Mothers: Jewish Mothers and Maternity Provision in East London 1870-1939* (Oxford: Clarendon Press, 1994); *Metropolitan Maternity: Maternal and Infant Welfare Services in Early Twentieth Century London* (Amsterdam: Rodolpi BV, 1996); Carole Ann Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001); Elaine Smith, 'Jews and Politics in the East End of London 1918-1939', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell, 1990), pp.141-162, etc.

<sup>171</sup> See Joseph Buckman, *Immigrants and the Class Struggle: The Jewish Immigrant in Leeds* (Manchester: Manchester University Press, 1983); Rickie Burman, 'Jewish Women and the Household Economy in Manchester 1890-1920', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell, 1990), pp.55-75; Roy Church, *Economic and Social Change in a Midland Town: Victorian Nottingham 1815-1900* (London: Cass, 1966); Irina Kudenko, *Negotiating Jewishness: Identity and Citizenship in the Leeds Jewish Community* (PhD Thesis: University of Leeds, 2007); Rosalyn Livshin, 'The Acculturation of Children of Immigrant Jews in Manchester 1890-1930', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell, 1990), pp.79-96; Aubrey Newman, 'Provincial Jewry in Victorian Britain: A Report', in *Transactions of the Jewish Historical Society of England*, 25(1), 1977, pp.222-229; Leonard Smith, 'Insanity and Ethnicity: Jews in the Mid-Victorian Lunatic Asylum', in *Jewish*

among Jewish communities in Ireland, Scotland and Wales are taken into consideration.<sup>172</sup> Therefore, for the purpose of this thesis, I will mostly be speaking of Jews within the Scottish context, unless otherwise stated.

Jews were initially allowed to settle in England in 1070 by William the Conqueror. He believed that their commercial skills would make England more prosperous. Although described by Cecil Roth as “the least important, both numerically and culturally”, of all medieval western Jewries, the Jews of England occupied a prominent position in the life of the country before their decline in the 50 years before the expulsion.<sup>173</sup> Jewish merchants and moneylenders performed unpopular economic operations, while the community as a group served as a source of revenue for the crown. The latter function was important. Taxes, extremely high levies, and outright confiscation transferred much of the profits generated by Jewish moneylending and trade to the royal exchequer; but when the Jews’ wealth declined dramatically in the second half of the thirteenth century as a result of new restrictions on moneylending and

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*Culture and History*, 1(1), 1998, pp.5-26; Oliver Valins, *Identity, Space and Boundaries: Ultra-Orthodox Judaism in Contemporary Britain* (PhD Thesis: University of Glasgow, 1999); Bill Williams, *The Making of Manchester Jewry 1740-1875* (Manchester: Manchester University Press, 1976); “East and West”: Class and Community in Manchester Jewry 1850-1914’, in David Cesarani (ed.), *The making of Modern Anglo-Jewry* (Oxford: Basil Blackwell, 1990), pp.15-33, etc.  
<sup>172</sup> See Geoffrey Alderman, ‘The Anti-Jewish Riots of August 1911 in South Wales’, in *Welsh History Review*, 6(1), 1972, pp.190-200; ‘The Jew as Scapegoat? The Settlement and Reception of Jews in South Wales Before 1914’, in *Transactions of the Jewish Historical Society of England*, 26(1), 1979, pp.62-70; Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007); Kenneth Collins, *Aspects of Scottish Jewry* (Glasgow: Glasgow Jewish Representative Council, 1987); *Jewish Medical Students and Graduates in Scotland 1739-1945* (PhD Thesis: University of Glasgow, 1987); *Go and Learn: The International Story of Jews and Medicine in Scotland* (Aberdeen: Aberdeen University Press, 1988); *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives Committee, 1990); *Glasgow Jewry: A Guide to the History and Community of the Jews in Glasgow* (Glasgow: Scottish Jewish Archives Committee, 1993); *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001); *Scotland’s Jews: A Guide to the History and Community of the Jews in Scotland* (Glasgow: Scottish Council of Jewish Communities, 2008); *The Jewish Experience in Scotland: From Immigration to Integration* (Glasgow: Scottish Jewish Archives Centre, 2016); Fiona Frank, ‘Hannah Frank’s Glasgow Jewish Journey: From the Gorbals to the South Side’, in James Jordan, Tony Kushner and Sarah Pearce (eds.), *Jewish Journeys: From Philo to Hip Hop* (London: Vallentine Mitchell, 2010), pp.216-230; Louis Hyman, *The Jews of Ireland from the Earliest Times to the Year 1910* (London: Jewish Historical Society of England, 1972); Avram Taylor, “In Glasgow but not quite of it?” Eastern European Jewish Immigrants in a Provincial Jewish Community from c.1890 to c.1945’, in *Continuity and Change*, 28(3), 2013, pp.451-477, etc.

<sup>173</sup> Cecil Roth, ‘Why Anglo-Jewish History?’, in *Transactions of the Jewish History Society of England*, 22(1), 1968, pp.22,24, and 25; and, Todd Endelman, *The Jews of Britain 1656 to 2000* (Kindle Edition) (London: University of California Press, 2002), p.15.

exorbitant royal imposts, they lost their fiscal utility. This, when combined with growing religious hostility, paved the way for their expulsion.<sup>174</sup>

Jews were not popular amongst the general population and were repeatedly accused of blood libel or ritual murder. Examples of bloody recriminations against Jewish communities include: Norwich in 1144, Gloucester in 1168, Suffolk in 1181, Bristol in 1183 and Winchester in 1192.<sup>175</sup> By the second half of the thirteenth century, Jews were seen as an easy scapegoat politically, and their ability to provide for themselves was systematically eliminated. In 1275 Jews were banned from practising usury, the lending of money at interest.<sup>176</sup> Then in 1278 many Jews were arrested on suspicion of clipping and counterfeiting coins, including about 600 who were imprisoned in the Tower of London, and later many of them, those that could not pay for their release from custody, were eventually hanged.<sup>177</sup> By 1290 Edward I outright banished the Jews from England. The Edict of Expulsion went into effect on 1 November 1290.<sup>178</sup> Jews were only allowed to take their portable property with them. All of their other assets therefore passed into the possession of the crown. Nearly all the Jews expelled from England in 1290 settled in Continental Europe.<sup>179</sup> At this time, the Dark Ages through to the Union of the Crowns in 1606) and through to the full political unification of 1707, Scotland was, to a certain extent, independent from England. Although independent from England, Scotland, for the most part, was still not a sanctuary for Jews who were expelled. Furthermore, Levy states:

... that on the expulsion in 1290 many Jews 'are also said to have taken refuge in Scotland' and it is natural to surmise some of these refugees may have made their way northwards. But this route of escape could hardly have commended itself to many. Despite the 'golden age' in Scotland that preceded the wars of independence, Jews had not yet

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<sup>174</sup> Todd Endelman, *The Jews of Britain 1656 to 2000* (Kindle Edition) (London: University of California Press, 2002), p.15.

<sup>175</sup> Kenneth Marcus, *The Definition of Anti-Semitism* (Oxford: Oxford University Press, 2015), pp.100-101; and, 'The Jews Came in with the Normans', in *England*, < <http://www.jewishencyclopedia.com/articles/5764-england> >, [Accessed September 2016].

<sup>176</sup> 'Statutum de Judasimo', *England*, < <http://www.jewishencyclopedia.com/articles/5764-england> >, [Accessed September 2016].

<sup>177</sup> Robin Mundill, *England's Jewish Solution: Experiment and Expulsion 1262-1290* (Cambridge: Cambridge University Press, 2002), p.104; and, Samuel Cohn and Douglas Alton, *Popular Protests in Late Medieval English Towns* (Cambridge: Cambridge University Press, 2013), p.281.

<sup>178</sup> WD Rubinstein, *A History of the Jews in the English-Speaking World: Great Britain* (London: Macmillan Press, 1996), pp.36-40; and, 'The Expulsion', in *England*, < <http://www.jewishencyclopedia.com/articles/5764-england> >, [Accessed September 2016].

<sup>179</sup> A. Levy, 'The Origins of Scottish Jewry', in *The Transactions of the Jewish Historical Society of England*, (REPRINT), 1958, p.1.



spread into that country from the south and lacked Scottish experience and connections. Following the expulsion, England no longer provided a stepping-stone for immigrants by land; the disturbed Scottish scene was not such as to encourage direct immigration by sea from the continent. At any rate, there is no record of Jews in Scotland until very much later date, namely, until the seventeenth century.<sup>180</sup>

The earliest known individuals of Jewish origin in Scotland were isolated from European Jewry in that they were converted Jews, including several chairs of Hebrew and Oriental Languages at the University in Edinburgh.<sup>181</sup>

Jews were allowed to return to England in 1656, under Oliver Cromwell. No formal order of readmission was ever issued or written by the crown for the terms under which Jews would be allowed to re-settle in Britain (north or south), but there must have been some serious verbal assurances that the newly re-established Jewish community would be secure. Evidence of this security can be seen in that representatives from the community asked for a Torah scroll to be sent from Amsterdam to London, a cantor and teacher for the establishment of a Talmud Torah came from Hamburg, the community rented a house on Creechurch Lane, London, to use as a synagogue and finally a plot of land was acquired in the Mile End area of London for use as a cemetery.<sup>182</sup> Because there was no document that limited Jewish economic activity, social interaction arose with the non-Jewish community, as was common for Jews in other parts of Europe, which served as an advantage for Anglo-Jewry when Jews, and other groups outside the Church of England, such as Catholics or Baptists, in the nineteenth century sought to participate as full citizens within the state.<sup>183</sup>

There were three principle waves of Jewish immigration in Britain. The first, was from approximately 1656 to 1756, was primarily comprised of Sephardic Jews that settled in and around London primarily.<sup>184</sup> The second wave

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<sup>180</sup> A. Levy, 'The Origins of Scottish Jewry', in *The Transactions of the Jewish Historical Society of England*, (REPRINT), 1958, p.1; and, Albert Montefiore Hyamson, *A History of the Jews in England* (London: Jewish Historical Society of England and Chatto & Windus, 1908).

<sup>181</sup> A. Levy, 'The Origins of Scottish Jewry', in *The Transactions of the Jewish Historical Society of England*, (REPRINT), 1958, p.1.

<sup>182</sup> Todd Endelman, *The Jews of Britain 1656 to 2000* (Kindle Edition) (London: University of California Press, 2002), p.26.

<sup>183</sup> Todd Endelman, *The Jews of Britain 1656 to 2000* (Kindle Edition) (London: University of California Press, 2002), p.27.

<sup>184</sup> Similar to the Christian world, where there are Eastern or Orthodox Christians and Western or Catholic and various Protestant denominations, there are also two main branches of Judaism, Sephardic and Ashkenazi. These two groups are distinct in language (Sephardic Jews speak Ladino, which is a language derived from Medieval Spanish with elements barrowed from Hebrew and Aramaic; while Ashkenazi Jews speak Yiddish, which is primarily derived from German with various elements barrowed from Hebrew and various Slavic languages), culture

of Jewish settlement was from about 1750 to 1850. This group was comprised mostly of Germanic/Ashkenazi Jews. Many initially settled in Greater London. Gradually during this period Jewish communities outside London were established, such as Manchester in the 1780s, Edinburgh in 1816 and Glasgow in 1823, among others. Jewish life in Britain was, and still is, highly influenced by what happened in London, in terms of the organisation of the community socially and institutionally.<sup>185</sup> Towards the latter half of this period, though, many settled directly in provincial centres.

The third wave of Jewish settlement was from about 1880 to 1914, comprised primarily of Jews from the Russian Empire. There were several main reasons for the surge in Jewish immigration from Eastern Europe, which were social, political, economic and demographic in nature. For example, Jews in the Russian Empire were subject to many restrictions, such as their ability to access education. During the mid-nineteenth century, under Czar Alexander II, these restrictions were somewhat relaxed, but it is important to remember that the Jews were never emancipated like those in Western Europe. After the assassination of the Czar in 1881, Jews were targeted by the May Laws, as some believed in retaliation because the conspirators were believed to be of Jewish origin. These laws were supposed to be temporary but remained in effect for more than 30 years. The law states:

- (1) As a temporary measure, and until general revision is made of their legal status, it is decreed that the Jews be forbidden to settle anew outside of towns and boroughs, exceptions being admitted only in the case of existing Jewish agricultural colonies.
- (2) Temporarily forbidden are the issuing of mortgages and other deeds to Jews, as well as the registration of Jews as leases of real property situated outside of towns and boroughs; and also of the issuing of Jews powers of attorney to manage and dispose of such real property.
- (3) Jews are forbidden to transact business on Sundays and on the principal Christian holy days; the existing regulations concerning the closing of places of business belonging to Christians on such days to apply to Jews also.
- (4) These measures laid down in paragraphs 1, 2, and 3 shall apply only to the governments within the Pale of Jewish Settlement.<sup>186</sup>

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and geography (Sephardic Jews were originally from areas around the Mediterranean Sea, including Portugal, Spain, the Middle East and North Africa; while Ashkenazi were from Central and Eastern Europe).

<sup>185</sup> Todd Endelman, *Radical Assimilation in English Jewish History 1656-1945* (Bloomington: University of Indiana Press, 1990); and, *The Jews of Britain 1656-2000* (Kindle Edition) (London: University of California Press, 2002), pp.79-182.

<sup>186</sup> *May Laws*, < <http://www.jewishencyclopedia.com/articles/10508-may-laws> >, [Accessed July 2016].

This situation led to Jews being forced out of the countryside and for pogroms to ensue. Towards the end of the nineteenth century, 94 per cent of all Russian Jews lived in the Pale of Settlement and there were spikes in pogroms in 1891, 1896, 1903 and 1905, which encouraged many Jews and non-Jews to leave, with many finding their way to Britain in general and to Scotland specifically.<sup>187</sup>

Within British politics there are primarily three points in history that are relevant to this thesis, ones when the place of Jews within Britain were seriously debated: firstly, debates of political emancipation between 1831 and 1871; secondly, the sanitary commissions between the 1870s and early 1900s, which tended to focus on geographic areas and industries that Jews were concentrated in; and, thirdly the debates that led to the passage of the Aliens Act of 1905. As was detailed above, Jews were readmitted in 1656 with the same status, legally and politically, as non-Protestant citizens and, if they were foreign born, of so-called 'aliens'. This meant that the obligatory religious oaths and declarations excluded them from Crown office, Parliament and other institutions. It posed a dichotomy for Jews, especially as the second wave of Jewish immigrants became more economically successful, as too did other religious minorities in general, between their growing economic and social influence as the eighteenth and nineteenth centuries progressed and their lack of political rights.<sup>188</sup>

As regards Jewish political emancipation, those who were opposed to this change of the status quo maintained that, due to Jewish religious separation, their national identity and secretive habits set Jews apart from their non-Jewish neighbours. These points of contention were mitigated, especially as the second wave of Jewish immigrants transitioned from a predominantly lower class community to a predominantly middle class community. In view of these influences, Jewish political emancipation was in reality very piecemeal, in that it was not accomplished overnight, but as a series of incremental changes to local practices and laws that were later upheld at the national level.<sup>189</sup>

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<sup>187</sup> David Feldman, *Englishmen and Jews: Social Relations and Political Culture 1840-1914* (London: Yale University Press, 1994), pp.147-155; and, Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007), pp.1-2.

<sup>188</sup> Gisela Lebselter, *Political Anti-Semitism in England 1918-1939* (London: Macmillan Press, 1978), pp.6-7.

<sup>189</sup> Todd Endelman, *The Jews of Britain 1656 to 2000* (kindle Edition) (London: University of California Press, 2002), pp.100-110.

The next point when Jews came to the fore of political debate within British politics was under the scrutiny of several of the government's Sanitary Commissions between about 1880 and 1910. A number of the commissions focused on the sweating system,<sup>190</sup> in which many Jews were involved, especially those from the third wave of Jewish immigration (1880-1914), in cities such as Edinburgh, London, Leeds and Manchester.<sup>191</sup> These commissions, both those that were established by *The Lancet* and those that the journal reported on that were established by Parliament, had both a health and economic slant to them. In terms of health, the goal was to document and hopefully later change manufacturing practices so as to improve the health and welfare of workers and their families. The economic angle was to decrease the use of sweated labour, which was largely done by immigrants, because it was believed that sweated labour was the catalyst for the suppression of wages and that, by decreasing its use, wages would as a consequence begin to rise and the health of workers and their families would then improve.<sup>192</sup>

Finally, the economics of sweated labour linked directly to the passage of immigration regulations, as seen in the eventual passage of the Aliens Act of 1905. This link between the regulation of labour and the regulation of immigration was long standing, and dates back to the 1880s. Due to massive unemployment, which was strongly linked in the popular imagination to the influx of Eastern European Jews, there were fears of violence from the distressed working classes, which led to calls for the restriction of immigration. In response to this in 1888, coincidentally both the House of Lords appointed a Select Committee on the Sweating System and the House of Commons established a Select Committee on Alien Immigration.<sup>193</sup> No subsequent action was taken because a Liberal government was in power, and as a rule looked favourably upon free trade and movement, whether in goods or people, whereas

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<sup>190</sup> Sweating System refers to a sweatshop, which is a factory or workshop, which can encompass a few people or a couple hundred, where workers are employed at very low wages for long hours and under poor conditions. Sweatshops were common within the clothing industry.

<sup>191</sup> See 'Report to The Lancet Special Sanitary Commission on the Polish Colony of Jew Tailors', in *The Lancet*, 123(3166), 1884, pp.817-818; 'Report to The Lancet Special Sanitary Commission on the Sweating System in Edinburgh', in *The Lancet*, 131(3059), 1888, pp.1261-1262; and, 'The House of Lords' First Report on the Sweating System', in *The Lancet*, 132(3396), 1888, pp.633-634.

<sup>192</sup> Todd Endelman, *The Jews of Britain 1856 to 2000* (Kindle Edition) (London: University of California Press, 2002), pp.157-158.

<sup>193</sup> Todd Endelman, *The Jews of Britain 1856 to 2000* (Kindle Edition) (London: University of California Press, 2002), p.159.

Conservatives tended to be more protectionist in their outlook. This state of affairs did not remain, and by the mid-1890s anti-alien legislation was introduced, albeit unsuccessfully, into Parliament in 1897 and 1898.<sup>194</sup> Furthermore, in 1902 a Royal Commission on Alien Immigration was established, which issued a report in 1903.

With this framework in mind, these concerns do not seem too far beyond the realm of possibility because Parliament spent a good portion of the last decade of the nineteenth and first decade of the twentieth centuries discussing limiting immigration and, by default, the place of Jews within British society. The argument that Jews represented a state within a state that was primarily loyal to itself featured in the parliamentary debates on the Aliens Bill of 1905, later passed as the Aliens Act of 1905. Gisela Lebzelter quotes from AJ Balfour's argument on 10 July 1905, when he observed that:

... a state of things could easily be imagined in which it would not be to the advantage of the civilisation of the country that there should be an immense body of persons who, however patriotic, able, and industrious, however much they threw themselves into the national life, still, by their own action, remained a people apart, and not merely held a religion differing from the vast majority of their fellow-countrymen, but only inter-married among themselves.<sup>195</sup>

Attitudes that stigmatised Jewish difference and harboured fears about the degeneration of the British nation, similar to some of the underlying 'degenerationist' concerns shaping lunacy legislation of the late nineteenth and early twentieth centuries, hence fuelled the passage of the Aliens Act of 1905. The Act was the first piece of legislations that delineated who was an undesirable immigrant, and expressly intertwined undesirable immigrants and lunacy (as discussed in Chapter 2). Additionally, the Aliens Act was not the only legislation of this type within an Anglophone context, that defined who was a desirable immigrant and had some kind of mental health exclusion clause.<sup>196</sup> Indeed, the legislation described an undesirable immigrant as follows, with the

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<sup>194</sup> Todd Endelman, *The Jews of Britain 1656 to 2000* (Kindle Edition) (London: University of California Press, 2002), pp.159-160.

<sup>195</sup> Gisela Lebzelter, *Political Anti-Semitism in England 1918-1939* (London: Macmillan Press, 1978), p.13.

<sup>196</sup> Alison Bashford, 'Insanity and Immigration Restriction', in Catherine Cox and Hilary Marland (eds.), *Migration, Health and Ethnicity in the Modern World* (London: Palgrave Macmillan, 2013), pp.14-35.

stipulation (b) here being extraordinarily significant for the arguments of this thesis:

- (a) if he cannot show that he has in his possession or is in a position to obtain the means of decently supporting himself and his dependants (if any); or
- (b) if he is a lunatic or an idiot, or owing to any disease or infirmity appears likely to become a charge upon the rates or otherwise a detriment to the public; or
- (c) if he has been sentenced in a foreign country with which there is an extradition treaty for a crime, not being an offence of a political character, which is, as respects that country an extradition crime within the meaning of the Extradition Act, 1870; or
- (d) if an expulsion order under this Act has been made in his case;<sup>197</sup>

This Act was further amended with the passage of the Aliens Restriction Acts of 1914 and 1919. The 1914 Act gave the government extra powers, especially as regards ‘enemy aliens’, which succeeded in ensnaring Jews who had been residing in Britain for many years; while the 1919 Act extended the emergency powers from the war period into the interwar period, and added civil and employment restrictions that prohibited foreign nationals from jobs in the civil service and jury service. It also brought the threat of prison for aliens causing sedition and disaffection amongst the military or civilian population, or who were supposedly attempting to promote industrial unrest in an industry where an alien had *not* been engaged for at least two years.

### *Scottish Jewry, Especially in Edinburgh and Glasgow*

To begin with, there is no record of Jewish settlement in Scotland prior to the 1290 expulsion of Jews from England. There were a small number of Jewish traders and merchants holding business interests in Scotland prior to 1290, with an additional few scattered Jewish converts to Christianity appearing as teachers and professors of Hebrew at Edinburgh University after the expulsion. With this in mind, Jewish history in Scotland begins in earnest at the end of the eighteenth century with more Jews coming to Scotland to work and/or study.<sup>198</sup> As regards education, the Scottish universities were open to Jews because they did not have to swear a religious oath to earn a degree, as was the case with the

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<sup>197</sup> *Aliens Act 1905* File 1 of 2 [p.22], <

[http://webarchive.nationalarchives.gov.uk/+/http://www.movinghere.org.uk/deliveryfiles/pro/Aliens\\_Act\\_1905/0/3.pdf](http://webarchive.nationalarchives.gov.uk/+/http://www.movinghere.org.uk/deliveryfiles/pro/Aliens_Act_1905/0/3.pdf) >, [Accessed December 2015].

<sup>198</sup> Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives Committee, 1990), p.15.

English universities.<sup>199</sup> While in terms of business and trade Scotland had strong ties with both Europe (especially the cities along the east coast i.e. Aberdeen, Dundee and Edinburgh) and further afield in North America, Africa and Australia (especially Glasgow) because of the ports that allowed for the movement of both people and goods.

The two primary concentrations of Jewish settlement in Scotland have been in Edinburgh and Glasgow, which were established in 1816 and 1823 respectively. Initially the Jewish populations of these two cities were made up of Jewish migrants from other parts of Britain and immigrants primarily from Germany and Holland.<sup>200</sup> Another two larger Jewish communities were established on the east coast of Scotland during the nineteenth century, Dundee in 1874 and Aberdeen in 1893, because of trading links with continental Europe. In addition, several smaller Jewish communities were established in Greenock in 1894, which is important because that was one of the more busy ports of embarkation for further immigration to North America or other parts of the British Empire; Ayr in 1904, which also doubled as a seaside retreat for the more well off of Glasgow Jewry; and in Falkirk and Inverness, both in 1905; and in Dunfermline in 1908.<sup>201</sup>

In the middle of the nineteenth century the Jewish communities of Edinburgh and Glasgow were about the same size, but gradually, with Glasgow's increasing commercial dominance, there was more opportunity for both established community members and recent immigrants to find work in this city; so that the Jewish population of Glasgow soon far exceeded that of Edinburgh. For example, there were about 2,000 Jews in Glasgow in 1891, which increased to about 7,000 by 1901 and finally about 12,000 by the dawn of the First World War, compared with a Jewish population of about 1,500 for Edinburgh by 1914.<sup>202</sup>

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<sup>199</sup> Kenneth Collins, *Go and Learn: The International Story of Jews and Medicine in Scotland 1790-1919* (Glasgow: Scottish Jewish Archives Committee, 1988).

<sup>200</sup> Todd Endelman, *The Jews of Britain 1656-2000* (Kindle Edition) (London: University of California Press, 2002), pp.79-126; and, Kenneth Collins, *Scotland's Jew's: A Guide to the History and Community of the Jews in Scotland* (Glasgow: Scottish Council of Jewish Communities, 2008), p.15.

<sup>201</sup> Kenneth Collins, *Scotland's Jew's: A Guide to the History and Community of the Jews in Scotland* (Glasgow: Scottish Council of Jewish Communities, 2008), pp.15-16.

<sup>202</sup> Kenneth Collins, *Scotland's Jew's: A Guide to the History and Community of the Jews in Scotland* (Glasgow: Scottish Council of Jewish Communities, 2008), p.16.

Both the Edinburgh and Glasgow Jewish communities were somewhat internally divided along economic, immigration status, social and religious lines. These divisions were most obviously seen in the composition of the synagogues and the surrounding neighbourhoods. Howard Denton, in his memoir, *The Happy Land*, describes the neighbourhood that many Jews in Edinburgh lived in during the early twentieth century, when he states:

We were different, and we knew it. We were a Jewish family living in one of Edinburgh's old and smoke-grimed tenement buildings. The name of our narrow, cobbled street was St Leonard's Hill. We were just minutes from the Richmond area of the city, where many other Jewish families lived and worshipped. North, South, East and West Richmond Street lay in the shape of a cross and the whole area seemed to me as if it must be one of Auld Reekie's auldest and reekiest. With its synagogue and kosher food shops, it was like a little island of foreignness in the centre of Scotland's ancient capital. Many of the Jewish people there were recent arrivals; many spoke very little English. Despite sticking closely together in our overcrowded community, we did not feel threatened by being in a strange place. Edinburgh was notable for the way it readily welcomed and assimilated the Jewish people.<sup>203</sup>

Later in the memoir, Denton speaks to the religious and social divisions among Edinburgh's Jewish community when he states:

In Edinburgh we had an unusual arrangement of synagogues. There are many different types and sects of Jews around the world; in Edinburgh, even though there was only about four hundred Jewish families in all, there were also serious divisions. I can remember there being a very strict group of largely Eastern European Jews who became known locally as the Bolshies. They had their own separate synagogue in, if I remember correctly, Roxburgh Place. We went to an old draughty building which had previously been a Christian church. Our synagogue was known as the Central Shul and was at the point where Roxburgh Place, West Adam Street and Richmond Place met. There was third synagogue, situated some distance away from The Happy Land, just off Lauriston Place and near Edinburgh College of Art. This was known as the Graham Street Shul and the Jews who went there were the ones who spoke most English and had become more assimilated into Scottish life. They tended to be better off financially than the families that worshipped at our Central Shul. Eventually, all the factions were brought together, in body at least, in 1932 when Rabbi Daiches took over the new big synagogue which is still in use in Salisbury Road.<sup>204</sup>

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<sup>203</sup> Howard Denton and Jim C. Wilson, *The Happy Land* (Edinburgh: The Ramsay Head Press, 1991), p.1.

<sup>204</sup> Howard Denton and Jim C. Wilson, *The Happy Land* (Edinburgh: The Ramsay Head Press, 1991), p.28.



Denton illustrates that there were essentially three sub-communities within the larger Edinburgh Jewish community, going from the least assimilated to the most and from very the poor to the more wealthy.

The Glasgow Jewish community also experienced similar divisions along economic, immigration status, social and religious lines that were reflected in how the shuls and neighbourhoods were grouped and affiliated. From the 1830s and through the 1850s, the majority of Glasgow's Jewish residents were based in the city centre, relatively close to Glasgow Cathedral and the former location of Glasgow University.<sup>205</sup> During the 1860s and 1870s, the Glasgow Hebrew Congregation started to outgrow its current premises and began to plan and raise money to build a new shul.<sup>206</sup> The Glasgow Hebrew Congregation moved to the Cowcaddens area of the city in 1879, when the purpose-built Garnethill Synagogue opened.<sup>207</sup> Incidentally, this was also the same period, 1870 that Glasgow University moved out of the same area of the city to its current location on Gilmore Hill in the city's West End. During the 1860s the more assimilated and economically more well off members of Glasgow's Jewish community began to move out of the areas of the city near the areas of first settlement towards the affluent new suburbs in the city's West End, notably to neighbourhoods like Garnethill, the Woodlands and Kelvinside.<sup>208</sup> The move of the Glasgow Hebrew Congregation, who will henceforth be referred to as the Garnethill Jewish neighbourhood, suited the most assimilated elements of Glasgow's Jewish community members in terms of its location and their ability to access it. The location of Garnethill was inconvenient and not easily accessible, especially during the winter when sunrise was so late in the morning and sunset was so early in the afternoon, for that part of Glasgow's Jewish residents who continued to live in the city centre, particularly in the Gorbals, a cohort composed of more

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<sup>205</sup> Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives, 1990), pp.15-39.

<sup>206</sup> Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007), pp.142-169; and Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives, 1990), pp.27-56.

<sup>207</sup> Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007), pp.142-169; and Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives, 1990), pp.40-56.

<sup>208</sup> Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007), pp.142-169; and Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives, 1990), pp.27-56.

recent immigrants who were not as economically well off.<sup>209</sup> This development caused a fracture within Glasgow's Jewish community, and many of the Jews remaining in the Gorbals established their own independent minyans and small shuls that reflected their more orthodox interpretation of Jewish practices.<sup>210</sup> As these Jews who became more economically successful decided to leave areas of first settlement, like the Gorbals, the majority did not follow the earlier movement of Jews to the neighbourhoods of the city's West End. Instead, they by and large moved south to neighbourhoods like Possilpark and Shawlands, and later still to the outer suburbs of Giffnock and Newton Mearns, which is where the majority of Glasgow's Jewish community still resides.<sup>211</sup>

Due to a combination of migration and immigration, more Jews were coming in need of economic and medical assistance. This increase in need concerned middle class and more established Jews, because Jewish community members needing secular welfare services drew the attention of the non-Jewish community, and therefore, by association, the more well healed elements within the Jewish community felt that their own social standing was threatened.<sup>212</sup> As considered in Chapter 2, a combination of various theological injunctions, provides Judaism with a strong imperative towards charity and caring for all members in need from within the community, and this emphasis blended with Victorian moralistic perceptions of the poor and impulses towards the high-handed delivery of aid. Due to this imperative, Jewish philanthropic organisations were established. Examples of this include the Glasgow Hebrew Philanthropic Society founded in 1858, which then merged with the Glasgow Hebrew Congregation's charity in 1875, and proceeded to draw funds from better

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<sup>209</sup> Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007), pp.142-169; and Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives, 1990), pp.40-56.

<sup>210</sup> Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007), pp.142-169; and Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives, 1990), pp.40-56 and 69-82. It should be remembered all Judaism in Glasgow was Orthodox Judaism through nearly the entire period this thesis focuses on. A Reform congregation in Glasgow was only established in the mid-1930s, so there was not another denominational strand to choose from during this period. So, in this passage when I refer to 'orthodox practices', I am referring to how strictly congregants adhered to their faith (with more recent immigrants generally being more strict in their adherence, while more assimilated Jews generally were more lax), not their denominational affiliation.

<sup>211</sup> Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007), pp.142-169.

<sup>212</sup> Susan Tananbaum, 'Philanthropy and Identity: Gender and Ethnicity in London', in *Journal of Social History*, 30(4), 1997, pp.937-961.

off Jews and their non-Jewish friends and neighbours. Braber argues that ‘it is possible that the work [of Jewish philanthropic organisations] was undertaken to provide a Jewish alternative for general welfare provision. Because of the traditional influence of the [Kirk] on poor relief ...[therefore] parish relief was perhaps less attractive for Jews. ...’<sup>213</sup> Further, in Glasgow and other British Jewish communities like Edinburgh, ‘charity was not seen as an end in itself, which might pauperise the recipient and create a culture of dependency, but rather as a means of curing poverty by encouraging economic development.’<sup>214</sup>

In both Glasgow and Edinburgh, the primary means of welfare provision was provided by the cities’ respective Jewish Boards of Guardians. The typical Jewish Board of Guardians was populated by the Jewish community’s elite and projected a Victorian middle class ethos, in that only the deserving poor deserved to receive aid, which allowed the communal leadership to retain the power and patronage over newer less assimilated arrivals.<sup>215</sup> Furthermore, as in society in general at the time, there were Jewish Friendly and Mutual Benefit Societies. They served to enhance the social cohesion of the Jewish community and its ability to provide for the welfare of the Jewish community from within. These societies were funded via small weekly deposits from their members to help cover the costs of illness, death or unemployment. Even with the additional support of these Jewish friendly societies, Jewish welfare support networks and facilities could not always cope with demand – and may also not have wanted to service the seemingly less-deserving Jewish cases – and so often instance would arise when members of the local Jewish communities in question, namely Edinburgh and Glasgow within the scope of this thesis, would be ‘ejected’, as it were, to the mercies of the secular, or at least non-Jewish, provisions made by the British state, charitable organisations or even private providers – meaning here the likes of workhouses (in Scotland poorhouses) or asylums of various stripes, the Edinburgh and Glasgow royal asylums included, would step in and render aid and support.

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<sup>213</sup> Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007), pp.21-22.

<sup>214</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), p.51; and, Eugene Black, *The Social Politics of Anglo-Jewry 1880-1939* (Oxford: Basil Blackwell, 1988), p.93.

<sup>215</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.51-52.

## Conclusion

The first part of the chapter gave an overview of the asylum within the English (or Anglo) and Scottish contexts, giving particular attention to the relevant legislation to show the similarities in the evolution of the asylum in both parts of Britain and to explain the temporal differences. Subsequently, the summary of Anglo-Jewish history should have established the historical place of Jews in Britain, specifically Scotland, and within the asylum, which is illustrated most strikingly through the overlap between lunacy legislation and immigration in the Aliens Act of 1905, graphically highlighting Jewish otherness and creating a kind of mental association between two supposedly unwanted modes of being: namely, being a lunatic and being Jewish. That association arguably lingers in the background of several of the specific cases explored in later chapters, as well as suggesting a wider framing for everything that follows. It is hoped that the information from this chapter, when combined with the Jewish *contra* non-Jewish asylum quantitative patient profiles to be inspected in Chapter 5, will provide a foundation for the qualitative discussion and analysis that will occur in Chapters 6, 7 and 8.

## Chapter 5

### The Profile of Jewish Patients in the Scottish Royal Asylums, Edinburgh and Glasgow, 1870-1939

#### Jewish Patient Profile

This chapter will present the Jewish patient population of the Edinburgh and Glasgow Royal Asylums, 1870-1939, within a comparative framework, comparing the two institutions in terms of the Jewish patients passing through their gates, but also seeking to compare the profile to the overall Jewish patient population here (across the two institutions) with that of the non-Jewish patient population. The second comparison is done by comparing the Jewish patient population to a control sample of patients, the latter being patients who were admitted to the two institutions immediately following a Jewish patient, as was explained in the previous chapter (Chapter 3). It must be acknowledged that the statistical comparison here cannot fully provide explanations, but can only suggest empirical realities and trends demanding further substantive research. To an extent, the more qualitative chapters that follow will dig more deeply into these realities and trends. References will be inserted below to certain theories about how Jewish asylum patients were perceived by their physicians and wider society, linking to claims made in the literature review (Chapter 2) and also to claims developed further in the qualitative materials in the later thesis chapters.

How 'Jewish' patients have been identified from the asylum sources was also discussed in the previous chapter (Chapter 3) and, to underscore, it is possible to be confident that this research has recovered the *whole* Jewish patient population admitted to the two Scottish royal asylums in Edinburgh and Glasgow during the period under study. In statistical terms too it comprises a 'population', whereas the methodology of course only allows for the recovery of an equivalent-sized 'sample' of the full non-Jewish population: there is nothing to suggest any 'bias' in the process of selecting the non-Jewish comparator group. Statistically speaking, though, the comparison offered here is between a 'population' (Jewish patients) and a 'sample' (non-Jewish patients), which is perhaps unusual and must be kept in mind. Logically, though, in what follows

we are asking if the Jewish ‘population’ differs in ways that might be considered significant from the non-Jewish ‘sample’. Inferential tests of statistical significance are not used for the data comparisons, however, as simple eye-balling of raw figures and percentages can suffice to reveal similarities and dissimilarities.

Each subsection of this chapter will present the tables of comparative data and accompanying discussion; referring to the Jewish patients first, then the focus will shift towards the analysis of the control patients and finally, where appropriate, a discussion of comparative and overarching themes. Each subsection will concentrate on a particular demographic, social, diagnostic or institutional (e.g. length of patient stay) variable, the result being to create a substantial profile of the Jewish patient population, alert, as mentioned, to comparisons with the control patient sample and, where of potential interest, comparisons between the two asylums at Edinburgh and Glasgow.

## **Total Jewish Patient Population**

In total, during the period beginning in 1870 and ending in 1939, the two institutions, the Royal Edinburgh Asylum, Morningside, and the Glasgow Royal Asylum, Gartnavel, had a combined total of 30,304 admissions. The Royal Edinburgh saw a higher volume of patients, with 20,123 admissions, when compared to the Glasgow Royal’s 10,181 admissions during the same period. With these figures in mind the number of Jewish admissions was extremely small, with the Royal Edinburgh having 49 Jewish admissions and Gartnavel having 46 Jewish admissions, with a combined total of 95 Jewish admissions between the two institutions, meaning that only 0.31% of all admissions between 1870 and 1939 were for Jewish patients. The Royal Edinburgh’s Jewish admission rate was 0.24% of all admissions, while the Glasgow Royal’s Jewish admission rate was slightly higher at 0.45% of all admissions for the period.

## **Demographic Variables**

### *Gender*

The first set of tables looks at the gender distribution of the Jewish populations and control samples from the Royal Edinburgh and Glasgow Royal between 1870

and 1939. The examination of the gender distribution of the Jewish patient population and comparing it to the control samples is important due to several reasons. First, especially during the late nineteenth and early twentieth centuries, women were seen through the clinical gaze as being inherently inferior and particularly prone to mental ill-health. The works of Elaine Showalter do a good job of illustrating this point, although her studies have tended to focus on more elite elements in society, within literary, artistic and professional sources of the time.<sup>216</sup> Whereas other studies focus more on the interaction of both gender and social class of patients admitted to Victorian asylums.<sup>217</sup> In addition, Jewish men were seen and perceived as effeminated men, as the works of David Dee, Sander Gilman and Anne Lloyd demonstrate through their exploration of anti-Semitism, sport, World War I military service and the body.<sup>218</sup>

### 5.1 Royal Edinburgh Asylum Gender Distribution of Jewish Patients 1870-1939

Gender	Total	%
Male	32	65.31%
Female	17	34.69%
Total	49	100%

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

### 5.2 Glasgow Royal Asylum, Gender Distribution of Jewish Patients 1870-1939

Gender	Total	%
Male	17	36.96%
Female	29	63.04%
Total	46	100%

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<sup>216</sup> See Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London: Virgo Press, 1987); and, *Hystories: Hysterical Epidemics and Modern Culture* (London: Picador, 1997).

<sup>217</sup> See Jonathan Andrews and Anne Digby (eds.), *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam: Rodopi, 2004); especially, Lorraine Walsh, 'A Class Apart? Admission to the Dundee Royal Lunatic Asylum 1890-1910', in Jonathan Andrews and Anne Digby (eds.), *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam: Rodopi, 2004), pp.249-270.

<sup>218</sup> See David Dee, *Sport and British Jewry: Integration, Ethnicity and Anti-Semitism* (Manchester: Manchester University Press, 2013); Sander Gilman, *The Jews' Body* (London: Routledge, 1991); and, Anne Patrica Llyod, *Jews Under Fire: The Jewish Community and Military Service in World War I Britain* (PhD Thesis: University of Southampton, 2009).

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

At first glance it is obvious that the gender break down for the Jewish patient populations is opposed when first looking at one institution and then the other. At the Royal Edinburgh Asylum, a total of 49 Jews were admitted between 1870 and 1939, of which 32 or approximately 65% of the patients were male, while 17 or approximately 35% of the patients were female. This is intriguing because it is the opposite of what is the expected default clinical gaze of the age, one seeing women as more prone to mental ill-health, although the image of the effeminised Jew who also has a propensity towards mental ill-health could also be at work influencing the unexpected greater incidence of male Jewish admission to the Royal Edinburgh. In contrast, the gender distribution for the Jewish patients admitted to the Glasgow Royal Asylum conforms to the expectation that the female admission rate be higher than the male admission rate. As the table illustrates, there were a total of 46 Jewish admissions to the Gartnavel facility between 1870 and 1939, of which 17 or approximately 37% were male, while 29 or approximately 63% of the Jewish admissions were female.

### **5.3 Royal Edinburgh Asylum Gender Distribution of Control Patients 1870-1939**

<b>Gender</b>	<b>Total</b>	<b>%</b>
Male	18	36.73%
Female	31	63.27%
Total	49	100%

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

### **5.4 Glasgow Royal Asylum, Gender Distribution of Control Patients 1870-1939**

<b>Gender</b>	<b>Total</b>	<b>%</b>
Male	17	36.96%
Female	29	63.04%
Total	46	100%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

The second set of tables above focuses on the gender distribution for the control samples from the two asylums. In the case of the control patients, the expected gender distribution occurs, where women have a higher rate of



admission than men. For instance, of the 49 control patients admitted to the Royal Edinburgh, 18 or approximately 37% were male, while 31 or just over 63% were female. In addition, of the 46 control patients admitted to the Glasgow Royal, 17 or nearly 37% were male, while 29 or just over 63% were female.

### 5.5 Combined Jewish Population Gender Distribution 1870-1939

Gender	Total	%
Male	49	51.58%
Female	46	48.42%
Total	95	100%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

### 5.6 Combined Control Sample Gender Distribution 1870-1939

Gender	Total	%
Male	35	36.84%
Female	60	63.16%
Total	95	100%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

The final set of tables in this subsection combines the two Jewish populations and control samples to see overarching similarities and differences between the two groups. In total there were 49 male Jewish admissions, which is about 52% of all Jewish admissions. Then there were 46 female Jewish admissions, which is about 48% of all Jewish admissions. In contrast, when the control samples are combined from the two institutions the results are different. In total there were 35 male control admissions, which is about 37% of all the control admissions. Then there were 60 female control admissions, which is about 63% of all the control admissions. There is hence the suggestion of a reserved relationship: more Jewish men and fewer Jewish women being admitted; while fewer control group men and more control group women were admitted. The difference between the two groups in terms of the gender distribution is interesting because the control group held true to the expectation that there would be more female admissions than male admissions, perhaps reflecting the perception of the time that women were more prone to mental ill-

health. In contrast the Jewish population's gender distribution was relatively evenly split between male and female admissions, even pitted more towards men, for reasons that are impossible to fathom from the statistical data alone – but may possibly be illuminated in the chapters that follow.

### *Age*

This subsection deals with the average age of the Jewish and control patients admitted to the Royal Edinburgh Asylum and Glasgow Royal Asylum between 1870 and 1939. An examination of the average age of the patients at the time of their admission is important because the results can offer insight about several lingering questions of the period. Were Jews inherently predisposed to mental illness, as much of the dialogue of the period claimed and has been explored in the works of Gilman, Goldberg and Goldstein, which might infer an earlier onset of the symptoms of mental ill health demographically speaking?<sup>219</sup> Was there a difference between the Jewish and control patients in terms of their age at admission? This could indicate differences in terms of at what point a patient's family decides to institutionalise their mentally ill relatives. In addition, were there differences across gender or class lines that would indicate whether affluent families were more willing to manage their relatives who were suffering with mental ill-health, while families of more modest means had to resort to institutions to manage and care for their mentally ill relatives?

### **5.7 Royal Edinburgh Asylum Jewish Patient Average Age at Admission 1870-1939**

<b>Gender</b>	<b>Avg.</b>	<b>Pauper</b>	<b>Private</b>	<b>Change</b>
Male	40.09	37.43	42.17	N/A
Female	38.18	37.20	37.18	54.00
Overall	39.43	37.37	40.28	54.00

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939. Note: One female patient had her accommodation status changed during her stay from pauper to private.*

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<sup>219</sup> Sander Gilman, 'Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response', in *Journal of the History of Behavioral Science*, 20(2), 1984, pp.521-552; *Differences in Pathology: Stereotypes of Sexuality, Race and Madness* (London: Cornell University Press, 1985); 'Anti-Semitism and the Body in Psychoanalysis', in *Social Research*, 57(4), 1990, pp.993-1017; and, *The Jews' Body* (London: Routledge, 1991); Ann Goldberg, *Sex, Religion and the Making of Modern Madness: The Eberbach Asylum and Germany 1815-1849* (Oxford: Oxford University Press, 1999); and, Jan Goldstein, 'The Wandering Jew and the Problem of Psychiatric Anti-Semitism in Fin-de-Siècle France', in *Journal of Contemporary History*, 20(4), 1985, pp.521-552.

## 5.8 Glasgow Royal Asylum, Jewish Patient Average Age at Admission 1870-1939

Gender	Avg.	Pauper	Private	Change
Male	27.82	N/A	27.25	37.00
Female	39.41	36.00	39.85	31.00
Overall	35.13	36.00	35.16	34.00

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

*Note: One male patient's accommodation class changed over his stay from private to pauper, and one female patient's accommodation class changed over her stay from pauper to private.*

This first set of tables focuses on the average age of the two Jewish populations. Across the board Jewish patients admitted to the Royal Edinburgh were older at the time of their admission when compared to the Jewish patients that were admitted to the Glasgow Royal, with average ages at admission of 39, 37, 40 and 54 years of age as opposed to 35, 36, 35 and 34 years of age at the time of their admission. The age spread of the Jewish patients was significant. Within the Royal Edinburgh the youngest Jewish patient admitted was Isaac Gordon, a pauper patient admitted in 1904 when he was 14 years old, while the oldest patient admitted to the same institution was Sarah Rapstoff, a private patient admitted in 1934 when she was 77 years old.<sup>220</sup> The age spread for the Jewish patients admitted to the Glasgow Royal was similar. The youngest Jewish patient admitted to the Glasgow Royal was Pearl Pinder, a private patient admitted in 1939, 16 years old at the time of her admission, while the oldest patient was Phoebe Cohen, a private patient admitted in 1900, 78 years old at the time of her admission.<sup>221</sup> Overall, without regards to gender or accommodation class, the average age at the time of admission for Jewish patients admitted to the Royal Edinburgh was a little over 39 years, while the

<sup>220</sup> LHB 7/52/852, 'Isaac Gordon', in *Royal Edinburgh Hospital Certification Papers March 1904*; LHB 7/51/84, 'Isaac Gordon', in *Royal Edinburgh Hospital Men's Case Notes February 1904 – May 1905*, pp.45-47; LHB 7/35/10, 'Isaac Gordon', in *Royal Edinburgh Asylum Patient Register 22 August 1903 – 22 March 1910*; LHB 7/52/1216, 'Sarah Rapstoff', in *Royal Edinburgh Hospital Certification Papers July 1934*; LHB 7/1/Craighouse Box 74, 'Sarah Rapstoff', in *Royal Edinburgh Hospital Loose Case Notes*; and, LHB 7/35/14, 'Sarah Rapstoff', in *Royal Edinburgh Asylum Patient Register 1 September 1933 – 19 April 1941*.

<sup>221</sup> GGHB 13/7/146, 'Pearl Pinder', in *Gartnavel Royal Asylum Admission Warrants 1939*; GGHB 13/6/77-80, 'Pearl Pinder', in *Gartnavel Royal Asylum Admission Registers 1860-1963*; GGHB 13/7/107, 'Phoebe Cohen', in *Gartnavel Royal Asylum Admission Warrants 1900*; GGHB 13/5/159, 'Phoebe Cohen', in *Gartnavel Royal Asylum Women's Case Notes*, pp.135-137; and, GGHB 13/ 6/77-80, 'Phoebe Cohen', in *Gartnavel Royal Asylum Admission Registers 1860-1963*.

average age at admission for the Jewish Glasgow Royal patients was a little over 35 years.

When the average age of the Jewish patient populations is parsed along admission class lines, some of the nuances of the Jewish patient population are revealed. Accommodation class will be fully addressed later in this chapter. First, there were significantly fewer Jewish paupers admitted to the Glasgow Royal, one as opposed to 19 in total for the Royal Edinburgh. With this in mind, the average age for Jewish pauper admissions to the Royal Edinburgh and Glasgow Royal were relatively consistent with 37 and 36 years respectively. The average age of the private Jewish patients is where there is significant divergence, most likely due to how the gender distribution panned out within the two institutions, as was enumerated previously in this chapter. The overall average ages of private Jewish patients admitted to the Royal Edinburgh and Glasgow Royal were 40 and 35 years respectively. When the two private Jewish populations are broken-down by gender, the differences are apparent. The average age of private male Jewish patients admitted to the Royal Edinburgh was 42 years of age, while the average age of private male Jewish patients admitted to the Glasgow Royal was 27 years. The average age of private female patients was much closer, with an average of 37 and 39 years of age for the Royal Edinburgh and the Glasgow Royal respectively. In total, there were three patients where their accommodation class changed over the course of their stay in the asylum, one female patient from the Royal Edinburgh whose class changed from that of a pauper to a private patient, and she was 54 at the time of her admission. In the Glasgow Royal's population, two patients' accommodation class changed over the course of their stay in the asylum, one male and one female. The male patient went from a private to a pauper patient, while the female patient went from a pauper to a private patient. Therefore, the average age of Jewish patients who changed their accommodation status is 54 years for the Royal Edinburgh and 34 years for the Glasgow Royal.

#### 5.9 Royal Edinburgh Asylum Control Patient Average Age at Admission 1870-1939

Gender	Avg.	Pauper	Private	Change
Male	44.61	42.31	50.60	N/A
Female	47.32	46.17	48.92	N/A
Overall	46.33	44.55	49.39	N/A

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

#### **5.10 Glasgow Royal Asylum Control Patient Average Age at Admission 1870-1939**

<b>Gender</b>	<b>Avg.</b>	<b>Pauper</b>	<b>Private</b>	<b>Change</b>
Male	39.06	33.00	39.87	N/A
Female	48.86	45.00	49.00	N/A
Overall	45.24	37.00	45.81	N/A

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

This second set of tables deals with the average age of the control samples from the two asylums. Across the board the average age for the control patients admitted to Royal Edinburgh was greater than that of the control patients admitted to the Glasgow Royal, although the age spread for the control sample from the two institutions was similar to that of the Jewish populations. The youngest control patient admitted to the Royal Edinburgh was Stella Williamson, who was a pauper patient when she was admitted in 1920 at 18 years old, while the oldest control patient admitted to the same institution was Margaret Nicole Breber, who was a private patient when she was admitted in 1934, at 81 years old.<sup>222</sup> Once again, the age spread for the control patients admitted to the Glasgow Royal was similar. The youngest control patient admitted here was Agnes Becett Sellars, who was a private patient when she was admitted in 1902 at 21 years old, while the oldest control patient admitted to here was Mary Crichton, who was a private patient when she was admitted in 1907 at 83 years old.<sup>223</sup> The average Royal Edinburgh ages stand thus: Overall, 46 years; Pauper, just below 46; and Private, just a little over 49 years; whereas

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<sup>222</sup> LHB 7/51/106a, 'Stella Williamson', in *Royal Edinburgh Hospital Women's Case Notes November 1919 – December 1920*, pp.229-231; LHB 7/35/12, 'Stella Williamson', in *Royal Edinburgh Asylum Patient Register 19 February 1918 – 26 February 1923*; LHB 7/52/1210, 'Margaret Nicole Breber', in *Royal Edinburgh Hospital Certification Papers January 1934*; LHB 7/1/Craighouse Box 8, 'Margaret Nicole Breber', in *Royal Edinburgh Hospital Loose Case Notes*; and, LHB 7/35/14, 'Margaret Nicole Breber', in *Royal Edinburgh Asylum Patient Register 1 September 1933 – 19 April 1941*.

<sup>223</sup> GGHB 13/7/109, 'Agnes Becett Sellars', in *Gartnavel Royal Asylum Admission Warrants 1902*; GGHB 13/5/160, 'Agnes Becett Sellars', in *Gartnavel Royal Asylum Women's Case Notes*, pp.357-360; GGHB 13/6/77-80, 'Agnes Becett Sellars', in *Gartnavel Royal Asylum Admission Register 1860-1963*; GGHB 13/7/114, 'Mary Crichton', in *Gartnavel Royal Asylum Admission Warrants 1907*; GGHB 13/5/164, 'Mary Crichton', in *Gartnavel Royal Asylum Women's Case Notes*, pp.1-4; and, GGHB 13/6/77-80, 'Mary Crichton', in *Gartnavel Royal Asylum Admission Registers 1860-1963*.

the average Glasgow Royal ages stand thus: Overall, 45 years; Paupers 37 years; and Private, 45 years.

#### 5.11 Combined Jewish Patient Average Age at Admission 1870-1939

Gender	Avg.	Pauper	Private	Change
Male	33.96	37.43	34.71	37.00
Female	38.80	36.60	38.52	42.50
Overall	37.28	37.01	36.61	39.75

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

#### 5.12 Combined Control Patient Average Age at Admission 1870-1939

Gender	Avg.	Pauper	Private	Change
Male	41.83	37.65	45.23	N/A
Female	48.09	41.58	48.96	N/A
Overall	45.78	40.77	47.60	N/A

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

This final set of tables combines the two Jewish populations and two control samples in one place. When the two sets of tables are combined, it is apparent that Jewish patients were uniformly younger when admitted to both asylums, no matter how the figures are presented as regards their gender or accommodation class, standing (respectively) at 37, 37, 37 and 40 years of age for the Jewish population, which is in contrast to the combined control sample which stands at 46, 41 and 48 and N/A years of age at admission. This could mean that Jews (patients or, more likely, their kith and kin) were more likely to be proactive and seek treatment at the early signs of mental ill-health; whether it is proactive or reactive, however, the possible meaning is that anyone who would draw unwanted attention to the Jewish community as a whole was swiftly removed from this community, rather than being cared for in and by this community. Given previous claims about an imperative to look after one's own in Judaic theology and practice, this conclusion seems unlikely, however, and hence it might be necessary to look elsewhere – possibly to a greater likelihood of non-Jewish authorities (i.e. parochial officers or medical men perhaps) 'detecting' signs of insanity in the agitated thoughts, words and deeds of younger Jews.

### *Marital Status*

The next subsection will examine the marital status at admission of the Jewish populations and control samples admitted to the Royal Edinburgh and Glasgow Royal between 1870 and 1939. The marital status at the time of admission is important because it goes hand in hand with the age of a patient at the time of their admission and in many cases relates to the level of family support.

Generally speaking, married and younger single individuals would have enjoyed a higher level of outside family involvement than individuals who are older and single or widowed, which could have had an impact on the mental health of patients in this study. Generally speaking there is evidence that being married is better for mental health than being single, possibly because the person experiences decreased levels of loneliness, and having a generally more satisfying life. Albeit family life, particularly for women, can of course be very difficult generally and in some cases involve physical or emotional abuse, which in turn can lead to mental health issues. Of course, within the Jewish community during this period, there was a great deal of pressure on individuals to marry and have a family, and furthermore for women for Jewish women to be 'proper' wives and mothers.<sup>224</sup> These pressures will be discussed at some length in Chapter 8. The next set of tables was compiled from the information about the patient's marital status at the time of their admission contained in both the certification/admission papers and the patient registers.

#### **5.13 Royal Edinburgh Asylum Jewish Patient's Marital Status at Admission 1870-1939**

	<b>Single</b>	<b>%</b>	<b>Married</b>	<b>%</b>	<b>Widowed</b>	<b>%</b>
Male	17	53.13%	11	34.38%	4	12.50%
Pauper	8	47.06%	4	36.36%	2	50.00%
Private	9	52.94%	7	63.64%	2	50.00%
Change	0	0	0	0	0	0
Female	9	52.94%	6	35.29%	2	11.76%
Pauper	2	22.22%	2	33.33%	1	50.00%

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<sup>224</sup> See Joyce Antler, *You Never Call! You Never Write!: A History of the Jewish Mother* (Oxford: Oxford University Press, 2007); Marion Kaplan, *The Making of the Jewish Middle Class: Women, Family, and Identity in Imperial Germany* (Oxford: Oxford University Press, 1991), 25-63 and 85-116; and, Lara Marks, *Model Mothers: Jewish Mothers and Maternity Provision in East London 1870-1939* (Oxford: Clarendon Press, 1994), pp.1-10, 82-83 and 85-86.

Private	7	77.78%	3	50.00%	1	50.00%
Change	0	0	1	16.67%	0	0
Total	26	53.06%	17	34.69%	6	12.24%

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

#### **5.14 Glasgow Royal Asylum Jewish Patient's Marital Status at Admission 1870-1939**

	Single	%	Married	%	Widowed	%
Male	14	82.35%	3	17.65%	0	0
Pauper	0	0	0	0	0	0
Private	14	100%	2	66.67%	0	0
Change	0	0	1	33.33%	0	0
Female	11	37.93%	16	55.17%	2	6.90%
Pauper	0	0	1	6.25%	0	0
Private	10	90.91%	15	93.75%	2	100%
Change	1	9.09%	0	0	0	0
Total	25	54.35%	19	41.30%	2	4.35%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

The first set of tables here focuses on the marital status of the Jewish patient populations of the Royal Edinburgh and Glasgow Royal asylums admitted between 1870 and 1939. The Jewish population of both institutions were similar in terms of the marriage status of its members. In total, 26 or 53% and 25 or 54% of the Jewish patients of the Royal Edinburgh and Gartnavel, respectively, were single at the time of their admission. There are some small differences between the two populations in terms of the married and widowed portions: for the Royal Edinburgh, 17 or 35% were married and 6 or 12% were widowed, and in contrast for the Gartnavel population, 19 or 41% were married while 2 or 4% were widowed. This slight difference can be explained in that the Edinburgh Jewish population was on average older than the Gartnavel population, as was illustrated previously in this chapter, meaning that in terms of their life stage, more of the Edinburgh patients were likely to be widowed,



while more of the Gartnavel population were at the time in life when they were likely to have a live spouse.

When the marital status of the Jewish patient population is broken-down along gender lines, there are some differences between the two institutions' Jewish patient populations. First, from the Royal Edinburgh, 17 or 53% of all male Jewish patients were single at the time of their admission, while 9 or 52% of all female Jewish patients were single. In terms of the institutions' married Jewish patients, 11 or 34% of all male Jewish patients were married, while 6 or 35% of all female Jewish patients were married at the time of their admission. Finally, as regards the widowed Jewish patients from the Royal Edinburgh, 4 or 12% of all male Jewish patients were widowed, while 2 or 11% of all female Jewish patients were widowed at the time of their admission. As can be seen from the table above, the marital status of the Jewish patients admitted to the Royal Edinburgh roughly mirrors its overall distribution when viewed along gender lines. In contrast, the marital status of Jewish patients admitted to Gartnavel, when viewed along gender lines, reveals some differences. First, as regards the single Jewish patients, 14 or 82% of all male Jewish patients were single, while 11 or 37% of all female Jewish patients were single at the time of their admission. In terms of the married Jewish patients, 3 or 17% of male Jewish patients were married, while 16 or 55% of all female Jewish patients were married at the time of their admission. Finally, as regards the widowed Jewish patients from Gartnavel, none of the male Jewish patients were widows, while 2 or 6% of the female Jewish patients were widows at the time of their admission.

#### **5.15 Royal Edinburgh Asylum Control Patient's Marital Status at Admission 1870-1939**

	<b>Single</b>	<b>%</b>	<b>Married</b>	<b>%</b>	<b>Widowed</b>	<b>%</b>
Male	7	38.89%	11	61.11%	0	0
Pauper	5	71.43%	8	72.73%	0	0
Private	2	28.57%	3	27.27%	0	0
Change	0	0	0	0	0	0
Female	10	32.26%	14	45.16%	7	22.58%
Pauper	5	50.00%	10	71.43%	3	42.86%
Private	5	50.00%	4	28.57%	4	57.14%

Change	0	0	0	0	0	0
Total	17	34.69%	25	51.02%	7	14.29%

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

#### **5.16 Glasgow Royal Asylum Control Patient's Marital Status at Admission 1870-1939**

	Single	%	Married	%	Widowed	%
Male	11	64.71%	5	29.41%	1	5.88%
Pauper	1	9.09%	1	20.00%	0	0
Private	10	90.91%	4	80.00%	1	100%
Change	0	0	0	0	0	0
Female	16	55.17%	7	24.14%	6	20.69%
Pauper	0	0	1	14.29%	0	0
Private	16	100%	6	85.71%	6	100%
Change	0	0	0	0	0	0
Total	27	58.70%	12	26.09%	7	15.22%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

This second set of tables focuses on the marital status at the time of their admission of the control sample patients admitted to the Royal Edinburgh and Glasgow Royal between 1870 through 1939. The overall marital distributions of the Edinburgh and Glasgow control samples were very different, in that 17 or 35% of the former and 27 or 59% of the latter were single at the time of their admission, then 25 or 51% of the former and 12 or 26% of the latter were married at the time of their admission, and 7 or 14% of the former and 7 or 15% of the latter were widows at the time of their admission. The differences between the two control samples becomes still more apparent when the samples are looked at along gender lines. First, as regards the control patients that admitted to the Royal Edinburgh, in terms of the single control patients, 7 or 39% of all male control patients were single at the time of their admission, while 10 or 32% of all female control patients were single at the time of their admission. Then, 11 or 61% of all male control patients were married, while 14 or 45% of all female control patients were married at the time of their admission. Finally, there were

no male control patients who were widows and 7 or 22% of all female control patients who were widows at the time of their admission to the Royal Edinburgh. Next as regards the gender distribution of the marital status of the control patients that were admitted to the Glasgow Royal: of the single control patients, 11 or 65% of all male control patients were single and 16 or 55% of all female control patients were single. Next, 5 or 29% of all male control patients were married at the time of their admission to this institution, while 7 or 24% of all female control patients were married at the time of their admission here. Finally, 1 or 6% of all male control patients were widows, while 6 or 21% of all female control patients were widows at the time of their admission to Gartnavel.

#### **5.17 Combined Jewish Patient's Marital Status at Admission 1870-1939**

	<b>Single</b>	<b>%</b>	<b>Married</b>	<b>%</b>	<b>Widowed</b>	<b>%</b>
Male	31	63.27%	14	28.57%	4	8.16%
Pauper	8	25.81%	4	28.57%	2	50.00%
Private	23	74.19%	9	64.29%	2	50.00%
Change	0	0	1	7.14%	0	0
Female	20	43.48%	22	47.83%	4	8.70%
Pauper	2	10.00%	3	13.64%	1	25.00%
Private	17	85.00%	18	81.82%	3	75.00%
Change	1	5.00%	1	4.55%	0	0
Total	51	53.68%	36	37.89%	8	8.42%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

#### **5.18 Combined Control Patient's Marital Status at Admission 1870-1939**

	<b>Single</b>	<b>%</b>	<b>Married</b>	<b>%</b>	<b>Widowed</b>	<b>%</b>
Male	18	51.43%	16	45.71%	1	2.86%
Pauper	6	33.33%	9	56.25%	0	0
Private	12	66.67%	7	43.75%	1	100%
Change	0	0	0	0	0	0
Female	26	43.33%	21	35.00%	13	21.67%

Pauper	5	19.23%	11	52.38%	3	23.08%
Private	21	80.77%	10	47.62%	10	76.92%
Change	0	0	0	0	0	0
Total	44	46.32%	37	38.95%	14	14.74%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

The final set of tables in this subsection combines the Jewish patient populations from the Royal Edinburgh and Glasgow Royal into one table, and then does the same for the control patients from both institutions. The point of combining these two groups of patients in one place is to illustrate the similarities and differences between the Jewish patients and the control patients as a whole. First, the overall marital distribution of the two groups stands as follows: within the Jewish population 51 or 54% of all Jewish patients were single, 36 or 38% of all Jewish patients were married, while 8 or 8% of all Jewish patients were widows at the time of their admission to the two asylums. Next, within the combined control patients 44 or 46% were single, then 37 or 38% of all control patients were married, while 14 or 15% of all control patients were widows at the time of their admission to the asylums. The overall difference that is noticeable between the two groups regards the rate of single and widow admissions: there was a higher rate of single admissions for the Jewish population than for the control sample, while the control sample had a higher rate of widows admitted compared to the Jewish population. This difference can be partially explained by the fact the Jewish population on average was younger at the time of their admission, as was discussed earlier in this chapter, than was true of the overall control sample.

The differences between the two groups becomes more obvious when they are looked at along gender lines, because the population, as was illustrated previously, was relatively evenly split among men and women, with the Jewish population standing at 52% men and 48% women as opposed to the control sample which was split 37% men and 63% women. In terms of the male patients, 31 or 63% of all male Jewish patients were single, while 18 or 51% of all male control patients were single at the time of the admission. Then, 14 or 28% of all male Jewish patients were married, while 16 or 46% of all male control patients

were married at the time of their admission to the two institutions. Also, 4 or 8% of all male Jewish patients were widows, while 1 or 3% of all male control patients were widows at the time of their admission. Then, as regards the female patients, 20 or 43% of all Jewish female patients were single, while 26 or 43% of all control female patients were single at the time of their admission. Then 22 or 48% of all Jewish female patients were married, while 21 or 35% of all female control patients were married when they were admitted. Also, 4 or 8% of all Jewish female patients were widows, while 13 or 22% of all control female patients were widows at the time of their admission to the two respective asylums.

Lara Marks in her book, *Model Mothers*, discusses marriage trends among Jews in London when she states:

... Jewish immigrants married earlier than many Anglo-Jews. During the 1880s the average age for bridegrooms was 28.2 [and for brides was 21.3] among Anglo-Jews in England, while in Russia the average age was 24.5 [and 24.1 respectively.] ...[Further t]he average age for East European Jewish brides and bridegrooms in England during the Edwardian period was 22.9 and 25.1 respectively. Among English couples, however, the average marriage age of women was 25.9 while for men it was 26.9.<sup>225</sup>

Marks was relating this information in conjunction to the higher fertility rate among immigrant Jews in London during this period, but this is also applicable to this discussion because it correlates with the life stage that the majority of the Jewish patients would have been in when they were admitted to the two asylums, getting married and having children. Further this can also be seen as a window into the tensions between men and women, assimilation and society's expectations in terms of family life. These themes were discussed by Rosalyn Livshin and Rickie Burman in, *The Making of Modern Anglo-Jewry*, and more recently by David Dee in, *Sport and British Jewry*. Livshin and Dee focus their discussion on how the Anglo Jewish establishment actively worked to assimilate the children of East European Jewish immigrants into British society.<sup>226</sup> While Burman focused on how the role of women within the family economy changed as over a generation or two in relation to the family's level of Anglo

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<sup>225</sup> Lara Marks, *Model Mothers: Jewish Mothers and Maternity Provision in East London 1870-1939* (Oxford: Clarendon Press, 1994), pp.82-83.

<sup>226</sup> Rosalyn Livshin, 'The Acculturation of the Children of Immigrant Jews in Manchester 1890-1930', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell, 1990), pp.79-96; and, David Dee, *Sport and British Jewry: Integration, Ethnicity and Anti-Semitism 1890-1970* (Manchester: Manchester University Press, 2013), pp.14-87.

assimilation.<sup>227</sup> These issues are particularly important because they will resurface in later chapters, particularly Chapters 6, 7 and 8 as regards assimilation, and Chapter 8 as regards the role of women.

## **Social Variables**

The use of the term 'class' can be deceiving in some respects. During the period under investigation, 1870 through 1939, especially during the interwar period, the British class system was in flux. Within the asylum context class can refer to two different aspects of a patients' background, their classification for accommodation within the asylum or their occupational class prior to their admission to the asylum. With this in mind, class will be explored through both of those lenses in the next two subsections.

### *Accommodation Class*

This section will explore the accommodation class of the Jewish populations and control sample patients admitted to the Royal Edinburgh, Morningside, and Glasgow Royal, Gartnavel, between 1870 and 1939. The accommodation class of a patient in an asylum refers to whether or not the parish rate-payers are paying for their care in the asylum. A patient so paid for would be classified as a 'pauper', and have much of the stigma around them that the term carried over from the Poor Laws, whereas a 'private' patient was able to pay for their treatment themselves via their own wealth, their family's wealth or the generosity of an individual or organisation outside of their immediate family. In theory, and mentioned in Chapters 2 and 4, pauper patients were supposed to be treated in the Scottish district asylums, which were established by district boards (extensions of local government) to house and care for the insane poor. While the royal asylums had been established via royal charters for the purpose of treating the insane, by the late nineteenth century their mission had been revised in that the royal asylums were supposed to accept only paying patients with a chance of recovery, and hence were to be largely cleared of pauper patients. The reality, as is illustrated by both the Jewish and control patient groups, is much less clear, as pauper patients clearly continued to be present in

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<sup>227</sup> Rickie Burman, 'Jewish Women and the Household Economy in Manchester c.1890-1920', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell, 1990), pp.55-75.

the royal asylums, notably in Edinburgh, into the later nineteenth and early twentieth centuries.

#### 5.19 Royal Edinburgh Asylum Jewish Patients Accommodation Class 1870-1939

Gender	Pauper	%	Private	%	Change	%
Male	14	43.75%	18	56.25%	0	0
Female	5	29.41%	11	64.71%	1	5.88%
Total	19	38.76%	29	59.18%	1	2.04%

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939. Note: One female patient's accommodation status changed from pauper to private.*

#### 5.20 Glasgow Royal Asylum Jewish Patients Accommodation Class 1870-1939

Gender	Pauper	%	Private	%	Change	%
Male	0	0%	16	94.12%	1	5.88%
Female	1	3.45%	27	93.10%	1	3.45%
Total	1	2.17%	43	93.48%	2	4.35%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963). Note: One male patient's accommodation status changed from private to pauper, and one female patient's accommodation status changed from private to pauper.*

This first set of tables in this subsection focuses on the accommodation class of the Jewish populations of the two asylums. In terms of pauper admissions, the differences are stark in that it is a tale of two different asylums. In reference to Gartnavel, the Jewish patient pauper population was almost non-existent at 2% of all Jewish admissions for the institution, while in comparison the pauper admission rate for the Royal Edinburgh was significantly higher at 38% of the Jewish admissions. When the pauper admissions are broken down by gender, there were no male pauper admissions for Gartnavel and only one female pauper admission, which was 3% of all Jewish female admissions for Gartnavel. The Royal Edinburgh, on the other hand, had 14 Jewish male pauper admissions, which was 43% of all male Jewish admissions for the institution. In addition, it had 5 Jewish female pauper admissions, which was 29% of all Jewish admissions.

In terms of Jewish private admissions, the majority of all Jewish admissions to both institutions were private, standing at 29 or 59% for the Royal Edinburgh and 43 or 93% for Gartnavel. When the Jewish private admissions

are broken-down along gender lines for the Royal Edinburgh, 18 or 56% of all Jewish male admissions were private, while 11 or 64% of all Jewish female admissions were private for this institution. For Gartnavel, the percentages were even higher, as 16 or 94% of all Jewish male admissions were private, while 27 or 93% of all Jewish female admission were private. Both Morningside and Gartnavel had a few Jewish patients whose accommodation class changed over the course of their stay in the asylum. For the Edinburgh Royal only one female patient changed their accommodation classification, while one male and one female patient changed their accommodation classification within the Gartnavel Jewish patient population. There is a sizable difference, as regards Jewish pauper versus private admissions, between two institutions that on paper had similar remits; but it can be at least partially explained by when each city opened a district asylum to care for the city's insane pauper populations. The two cities opened their district asylums, ones that were supported by rate-payers for the care of the insane poor, at decidedly different points in time. The Glasgow District Asylum opened in 1896, although Jonathan Andrews argues that Gartnavel was making a concerted effort to reduce the numbers of pauper patients well before this;<sup>228</sup> as opposed to the Edinburgh District Asylum at Bangour, which in contrast did not open until 1906. Therefore, arguably, the Edinburgh parishes had no choice but to send their pauper insane to the Royal Edinburgh as a first course of action, and only then diverting their pauper insane to other institutions, district and royal, when there was not space in the Royal Edinburgh.

#### **5.21 Royal Edinburgh Asylum Control Patients Accommodation Class 1870-1939**

<b>Gender</b>	<b>Pauper</b>	<b>%</b>	<b>Private</b>	<b>%</b>	<b>Change</b>	<b>%</b>
Male	13	72.22%	5	27.78%	0	0
Female	18	58.06%	13	41.94%	0	0
Total	31	63.27%	18	36.73%	0	0

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

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<sup>228</sup> Jonathan Andrews, 'Raising the Tone of Asylums: Maintaining and Expelling Pauper Inmates at the Glasgow Royal Asylum in the Nineteenth Century', in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions, and Society 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999), pp.200-222.



### 5.22 Glasgow Royal Asylum Control Patients Accommodation Class 1870-1939

Gender	Pauper	%	Private	%	Change	%
Male	2	11.76%	15	88.24%	0	0
Female	1	3.45%	28	96.55%	0	0
Total	3	6.52%	43	93.48%	0	0

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

This second set of tables focuses on the accommodation class of the control samples from the two institutions. Although for the Royal Edinburgh, the Jewish pauper admission rate of 38% was high, it was significantly less than the 63% pauper admission rate that it had for the control patient sample. Gartnavel also had a slight increase in the pauper admission rate for the control sample of 6% as opposed to the Jewish rate of 2%. When the Royal Edinburgh's pauper admissions are broken-down along gender lines, 13 or 72% of all control male admissions were for paupers, while 18 or 58% of all control female admissions were for paupers. Once again, Gartnavel had a much lower pauper admission rate when it was broken-down by gender: 2 or 11% of all male control patients were paupers, while 1 or 6% of all female control patients were paupers. Overall the private admissions rate for the control sample for the Royal Edinburgh was 18 or 36%, while Gartnavel's was 43 or 93%. None of the control patients changed their accommodation classification during their stay at either the Royal Edinburgh or Glasgow Royal.

### 5.23 Combined Jewish Patients Accommodation Class 1870-1939

Gender	Pauper	%	Private	%	Change	%
Male	14	28.57%	34	69.39%	1	2.04%
Female	6	13.04%	38	82.61%	2	4.35%
Total	20	21.05%	72	75.79%	3	3.16%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

### 5.24 Combined Control Patients Accommodation Class 1870-1939

Gender	Pauper	%	Private	%	Change	%
Male	15	42.86%	20	57.14%	0	0
Female	19	31.67%	41	68.33%	0	0
Total	34	35.79%	61	64.21%	0	0

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

The final set of tables in this subsection combines the accommodation class data from both Jewish populations and both control samples. The differences between the control sample and the Jewish population become much more apparent. When the Jewish populations are combined, the overall accommodation class distribution is 20 or 21% pauper, 72 or 75% private and 3 or 3% of Jewish patients who changed their accommodation classification during their asylum stays. In contrast, when the control samples are combined, the overall accommodation class distribution is 34 or 36% pauper, 61 or 64% private patients and there were no control patients who changed their accommodation classification during their asylum stays. The control sample's pauper admission rate was hence substantially higher than the Jewish pauper admission rate, standing at 34 or 35% as opposed to 20 or 21%.

In terms of gender, the male pauper admission rate for the Jewish population was 14 or 28%, as opposed to the control rate of 15 or 42%; while the female pauper admission rate for the Jewish population was 6 or 21%, in contrast to 19 or 31% for the control sample. In terms of the patients admitted as private patients, 34 or 69% of the male Jewish patients were private patients, whereas 20 or 57% of the male control patients were private patients; while 38 or 82% of the female Jewish patients were private patients, whereas 41 or 68% of the control patients were private patients. Overall, these findings suggests that Jewish patients and their families were more willing, compared to non-Jews, to pay for their care and treatment in both institutions as opposed to relying on the state to cover the cost of treatment; and there is also the possibility – reflecting claims made earlier about peculiarly Jewish injunctions to care for the disadvantaged and suffering – that more effort was made to support Jewish paupers within local Jewish welfare facilities and networks. There is also the possibility of the Jewish community being financially a little better off, on average, than the overall non-Jewish community; and hence better able to afford treatment within one of the royal asylums.

### *Occupational Class*

The next set of tables will look at the occupational class of the Jewish populations and control samples from the Royal Edinburgh and Glasgow Royal from 1870 through 1939. An examination of the occupational class composition of the Jewish population in these asylums is important because it will broaden, further than the accommodation classification of these patients can, our understanding of the social class of those Jewish patients that were admitted to these asylums. This is an important point of contention because the time period under investigation encompasses several economic booms and busts within central Scotland and Britain as a whole. This means that the economic class and social class of individuals may have varied widely.

I have based the next series of tables on W.A. Armstrong's modified Registrar-General's five-class scheme that he applied to historical occupations.<sup>229</sup> As the name indicates, occupations were divided into five classes. Class A was made of the higher professions and larger employers, such as accountants, attorneys, dentists and physicians. Class B was made up of the lower professions and smaller employers, such as bookkeepers, teachers or land agents. Class C, the largest, was comprised of skilled workers and tradesmen, such as blacksmiths, bricklayers, builders, butchers, clerks, drapers, soldiers and tailors. This is the classification in which the majority of common 'Jewish' trades of tailoring, shoe-making and cabinet making were encapsulated. Class D contained semi-skilled occupations and agriculture, such as brick makers, gardeners, general servants and porters. Class E was comprised of those in low-grade manual employment, such as labourers, hawkers and messengers. I added a sixth classification (N/A as in 'not applicable' to cover patients who did not fit into Armstrong's classifications structure) to cover the patients, mostly women, whose occupations were listed in the institutional archival sources as follows: housewives, domestics, at home or no occupation.

#### **5.25 Royal Edinburgh Asylum Jewish Patients Occupational Class Distribution 1870-1939**

<b>Gender</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>N/A</b>
Male	1	7	16	1	4	3

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<sup>229</sup> See WA Armstrong, 'The Use of Information About Occupation', in EA Wrigley (ed.), *Nineteenth-Century Society: Essays in the Use of Quantitative Methods for the Study of Social Data* (Cambridge: Cambridge University Press, 1972), pp.191-310.

Female	0	0	5	0	0	12
Total	1	7	21	1	4	15

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

#### **5.26 Glasgow Royal Asylum Jewish Patients Occupational Class Distribution 1870-1939**

<b>Gender</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>N/A</b>
Male	1	3	5	0	5	3
Female	0	0	6	0	0	23
Total	1	3	11	0	5	26

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

This first set of tables shows the occupational distribution of the Jewish patient populations of the Royal Edinburgh and Glasgow Royal asylums between 1870 and 1939. Both tables show that the classification scheme has a male bias because most of the women are classified as N/A, 12 or 70% and 23 or 79% of the Jewish female populations of the two institutions respectively, which shows that the work of women within the home could too easily be discounted in Armstrong's system. Aside from that, the male Jewish population of the two institutions is fairly well distributed among all of the classifications, the majority 16 or 50% and 5 or 29%, respectively for the Edinburgh and Glasgow establishments, falling into category C. Of the remaining male Jewish residents respectively from the two institutions, 1 or 3% and 1 or 5% were Class A, 7 or 21% and 3 or 17% were Class B, 1 or 3% were Class D from the Edinburgh Royal, while Gartnavel had no male Jewish patients who were Class D, 4 or 12% and 5 or 29% were Class E, and finally 3 or 9% and 3 or 17% were classified as N/A.

#### **5.27 Royal Edinburgh Asylum Control Patients Occupational Class Distribution 1870-1939**

<b>Gender</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>N/A</b>
Male	0	3	9	2	3	1
Female	0	0	1	2	1	27
Total	0	3	10	4	4	28

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

### 5.28 Glasgow Royal Asylum Control Patients Occupational Class Distribution 1870-1939

Gender	A	B	C	D	E	N/A
Male	0	3	10	0	1	3
Female	0	2	5	0	0	22
Total	0	5	15	0	1	25

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

The next set of tables show the occupational distribution of the control samples for the Royal Edinburgh and Glasgow Royal asylums between 1870 and 1939. Similar to the Jewish patient populations, the majority of the women were categorised as N/A, 27 or 87% and 22 or 75% respectively of the female control samples, which potentially demeans the work of women within the sphere of home and family. With this in mind, the majority of the male control patients fell in to category C, with 9 or 50% and 10 or 58% of the male control samples respectively for the two institutions found in this category. In terms of the rest of the male control samples, the occupational classification stands as follows: neither institution had any male control patients who were Class A, 3 or 16% and 3 or 17% of male control patients respectively between the Royal Edinburgh and Gartnavel were Class B, 2 or 11% of the male control patients from the Royal Edinburgh were Class D while Gartnavel did not have any male control patients who were Class D, 2 or 11% and 1 or 5% were Class E, and finally, 1 or 5% and 3 or 17% respectively were classified as N/A. In terms of the female control patients from the two institutions, as was stated previously, the majority were classified as N/A. The rest of the female control samples were respectively classified as follows: there were no female control patients from either asylum who were Class A; there were no female control patients from the Royal Edinburgh who were Class B, while there were 2 or 6% of female control patients from Gartnavel who were Class B; 1 or 3% and 5 or 17% were Class C, 2 or 6% of the female control patients from the Royal Edinburgh were Class D, while Gartnavel had no female control patients who were Class D; 1 or 3% of the female control patients from the Royal Edinburgh were Class E, while Gartnavel had no female control patients who were Class E.

### 5.29 Combined Jewish Occupational Class Distribution 1870-1939

Gender	A	B	C	D	E	N/A
Male	2	10	21	1	9	6

Female	0	0	11	0	0	35
Total	2	10	32	1	9	41

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

### 5.30 Combined Control Occupational Class Distribution 1870-1939

Gender	A	B	C	D	E	N/A
Male	0	6	19	2	4	4
Female	0	2	6	2	1	49
Total	0	8	25	4	5	53

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

This final set of tables combines the Jewish populations and control samples and examines overarching trends in occupations of the two groups. When the Jewish populations of the Royal Edinburgh and Glasgow Royal asylums are combined, trends among the Jewish patient population as a whole indeed become apparent. The overall occupational class distribution of the Jewish patient population was as follows: 2 or 2% were Class A, 10 or 10% were Class B, 32 or 33% were Class C, 1 or 1% were Class D, 9 or 9% were Class E, while 41 or 43% were classified as N/A. When the control samples from the Royal Edinburgh and Glasgow Royal are combined, the contrast between it and the combined Jewish population becomes apparent. Overall, the combined control occupational classification stands as follows: there were no control patients who were Class A, 8 or 8% of all control patients were Class B, 25 or 26% of all patients were Class C, 4 or 4% of all control patients were Class D, 5 or 5% were Class E, and finally 53 or 55% of all control patients were classified as N/A. Clearly. This contrast is perhaps to be expected, given what is already known about the occupational (and hence social class) niches occupied by the Anglo-Jewish population at this time, particularly in terms of the more established Jewish cohorts with generational depth who had often managed to secure more well-paying employment.

When the Jewish population is broken-down along gender lines, another pattern emerges. There were no female Jewish patients in occupational classes A, B, D and E. Of the remaining two occupational classes, C and N/A, 11 or 23%

of all female patients were Class C in terms of occupation, and 35 or 76% of all female Jewish patients were classified as N/A. This shows that the majority of Jewish women were not employed outside the home; or, when they did work outside the home they found employment in skilled occupations such as clerks and seamstresses. The overall male Jewish occupational distribution stands as follows: 2 or 4% were Class A, 10 or 20% were Class B, 21 or 42% were Class C, 1 or 2% were Class D, 9 or 18% were Class E and 6 or 12% were classified as N/A. This allocation shows that the majority of Jewish men were found working in the skilled occupations of classes B and C, such as bookkeepers, builders, drapers and teachers. In addition, a significant amount of the Jewish male population, 9 or 18% found work in Class E, which was the lowest occupational class, comprised of those who worked as general labourers, hawkers, messengers and travellers. This division amongst the Jewish male population can be an indication of the divide between the more recent Jewish immigrants and those whose families had been living in Britain for a longer period of time. More recent immigrants, with limited ability to communicate in English, would have been concentrated within the occupations that required less formal education and were low skill that constitute Classes D and E.

When the occupational classification is looked at along gender lines, 55 or 91% of all female control patients were either Class C or N/A, with most, 49 or 81% classified as N/A. The remaining 5 or 9% of female control patients were spread among classes B, D and E. As regards the male control patients, the distribution among the occupational classes is as follows: none were Class A, 6 or 17% of all male control patients were Class B, 19 or 54% of all male control patients were Class C, 2 or 5% of all male control patients were Class D, 4 or 11% of all male control patients were Class E, while 4 or 11% of all male control patients were classified as N/A. This finding is important because it further confirms that the settled, non-immigrant, non-Jewish community that was represented in the control samples was primarily composed of people that were from professions that were medium skill and required a certain level of proficiency in English. Even so, the overall Jewish patient population, both male and female, included more 'higher status' individuals than did the overall non-Jewish control sample, but with just the suggestion too of a more polarised distribution (with a few more Jewish individuals in categories E and N/A). The relatively high status of the Jewish patients will indeed be a theme covered in

the later chapters, with plenty of evidence of reasonably well-to-do families or supporters to the fore in the cases investigated.

### *Diagnostic Variables*

This next set of tables focuses on the mental disorder that was assigned to the patients from both the Jewish populations and the control samples from the Royal Edinburgh, Morningside, and Glasgow Royal, Gartnavel, admitted between 1870 and 1939. This diagnostic information is taken from the patient registers of the respective institutions. The two institutions used this field within the registers slightly differently, one as a description of symptomology (Edinburgh) and the other as a diagnosis (Glasgow). It is unclear why this difference occurred in the use of the same field within the patient register between the two institutions. A possible explanation for this is the different clinical cultures that were established under the various Medical Superintendents of the two asylums, which was touched upon in the previous chapter (Chapter 4). With this in mind, an attempt has been made to bridge these differences in usage to form a consensus by grouping similar terms together. Examples of this include grouping dementia praecox, paraphenia and schizophrenia together because these are terms that arguably describe the same disease process over the period under investigation; or another example is persecution, paranoia, psychosis and delusions, because these terms meant similar things and were commonly used in conjunction with each other. This means that the mental disorders diagnosed by the physicians at the two institutions were grouped into 11 categories, which stands as follows, and the goal of this subsection is to see whether Jewish patients were more commonly diagnosed with particular disorders from this list than were patients from the control sample:

1. Alcohol (i.e. alcohol-induced mental disorders)
2. Confusional Insanity or Mental Confusion
3. Congenital Imbecility, Mental Defect or Mental Unsoundness
4. Dementia or Senile Dementia
5. Dementia Praecox, Paraphenia or Schizophrenia
6. Epilepsy
7. General Paralysis or Syphilis



8. Manic, Mania, Manic Depression, Melancholia, Melia, Excitement or Exhaustion<sup>230</sup>

9. Moral Insanity

10. Persecution, Paranoia, Psychosis or Delusions, and finally

11. Not Answered or Illegible

The goal of this section is to see whether Jewish patients were more commonly diagnosed with particular disorders.

### 5.31 Royal Edinburgh Asylum Jewish Patients Mental Disorder 1870-1939

Mental Disorder (from list above)	Male	Female	Overall	%
1	0	0	0	0
2	2	2	4	8.16%
3	4	0	4	8.16%
4	1	1	2	4.08%
5	3	5	8	16.32%
6	1	0	1	2.04%
7	5	0	5	10.20%
8	12	5	17	34.69%
9	1	0	1	2.04%
10	3	3	6	12.24%
11	0	1	1	2.04%
Total	32	17	49	100%

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

### 5.32 Glasgow Royal Asylum Jewish Patients Mental Disorder 1870-1939

Mental Disorder	Male	Female	Overall	%
1	0	0	0	0
2	0	1	1	2.17%
3	0	1	1	2.17%

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<sup>230</sup> Mania and melancholia are in actually on opposite ends of the spectrum, one referring to elevated emotions and the other referring to a depressive state. Many patients were diagnosed with one or the other, but very seldom were they diagnosed with both conditions. These two conditions were placed in the same category in order to not have too many categories and because other combinations were even less compatible with each other.

4	2	1	3	6.52%
5	6	4	10	21.74%
6	2	0	2	4.35%
7	0	0	0	0
8	5	17	22	47.83%
9	0	0	0	0
10	2	1	3	6.52%
11	0	4	4	8.70%
Total	17	29	46	100%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

This first set of tables deals with the mental disorders assigned to the Jewish populations of the Royal Edinburgh and Glasgow Royal admitted between 1870 and 1939. The most striking common feature of the Jewish populations is the two mental disorders with which they were most commonly diagnosed: category 5, which was for dementia praecox, and category 8, which was for mania and melancholia. Overall, the Jewish patients from the Royal Edinburgh were diagnosed with dementia praecox 16% of the time, while they were diagnosed with mania or melancholia 34% of the time. Similarly, the Jewish patients from Gartnavel were diagnosed with dementia praecox 21% of the time, while they were diagnosed with mania or melancholia 47% of the time. The relatively high rate of dementia praecox diagnosis can be seen as reflecting the apparent assumption by clinicians at the time that dementia praecox was especially prevalent among Jews, to the point that some Jewish patients had their diagnosis changed to dementia praecox, like Sarah Berger, who will be discussed more thoroughly in Chapter 8. An example of this seemingly predetermined association between Jews and dementia praecox can be seen through DK Henderson and RD Gillespie's, *A Text-Book of Psychiatry for Students and Practitioners*, when they state that:

The Jews, by contrast, have fewer alcoholic psychoses than any other race, but the percentage of drug addiction among them is twice the average United States rate (Bailey). They have a lower mental deficiency rate than any others, except the Scots and Welsh. With the Italians, they have the highest proportional incidence of dementia praecox among the Massachusetts admissions for 1917-19. It is of considerable interest to note that Goldberg and Malzberg (in a recent study) report that the

percentage of general paralysis and alcoholic psychoses among Jews is showing a steady increase.<sup>231</sup>

The section of the textbook containing this passage discusses how race and ethnicity impact the incidence of psychiatric disorders, set within a holistic approach to the patient's disease case history. Although the edition that the quotation comes from was from 1940, towards the end of the time period under investigation, this was the fifth edition of a textbook, which was widely used in the English-speaking world (i.e. Britain, the Commonwealth and North America). Henderson, of course, had been Medical Superintendent at both the Edinburgh and the Glasgow royal asylums at different times during the study period, and it can be inferred that assumptions about the prevalence of dementia praecox within the Jewish population would likely have been familiar to the clinicians at both establishments. Therefore, this material can be seen as evidence of a certain level of ingrained professional bias towards diagnosing psychiatric patients from Jewish backgrounds.

### 5.33 Royal Edinburgh Asylum Control Patients Mental Disorder 1870-1939

Mental Disorder	Male	Female	Overall	%
1	0	1	1	2.04%
2	2	2	4	8.16%
3	1	1	2	4.08%
4	0	5	5	10.20%
5	0	3	3	6.12%
6	1	2	3	6.12%
7	4	2	6	12.24%
8	8	13	21	42.86%
9	0	0	0	0
10	2	1	3	6.12%
11	0	1	1	2.04%
Total	18	31	49	100%

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

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<sup>231</sup> DK Henderson and RD Gillespie, *A Text-Book of Psychiatry for Students and Practitioners* (5<sup>th</sup> Edition) (London: Oxford Medical Publications, 1940), p.69.

### 5.34 Glasgow Royal Asylum Control Patients Mental Disorder 1870-1939

Mental Disorder	Male	Female	Overall	%
1	0	1	1	2.17%
2	0	1	1	2.17%
3	0	1	1	2.17%
4	0	5	5	10.87%
5	3	3	6	13.04%
6	0	0	0	0
7	1	0	1	2.17%
8	6	11	17	36.96%
9	0	0	0	0
10	1	1	2	4.35%
11	6	6	12	26.09%
Total	17	29	46	100%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

This second set of tables deals with the diagnosed mental disorders of the control sample patients admitted to the Royal Edinburgh and Glasgow Royal between 1870 and 1939. Similarly to the Jewish populations of those same institutions, the most common mental disorder that was assigned was category 8, which was mania or melancholia. The rate of mania or melancholia for the control sample from the Royal Edinburgh was 42%, while the rate for the Gartnavel sample was 36%. This finding is important because category 8, mania or melancholia, was also, as indicated, the most common diagnosis across both Jewish populations, standing at a rate of 34% and 47% for the Jewish patients from the Royal Edinburgh and Glasgow Royal respectively; and which can be an illustration of how similar were the diagnostic cultures, for lack of a better term, between the two institutions, with key members of the clinical staff studying and or working at one institution and later doing so at the other. The most striking example of this was indeed DK Henderson, who studied at Edinburgh University, which had close ties to the Royal Edinburgh. After graduation he worked as an Assistant-Physician at the Royal Edinburgh before studying with other clinicians in Europe and North America. He was named Physician Superintendent of the Glasgow Royal during the 1920s, and remained in the position until 1932 when he returned to the Royal Edinburgh to take over the

position of Physician Superintendent. While in the top position at both institutions he refined his distinctive and more holistic approach to patient care, which he set down in his aforementioned co-authored *Text-Book of Psychiatry for Students and Practitioners*,<sup>232</sup> which in its multiple editions reached an audience of clinicians far beyond Scotland.

### 5.35 Combined Jewish Patients Mental Disorder 1870-1939

Mental Disorder	Male	Female	Overall	%
1	0	0	0	0
2	2	3	5	5.26%
3	4	1	5	5.26%
4	3	2	5	5.26%
5	9	9	18	18.95%
6	3	0	3	3.16%
7	5	0	5	5.26%
8	17	22	39	41.05%
9	1	0	1	1.05%
10	5	4	9	9.47%
11	0	5	5	5.26%
Total	49	46	95	100%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

### 5.36 Combined Control Patients Mental Disorder 1870-1939

Mental Disorder	Male	Female	Overall	%
1	0	2	2	2.11%
2	2	3	5	5.26%
3	1	2	3	3.16%
4	0	10	10	10.53%
5	3	6	9	9.47%
6	1	2	3	3.16%
7	5	2	7	7.37%
8	14	24	38	40.00%

<sup>232</sup> DK Henderson and RD Gillespie, *A Text-Book of Psychiatry for Students and Practitioners* (5<sup>th</sup> Edition) (London: Oxford Medical Publications, 1940).

9	0	0	0	0
10	3	2	5	5.26%
11	6	7	13	13.68%
Total	35	60	95	100%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

The final set of tables in this subsection combines both Jewish populations and both control samples from the patients admitted to the Royal Edinburgh and Glasgow Royal between 1870 and 1939. These tables show overarching themes across the whole Jewish patient population and control sample as regards the mental disorders assigned to patients. The most common diagnosed mental disorder, for both the Jewish population and the control samples, was category 8, mania or melancholia, with 41% of all Jewish patients classified as such and 40% of all control patients were so classified. The differences between the two groups appears in the next most common mental disorders, in that for the Jewish population it was category 5, dementia praecox, with a rate of 18%, while for the control sample it was category 4, dementia or senile dementia, with a rate of 10%. The higher rate of senile dementia for the combined control sample can be partly explained by the older overall age of the control sample patients. The higher rate of dementia praecox diagnosis for the Jewish population can be explained through changes, during the period under investigation, in the diagnostic criteria for dementia praecox, paraphrenia and schizophrenia, which were essentially the same diagnosis under different names. Also that during this same period such mental disorders were, it seems, particularly associated with Jews as a consequence of theories of scientific racism which saw Jews as inherently less robust and more prone to disease, notably excitable mental diseases, than were other European populations, again a claim to be explored more fully through the qualitative materials that follow, notably in Chapter 7.<sup>233</sup>

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<sup>233</sup> Some of the foundational works as regards scientific racism: Samuel Cartwright, *Diseases and Peculiarities of the Negro Race* (REPRINT, Originally published in 1851), in Arthur Caplan, James McCartney and Dominic Sisti (eds.), *Health, Disease, and Illness: Concepts in Medicine* (Washington DC: Georgetown University Press, 2004), pp.28-39; and, Francis Galton, *Inquiries Into Human Faculty and Its Development* (London: Macmillan & Co., 1883).

## Institutional Variables

### *Discharge Status*

This subsection of the chapter will deal with the discharge condition of the Jewish populations and control samples of patients admitted to the Royal Edinburgh and the Glasgow Royal between 1870 and 1939. The tables have been coded, so 'A' stands for 'Recovered', then 'B' stands for 'Relieved', while 'C' stands for 'Not Improved' and 'D' stands for 'Dead', which are the four categories that both institutions used to describe the discharge status of all patients during the time under investigation.<sup>234</sup> The purpose of this subsection is to explore what differences were or were not present in the treatment outcomes of Jewish and non-Jewish patients.

#### **5.37 Royal Edinburgh Asylum Jewish Patient's Discharge Status 1870-1939**

	<b>A</b>	<b>%</b>	<b>B</b>	<b>%</b>	<b>C</b>	<b>%</b>	<b>D</b>	<b>%</b>
Male	8	25.00%	14	43.75%	1	3.13%	9	28.13%
Pauper	2	25.00%	6	42.86%	1	100%	5	55.56%
Private	6	75.00%	8	57.14%	0	0	4	44.44%
Change	0	0	0	0	0	0	0	0
Female	3	17.65%	8	47.06%	1	5.88%	5	29.41%
Pauper	1	33.33%	1	12.50%	0	0	3	60.00%
Private	2	66.67%	6	75.00%	1	100%	2	40.00%
Change	0	0	1	12.50%	0	0	0	0
Total	11	22.45%	22	44.90%	2	4.08%	14	28.57%

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

#### **5.38 Glasgow Royal Asylum Jewish Patient's Discharge Status 1870-1939**

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<sup>234</sup> 'Recovered', 'Relieved' and 'Not Improved' were somewhat subjective, since they were applied to patients by clinicians for their lack of observable symptomatic behaviour. 'Recovered' meant that the patient was no longer exhibiting behaviour that was indicative of a mental disorder and it was not expected to reoccur. While, 'Relieved' shared much of the same meaning, with the lack of observable symptomatic behaviour, but the caveat that the symptoms and behaviour could reoccur. 'Not Improved' meant that there had been no change in the patients symptomatic behaviour over the time the patient was in the asylum. Finally, 'Dead' means that the patient had died.

	A	%	B	%	C	%	D	%
Male	1	5.88%	6	35.29%	5	29.41%	5	29.41%
Pauper	0	0	0	0	0	0	0	0
Private	1	100%	6	100%	4	80.00%	5	100%
Change	0	0	0	0	1	20.00%	0	0
Female	7	24.14%	16	55.17%	3	10.34%	3	10.34%
Pauper	1	14.29%	0	0	0	0	0	0
Private	6	85.71%	15	93.75%	3	100%	3	100%
Change	0	0	1	6.25%	0	0	0	0
Total	8	17.39%	22	47.83	8	17.39	8	17.39%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

The first set of tables focuses on the discharge status of the Jewish populations of the Royal Edinburgh and Glasgow Royal. There are some similarities between the two Jewish populations, especially as regards those classified as 'Recovered' or 'Relieved', with overall 11 or 22.45% and 22 or 44.50% of the Royal Edinburgh's Jewish population classified under these two headings, and 8 or 17.39% and 22 or 47.83% of the overall Glasgow Royal's Jewish population also classified in the same way. Apparently the Royal Edinburgh was reluctant to classify Jewish patients as 'Not Improved' because only 2 or 4.08% of its Jewish patients were classified as such, when compared to the Gartnavel Jewish population where 8 or 17.39% of its Jewish patients were classified as 'Not Improved'. In reference to the Jewish patients who died while in the asylum, 14 or 28.57% of all Jews admitted to the Royal Edinburgh died there, while 8 or 17.39% of all Jews admitted to the Glasgow Royal also died in the asylum.

#### **5.39 Royal Edinburgh Asylum Control Patient's Discharge Status 1870-1939**

	A	%	B	%	C	%	D	%
Male	7	38.89%	3	16.67%	2	11.11%	6	33.33%
Pauper	6	85.71%	1	33.33%	2	100%	4	66.67%
Private	1	14.29%	2	66.67%	0	0	2	33.33%
Change	0	0	0	0	0	0	0	0



Female	9	29.03%	10	32.26%	2	6.45%	10	32.26%
Pauper	4	44.44%	8	80.00%	0	0	6	60.00%
Private	5	55.56%	2	20.00%	2	100%	4	40.00%
Change	0	0	0	0	0	0	0	0

Total	16	32.65%	13	26.53%	4	8.16%	16	32.65%
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*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

#### **5.40 Glasgow Royal Asylum Control Patient's Discharge Status 1870-1939**

	A	%	B	%	C	%	D	%
Male	6	35.29%	5	29.41%	2	11.76%	4	23.53%
Pauper	0	0	1	20.00%	0	0	1	25.00%
Private	6	100%	4	80.00%	2	100%	3	75.00%
Change	0	0	0	0	0	0	0	0

Female	13	44.83%	8	27.59%	0	0	8	27.59%
Pauper	0	0	1	12.50%	0	0	0	0
Private	13	100%	7	87.50%	0	0	8	100%
Change	0	0	0	0	0	0	0	0

Total	19	41.30%	13	28.26%	2	4.35%	12	26.09%
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*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

The second set of tables in this subsection focuses on the discharge status of the control samples taken from patients admitted to the Royal Edinburgh and Glasgow Royal between 1870 and 1939. Overall, both control samples are very similar, but there are differences when the samples are looked at through the lens of gender. For the control sample from the Royal Edinburgh, 16 or 32% were classified as 'Recovered' when they were discharged, then 13 or 26% were 'Relieved', while 4 or 8% were classified as 'Not Improved', and finally 16 or 32% died while they were patients in the asylum. The control sample from the Glasgow Royal breaks-down overall in a similar fashion in that 19 or 41% of all control patients were classified as 'Recovered', then 13 or 28% were 'Relieved', while 2 or 4% were 'Not Improved', and finally 12 or 26% of all control patients died while they were in the asylum. The male cohorts of both control samples

breaks-down in a similar way across the two institutions, in that 7 or 38% and 6 or 35% were classified as 'Recovered', then 3 or 16% and 5 or 29% were 'Relieved', while 2 or 11% and 2 or 11% were 'Not Improved', and 6 or 33% and 4 or 23% of all male control patients died while they were patients in the Royal Edinburgh and Gartnavel establishments, respectively. Meanwhile, the break-down of the female cohorts stands at 9 or 29% and 13 or 44% were classified as 'Recovered', then 10 or 32% and 8 or 27% were 'Relieved', while 2 or 6% and no Gartnavel female control patients were 'Not Improved', and finally 10 or 32% and 8 or 27% of all female control patients died while they were patients in the Royal Edinburgh and Glasgow Royal, respectively.

#### 5.41 Combined Jewish Patient's Discharge Status 1870-1939

	A	%	B	%	C	%	D	%
Male	9	18.37%	20	40.82%	6	12.24%	14	28.57%
Pauper	2	22.22%	6	30.00%	1	16.67%	5	35.71%
Private	7	77.78%	14	70.00%	4	66.67%	9	64.29%
Change	0	0	0	0	1	16.67%	0	0
Female	10	21.74%	24	52.17%	4	8.70%	8	17.39%
Pauper	2	20.00%	1	4.17%	0	0	3	37.50%
Private	8	80.00%	21	87.50%	4	100%	5	62.50%
Change	0	0	2	8.33%	0	0	0	0
Total	19	20.00%	44	46.32%	10	10.53%	22	23.16%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

#### 5.42 Combined Control Patient's Discharge Status 1870-1939

	A	%	B	%	C	%	D	%
Male	13	37.14%	8	22.86%	4	11.43%	10	28.57%
Pauper	6	46.15%	2	25.00%	2	50.00%	5	50.00%
Private	7	53.85%	6	75.00%	2	50.00%	5	50.00%
Change	0	0	0	0	0	0	0	0
Female	22	36.67%	18	30.00%	2	3.33%	18	30.00%
Pauper	4	18.18%	9	50.00%	0	0	6	33.33%

Private	18	81.82%	9	50.00%	2	100%	12	66.67%
Change	0	0	0	0	0	0	0	0
Total	35	36.84%	26	27.37%	6	6.32%	28	29.47%

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

The final set of tables in this subsection combines both Jewish populations and control samples from both the Royal Edinburgh and the Glasgow Royal in one place to illustrate trends as to discharge status across the Jewish population and non-Jewish sample. The overall discharge status of the combined Jewish population stands at 19 or 20% were classified as 'Recovered', then 44 or 46% were 'Relieved', while 10 or 10% were 'Not Improved', and finally 22 or 23% of all the Jewish population died while they were in either asylum. The overall discharge status of the combined control sample stands at 35 or 36% were classified as 'Recovered', then 26 or 27% were 'Relieved', while 6 or 6% were 'Not Improved', and finally 28 or 29% of the whole control sample died while in either asylum.

There are differences between the two groups when they are looked at through the lens of gender, especially since the Jewish population was relatively balanced while the control sample had a significant female majority. The break-down of the male patient cohort stands as follows between the Jewish and non-Jewish contingents, respectively; 9 or 18% and 13 or 37% of the male patients were classified as 'Recovered', then 20 or 40% and 8 or 22% were 'Relieved', while 6 or 12% and 4 or 11% were 'Not Improved', and finally 14 or 28% and 10 or 28% had died. Meanwhile, the equivalent break-down of the female cohort stands at 10 or 21% and 22 or 36% were classified as 'Recovered', then 24 or 52% and 18 or 30% were 'Relieved', while 4 or 8% and 2 or 3% were classified as 'Not Improved', and finally 8 or 17% and 18 or 30% had died.

These figures confirm that Jewish patients, male or female, were more likely to be discharged 'Relieved', while the control patients were more likely to be discharged 'Recovered'. Could this be a manifestation of Jewish 'difference', in that they could never meet the expectations of clinicians with respect to 'recovery', certain features of their Jewishness militating against them ever

being regarded as properly ‘cured’? This is an important theme that surfaces within the Jewish patient case notes, and is discussed within the subsequent chapters, particularly Chapter 7, that of Jewish ‘difference’ as seen through the expectations of clinicians; and it is a possibility that can be further supported through the next set of tables which examine the differences in the length of Jewish patient’s stays within the two institutions compared to that of non-Jewish patients.

### *Length of Stay*

This final subsection will look at the average length of stay of the Jewish populations and control sample patients from the Royal Edinburgh and Glasgow Royal, who were admitted between 1870 and 1939. The examination of the average length of stay of patient groups is important because it can raise questions about differences between how Jewish and non-Jewish patients were treated within the asylum, leading to the possibly differing periods of asylum confinement, that will be explored in the chapters which follow. For the purpose of the tables in this section the length of the patient’s stay in the asylum was calculated in days.

#### **5.43 Royal Edinburgh Asylum Average Length of Jewish Patients Stay (in days) 1870-1939**

<b>Gender</b>	<b>Avg.</b>	<b>Pauper</b>	<b>Private</b>	<b>Change</b>
Male	1,205	612	1,667	0
Female	2,391	623	3,156	2,823
Overall	1,617	614	2,232	2,823

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939. Note: one female patient changed from pauper to private.*

#### **5.44 Glasgow Royal Asylum Average Length of Jewish Patients Stay (in days) 1870-1939**

<b>Gender</b>	<b>Avg.</b>	<b>Pauper</b>	<b>Private</b>	<b>Change</b>
Male	2,108	0	1,537	11,000
Female	923	18	584	11,248
Overall	1,361	18	938	11,124

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963). Note: one male and one female changed status from private to pauper.*

The first set of tables deals with the average length of stay in the asylum for the Jewish patients that were admitted to the Royal Edinburgh and the Glasgow Royal between 1870 and 1939. The overall length of stay for Jewish patients was 1,617 days or about 4.4 years for those admitted to the Royal Edinburgh, while the overall average for the Jewish patients was 1,361 days or 3.7 years for those admitted to the Gartnavel. These figures are somewhat misleading for several reasons. First, these figures can be further broken-down along gender and class lines to illustrate different trends among these sub-groupings. Then there is the issue of the outliers within the two Jewish populations. Within the Jewish population from the Royal Edinburgh, two patients had stays of only 14 days, Rachel Harrison and Simon Davis/Davies, who were admitted in September 1905 and November 1907 respectively.<sup>235</sup> In addition, the Jewish patients with the longest stays were Sarah Berger, whose case will be discussed at length in Chapter 8, and William Wedeclefsky. Sarah was admitted in June 1905 and discharged in August 1962, which means that she lived in the asylum for 20,875 days or more than 57 years, while William was admitted in April 1918 and discharged in July 1964, which means that he lived in the asylum for 16,884 days or a little more than 46 years.<sup>236</sup> Conversely, Louis Gabrilowitch, admitted to Gartnavel in May 1919, only stayed in the asylum for one day.<sup>237</sup> In contrast, William Wineour, Abraham/Alexander Bell

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<sup>235</sup> LHB 7/52/870, 'Rachel Harrison', in *Royal Edinburgh Hospital Certification Papers September 1905*; LHB 7/51/85, 'Rachel Harrison', in *Royal Edinburgh Hospital Women's Case Notes September 1904 – September 1905*, pp.905-907; LHB 7/35/10, 'Rachel Harrison', in *Royal Edinburgh Asylum Patient Register 22 August 1903 – 22 March 1910*; LHB 7/52/896, 'Simon Davis/Davies', in *Royal Edinburgh Hospital Certification Papers October 1907*; LHB 7/51/89, 'Simon Davis/Davies', in *Royal Edinburgh Hospital Men's Case Notes October 1906 – August 1908*, pp.541-544; and, LHB 7/35/10, 'Simon Davis/Davies', in *Royal Edinburgh Asylum Patient Register 22 August 1903 – 22 March 1910*.

<sup>236</sup> LHB 7/52/867, 'Sarah Berger', in *Royal Edinburgh Hospital Certification Papers June 1905*; LHB 7/Craighouse Box 6, 'Sarah Berger', in *Royal Edinburgh Hospital Loose Case Notes*; LHB 7/51/85, 'Sarah Berger', in *Royal Edinburgh Hospital Women's Case Notes September 1904 – September 1905*, pp.673-676; LHB 7/35/10, 'Sarah Berger', in *Royal Edinburgh Asylum Patient Register 22 August 1903 – 22 March 1910*; LHB 7/52/991, 'William Wedeclefsky', in *Royal Edinburgh Hospital Certification Papers October 1915*; LHB 7/51/98, 'William Wedeclefsky', in *Royal Edinburgh Hospital Men's Case Notes December 1914 – February 1916*, pp.645-647; LHB 7/51/103, 'William Wedeclefsky', in *Royal Edinburgh Hospital Men's Case Notes July 1917 – January 1919*, pp.477-479; LHB 7/35/11, 'William Wedeclefsky', in *Royal Edinburgh Asylum Patient Register 23 March 1910 – 18 February 1918*; and, LHB 7/35/12, 'William Wedeclefsky', in *Royal Edinburgh Hospital Patient Register 19 February 1918 – 26 February 1923*.

<sup>237</sup> GGHB 13/7/126, 'Louis Gabrilowitch', in *Gartnavel Royal Asylum Admission Warrants 1919*; GGHB 13/5/146, 'Louis Gabrilowitch', in *Gartnavel Royal Asylum Men's Case Notes*, pp.363-369; and, GGHB 13/6/77-80, 'Louis Gabrilowitch', in *Gartnavel Royal Asylum Admission Register 1860-1963*.

and Hannah Sternstein, had extended stays of 12,370 days or more than 33 years, 11,248 and 11,000 days or more than 30 years, respectively.<sup>238</sup>

The overall average length of stay, when further broken down by pauper, private and those whose status changed stands as follows for the Edinburgh Royal: 614 or 1.7 years for Jewish pauper patients, 2,232 days or 6.1 years for Jewish private patients and 2,823 days or 7.7 years for Jewish patients whose status changed over the course of their stay. Meanwhile, the overall average for the Gartnavel patients stands at: 18 days for Jewish pauper patients, 938 days or 2.6 years for Jewish private patients, and 11,124 days or 30.5 years for Jewish patients whose status changed. This data shows that the stay for the Gartnavel Jewish patients, across the board, except for the ones that changed their status, was shorter in duration than it was for the Jewish patients from the Royal Edinburgh. There is some variation when the two populations are viewed through the lens of gender. The statistics for male Jewish patients admitted to the Royal Edinburgh stands at: overall 1,205 days or 3.3 years on average, pauper male Jewish patients stayed 612 days or 1.7 years, then the private male Jewish patients stayed 1,667 days or 4.6 years, and there were no male Jewish patients whose status changed in the Royal Edinburgh Jewish population. For the male Jewish patients admitted to the Glasgow Royal, the statistics stand at: overall 2,108 days or 5.8 years, there were no male Jewish paupers admitted to Gartnavel, then the private male Jewish patients stayed on average 1,537 days or 4.2 years, while the male Jewish patients whose status changed stayed on average 11,000 days or 30.1 years in the asylum. In terms of the female Jewish patients admitted to the Royal Edinburgh, the average length of their stay stands as follows: overall female Jewish patients stayed 2,391 days or 6.5 years in the asylum, while female Jewish paupers stayed 623 days or 1.7 years on average, then private female Jewish patients stayed on average 3,156 days or 8.6 years, and finally female Jewish patients whose status changed over the course of their stay remained in the Royal Edinburgh on average 2,823 days or 7.7 years. The average overall stay for all female Jewish patients from the

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<sup>238</sup> GGHB 13/7/125, 'William Wineour', in *Gartnavel Royal Asylum Admission Warrants 1918*; GGHB 13/5/145, 'William Wineour', in *Gartnavel Royal Asylum Men's Case Notes*, pp.239-245 & 566; GGHB 13/6/77-80, 'William Wineour', in *Gartnavel Royal Asylum Admission Register 1860-1963*; GGHB 13/7/139, 'Alexander Bell', in *Gartnavel Royal Asylum Admission Warrants 1932*; GGHB 13/6/77-80, 'Alexander Bell', in *Gartnavel Royal Asylum Admission Register 1860-1963*; GGHB 13/7/138, 'Hannah Sternstein', in *Gartnavel Royal Asylum Admission Warrants 1931*; and, GGHB 13/6/77-80, 'Hannah Sternstein', in *Gartnavel Royal Asylum Admission Register 1860-1963*.

Gartnavel population was 923 days or 2.5 years, followed by 18 days for Jewish female paupers, then 584 days or 1.6 years on average for private female Jewish patients, while the average stay for female Jewish patients whose status changed was 11,248 days or 30.8 years. Across the board, women had longer average stays at the Royal Edinburgh than did their male counterparts.

#### **5.45 Royal Edinburgh Asylum Average Length of Control Patients Stay (in days) 1870-1939**

<b>Gender</b>	<b>Avg.</b>	<b>Pauper</b>	<b>Private</b>	<b>Change</b>
Male	763	795	678	0
Female	1,306	691	2,158	0
Overall	1,107	735	1,747	0

*Source: LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certifications Paper January 1883 – December 1939.*

#### **5.46 Glasgow Royal Asylum Average Length of Control Patients Stay (in days) 1870-1939**

<b>Gender</b>	<b>Avg.</b>	<b>Pauper</b>	<b>Private</b>	<b>Change</b>
Male	304	19	342	0
Female	356	11	368	0
Overall	337	16	359	0

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963).*

The second set of tables reflects the average length of stay for the control patients admitted to the Royal Edinburgh and Glasgow Royal between 1870 and 1939. Overall it is a tale of two different asylums, in that the average length of stay can be seen as a reflection of their varying intake practices. First, the overall average for control patients admitted to the Royal Edinburgh stands at 1,107 days or about 3 years, the overall control paupers' average stay was 735 days or about 2 years, and the overall private control patients' average stay was 1,747 days or about 4.8 years. Within the Edinburgh control group, the shortest stay in the asylum was that of Elizabeth Weir Hadden, only two days in length.<sup>239</sup> In contrast, the patient with the longest stay at the Royal Edinburgh was Mary Ann Grant Kennedy, who was in the asylum for 10,027 days or more

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<sup>239</sup> LHB 7/52/889, 'Elizabeth Weir Hadden', in *Royal Edinburgh Hospital Certification Papers March 1907*; LHB 7/51/90, 'Elizabeth Weir Hadden', in *Royal Edinburgh Hospital Women's Case Notes October 1906 – June 1908*, pp.217-219; and, LHB 7/35/10, 'Elizabeth Weir Hadden', in *Royal Edinburgh Asylum Patient Register 22 August 1903 – 22 March 1910*.

than 27 years.<sup>240</sup> The overall average for the control patients admitted to the Glasgow Royal stands at 337 days or about two-thirds of a year, while the average length of stay for pauper control patients was 16 days and the overall average length of stay for the private control patients was 359 days or nearly a year. The patient with the shortest stay from the Gartnavel control sample was John Sharp, with a stay of only five days.<sup>241</sup> In contrast, the Gartnavel control patient with the longest stay in the asylum was Annie Kimmloch, with a stay of 1,849 days or just over 5 years.<sup>242</sup> As is obvious from the above tables, the control patients admitted to the Royal Edinburgh had considerably longer average stays than did the control patients admitted to Gartnavel, with the pauper patients of both institutions having significantly shorter stays than compared to the private control patients.

#### **5.47 Combined Jewish Average Length of Jewish Patients Stay (in days) 1870-1939**

<b>Gender</b>	<b>Avg.</b>	<b>Pauper</b>	<b>Private</b>	<b>Change</b>
Male	1,656	612	1,602	11,000
Female	1,657	320	1,870	7,035
Overall	1,656	466	1,736	9,017

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

#### **5.48 Combined Control Average Length of Jewish Patients Stay (in days) 1870-1939**

<b>Gender</b>	<b>Avg.</b>	<b>Pauper</b>	<b>Private</b>	<b>Change</b>
Male	535	407	510	0
Female	831	351	1,263	0
Overall	683	379	886	0

*Source: GGHB 13/6/77-80, Gartnavel Royal Asylum Admission Registers (1860-1963); LHB 7/35/6-14, Royal Edinburgh Asylum Admission Register 14 April 1882 – 19 April 1941; and, LHB 7/52/598-1281, Royal Edinburgh Asylum Certification Papers January 1883 – December 1939.*

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<sup>240</sup> LHB 7/52/1104, 'Mary Ann Grant Kennedy', in *Royal Edinburgh Hospital Certification Papers March 1925*; LHB 7/51/114, 'Mary Ann Grant Kennedy', in *Royal Edinburgh Hospital Women's Case Notes March 1923 – December 1925*, pp.733-736 & 979-980; and, LHB 7/35/13, 'Mary Ann Grant Kennedy', in *Royal Edinburgh Asylum Patient Register 1 March 1923 – 11 August 1933*.

<sup>241</sup> GGHB 13/7/88, 'John Sharp', in *Gartnavel Royal Asylum Admission Warrants 1881*; GGHB 13/5/63, 'John Sharp', in *Gartnavel Royal Asylum Men's Case Notes*, p.77; and, GGHB 13/6/77-80, 'John Sharp', in *Gartnavel Royal Asylum Admission Register 1860-1963*.

<sup>242</sup> GGHB 13/7/135, 'Annie Kimmloch', in *Gartnavel Royal Asylum Admission Warrants 1928*; and, GGHB 13/6/77-80, 'Annie Kimmloch', in *Gartnavel Royal Asylum Admission Register 1860-1963*.



The final set of tables for this subsection combined the Jewish populations and the combined control samples of patients admitted to the Royal Edinburgh, Morningside, and Glasgow Royal, Gartnavel, between 1870 and 1939. These tables illustrate overarching trends within the Jewish patient population and combined control sample. The overall average length of stay for all Jewish patients was 1,656 days or about 4.5 years, which is significantly greater than the overall length of stay for the control sample patients, measured at 683 days or about 1.9 years. This trend continues across the pauper and private patient demographics. For example, the overall average length of a Jewish pauper's stay in the asylum was 466 days or 1.3 years, while the overall average length of a control pauper's stay in the same asylum was only 379 days or a little more than a year. In addition, the overall average length of stay for Jewish private patients was 1,736 days or 4.8 years, compared to the overall average length of stay for private control patients at 886 days or 2.4 years.

This set of tables clearly shows that Jewish patients stayed in the asylum longer than did the control patients, and can be seen as an indication of different themes within the relatively distinctive asylum experiences of Jews, compared to non-Jews, in these two institutions. First, Jewish patients who were admitted could have been experiencing more severe forms of mental illness than the control patients. Alternatively, this difference could be seen as an indication of the pathologization of the Jewish body (and mind) by clinicians, which might also indicate that the Jewish patients, because of their 'inherent' predisposition towards mental illness in the eyes of clinicians, had to meet a higher standard of demonstrable 'sanity' than did the non-Jewish patients to gain their release from the two institutions.

## **Conclusion**

This chapter has looked at the Jewish patient population profile quantitatively. It shows that the Jewish population was fairly evenly split between male and female patients, while the control patient profile was majority female. In addition, Jews were younger when they were admitted, more likely to receive a diagnosis within the dementia praecox family and remained in the asylum longer than did the control patients. These points are important because in

many ways they fit the common stereotype of the Jew from the time period in that Jews were associated with mental illness, a projection unintentionally reinforced by Freud and his research from the Vienna nervous clinic, where the majority of his patients were middle class Jews.<sup>243</sup> To a certain degree, this imbalance has indeed been confirmed by the quantitative analysis of the Jewish patient profile presented in this chapter.

To recap, the discussion has been grouped into four overarching themes, demographic, social, diagnostic and institutional. Within the section that focused on demographics, gender, age and marital status were discussed. As regards the gender distribution of the Jewish population, the two populations were drastically different from each other. Within Morningside the Jewish population was 60% male and 40% female, while within Gartnavel the Jewish population was 40% male and 60% female, which means that between the two institutions the split was even. This pattern was drastically different to the control sample, which both stood at 40% male and 60% female. This difference, in terms of gender makeup, between the control sample and the Jewish population, can perhaps be seen as an example of the pathologization of Jewish bodies, which will be discussed in Chapter 7, which among other things discusses the male Jewish body, and in Chapter 8, which discusses female bodies. The next topic that was addressed was the age distribution of the Jewish patient population compared to that of the control sample, which showed that the Jewish population was younger when they were admitted to the two asylums. This illustrates that the Jewish community (most likely the patient's relatives) were more likely to seek treatment at earlier signs of mental ill-health, which can be seen in a proactive or reactive light, as a reflection of Judaic theology and practice; or what seems the more likely conclusion was that non-Jewish authorities, such as parochial authorities and most physicians more readily 'detected' signs of insanity in the agitated thoughts, words and deeds of Jews, with Chapter 6 paying particular attention to the topic of age in the asylum. The final theme that was addressed in this section was that of the marital status of the Jewish population. As regards the Jewish population, since they tended to be younger when admitted to the two asylums more of them were also single at the

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<sup>243</sup> Sander Gilman, 'Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response', in *Journal of the History of Behavioural Science*, 20(2), 1984, pp.150-159; and, Edward Shorter, 'Women and Jews in a Private Nervous Clinic in Late Nineteenth-Century Vienna', in *Medical History*, 33(2), 1989, pp.149-183.

time of their admission. Furthermore, the role of marriage and some of its social expectations within the Jewish community will be further addressed in Chapter 8.

The next overarching theme that was addressed was that of social variables that affected the Jewish patient population, and which specifically focused on both the accommodation and occupational class of patients admitted to Morningside and Gartnavel. In short, as regards the accommodation class of the Jewish population, the majority were admitted to the asylums as private paying patients. This shows that when compared to non-Jewish patients, they were more willing or able to cover the cost of treatment – or, rather their relatives or well-to-do others were more willing and able in this respect – instead of relying on the state to cover the cost of that treatment. Accommodation class is so closely linked to occupational class, so that it is necessary to address them separately but also recognise how one plays into the other. One of the factors that can impact whether a patient was admitted as a pauper or private patient was their occupation, because those who had been in more lucrative occupations were in a better position for their families to be able to pay for their treatment. The Jewish population in Britain, including Scotland, was mostly concentrated in semi-skilled occupations through to the professions that required higher education. Issues of class and its connections to immigration status within the Jewish population duly come up throughout the discussions of Chapter 6, 7 and 8.

The diagnostics characteristics of the Jewish patients populations was then discussed and it was affirmed that the Jewish body was pathologised, and that, because of this pathologization, Jewish patients were more likely than non-Jewish patients to be diagnosed with particular psychiatric conditions, specifically dementia praecox, where the Jewish population was diagnosed with this condition at twice the rate of the non-Jewish population: 18 or nearly 19% of Jewish patients receiving this diagnosis, as opposed to 9 or about 9% of the control sample. The pathologization of the Jewish body is a theme that appears throughout Chapters 6, 7 and 8, but is especially prominent in Chapter 8 when the role of Jewish women and the female Jewish body will be discussed.

Finally, the institutional variables of the Jewish patient experience were discussed by focusing on their discharge status and the length of their stay

within the two asylums. First, as regards the Jewish population's discharge status, the important take away message is that, when Jews were discharged, they were more likely to be discharged as 'Relieved', as opposed to non-Jewish patients, who were most likely to be discharged as 'Recovered'. This discrepancy can be seen as a practical application of Jewish 'difference', in that Jews could arguably never meet the expectations of clinicians to achieve a full recovery. The theme of Jewish inherent difference was seen throughout the patient case notes, and will indeed be a point of discussion throughout the following chapters. Then, as regards the Jewish population's length of stay within the two asylums, this chapter established that Jewish patients, regardless of gender or class had significantly longer stays in the two asylums, with an overall average stay of 1,656 days as opposed to 683 days for the control sample. This difference can be seen as another example of the pathologization of the Jewish body and mind, a recurrent theme of Chapters 6, 7 and 8.

In closing, since the Jew was seemingly an outsider in Britain inherently prone to mental illness, maybe there is a reason here for why Jews remained in the asylum longer than did the control patients did. Hopefully, the historical-contextual materials in Chapter 4 and the analysis just provided of the Jewish patient profile here, in the present chapter, has now set the stage to explore the lived Jewish patients' experience more thematically via various aspects of the ideal and actual Jewish woman (i.e. marriage and family), the pathologization of the Jewish body and also the Jewish experience of the asylum lifecycle and Jewish movement among various communities.

## Chapter 6

### Jewish Geography and the Asylum Lifecycle

Really the whole case turns on the alleged delay in dealing with the applications [Jewish applications], and this depends upon the practice which experience has thrown up of not entertaining applications from certain classes of aliens unless and until the applicants have resided in this country for a considerable period of time, far longer than the minimum statutory period of five year. This practice is based on very strong ground. It rests on experience that different races display different qualities and capabilities for identifying themselves with this country. Speaking roughly, the Latin, Teuton and Scandinavian races, starting some of them, with a certain kinship with British races, prompt and eager to identify themselves with the life and habits of this country and was easily assimilated. On the other hand, Slavs, Jews and other races from Central and Eastern parts of Europe stand in quite a different position. They do not want to be assimilated in the same way and do not readily identify themselves with this country. Even the British born Jews, for instance, always speak of themselves as a 'community', separate to a considerable degree and different from the British people.

Permanent Under-Secretary of State Sir John Pedder, 1924

David Cesarani, 'Anti-Alienism in England After the First World War', in *Immigrants and Minorities*, 6(1), 1987, p.17

#### Introduction

The above passage is significant because it illustrates the mind-set of the governing class within the British context. It shows that government departments actively obstructed settlement applications from non-Western European, especially Jews, in Britain by 'not entertaining applications from certain classes of aliens unless and until the applicants have resided in the country for a considerable period of time, far longer than the minimum statutory period of five years.'<sup>244</sup>

The patients that will be the focus of this chapter are taken as useful snapshots of the experiences of the Jewish patient population of the Edinburgh and Glasgow Royal Asylums in terms of issues relating to what I am terming,

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<sup>244</sup> 'John Pedder', in David Cesarani, 'Anti-Alienism in England After the First World War', in *Immigrants and Minorities*, 6(1), 1987, p.17.

overall, ‘Jewish geography’. These issues are ones pertaining to the contexts of Anglo-Jewish life, aspects of which have been introduced in Chapters 2 and 4, bringing into view matters of Jewish demography, migration, family dynamics, social standing, cultural experiences and the like, as these intersect with what I am terming the ‘asylum lifecycle’, meaning periods spent in and outside of the asylum by these and companion patients. They open a door to the Jewish patient experience through the discussion and analysis of several themes, such as: family, community, immigration status, social class, migration histories, big and small and the asylum lifecycle with respect to patients who experienced multiple admissions to asylums.

### Three Patient Case Studies

The chapter will begin with case study introductions for the three patients, Barnet Adler, Abe Coopersmith and Frederick Samuel Solomon, whose experiences in both the Royal Edinburgh Asylum and the Glasgow Royal Asylum, which collectively touch on the sub-themes mentioned above. Furthermore, additional patient cases will be threaded into the discussion that follows this in-depth look at these three patients, some of these additional patients will be discussed in greater detail in subsequent chapters (Chapters 7 and 8).

#### *Barnet Adler*

Barnet was born in about 1882 in Poland. He left Poland at the age of 18 around 1901. He had enough money to pay for transport to Hull. From Hull he walked to Leeds and later on to Manchester. He eventually settled in Glasgow. The case notes do not give specific dates for his movements between cities. In addition to this they do not state when he initially settled in Glasgow, but by the time he was admitted to the Royal Edinburgh Asylum he and his wife were living in Glasgow’s West End and were ironically within walking distance of the Gartnavel Royal Asylum, Glasgow. At some point between 1901 and 1925 he married, but once again his wife’s name was not stated in the case notes.

#### 6.1 Adler Family

Name	Occupation	Place of Birth	Year
Barnet (husband)	Business/Manufacturing	Poland	1882
Unknown (wife)	Unknown	Unknown	Unknown

*Source: Barnet Adler's Case Notes, Certification Papers and entry from the Patient Register.*<sup>245</sup>

He initially made a living in the clothes trade. He saved his money and established a cap and hat manufacturing business. The case notes do not state whether the manufacturing business was established prior to Barnet's move to Glasgow. In addition, the case notes do not specify whether the business was a large-scale factory or a hodgepodge of sweated workshops, although the later seems the more likely because that was how many Jews, especially immigrant Jews, made a living.<sup>246</sup> As Englander states:

Jewish industry was located in trades in which capital and skill requirements were minimal and cheap labour plentiful, and in which homework, the application of simple hand-driven machinery and subdivision of labour, made it possible for ...employers to compete effectively with ...[large scale] factory production. ...<sup>247</sup>

Immigrant Jews during the late nineteenth and early twentieth centuries largely worked as wage labourers, although Barnet appears to have managed to do marginally better for himself and his family. In London and Manchester from the 1840s onwards, there is evidence that Jewish immigrants were frequently absorbed into the industrial workforce, principally clothing, tobacco, furniture and footwear. During the early portion of 1925, Barnet's business began to experience financial setbacks. His case notes states that '[t]his failure worried him terribly, and from this his mental troubles date.'<sup>248</sup> He was admitted to the Royal Edinburgh on 6 July 1925, when he was diagnosed with 'confusional insanity'.<sup>249</sup> He was later discharged to the care of his wife 'recovered' on 10 October 1925.<sup>250</sup>

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<sup>245</sup> LHB 7/51/112, 'Barnet Adler', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, pp.577-580; LHB 7/52/1108, 'Barnet Adler', in *Royal Edinburgh Hospital Certification Papers July 1925*; and, LHB 7/35/13, 'Barnet Adler', in *Royal Edinburgh Asylum Patient Register 1 March 1923 – 11 August 1933*.

<sup>246</sup> Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives Committee, 1990); and, Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007).

<sup>247</sup> David Englander (ed.), *A Documentary History of Jewish Immigrants in Britain 1840-1920* (London: Leicester University Press, 1994), p.109.

<sup>248</sup> LHB 7/51/112, 'Barnet Adler', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, p.579.

<sup>249</sup> LHB 7/35/13, 'Barnet Adler', in *Royal Edinburgh Asylum Patient Register 1 March 1923 – 11 August 1933*.

<sup>250</sup> LHB 7/51/112, 'Barnet Adler – 10-10-1925', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, p.580.

Barnet's case is important to this chapter because it highlights several key themes, such as the link between asylum and Jewish geographies, notably to family and community: not least because Barnet lived near the Gartnavel Royal, Glasgow, yet he was admitted and treated at the Royal Edinburgh. He still had strong ties to the wider Jewish community and his family, which were illustrated at several points in the case notes. First, he was allowed out on day passes to attend synagogue with one of his brothers in Edinburgh. Barnet's case notes do not state whether his brother resided in Edinburgh, Glasgow or somewhere else. Next, his treatment was paid for by Wolfe Shenkin, a member of one of the more prominent Jewish families of Glasgow that were highly involved in communal organisations such as the Jewish Board of Guardians and the Jewish Representative Council. Moreover, upon his discharge from the asylum he and his wife went for a holiday in Ayr, which at the time was home to one of the smaller Scottish Jewish communities, and many Glasgow Jews took their seaside holidays there, because there were *kosher* guest houses that could cater to their dietary needs.<sup>251</sup> Indeed, Ayr was the seaside retreat for the more well-off section of Glasgow Jewry and itself had a small Jewish community.<sup>252</sup>

Another theme that Barnet's case highlights is that of class and immigration status, and how the two issues were intertwined within the Jewish patient population. He was an immigrant and needed to be registered with the police because of his alien status due to the enforcement of the Aliens Order of 1920, which was a continuation of the Aliens Restriction Act of 1919.<sup>253</sup> The Aliens Order of 1920 required all aliens seeking employment or residence in Britain to register with the police. Failure to do so would result in deportation. The Order also restricted what jobs the so-called 'aliens' could apply for and viewed any political or labour activities as subversive towards the government. The Order essentially acquired its teeth due to the previous Aliens Restriction Act of 1919, which had granted wide-ranging discretionary powers to the Home Secretary. The Aliens Order was renewed by the British government yearly until 1971. At the same time Barnet, an alien, still managed to grow a successful

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<sup>251</sup> Kenneth Collins, *The Jewish Experience in Scotland: From Immigration to Integration* (Glasgow: Scottish Jewish Archives Centre, 2016), pp.46, 111.

<sup>252</sup> Kenneth Collins, *Second City Jewry*; and, *Scotland's Jews: A Guide to the History and Community of the Jews in Scotland* (Glasgow: Scottish Council of Jewish Communities, 2008).

<sup>253</sup> Becky Taylor, 'Immigrants, Statecraft and Public Health: The 1920 Aliens Order, Medical Examinations and the Limitations of the State in England', in *Social History of Medicine*, 29(3), 2016, pp.1-22. See also the Aliens Restriction Act of 1919 and the Aliens Order of 1920.



business, even if one experiencing financial difficulties in the lead up to his admission.

### *Abe Coopersmith*

Abe was born sometime during 1908, most likely in South Africa. Abe's father Jacob signed his certification papers to the Royal Edinburgh in August 1931.<sup>254</sup> As was recorded in Abe's case notes, Jacob worked as a draper, who, along with his wife, presented no evidence of nervous or mental disorder.<sup>255</sup> His maternal grandparents were dead. His paternal grandparents were alive and well at the time of his admission to the asylum. A maternal uncle was a patient in a German asylum and diagnosed as having mania. In addition, Abe was the youngest of three children, with an older brother and sister. The brother was described as having 'exophthalmic goitre'<sup>256</sup> with 'a highly nervous disposition.'<sup>257</sup>

### **6.2 Coopersmith Family**

<b>Name</b>	<b>Occupation</b>	<b>Place of Birth</b>	<b>Year</b>
Jacob (father)	Draper	Unknown	Unknown
Unknown (mother)	Unknown	Unknown	Unknown
Unknown (older son)	Unknown	Unknown	Unknown
Unknown (daughter)	Unknown	Unknown	Unknown
Abe	Medical Student	South Africa	1908

*Sources: Abe Coopersmith's Certification Papers, Case Notes and entry in the Patient Register.*<sup>258</sup>

Abe started school at the age of six. At one point during his education he was advanced two standards in one year. He started university in 1926, at the age of 18, at the University of Cape Town, in South Africa. The University of Cape Town had its origins in 1829, when the South African College, a boys' high

<sup>254</sup> LHB 7/52/1181, 'Abe Coopersmith', in *Royal Edinburgh Hospital Certification Papers August 1931*.

<sup>255</sup> LHB 7/1/Craighouse Box 3, 'Abe Coopersmith – Emergency Certification Maudsley Hospital, London', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>256</sup> Graves Disease also called toxic diffuse goitre or exophthalmic goitre, is an endocrine disorder that is the most common cause of hyperthyroidism (excess secretion of thyroid hormone) and thyrotoxicosis (effects of excess thyroid hormone action in tissue); Source: < <http://www.britannica.com/EBchecked/topic/242366/Graves-disease> >, [Accessed February 2015].

<sup>257</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1931 – November 1931*, p.865.

<sup>258</sup> LHB 7/1/Craighouse Box 3, 'Abe Coopersmith', in *Royal Edinburgh Hospital Loose Case Notes*; LHB 7/52/1181, 'Abe Coopersmith', in *Royal Edinburgh Hospital Certification Papers August 1931*; and, LHB 7/35/13, 'Abe Coopersmith', in *Royal Edinburgh Asylum Patient Register 1 March 1923 – 11 August 1933*.

school was founded. Between 1829 and 1880 it grew slowly. After 1880, because of the discovery of gold and diamond deposits in the north of the country, the college expanded rapidly due to the demand for skills in mining. The college gradually expanded its course offerings: for example, between 1902 and 1918 the Medical School and Department of Education were founded and engineering courses were introduced. The college formally changed its classification from college to university in 1918.<sup>259</sup> Abe decided to study medicine and was particularly interested in specialising in surgery. He progressed well through his course of study until the end of his fourth year, in 1929 or 1930, when he failed his pathology exam. He did not tell his parents about his failed exam until he was directly asked about it, at which point, Abe indicated that 'he wanted to give up medicine as he felt inferior to his fellow students.'<sup>260</sup>

Abe was not very active between June 1930 and January 1931. He mostly stayed at home, was moody and reclusive and developed the habit of reading the Bible, which was a new behaviour for him. In January 1931 he had a nervous breakdown at his house.<sup>261</sup> Due to this breakdown, he was taken to a nursing home where he stayed for 14 days.<sup>262</sup> He appeared better when he returned home, to the point that he went on a motor holiday with his sister and one of her friends.<sup>263</sup> While on holiday he appeared to his friends and family to be back to his old self.<sup>264</sup> When the new academic year was due to start, however, Abe could not make a decision about whether or not to return to university to continue his medical studies.<sup>265</sup> At this point he had an attack of depression coupled with

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<sup>259</sup>University of Cape Town, 'About the university', < <http://www.uct.ac.za/about/intro/history> >, [Accessed January 2015].

<sup>260</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1931 – November 1931*, p.866; and, LHB 7/1/Craighouse Box 3, 'Abe Coopersmith – Personal History', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>261</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1931 – November 1931*, p.867; and, LHB 7/1/Craighouse Box 3, 'Abe Coopersmith – Personal History', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>262</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1931 – November 1931*, p.867; and, LHB 7/1/Craighouse Box 3, 'Abe Coopersmith – Personal History', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>263</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1931 – November 1931*, p.867; and, LHB 7/1/Craighouse Box 3, 'Abe Coopersmith – Personal History', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>264</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1931 – November 1931*, p.867; and, LHB 7/1/Craighouse Box 3, 'Abe Coopersmith – Personal History', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>265</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1931 – November 1931*, p.867; and, LHB 7/1/Craighouse Box 3, 'Abe Coopersmith – Personal History', in *Royal Edinburgh Hospital Loose Case Notes*.

insomnia, but was not admitted to an institution for treatment.<sup>266</sup> During February 1931, due to this second ‘attack’, he was sent by his family to the seaside for a holiday.<sup>267</sup> It was believed that a more ‘natural’ and less urban environment was conducive to the diminishing of mental distress, to the extent that during the late nineteenth asylums in Scotland and England were built outside city centres for this reason,<sup>268</sup> and in Scotland specifically the practice of boarding out in the countryside for non-violent, easily managed patients was a common practice.<sup>269</sup> When he returned from the seaside he went to a hospital dance, and afterwards had another attack of acute depression with insomnia and another ‘hysterical fit’.<sup>270</sup> He was sent by his family to a nursing home for the second time.

From this moment onwards, his condition continued to deteriorate. During July 1931 Abe travelled with his father, Jacob, and an attendant/nurse from South Africa to London. Abe’s case notes do not explain his travel arrangements. Abe could have been ill and the services of a nurse may have been required to monitor his health. Another explanation could be that Jacob needed another set of eyes and hands to manage Abe’s behaviour during their journey, and nobody from within the family being able, for whatever reason, to travel with Jacob and Abe to Scotland. He was briefly admitted to the Maudsley Hospital in south London before he was released to continue his journey to Edinburgh with his father and the attendant/nurse.<sup>271</sup> Abe’s admission to the Maudsley Hospital can be seen as an indication of the enforcement of the Aliens Act. This is due to his detainment in London, his initial port of entry, where in

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<sup>266</sup> LHB 7/51/120, ‘Abe Coopersmith’, in *Royal Edinburgh Hospital Craig House Men’s and Women’s Case Notes February 1931 – November 1931*, p.867; and, LHB 7/1/Craighouse Box 3, ‘Abe Coopersmith – Personal History’, in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>267</sup> LHB 7/51/120, ‘Abe Coopersmith’, in *Royal Edinburgh Hospital Craig House Men’s and Women’s Case Notes February 1931 – November 1931*, p.867; and, LHB 7/1/Craighouse Box 3, ‘Abe Coopersmith – Personal History’, in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>268</sup> Chris 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* (Lewiston, NY.: Edwin Mellen Press, 2004).

<sup>269</sup> Harriet Sturdy and William Parry-Jones, ‘Boarding-Out Insane Patients: The Significance of the Scottish System 1857-1913’, in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Althone Press, 1999), pp.86-114.

<sup>270</sup> LHB 7/51/120, ‘Abe Coopersmith’, in *Royal Edinburgh Hospital Craig House Men’s and Women’s Case Notes February 1931 – November 1931*, p.866.

<sup>271</sup> LHB 7/51/120, ‘Abe Coopersmith’, in *Royal Edinburgh Hospital Craig House Men’s and Women’s Case Notes February 1931 – November 1931*, p.865; and, LHB 7/1/Craighouse Box 3, ‘Abe Coopersmith’, in *Royal Edinburgh Hospital Loose Case Notes*.

accordance with the Act he could be deported out of the country because he was mentally unsound. If the funds that Jacob was going to provide for the care of Abe at the Royal Edinburgh proved to be lacking, he would have, as regards the Act, been seen as a pauper lunatic. The Maudsley was the twentieth century incarnation of the much older Bethlem Asylum, the oldest 'lunatic asylum' in Britain.<sup>272</sup> Its purpose, when Abe was admitted, was to treat early and acute cases of mental illness as opposed to chronic cases.

Abe was admitted to the Royal Edinburgh Asylum on 3 August 1931, after which his father returned to South Africa.<sup>273</sup> Abe was 23 years of age at the time of his admission.<sup>274</sup> He was diagnosed with dementia praecox,<sup>275</sup> another name for schizophrenia, which was particularly associated with Jews during the first part of the twentieth century, as will be discussed further in the following chapter (also see Chapter 5).<sup>276</sup> Abe remained a patient in the Royal Edinburgh for just under three years. He was discharged on 21 June 1934 and classified as relieved enough to travel.<sup>277</sup> He was discharged to the care of his father Jacob so that he could be cared for closer to his family's home in South Africa. Abe's case notes show that his father indicated to the asylum that Abe would be admitted to an institution near Cape Town, South Africa.<sup>278</sup>

The sheer geographic scope was the most striking feature of Abe's story, in that Abe's journey through the mental health care system took him and, to a lesser extent, his family across two continents to access care. On the surface it appears counterintuitive to send a South African medical student, who was studying in South Africa, to a Scottish asylum, where he remained for three

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<sup>272</sup> Jonathan Andrews, *The History of Bethlem* (London: Routledge, 1997), pp.649-675.

<sup>273</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1931 – November 1931*, pp.865-867; and, LHB 7/35/13, 'Abe Coopersmith', in *Royal Edinburgh Hospital Patient Register 1 March 1923 – 11 August 1933*.

<sup>274</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1931 – November 1931*, p.865; and, LHB 7/35/13, 'Abe Coopersmith', in *Royal Edinburgh Hospital Patient Register 1 March 1923 – 11 August 1933*.

<sup>275</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1931 – November 1931*, p.866; and, LHB 7/35/13, 'Abe Coopersmith', in *Royal Edinburgh Hospital Patient Register 1 March 1923 – 11 August 1933*.

<sup>276</sup> Sander Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (London: Cornell University Press, 1988), pp.202-230; and, *The Jew's Body* (London: Routledge, 1991), pp.128-149.

<sup>277</sup> LHB 7/35/13, 'Abe Coopersmith', in *Royal Edinburgh Hospital Patient Register 1 March 1923 – 11 August 1933*; and, LHB 7/1/Craighouse Box 3, 'Abe Coopersmith – 21-06-1934', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>278</sup> LHB 7/1/Craighouse Box 3, 'Abe Coopersmith – 21-06-1934 and Notes to the Physician In Charge, South Africa', in *Royal Edinburgh Hospital Loose Case Notes*.

years, only to have him discharged and returned to South Africa to be admitted to an institution there. There were several possible explanations as to why Abe was admitted to a Scottish institution. He was a medical student who had completed his fourth year of the course, so he and likely his family would have been aware of the state of the South African asylum system, which was primarily custodial as opposed to treatment-oriented in nature during the early 1930s, although this situation was beginning to change.<sup>279</sup>

In addition, the South African medical system mirrored South African society in that it was divided into a strict racial hierarchy that could determine what, if any, treatment would have been offered.<sup>280</sup> With this framework in mind, in some contexts during this period Jews were seen as 'black',<sup>281</sup> and if Abe was seen as black, or at least not fully or really 'white' in the South African context then that would have effectively closed the few doors available for treatment.<sup>282</sup> Abe's family apparently admitted him to an asylum as a last resort with the hope that he would regain his health and be able to continue his medical studies, and there must be the possibility that they moved him to Britain to access a standard of care that a Jew as 'black' would not have been able to do so in South Africa; I elaborate on this possibility below when considering the drivers of his (and others') migrations.

### *Frederick Samuel Solomon*

Frederick is recorded as having been born in Glasgow in 1879.<sup>283</sup> He was the only child of Henry and Marie Nathan Solomon.<sup>284</sup> Both of his parents were born in

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<sup>279</sup> Tiffany Fawn Jones, *Psychiatry, Mental Institutions and the Mad in Apartheid South Africa* (London: Routledge, 2012), pp.22-23.

<sup>280</sup> Tiffany Fawn Jones, *Mental Institutions and the Mad in Apartheid South Africa* (London: Routledge, 2012), pp.19-39.

<sup>281</sup> Sander Gilman, *The Jew's Body* (London: Routledge, 1991), pp.169-193 and 234-243.

<sup>282</sup> Tiffany Fawn Jones, *Psychiatry, Mental Institutions and the Mad in Apartheid South Africa* (London: Routledge, 2012), pp.19-39; Although this conclusion about Abe being seen by clinicians as 'black' within the South African context is a bit of a stretch since there is no empirical evidence that this was the case. There is a significant body of literature from the eighteenth, nineteenth and into the twentieth centuries that saw Jews as 'black' or at least 'swarthy'. See Sander Gilman, *The Jew's Body* (London: Routledge, 1991), pp. 169-193; and for something that is closer to Abe's time, see Harry Friedenwald, *The Jews and Medicine: Essays* (Volume 1 & 2) (Baltimore, MD: Johns Hopkins Press, 1944).

<sup>283</sup> Census 1881 (Glasgow) 644/09 045/00 004, *1881 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015].

<sup>284</sup> Census 1881 (Glasgow) 644/09 045/00 004, *1881 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1891 (Glasgow) 644/09 046/00 012, *1891 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1901 (Edinburgh) 685/01 034/00 002, *1901 Census (Edinburgh)*, <

Scotland, Henry in about 1849 in Edinburgh and Marie Nathan in 1852 in Glasgow.<sup>285</sup> Frederick's grandfather, who was also named Henry, was born in about 1819 somewhere outside of the United Kingdom.<sup>286</sup> Frederick and his parents lived in Glasgow from 1879 through to the late-1890s on Sauchiehall Street, near Garnethill Synagogue in the Cowcaddens section of the city.<sup>287</sup> During this period Henry, Frederick's father, worked as an independent master shoe and boot maker.<sup>288</sup> It can be inferred that Frederick and his family were relatively stable economically because they had a live-in servant, lived in a nice area of the city and remained in the same flat for an extended period of time, as was illustrated in the 1881 and 1891 Census entries for the family.<sup>289</sup>

### 6.3 Solomon Family (Frederick Samuel)

Name	Occupation	Place of Birth	Year
Henry (grandfather)	Retired	Outside Britain	1819
Henry (father)	Master Shoe/Boot Maker	Edinburgh	1849
Marie Nathan (mother)	None	Glasgow	1852
Frederick Samuel (son)	Apprentice Draper	Glasgow	1879

*Sources: Census Reports from 1881, 1891, 1901 and 1911; in addition to Frederick Samuel Solomon's Certification Papers, Case Notes and entry in the Patient Register.*<sup>290</sup>

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<http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; and, Census 1911 (Edinburgh/Morningside) 685/06 021/00 011, *1911 Census (Edinburgh/Morningside)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015].

<sup>285</sup> Census 1881 (Glasgow) 644/09 045/00 004, *1881 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1891 (Glasgow) 644/09 046/00 012, *1891 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1901 (Edinburgh) 685/01 034/00 002, *1901 Census (Edinburgh)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; and, Census 1911 (Edinburgh/Morningside) 685/06 021/00 011, *1911 Census (Edinburgh/Morningside)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015].

<sup>286</sup> Census 1901 (Edinburgh) 685/01 034/00 002, *1901 Census (Edinburgh)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015].

<sup>287</sup> Census 1881 (Glasgow) 644/09 045/00 004, *1881 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1891 (Glasgow) 644/09 046/00 012, *1891 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; and, Census 1901 (Edinburgh) 685/01 034/00 002, *1901 Census (Edinburgh)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015].

<sup>288</sup> Census 1881 (Glasgow) 644/09 045/00 004, *1881 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; and, Census 1891 (Glasgow) 644/09 046/00 012, *1891 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015].

<sup>289</sup> Census 1881 (Glasgow) 644/09 045/00 004, 'Solomon Family', in *1881 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; and, Census 1891 (Glasgow) 644/09 046/00 012, 'Solomon Family', in *1891 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015].

<sup>290</sup> Census 1881 (Glasgow) 644/09 045/00 004, *1881 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1891 (Glasgow) 644/09



When Frederick was 17, in about 1896 and working as an apprentice draper, he began to exhibit signs of mental distress, which were unstated in his case notes from his admissions to the Royal Edinburgh, but were persistent and noticeable enough that they led to his admission to an asylum in Dumfries. This is known because the 1891 Census showed that he was a child that lived with his parent in Glasgow, while the 1901 Census showed that Frederick was a patient in an asylum in Dumfries.<sup>291</sup> By combining the information from the two census reports and the transfer request that was part of his certification papers for his admission in 1905, it can be inferred that he was admitted to an asylum in Dumfries between 1896 and 1901, which was about 75 miles south of Glasgow.<sup>292</sup> Meanwhile Frederick's parents had left Glasgow and moved to 8 Castle Terrace, Edinburgh, where they lived with Henry's 82-year-old father and a live-in

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046/00 012, *1891 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1901 (Dumfries) 821/00 027/00 027, *1901 Census (Dumfries)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1901 (Edinburgh) 685/01 034/00 002, *1901 Census (Edinburgh)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1911 (Edinburgh/Morningside) 685/06 104/00 019, *1911 Census (Edinburgh/Morningside)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1911 (Edinburgh/Morningside) 685/06 021/00 011, *1911 Census (Edinburgh/Morningside)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; LHB 7/51/84, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1905 – May 1905*, pp.889-891; LHB 7/51/95, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1912 – December 1914*, pp.237-240; LHB 7/51/101, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1916 – July 1917*, pp.821-823; LHB 7/51/112, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, pp.889-891; LHB 7/52/866, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Certification Papers May 1905*; LHB 7/52/957, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Certification Papers November 1912*; LHB 7/52/1122, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Certification Papers September 1926*; LHB 7/35/10, 'Frederick Samuel Solomon', in *Royal Edinburgh Asylum Patient Register 22 August 1903 – 22 March 1910*; LHB 7/35/11, 'Frederick Samuel Solomon', in *Royal Edinburgh Asylum Patient Register 23 March 1910 – 18 February 1918*; LHB 7/35/12, 'Frederick Samuel Solomon', in *Royal Edinburgh Asylum Patient Register 19 February 1918 – 26 February 1923*; and, LHB 7/35/13, 'Frederick Samuel Solomon', in *Royal Edinburgh Asylum Patient Register 1 March 1923 – 11 August 1933*.

<sup>291</sup> Census 1901 (Dumfries) 821/00 027/00 027, 'Frederick Samuel Solomon', in *1901 Census (Dumfries)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015].

<sup>292</sup> Census 1891 (Glasgow) 644/09 046/00 012, 'Solomon Family', in *1891 Census (Glasgow)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1901 (Dumfries) 821/00 027/00 027, 'Frederick Samuel Solomon', in *1901 Census (Dumfries)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; and, Census 1901 (Edinburgh) 685/01 034/00 002, 'Henry and Marie Nathan Solomon', in *1901 Census (Edinburgh)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; in addition to, LHB 7/51/84, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1905 – May 1905*, p.889; and, LHB 7/52/866, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Certification Papers May 1905*.

servant.<sup>293</sup> Between 1901 and 1904 Frederick was either released or more likely escaped; since, as will be illustrated later in this chapter, he had a history of escaping from institutions. By 1904 he was a patient in the Midlothian District Asylum, because that is from where his father petitioned for his son to be transferred to the Royal Edinburgh. The transfer was finally approved about a year later in 1905.<sup>294</sup>

In total, Frederick was admitted to the Royal Edinburgh Asylum four times between 1905 and 1926. His first admission was when he was transferred from the Midlothian District Asylum on 15 May 1905, when he was 26 years old. He was diagnosed with mania. He made his first escape attempt on 2 October 1905, when he slipped away from a working party.<sup>295</sup> He was absent from the asylum for 10 days, and in that period had gone to Carlisle and Newcastle. He was returned to the asylum on 15 October 1905, where he remained until September 1912.<sup>296</sup> Frederick was more successful the next time he escaped while he was out on a pass in September 1912, and he was removed from the asylum register on 9 October 1912 when he had been absent from the asylum for more than a month.<sup>297</sup> His second admission to the asylum occurred on 13 November 1912, two months after his escape, when he was 34 years old. Frederick was diagnosed as a 'high-grade congenital imbecility moral defect with mania.'<sup>298</sup> He was discharged on 14 October 1916.<sup>299</sup> Frederick's third admission occurred on 18 April 1917, within six months of his previous discharge, and he was 38 years old at the time of this admission. His diagnosis now was 'moral insanity'.<sup>300</sup> Once again Frederick escaped while he was out on a day pass on 26 April 1926, and his name was again removed from the register on 24 May 1926

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<sup>293</sup> Census 1901 (Edinburgh) 685/01 034/00 002, 'Henry and Marie Nathan Solomon', in *1901 Census (Edinburgh)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015].

<sup>294</sup> LHB 7/52/866, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Certification Papers May 1905*.

<sup>295</sup> LHB 7/51/84, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1905 – May 1905*, p.891.

<sup>296</sup> LHB 7/51/84, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1905 – May 1905*, p.891.

<sup>297</sup> LHB 7/51/84, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1905 – May 1905*, p.891.

<sup>298</sup> LHB 7/51/95, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1912 – December 1914*, pp.238.

<sup>299</sup> LHB 7/51/84, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1905 – May 1905*, pp.237-240.

<sup>300</sup> LHB 7/51/101, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1916 – July 1917*, pp.822.



when he was not returned to the asylum within a month.<sup>301</sup> Frederick's fourth and final admission to the Royal Edinburgh Asylum was on 10 September 1926, when he was 48 years old. It was also a little more than four months after his most recent escape, and at this time he was diagnosed as a 'high-grade mental defect who was insane'.<sup>302</sup> He was discharged from the asylum when he was transferred to the Edinburgh District Asylum on 11 November 1926.<sup>303</sup> Over the course of about 30 years Frederick had hence been admitted seven times to four different asylums.

Frederick's narrative is interesting for several reasons. First, he was admitted to multiple institutions multiple times, including the Royal Edinburgh four times over the course of 20 years. The implication is that he encountered different asylum cultures within different institutions and also in the Edinburgh establishment, the latter because of changes in staff who were influenced by different schools of thought. Evidence of Frederick's interaction with various staff can be seen through the different handwriting that is contained in his case notes.<sup>304</sup> Then there is the effect of Frederick's propensity towards escape on how he was seen by asylum staff and therefore treated, which tended to emphasise the child like naughtiness in his behaviour when his case was diagnosed as an 'imbecile' or his 'moral defectiveness'. Finally, there is the role that his family played in his life both inside and outside the asylum, not least in enduring his continued return to an asylum setting.

## Family

Family is central to Jewish life during the period under investigation in this thesis, both the ideal and the reality of family life. Joyce Antler, who is addressing primarily the role of Jewish mothers, states that:

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<sup>301</sup> LHB 7/51/95, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1912 – December 1914*, pp.237-240.

<sup>302</sup> LHB 7/51/112, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, pp.890.

<sup>303</sup> LHB 7/51/112, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, pp.889-891.

<sup>304</sup> LHB 7/51/84, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1905 – May 1905*, pp.889-891; LHB 7/51/95, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1912 – December 1914*, pp.237-240; LHB 7/51/101, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes February 1916 – July 1917*, pp.821-823; and, LHB 7/51/112, 'Frederick Samuel Solomon', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, pp.889-891.

... beyond the Talmudic law that defines a Jew as anyone with a Jewish mother, the continuity of Jewish life depended on the mother's commitment to the spiritual health of her loved ones and to the Jewish community in which she lived. Though mothers lacked legal power and could not participate in public religious worship – a sphere left entirely to Jewish men – their social power in the domestic realm and in the secular, communal world beyond the household was an undeniable fact.<sup>305</sup>

This centrality of Jewish family life is important to remember as we begin to draw from the case studies discussed, this section will now delve in to the role of families in the patient experience of Jews admitted to the Royal Edinburgh Asylum and Glasgow Royal Asylum. This part of the chapter will explore the extent to which Jewish families played a role in the admission and (possible) discharge process. Questions raised from this discussion include: What was the role of families in 'releasing' their mentally ill relatives to an institution, which was secular with Christian underpinnings? To what extent were families seeking the best 'medical' help for their relatives, which includes deciding if the asylum was the best environment in which to care and manage their relative? Finally, what was the role of families in maintaining contact with their institutionalised relatives or coreligionists?

Frederick's narrative illustrates his continued inclusion in his family, which can be seen as an expression of *tzedakah* (see below). It was readily apparent that his parents cared deeply for him because, when he showed signs of mental illness, they went to the effort to select treatment facilities that were within visiting distance. Examples of this included his first admission to the Dumfries asylum when his family still lived in Glasgow. When his parents moved to Edinburgh, presumably to care for Henry's aging father, they appear to have had Frederick first transferred or admitted to the Midlothian District Asylum and in 1905 they had him transferred to the Royal Edinburgh. Later, at some point prior to the 1911 census, Frederick's parents moved to the Morningside section of Edinburgh. It could be hypothesised that Frederick was transferred in 1926 to the Edinburgh District Asylum was because one or both of his parents died, leaving no one left to pay for his care in this asylum, and his 30 year-long asylum record indicated that there was little hope of recovery for Frederick.

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<sup>305</sup> Joyce Antler, *You Never Call! You Never Write!: A History of the Jewish Mother* (Oxford: Oxford University Press, 2007), p.15; Marion Kaplan, *The Making of the Jewish Middle Class: Women, Family, and Identity in Imperial Germany* (Oxford: Oxford University Press, 1991), pp.64-84

The actions of Frederick's family, as illustrated above, can be used to query whether in all cases Scull's theory of asylums as 'a convenient place for inconvenient people'<sup>306</sup> holds weight. His admission records, coupled with the family's census records from 1901 and 1911 and his case notes, which mentioned visits that he had from his parents over the years, all showed that there was a considerable amount of effort, on his parents' part, that went into his placement in at least three of the asylums to which he was admitted. Frederick's case goes against Scull's position because, Frederick was not abandoned by his family to the care of an asylum with no contact or interaction with his family.

The actions of Frederick's family, as regards to continued care within the asylum and their active involvement in his life after his admission, was arguably not an anomaly among the Jewish patient population of either asylum. Similar examples of this family care included the other two cases that were introduced earlier in this chapter, in addition to other patients that will be discussed in later chapters, such as, the Berger sisters, Florence and Sarah, Fanny Finkelstein, 'the ladies', Minnie Rosenthal Factor, Rose Rosenthal and Dorothy 'Dora' Levy, David Solomon, Sydney Lipetz and Benjamin Golombok.<sup>307</sup> The first and perhaps the most dramatic example of a patient's family not abandoning them to the care of the institution is nonetheless perhaps that of Abe, because his family put so much time, effort and money into his admission, moving him from South Africa to Scotland, and treatment at the Royal Edinburgh. In addition, his family elected to have him returned to South Africa after three years, even though he was very much out of sight and could have been left to languish in Edinburgh with little or no censure.<sup>308</sup> Abe's case will be examined in more depth later in this chapter to focus on the remarkable journey that his family took with him across two continents to access what they evidently deemed suitable treatment for him.

Over the course of his treatment at the Royal Edinburgh, meanwhile, Barnett continued to have contact with his family and community. He was allowed outside of the confines of the asylum on day passes and interacted with both his family and the Edinburgh Jewish community. Barnett's case notes state

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<sup>306</sup> Andrew Scull, *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (London: Routledge, 1989).

<sup>307</sup> The relevant cases will be cited elsewhere.

<sup>308</sup> LHB 7/51/120, 'Abe Coopersmith', in *Royal Edinburgh Hospital Men's and Women's Case Notes February 1929 – November 1931*, pp.865-867.

that he '[w]as out on pass to the Synagogue today with his brother.'<sup>309</sup> Later, when Barnet was released from the asylum, he was released to the care of his wife, which precisely indicates that his family did not abandon him due to his issues with mental ill health.

Other examples can be advanced of Jewish patients whose families took an active interest in their care and treatment while they were in the asylum. All of these cases will be addressed in depth in later chapters, but for the purpose of this chapter I will focus on examples within their cases that illustrated continued family involvement in their care, welfare and treatment within and outside the walls of the asylum. First, there were the Berger sisters, Florence and Sarah, who were admitted to the Royal Edinburgh in January 1903 and June 1905 respectively. The Berger family was from Sunderland, in northern England, which had a small Jewish community, so they must have actively sought out the services of the asylum, bypassing closer district or English county asylums in the process. Florence's residence at the asylum was relatively short, since she was discharged during the same calendar year as her admission. When Sarah was admitted in 1905, the decision about where to send her for care and treatment was presumably straightforward since the family had the previous experience in dealing with the institutional culture in Edinburgh. Sarah's case was different from her sister's in that she remained in the asylum until her death in 1962, but even with that aspect her family still took an active role in her care and welfare.

This fact is illustrated by two letters written by Florence or in Florence's name by her son, David Taylor, to the Royal Edinburgh Asylum. They were written in 1961 and 1962. The first dealt with how to continue to care for Sarah, since the NHS was trying to deinstitutionalise patients so that they could be cared for in the community.<sup>310</sup> The letter states:

Sunderland  
August 5<sup>th</sup> 1961

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<sup>309</sup> LHB 7/51/112, 'Barnet Adler – 28-09-1925', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, p.580.

<sup>310</sup> Sarah Payne, 'Outside the Walls of the Asylum? Psychiatric Treatment in the 1980s and 1990s', in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Althone Press, 1999), pp.244-265; Anne Rogers and David Pilgrim, *Mental Health Policy in Britain: A Critical Introduction* (London: Macmillan Press Ltd., 1996); and, John Welshman, 'Rhetoric and Reality: Community Care in England and Wales 1948-1974', in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Althone Press, 1999), pp.204-226.

Re Sarah Berger

Dear Dr Munro,

I thank you for your letter of August 3<sup>rd</sup>. I am quite willing to fall in with suggestion outlined in your letter of the 31<sup>st</sup> [last], to allow Sarah to stay on informally.

I am very grateful for your assurances contained in the last paragraph of your letter of August 3<sup>rd</sup>. I have always been grateful in the past for the expert care + attention showed to Sarah.

Believe me,

Yours sincerely,

Florence Taylor<sup>311</sup>

Sarah at the time was very elderly when this occurred and probably needed a scale of care that what was left of her family seems to have been unable, or perhaps unwilling, to provide. The second letter states:

Sunderland,  
Co. Durham.  
10<sup>th</sup> July [19]62

Dear Mr Gray,

My mother Mrs Florence Taylor has asked me to thank you for your letter regarding the progress of my aunt Miss Sarah Berger.

Mother regrets that owing to her failing eyesight she is unable to answer your letter personally. She would however like me to convey to you and the matron + your staff her [sincere] appreciation for the way you are looking after Miss Berger.

We feel very [heartened] to her that my Aunt's general health is good, + do trust that the fracture will satisfactorily heal itself.

Mother would be most grateful to hear of Aunt Sarah's progress + would once again like me to thank you all for your kind attention.

Yours Sincerely,

David Taylor<sup>312</sup>

Both letters show that, even though Sarah's family was located some distance from Edinburgh, she was still considered a part of her family and they were

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<sup>311</sup> LHB 7/Craighouse Box 6, 'Sarah Berger – 05/08/1961 Letter from Florence Taylor', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>312</sup> LHB 7/Craighouse Box 6, 'Sarah Berger – 10/07/1962 David Taylor Letter', in *Royal Edinburgh Hospital Loose Case Notes*.

concerned with her welfare and treatment, even if possibly also in part keeping her at arms-length.

Another example of continued family involvement in the care and welfare of a relative was of 'the ladies', Minnie Rosenthal Factor, Rose Rosenthal and Dorothy 'Dora' Levy, whose full cases will be presented in Chapter 8. Minnie was admitted to both the Royal Edinburgh in 1906 and to the Gartnavel Royal, Glasgow, in 1911. In her case the involvement of her father, Frank Rosenthal, of Glasgow, and one of her brothers, Abraham Rosenthal, of London, featured prominently. Minnie's Edinburgh case notes mention that, when she was finally removed from the asylum by her father Frank and some of her brothers in February 1907,<sup>313</sup> [she was] removed by [her] father as an inmate of Parish Council Board.'<sup>314</sup> Incidentally the person that petitioned to have Minnie admitted to Gartnavel as a private patient was one of her younger brothers, Abraham, who by 1911 lived on Finchley Road, Hampstead in north London, while the local contact was Sarah Gertrude Levy, who was her eldest sister.<sup>315</sup> Minnie's Gartnavel case notes dated 9 July 1911 which state that, '[w]hen spoken to about her husband she manifests no resentment at his having deserted her and left her entirely to the care of her brother.'<sup>316</sup> At a later point in her residence at Gartnavel, Minnie is said to have made reference to one of her sisters, Sarah Levy, who lived in Glasgow. She had attempted to escape the asylum in order to reach her children, who were in Edinburgh. The case notes dated 25 August 1911 state that, '... she could appreciate no arguments that she could not reach her children without money to pay the fare to Edinburgh. Mrs Factor [then] announced she had a sister in Glasgow from whom she would obtain money [and] she must see her children. ...'<sup>317</sup> Minnie remained a private

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<sup>313</sup> LHB 7/51/88, 'Minnie/Mina Rosenthal Factor', in *Royal Edinburgh Hospital Women's Case Notes September 1905 – October 1906*, p.763; and, GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.257.

<sup>314</sup> LHB 7/51/88, 'Minnie/Mina Rosenthal Factor', in *Royal Edinburgh Hospital*, p.763.

<sup>315</sup> GGHB 13/7/118, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Admission Warrants 1911*; GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.256; and, Census 1901 644/09 055/00 030, 'Levy Family', in *1901 Census, Glasgow* [< <http://www.scotlandspeople.gov.uk> >, Accessed September 2015].

<sup>316</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.258.

<sup>317</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, pp.258-259.

patient at Gartnavel until July 1914 when she was dismissed/transferred to the Edinburgh District Asylum, Bangour.<sup>318</sup>

Minnie's younger sister Rose's case was no less interesting, and nor were her father and brothers any less involved in her care and welfare before, during and after her admission to the Gartnavel Royal, Glasgow, in 1907. Rose's family noticed that she became depressed in 1902, when the family, who were well off financially, lost £25,000 in business, which in 2015 money would equal between £1.4 million to £2.7 million.<sup>319</sup> The family's solution was to send Rose away to Bournemouth in the care of a nurse for a few weeks. Upon her return, Rose appears to have attempted suicide by slicing her throat, which required six stitches to close the wound. After this two nurses were hired and Rose was sent to a home for two months in Stonehaven. Then she went with a nurse to Smetley's Hydropathic, where she was a resident for a month. In 1903, Rose, who was still under a nurse's care, and her family went to Kirn where they remained for three months. In late 1903 Rose and her family moved to Glasgow. Once in Glasgow, Rose again became depressed and apparently attempted suicide for a second time by cutting her throat. After her second suicide attempt, Rose was sent to Miss Baker's House on Lyndeoch Street, where she remained for two months. Then she was sent to Kilmalcolm and Corrie where she remained for six weeks and a month respectively. After that she returned home to her family in Glasgow and was cared for by them.

During the summers of 1905 and 1906, when she and her family travelled to the coast, Rose's family realised that she had become noticeably worried and had begun to have delusions. Her delusions included that: Rose was secretly engaged to Lord Dalmeny, and that she was to be the mother of the messiah. Rose's behaviour had become publicly unmanageable. She was certified and admitted to the Gartnavel Asylum on 13 August 1907, and she was diagnosed as having delusions.<sup>320</sup> Rose's case notes state that, '[h]er eldest brother went up on

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<sup>318</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.297.

<sup>319</sup> *Historic Inflation Calculator: How the Value of Money has Changed Since 1900*, <  
<http://www.thisismoney.co.uk/money/bills/article-1633409/Historic-inflation-calculator-value-money-changed-1900.html>>, [Accessed May 2015], 1902 = £2,747,202.43; and, *The National Archives Currency Converter*, <  
<http://www.nationalarchives.gov.uk/currency/default0.asp#mid>>, [Accessed May 2015], 1900 = £1,426,500.00 and 1905 = £1,433,750.00.

<sup>320</sup> GGHB 13/5/167, 'Rose Rosenthal', in *Gartnavel Royal Asylum Women's Case Notes*, pp.511-515.

Saturday from London and on his arrival she lost all self-control. He brought her to Glasgow and Dr Carwell saw her that evening: he advised her removal to an institution.<sup>321</sup> The medical certificate provided by John Carwell remarks that, '[h]er brother states that she has been very unsettled for several months and has recently become quite unmanageable.'<sup>322</sup> Both of these statements show that her brother Abraham now thought that Rose's behaviour was so egregious that she needed to be stopped, and he used the same tactics that he would later use with Minnie. Rose was discharged 'relieved' in November 1907.

Minnie and Rose's niece, Dorothy 'Dora' Levy was admitted to the Gartnavel Asylum, in March 1922. For the previous year, 1921, Dora had not been well. She was tired and yet not able to sleep well. Her condition started to get worse in about August/September 1921 when she collapsed while at work in the office, and was ill for the following week or two. In November 1921 she asked her father, Jacob, to come to London. Dora's condition was so degraded that the possibility of admitting her to a nursing home was considered. She returned to Glasgow with her father in November 1921, where she expected to become officially engaged in December 1921 and married three or four months later in March/April 1922. Dora was not very interested in life around her. Her fiancé, whose name was not stated in the case notes, visited her in Glasgow in late-December 1921 for a week. Dora noticeably had to force herself to be interested in his visit. He returned to London in early January 1922. She maintained correspondence with him for several weeks before she started to speak of breaking off their engagement in late January 1922. Also at the end of January 1922, Dora and one of her sisters went to Seamill on the coast, where Dora began to express the sentiment that 'she had no hope in life ...', and that she had become obsessed with the sea and the sound of the wind to the point that she 'wanted to walk into the sea [and drown herself] ...'.<sup>323</sup> By the end of February 1922 she 'scarcely spoke but what she said was deranged, e.g. hair cutting, that she should be buried, [etc.] ...'.<sup>324</sup> She also had vivid dreams that people were

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<sup>321</sup> GGHB 13/5/163, 'Rose Rosenthal', in *Gartnavel Royal Asylum Women's Case Notes*, p.514.

<sup>322</sup> GGHB 13/7/114, 'Rose Rosenthal – Medical Certificate 1', in *Gartnavel Royal Asylum Admission Warrants 1907*; and, GGHB 13/5/163, 'Rose Rosenthal', in *Gartnavel Royal Asylum*, p.511.

<sup>323</sup> GGHB 13/5/178/42, 'Dorothy Levy – Disease History', in *Gartnavel Royal Asylum Loose Case Notes*.

<sup>324</sup> GGHB 13/5/178/42, 'Dorothy Levy – Disease History', in *Gartnavel Royal Asylum Loose Case Notes*.



trying to kill her. Dora was admitted to the Gartnavel Royal Asylum on 1 March 1922, diagnosed with melia.

Yet another example of extensive familial involvement in the admission and treatment of their relative was that of Fanny Finkelstein. The specifics of her case will be addressed in a Chapter 8. Fanny was admitted to the Royal Edinburgh in January 1934, and one of the central themes in her case is that of the ties of family. Multiple case histories and interviews were given by herself, her husband Isaac, son Morris and younger daughter Daisy.<sup>325</sup> Morris states in a letter that:

... following a scene with my father, we decide to call in the services of Dr McAlister, who decided that she suffered from paranoia and recommended her removal to hospital. This the father was loath to do, more particularly as my sisters were still at school. I may emphasize that during all this time, my father's affection for my mother remained remarkably stable. He seemed unable to realise the change which had come over her, and frequently presented her with valuable gifts, which she received without even an expression of thanks, and which she regarded as a form of bribery.<sup>326</sup>

Morris goes on later to state that '[a]s it was obvious that Lily could no longer live at home and it did not appear advisable to leave my sister Daisy alone with my mother, we took steps to have her examined and certified'.<sup>327</sup> It is important to remember that Morris was also a physician and made use of his medical knowledge to portray his mother in the most dangerous and most medically unsound fashion to assure that she was certified and admitted to the institution.

Daisy's case history of Fanny's mental ill health was compiled during an interview with Dr Munro and Dr DK Henderson on 4 March 1934. Henderson states that '[Daisy] appears a quiet, self-possessed, intelligent Jewess. She gives a good history, appears a reliable witness, and is genuinely distressed about her mother's condition.'<sup>328</sup> This passage is interesting because of the use of the term 'Jewess', in that the clinician appears to be surprised because in their mind the attributes of 'quiet', 'self-possessed' and 'intelligence' might not always, evidentially, be associated with the figure of the female Jew. The societal

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<sup>325</sup> LHB 7/1/Craighouse Box 4, 'Fanny Finkelstein', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>326</sup> LHB 7/1/Craighouse Box 4, 'Daisy's History of Illness', in *Royal Edinburgh Hospital Case Notes (Loose)*.

<sup>327</sup> LHB 7/1/Craighouse Box 4, 'Dr Finkelstein's Letter to Dr Munro - 04-03-1934', in *Royal Edinburgh Hospital Case Notes (Loose)*.

<sup>328</sup> LHB 7/1/Craighouse Box 4, *Royal Edinburgh Hospital Case Notes (Loose)*, 'Daisy's History of Illness'.

perception of Jews and the way gender influenced these perceptions will be discussed further in Chapter 8.

While Sydney Lipetz's case will also be discussed in Chapter 7. He was admitted to the Royal Edinburgh in December 1912 after an apparent suicide attempt. He clearly continued to interact with his family after his admission, as evidenced through a letter that he wrote to his mother in June 1913, and he was re-integrated into the family unit after his discharge, as is evidenced by the announcement of his engagement in 1936 in *The Jewish Echo*.<sup>329</sup> Sydney's letter to his mother is as follows:

West House  
Edinburgh  
16-2-13

Dear Mother,

Would you please send me some collars, by return of post. At present two of my cloth collars have gone amissing in the laundry. I also need some handkerchiefs, the same fate having befallen most of them. In future if you are unable to visit me please do not send Arthur. His visit yesterday seemed a mockery, bringing what he brought. I feel terribly disappointed and depressed because you did not send me some food, as on Sunday the food here is particularly obnoxious to the taste. The next time you come, please tell me definitely how long I am to remain here, and what is to become of me when I go out, as in the meantime the thought of the future is very disconsolate to me. If I thought I would live anything like I did before, I would sooner take my life, as I have been and am still experiencing untold miseries, both mental and physical. It seems to me that I am as far from being cured of yon habit as ever I was. When I cannot sleep I begin to brood over the past which brings on dreadful thoughts, until I have to take the very drastic method to bring sleep. Hoping you can give me some encouragement,

With love to yourself, Harry + Maurice,

Sydney

P.S: Send a bottle of Professor Afleck's medicine.<sup>330</sup>

This letter was important because it shows that, in addition to written correspondence, Sydney also received on site visits from his parents and siblings. It also reveals quite detailed and personal observations made to his family, and, or an aside. There is also the implication about not having access to a proper

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<sup>329</sup> 'Lipetz/Pasevitch (Pass) Engagement', in *The Jewish Echo*, 01-10-1936, p.7.

<sup>330</sup> LHB 7/51/95, 'Sydney Lipetz – Attached Letter to Mother', in *Royal Edinburgh Asylum Men's Case Notes February 1912 – December 1914*, pp.269-271.

Jewish diet while in the asylum and the inherent problems in conforming to asylum regime in order to gain his discharge from the institution.

Another patient whose case illustrates the continued involvement of his family is that of David Solomon. David's case will be examined in greater depth in Chapter 7, but the basics are as follows. He was admitted to the Glasgow Royal Asylum twice. The first admission was on the last day of 1920 and he was discharged in July 1921. His second admission was in April 1922. David's family was heavily involved with his certification and took interest in his care and welfare while he was in the asylum. He received visits from his family and was released on extended passes to the care of his family several times over the course of his certification until his death in April 1934. Examples of the involvement of David's family include the passage from WH Eden Brand's accompanying letter to the Gartnavel Medical-Superintendent on David's second admission to Gartnavel, which states '... I persuaded his mother to permit his being certified after a great deal of trouble'; and, '... I have offered the services of a nurse, but they have declined, so I cannot do more.'<sup>331</sup> Over the course of his 12-year stay, David continued to have contact with his family. His case notes state that, '[h]is relatives have been trying to persuade him to go out with them for the day but he absolutely refuses and will not budge. ...';<sup>332</sup> and that '[d]uring the month of July he was on a 28 days pass + on return he had another pass pending probation. ...'<sup>333</sup> He was apparently still on parole or on a pass from the asylum when asylum officials stated that they saw in the *Glasgow Herald* in October 1934 a notice revealing that David had died.<sup>334</sup> The notice was actually in *The Jewish Echo*.<sup>335</sup>

The capacity of a family to support its mentally ill relatives in the fee paying royal asylums as opposed to allowing them to fend for themselves as paupers within the district asylums was directly tied to the economic resources seemingly available to the majority of the Jewish patient population's families. The class position of Jewish families was hence a vital factor that seems to have shaped the Jewish patient population of the royal asylums of Glasgow and Edinburgh, as considered in Chapter 5, the implication being that they needed to

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<sup>331</sup> GGHB 13/5/193/1, 'David Solomon - Brand Letter', in *Gartnavel Loose Case Notes*.

<sup>332</sup> GGHB 13/5/193/1, 'David Solomon - 27-01-1931', in *Gartnavel Loose Case Notes*.

<sup>333</sup> GGHB 13/5/193/1, 'David Solomon - 02-07-1934', in *Gartnavel Loose Case Notes*.

<sup>334</sup> GGHB 13/5/193/1, 'David Solomon - 07-10-1934', in *Gartnavel Loose Case Notes*.

<sup>335</sup> 'David Solomon Obituary', in *The Jewish Echo*, 2 November 1934, p.9.

be of sufficient socio-economic status to be able to afford the fees charged by these 'royal' (charitable) institutions. Clearly, when the money ran out and there was no reasonable hope of a recovery, or on the death of the primary financial supporter of the patient, as seems likely in the case of Frederick,<sup>336</sup> there was a transfer to a district asylum (for pauper lunatics) presumably because an individual would now be chargeable to the parish authorities. Good examples of relative Jewish wealth in this respect include: Abe, whose family had to transport him to and from Scotland before the cost of the asylum was even factored in; the Berger Sisters, who had to come from Sunderland for treatment, with Sarah Berger remaining a paying patient until the Royal Edinburgh was incorporated into the NHS in 1946, and whose family had live-in servants, as was evidenced from the Berger Sisters' case notes; Frederick, whose parents also had a live-in servant when they were living in both Glasgow and Edinburgh, in addition to the ability to pay for Frederick's treatment over the course of about 20 years; Fanny, who was a naturalised British subject, which did and does not come cheap in terms of documentation and legal fees, and was further able to afford to litigate herself out of the asylum; while 'the ladies', consisting of the Rosenthal sisters and their niece, clearly had sizeable monetary resources as was stated within their case notes; and finally, Sydney's family also had a live-in servant.<sup>337</sup> David Solomon and others came from more modestly set families, but they also were able to be maintained by their relatives as paying patients within these asylums.<sup>338</sup>

Barnet's social class was particularly demonstrated at several points in his case notes. The fact that he was admitted to one of the fee-paying royal institutions alludes to a certain level of social and economic standing, albeit it is evident that his fees were sometimes paid by other well-to-do members of the Glasgow Jewish community (see below). Another point where Barnet's case notes illustrated his social class was at his discharge. The case notes stated that '[h]is wife applied for his discharge. It is their intention to accompany Mr Adler on a

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<sup>336</sup> LHB 7/51/112, 'Frederick Samuel Solomon – 11-11-1926', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, p.891.

<sup>337</sup> Census 1911 685/04 047/00 005, 'Sydney Lipetz Census 1911, Edinburgh, George Square', *Scotland's People*, < <http://www.scotlandsppeople.gov.uk> > [Accessed April 2014].

<sup>338</sup> Census 1911 685/04 047/00 005, 'Sydney Lipetz Census 1911, Edinburgh, George Square', *Scotland's People*, < <http://www.scotlandsppeople.gov.uk> > [Accessed April 2014]; and, Census 1911 644/13 003/00 022, 'David Solomon Census 1911, Glasgow, Woodside', *Scotland's People*, < <http://www.scotlandsppeople.gov.uk> >, [Accessed April 2014].

short holiday to Ayr.’<sup>339</sup> During the 1920s, in order to go on holiday, the participants had to have at least have been from the middle class, as previously noted.

Another aspect is that of the expected place of Jews within British class hierarchy, as discussed in Chapter 2 when reviewing claims about Anglo-Jewry (and issues of assimilation or separation). Jews were often seen as entrepreneurial and often effectively restricted to particular trades or services, such as furniture or clothing manufacture, where they could over time rise to the affluent middle-class. These pressures meant that class was largely determined by how long the family had lived in Britain, how Anglophied they were and their economic position within the community. Generally, families that had been in Britain longer were more Anglophied and were involved in more lucrative occupations, such as merchants and larger scale manufactures, and therefore held positions of authority within the Jewish community, such as on the various Jewish Representative Councils and Jewish Boards of Guardians.<sup>340</sup>

... The reaction of the older Jewish settlers ... to the arrival of the new immigrants was one of concern. That is, regard for the well being of the newcomers, but also fear about their own social position, as they felt that the presence of migrants could evoke bias against Jews in general. For this purpose Jewish organizations were set up to care for Jewish migrants and resident poor.<sup>341</sup>

These organisations operated under many of the same British middle class ideals of the deserving and underserving poor. An example of this was that in 1858 the Glasgow Hebrew Philanthropic Society had been founded, and in 1875 this organization merged with the congregational charity, which drew funds from the more well-to-do Jews and their non-Jewish friends. In the lead-up to World War I, this model within the Jewish community was starting to be challenged and was accelerated in the interwar period. The immigrant generation and their children began to advance economically and take positions of leadership in these communal organisations.<sup>342</sup>

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<sup>339</sup> LHB 7/51/112, ‘Barnet Adler – 10-10-1925’, in *Royal Edinburgh Hospital*, p.580.

<sup>340</sup> The Jewish Representative Council was the public face of the Jewish community to the wider community, while the Jewish Board of Guardians was a social safety net for the Jewish community.

<sup>341</sup> Ben Braber, *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007), p.21.

<sup>342</sup> See Ben Braber *Jews in Glasgow 1879-1939: Immigration and Integration* (London: Vallentine Mitchell, 2007); and Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of*

As can be seen from the above discussion above, family plays an important role in the lives of Jewish asylum patients. The involvement of family can clearly be seen from the examples provided through Fanny and the involvement of her children and husband in her certification; through Sydney's letter to his mother that both asked for food and stated that various family member were visiting him; Florence's letters essentially concerning her sister Sarah's end of life care; David's family continued effort to visit him in the asylum as was documented in his case notes in addition to others. The example presented above was not an aberration among the Jewish patient population in that they had close and continued interactions with their family outside the asylum. This helps to support Reeves' finding that 'Jewish patients ...were more likely to have an immediate family member as next of kin [in their patient records, who were] usually at the same address.'<sup>343</sup> This rich tapestry of continued family involvement from Jewish families only becomes apparent through the close examination of patient records and will continue to be developed through the themes of community and immigration.

## Community

This section will turn to consider how Jewish communities sought to manage their own mentally ill members, using community resources on an individual piecemeal basis or via the services of communal organisations such as the Glasgow Jewish Board of Guardians or the Visiting Sick Society. The question arises about the extent to which Jewish communities, located in particular neighbourhoods, were indeed able to cater for their mentally ill members 'at home' or whether they were often compelled to turn to the services of a non-Jewish institutional facility. In the latter instance, a further issue is whether community resources could be mobilised to support individuals in an asylum. The discussion will first focus on the theological and social underpinnings of welfare provision within the Jewish community, and then it will move on to the patients introduced earlier in the chapter with additional examples from Jewish

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*Expansion 1790-1919* (Glasgow: Scottish Jewish Archives Committee, 1990), and, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001).

<sup>343</sup> Carole Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001), p.105.

patient population.

The roots of the Jewish community's approach to the provision of health and welfare services are theological, social and political in origin. In reference to the social and political dimension, Jews were first allowed to settle in England in 1070 under William the Conqueror. He believed that the financial and commercial skills that the Jews possessed would greatly enhance England's economic prosperity.<sup>344</sup> Even with the apparent economic and political need of the Crown Jews were not well regarded by the general public during this period. There were many instances, for lack of a better term, of blood pogroms beginning in the middle of the twelfth century through to their expulsion in 1290.<sup>345</sup> Finally, in 1656 Jews were again allowed to settle in England, but part of the unwritten agreement with the crown was that members of the Jewish community would not become a burden on the wider community, implying a need for specific Jewish communities in given neighbourhoods to be able to look after themselves, not drawing upon non-Jewish (secular or Christian) health and welfare services.<sup>346</sup>

However, there were – and still are – injunctions from within the Jewish community to take care of its own, as well as strong theological bases for displaying charitable intentions towards its own members, as written into the concept of *tzedakah*.<sup>347</sup> The closest definition of *tzedakah* in English is 'charity', although this does not fully encompass its meaning within Judaism. Charity is a benevolent act; for example, the rich giving money to the poor. In the Jewish context, giving to those in need is not viewed as merely a benevolent act, but rather as a righteous or just obligation. The obligation of *tzedakah* within traditional Judaism requires families to contribute 10% of their after taxes income, even if they themselves are poor, towards worthy causes such as individuals, schools, hospitals, synagogues and other services. The obligation also extends to accepting *tzedakah* when it is needed. The Rambam, or more commonly known as Maimonides (1135-1204), who was a Talmudic scholar and physician, broke the concept of *tzedakah* into eight types, ranked from least to

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<sup>344</sup> Todd Endelman, *The Jews of Britain 1656 to 2000* (Kindle Edition) (London: University of California Press, 2002), pp.15-16.

<sup>345</sup> See Chapter 4 for a more detailed history of Jews in England prior to 1290.

<sup>346</sup> Todd Endelman, *The Jews of Britain 1656 to 2000* (Kindle Edition) (London: University of California Press, 2002), pp.41-126.

<sup>347</sup> Judith Lichtenberg, 'What is Charity?', in *Philosophy and Public Policy Quarterly*, 29(3/4), 2009, p.19.

righteous: giving begrudgingly; giving less than you should, but doing so cheerfully; giving after being asked; giving before being asked; giving when you do not know the recipient, but the recipient knows your identity; giving when you know the recipient, but the recipient does not know your identity; giving when neither party knows the other's identity; and finally enabling the recipient to become self-sufficient.<sup>348</sup> The intersection between the history of Jews in England and this theology of giving and helping others arguably serves to explain the continued contact and interaction between Jewish patients, their families and the wider Jewish community.

A note in Barnet's file stated that '[p]ayment of board from Wolfe Shenkin, 58 West Regent Street, Glasgow.'<sup>349</sup> The Shenkin family was one of the more prominent within Glasgow Jewry, being heavily involved with the Glasgow Jewish Board of Guardians.<sup>350</sup> It was not stated why Wolfe Shenkin was paying for Barnet to be treated in a mental institution in Edinburgh, especially when both Barnet and Wolfe Shenkin lived in Glasgow. There were several possibilities that could explain Barnet's geographic displacement. The first reason could have been that Barnet had paid into one of the Jewish friendly societies and they were sending the members that required the services of a mental institution out of Glasgow to avoid the stigma of mental illness, as an 'out of sight, out of mind' manoeuvre. The Jewish Board of Guardians could have taken unofficial responsibility to pay for Barnet's treatment in Edinburgh, so that Barnet avoided admission to one of the district mental asylums closer to Glasgow. In this instance, the admission to the Royal Edinburgh instead of the Glasgow Royal, which was about 20 minutes walking distance from Barnet's home, could have been strategic in that he and his wife wanted to avoid their neighbours knowing that he was having mental difficulties.

Two other patients where the actions of his family and community factored into their asylum admission were Norman Pearlman and William Wineour. First, Norman was a musician and while in the United States qualified as a stenographer, and in the five years prior to his admission to the Glasgow Royal in 1911, he was living and working along with one of his brothers in the

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<sup>348</sup> Judith Lichtenberg, 'What is Charity?', in *Philosophy and Public Policy Quarterly*, 29(3/4), 2009, p.19.

<sup>349</sup> LHB 7/51/112, 'Barnet Adler', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, p.577.

<sup>350</sup> See *The Jewish Echo*, 1928 through 1940.



western United States, specifically Nevada and Utah.<sup>351</sup> When he began to show signs of mental distress, melancholia and hallucinations, he and his brother returned to Glasgow, where their mother still lived.<sup>352</sup> Norman's state of mind was so worrisome to others that '... on the return voyage the ship doctor noticed something strange in his conduct so had him locked in a cabin to prevent him doing harm to himself. ...'<sup>353</sup> He was first admitted to the Royal Edinburgh Asylum as a voluntary patient, so was not counted within the Jewish population of certified Jewish patients, for about eight months beginning in November 1910.<sup>354</sup> He was admitted to the Glasgow Royal on 31 August 1911 with a diagnosis of mania due to over-study and masturbation.<sup>355</sup> His condition continued to deteriorate until he was transferred as a pauper patient to the Woodilee Asylum on 18 August 1915, with a note that states 'possible schizophrenia, mentions boy in head.'<sup>356</sup> William's case was a little different. He was originally admitted to the Govan District Asylum on 25 April 1917,<sup>357</sup> where he was a patient at the Govan District for about a year. He was transferred to Glasgow Royal on 18 April 1918, when his father paid for six months treatment in the East House of the Glasgow Royal.<sup>358</sup> William was diagnosed with dementia praecox. His case notes mention that his mother and some friends visited him on at least two occasions, 4 June and 31 July 1918.<sup>359</sup> These actions by his friends and family show that at least for the early part of his stay in the Glasgow Royal he had contact with the Jewish community outside the walls of the asylum. Sadly, his case notes do not state whether this state of affairs continued, especially since he was a long-term resident of the Glasgow Royal. He remained in the asylum until his death in 1952.<sup>360</sup>

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<sup>351</sup> GGHB 13/5/140, 'Norman Pearlman', in *Gartnavel Royal Asylum Men's Case Notes*, p.469.

<sup>352</sup> GGHB 13/5/140, 'Norman Pearlman', in *Gartnavel Royal Asylum Men's Case Notes*, p.469.

<sup>353</sup> GGHB 13/5/140, 'Norman Pearlman', in *Gartnavel Royal Asylum Men's Case Notes*, p.469.

<sup>354</sup> GGHB 13/5/140, 'Norman Pearlman', in *Gartnavel Royal Asylum Men's Case Notes*, p.469.

<sup>355</sup> GGHB 12/6/77-80, 'Norman Pearlman', in *Gartnavel Royal Asylum Registers 1860-1963*.

<sup>356</sup> GGHB 13/5/140, 'Norman Pearlman', in *Gartnavel Royal Asylum Men's Case Notes*, p.474.

<sup>357</sup> GGHB 13/5/145, 'William Wineour', in *Gartnavel Royal Asylum Men's Case Notes*, p.239.

<sup>358</sup> GGHB 13/5/145, 'William Wineour', in *Gartnavel Royal Asylum Men's Case Notes*, p.239.

<sup>359</sup> GGHB 13/5/145, 'William Wineour', in *Gartnavel Royal Asylum Men's Case Notes*, p.242.

<sup>360</sup> GGHB 13/5/148, 'William Wineour', in *Gartnavel Royal Asylum Men's Case Notes*, p.323.

## Immigration Status

This part of the chapter will focus on the implications of the immigration status of the Jewish patient population and their families. Within this focus, the theme arises of the Jew as ‘alien’ or ‘other’, which can be discussed from several directions; by, for example, noting the extent of anti-Jewish stigma which was faced (and which clearly flowed through into what might be cast as prejudicial diagnoses, prognoses and treatments: see Chapter 7). Mention has already been made (in Chapters 2 and 4) of the stigmatising attitudes displayed by ‘British natives’ to Jewish folks among them, dating back into the Medieval period, and anti-Jewish sentiments that can easily be found resonating into the twentieth century. Crucially, the newly arrived Jew was an immigrant who was subject to monitoring and registration under the various incarnations of the Aliens Act, mentioned earlier, pivoting on the assumption of foreign birth, which was then added to the disadvantage these patients and their families faced due to the stigma of mental illness.

The Aliens Act of 1905, which was discussed in great detail in Chapter 4, was the first piece of immigration legislation that explicitly defined some groups as ‘undesirable’, which consequently made entry to and continued residence in what was to become the United Kingdom a discretionary rather than automatic process. ‘Undesirable’ migrants were defined as those that could not support themselves and their families, those who had been sentenced for a crime in a foreign country or for whom an order of expulsion had already been ordered, and relevantly, perhaps those who were lunatics or idiots and were therefore liable to become chargeable to the public rate. In short, the law sought to keep the poor, the mentally unwell and the criminal out of Britain, and sub-clause 3(b) is particularly significant given the overall focus of this thesis: here, being an alien *and* being mentally ‘unsound’ created a doubling of stigmatisation against the individual – almost to the point of risking a collapsing together of the two categories. The Act was arguably passed in part due to fears about degenerating health and living conditions in London’s East End at the end of the nineteenth century. Eastern European Jews were not the only large immigrant group settling in Britain during this period, but they were perhaps the most conspicuous due to their obvious cultural, language and religious differences,

and therefore were tentatively linked to the degeneration of health and housing.<sup>361</sup>

The Act was amended in 1914 and 1919, now otherwise known as the Alien Restriction Act of 1914 and 1919, largely as a reaction to British involvement in World War I; as such, it was squarely now aimed at controlling ‘enemy’ aliens already settled in Britain. The 1914 amendment, which was part of the emergency war powers, required foreign nationals to register with the police and allowed for their deportation.<sup>362</sup> The 1919 amendment extended the provisions of the 1914 amendment beyond the war and added further restrictions for foreign nationals regarding employment.<sup>363</sup> It should also be noted that Britain was not the only Anglophone country that instituted immigration restrictions that had exclusion clauses dependant upon mental health. Bashford concludes that ‘[o]ver time, immigration restriction became a universal requirement of all nations; perhaps the key expression of sovereign independence [and] globalised world.’<sup>364</sup> While using the categories of race, nationality or ethnicity as reasons for exclusion became internationally unacceptable, ‘[m]ental health exclusions, by contrast, often predated such criteria, [and] were maintained in modern migration law and [to a certain degree] remain in [effect].’<sup>365</sup>

When Barnet’s patient history was recorded, his case notes stated that he was ‘a Polish Jew, having left his native land when a lad of about 18. ...’<sup>366</sup> The clinician said that he was a Jew, which was a characteristic that already set him apart, as will be explored further in the next chapter, but additionally, it might

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<sup>361</sup> See ‘Report to The Lancet Special Sanitary Commission on the Polish Colony of Jew Tailors’, in *The Lancet*, 123(3166), 1884, pp.817-818; ‘Report to The Lancet Special Sanitary Commission on the Sweating System in Edinburgh’, in *The Lancet*, 131(3059), 1888, pp.1261-1262; and, ‘The House of Lords’ First Report on the Sweating System’, in *The Lancet*, 132(3396), 1888, pp.633-634.

<sup>362</sup> WD Rubinstein, *A Documentary History of the Jews in the English Speaking World: Great Britain* (London: Macmillan Press, 1996), pp.274-275; and 332; and, Beck Taylor, ‘Immigrants, Statecraft and Public Health: The 1920 Aliens Order, Medical Examinations and the Limitations of the State’, in *Social History of Medicine*, 29(3), 2016, pp.1-22.

<sup>363</sup> Beck Taylor, ‘Immigrants, Statecraft and Public Health: The 1920 Aliens Order, Medical Examinations and the Limitations of the State’, in *Social History of Medicine*, 29(3), 2016, pp.1-22.

<sup>364</sup> Alison Bashford, ‘Insanity and Immigration Restriction’, in Catherine Cox and Hilary Marland (eds.), *Migration, Health and Ethnicity in the Modern World* (London: Palgrave Macmillan, 2013), p.30.

<sup>365</sup> Alison Bashford, ‘Insanity and Immigration Restriction’, in Catherine Cox and Hilary Marland (eds.), *Migration, Health and Ethnicity in the Modern World* (London: Palgrave Macmillan, 2013), p.30.

<sup>366</sup> LHB 7/51/112, ‘Barnet Adler’, in *Royal Edinburgh Hospital Men’s Case Notes November 1922 – December 1926*, p.579.

be inferred, some further prejudice was in play because he did not have the decency to be born in Britain. Rather, he was from a non-English speaking Eastern European country that was seen as strange and backwards. A telling note written in the top margin of his case notes stated that, '[a]s Mr Barnet is an alien the Police should be notified of his change of address.'<sup>367</sup> The notification of the police was central to how the Aliens Act of 1905, and its subsequent amendments, was enforced, suggesting that asylum authorities were effectively enlisted as 'border guards', to use a controversial modern term, in policing the presence of 'aliens' in the country.

In addition to Barnet, whose interaction with the enforcement of the Aliens Act and its subsequent amendments was detailed above, and Abe, the South African medical student who was stopped at London and was detained at the Mauldsey Asylum briefly (before making his way to Edinburgh with his father and a nurse) in accordance with the Act, there are a few other patients whose Jewishness attracted the attention and enforcement of the Act. The first example is that of Alexander or Abraham Bell. It is evident that the provision of the Act became relevant at several points in his case. First, in the patient register, there is a note in the margin for his entry that states, 'Alien East House', which indicates that the clinicians were well aware of provisions of the Act.<sup>368</sup> In addition to this, bundled with his certification papers was a copy of a memo and a form (case notes were not in the archive's possession). The memo here from the Board of Control states:

Query

Alexander Bell

Will you please say if the above named patient admitted to the Glasgow Royal Asylum on 2<sup>nd</sup> January last is a British subject or and alien?

If an alien, kindly insert the desired particulars on the attached Form which should then be returned to this Department as soon as possible, The information is required for the Home Office.

Reply

This man is an alien. Particulars on attached Form as desired.<sup>369</sup>

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<sup>367</sup> LHB 7/51/112, 'Barnet Adler', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, p.577.

<sup>368</sup> GGHB 7/6/77-80, 'Alexander Bell', in *Gartnavel Royal Asylum Patient Register 1860-1963*.

<sup>369</sup> GGHB 13/7/139, 'Alexander Bell', in *Gartnavel Royal Asylum Admission Warrants 1932*.

Furthermore, the Form was entitled, 'NOTICE OF ADMISSION OF ALIEN TO INSTITUTION FOR LUNATICS IN SCOTLAND'.<sup>370</sup> This form detailed Alexander's profession as egg merchant; his address, and names and addresses of his relatives and finally details of his and his family members places of birth. Another example is that of Dr Max Plotnikoff, who was admitted to the Glasgow Royal in March 1932. His certification papers were also bundled with a memo from the Board of Control, which states:

Query

Dr Max Plotnikoff, (voluntary)

Will you please say if the above named patient admitted to the Glasgow Royal Asylum on 2<sup>th</sup> January last is a British subject or and alien? If an alien, kindly insert the desired particulars on the attached Form which should then be returned to this Department as soon as possible, The information is required for the Home Office.

Reply

This man was born in Scotland.

Query

Will you also please say where and with whom, the patient went to reside immediately on his leaving your institution.

Reply

Discharged to the care of his father Mr Hyman Plotnikoff, 17 Monteith Row, Glasgow.<sup>371</sup>

As can clearly be seen from these two memos, the two patients, Alexander and Max, were caught up in the enforcement of the Act, one clearly being an alien by the terms of the legislation, the latter maybe not. It is interesting to note that the only time that these forms and memos were present was when the patients were listed as Jewish. With this in mind, I am forced to conclude it was the patients' Jewishness that attracted the attention and potential enforcement of the Act, especially in the case of Max, who was, apparently, Scottish born. This is similar to the Irish experience, in that Irishness, particularly the Roman Catholic variety, was pathologised and perceived by the medical establishment and the general public as vectors of disease, disorder, violence and sectarian tension within institutions.<sup>372</sup>

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<sup>370</sup> GGHB 13/7/139, 'Alexander Bell', in *Gartnavel Royal Asylum Admission Warrants 1932*.

<sup>371</sup> GGHB 13/7/139, 'Max Plotnikoff', in *Gartnavel Royal Asylum Admission Warrants 1932*.

<sup>372</sup> See Catherine Cox, Hilary Marland and Sarah York, 'Itineraries and Experiences of Insanity: Irish Migration and the Management of Mental Illness in Nineteenth-Century Lancashire', in

## Migration Histories

This section of the chapter will focus on what I am calling migration histories, large (or long-distance) or small (or short-distance). In this instance migration histories illuminate, the links within Jewish families or communities and the social and physical constructs therein, suggesting both drivers of Jewish patient migrations and possible intersections with different asylum regimes. Ashkenazi Jewish migration during the late nineteenth and early twentieth centuries tended to follow certain patterns. In some cases Jews moved from the Russian Empire west to parts of continental Europe, such as Germany, France and the Netherlands. Other Jews settled in Britain, especially Jews from the Baltic countries of Estonia, Latvia and Lithuania due to the ease of access to ships that travelled between those countries and the ports along the east coast of Britain such as Leith and Newcastle. After some time many Jews, whether months or years later, moved further afield in many instances to parts of their adopted countries, including the current or former colonial empire, such as Australia, Canada, North Africa or South Africa.<sup>373</sup> Barnett, Abe and Frederick all illustrate the movement of Jewish patients within both the asylum and Jewish worlds.

Barnett's case is interesting because of its geographic spread. For various unstated reasons, speculated about previously and largely focused on his class, he was admitted to the Royal Edinburgh. Unlike Abe, the South African medical student whose family chose to send him to Edinburgh to receive treatment where his Jewish origins was seemingly less of a factor, Barnett in contrast had an obvious closer option, that of the Gartnavel Asylum in Glasgow which was within walking distance of his stated residence. This evidence nonetheless shows that the Edinburgh Royal was well known both in Scotland and further afield, because of ideas about the origins and treatment of madness that were established in-house and then exported to other institutions with the medical workforce, doctors and nurses who set up practice around Britain and further

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Catherine Cox and Hilary Marland (eds.), *Migration, Health and Ethnicity in the Modern World* (London: Palgrave Macmillan, 2013), pp.36-60; Anne Mac Lellan, 'Victim or Vector? Tubercular Irish Nurses in England 1930-1960', in Catherine Cox and Hilary Marland (eds.), *Migration, Health and Ethnicity in the Modern World* (London: Palgrave Macmillan, 2013), pp.104-125; and, Elizabeth Malcolm, 'Mental Health and Migration: The Case of the Irish 1850s-1990s', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives* (London: Routledge, 2012), pp.15-38.

<sup>373</sup> Kenneth Collins, *The Jewish Experience in Scotland: From Immigration to Integration* (Glasgow: Scottish Jewish Archives Centre, 2016), pp.35-56.

afield, in many instances throughout the British empire.<sup>374</sup> This movement of ideas and personnel served to attract patients with other options for private treatment of mental illnesses. The Jewish and asylum geographies in play could be similar to Barnet's, but on a much larger scale. In the case of Abe and his extended family, his case notes stated that he had an uncle in a German asylum. With this in mind, it would not have been a stretch for him to have relatives in other parts of Europe, maybe even Britain. In addition, Abe's case notes do not indicate any issues with language, meaning that he most likely spoke English as his primary language. With the migration, trade and family networks in mind, Abe's admission to the Royal Edinburgh was not as improbable as it might seem on first glance.

The South African medical landscape was varied in many ways, such as in terms of available training and certification, hospital provision, race, gender and economic conditions. 'Not only did immigrants – both forced and free – fall victim to mental instability here, but the very spectre of institutionalisation as a European form of managing 'madness' also migrated into colonial space[s].'<sup>375</sup> For example, the first South African institution dedicated to the detention of the insane was opened in 1876 in the Eastern Cape in Grahamstown. South African psychiatry, particularly in the Cape, where Abe was from, maintained close ties to the British psychiatric establishment. For example, during the late nineteenth and early twentieth centuries, the majority of doctors in South Africa had trained in Britain, and therefore kept up as best they could with evolutions in medical practice there. The British Medical Association facilitated the shipment of books, journals and other material to South Africa, while the legal structures that were implemented at the time mirrored those enacted in Britain.<sup>376</sup> The Edinburgh connection becomes apparent when the topics of the Valkenberg Mental Asylum, Cape Colony, and John Williams Dodds are considered. Prior to moving to South Africa, he received his medical education at Edinburgh

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<sup>374</sup> Maree Dawson, 'A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital c.1870-1900', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity, and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.91-106.

<sup>375</sup> Angela McCarthy and Catherine Coleborne, 'Introduction: Mental Health, Migration, and Ethnicity', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity, and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), p.11.

<sup>376</sup> Sally Swartz and Faldiela Ismail, 'A Motely Crowd: The Emergence of Personality Disorder as a Diagnostic Category in Early Twentieth-Century South African Psychiatry', in *History of Psychiatry*, 12(46), 2001, p.162.

University and was later the Deputy Superintendent of the Montrose Royal Asylum. He was selected to be the chief medical superintendent of the Valkenberg Mental Asylum in 1889. He also served as an Inspector of Asylums, which was analogous to the Scottish Commissioners in Lunacy; and, when Valkenberg needed new facilities Sydney Mitchell, the Consulting Architect to the Scottish Board of Lunacy, was commissioned. He was also the architect who designed the Royal Edinburgh Infirmary. Dodds was also one of the early advocates for the establishment of a medical school in Cape Town, of which Abe was a student prior to his mental difficulties.<sup>377</sup>

An example of the strict racial classification scheme that was imposed within South African asylums can be seen when Swartz echoes claims by Dodds about how ‘adequate care was predicated upon racial segregation. He saw “racial mixing in asylums and gaols as detrimental to the process of recovery”, and was determined to maintain Valkenberg as a whites-only hospital.’<sup>378</sup> This situation was perhaps analogous to the de-pauperisation of the Glasgow Royal Asylum during the 1870s and 1880s. Marks also draws this comparison when she states that:

... Jonathan Andrews ... stresses the ‘extremity of the concern’ in the Glasgow Royal Asylum with ‘isolating one class from the other’; in the colonial context this expressed itself in the ‘extremity of concern’ over racial segregation. Indeed the total exclusion of black patients from Valkenberg has its parallel in the total exclusion of pauper patients from the Glasgow Royal, ‘a form of social cleansing which the psychiatric establishment, which had long stressed the need for strict social segregation in the asylum, also approved of in theory.’<sup>379</sup>

Another factor that complicated the medical landscape of South Africa was hence its racial polarisation (i.e. white, black, coloured and Asiatic), even prior to Apartheid that came into law during the 1940s, which affected access and

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<sup>377</sup> Shula Marks, “Every Facility that Modern Science and Enlightened Humanity have Devised”: Race and Progress in a Colonial Hospital, Valkenberg Mental Asylum, Cape Colony 1894-1910’, in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions and Society 1800-1914: A Social History of Madness in Comparative perspective* (London: Routledge, 1999), p.272.

<sup>378</sup> Shula Marks, “Every Facility that Modern Science and Enlightened Humanity have Devised”: Race and Progress in a Colonial Hospital, Valkenberg Mental Asylum, Cape Colony 1894-1910’, in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions and Society 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999), p.280.

<sup>379</sup> Shula Marks, “Every Facility that Modern Science and Enlightened Humanity have Devised”: Race and Progress in a Colonial Hospital, Valkenberg Mental Asylum, Cape Colony 1894-1910’, in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions and Society 1800-1914: A Social History of Madness in Comparative perspective* (London: Routledge, 1999), p.281.



treatment options. Prior to Apartheid, access was largely determined by the racial category of which a patient was a member and their geographic location. For example, white South Africans had the expectation and access to Western trained physicians, medications and treatments, while blacks were most often limited to local healers, folk remedies and in some cases patent medicines which had started to fall out of favour in western medical practice after the First World War.<sup>380</sup> The racial differences in terms of medical access and treatment were exacerbated when the patients lived outside of urban centres. The perceived racial difference between Jews and non-Jews will be discussed at length in Chapter 7.

South African asylums were primarily places of detention through the late-1930s. Prior to 1922, South Africa did not have its own medical, let alone psychiatric training program, and Abe himself was part of one of the first cohorts of medical students. Practitioners that were interested in psychiatric medicine had to study outside South Africa, most often in Europe.<sup>381</sup> In contrast, the English and Scottish universities were offering courses of study in medicine, and in some cases course work in 'mental science' specifically, from the middle of the nineteenth century along with qualification exams and the establishment of the General Medical Council. Later elective course in psychiatric medicine were offered in these medical programmes from the 1890s and medical students were required to take basic courses in psychiatric medicine from the early twentieth century onwards.

With regards to Abe and his family, they would likely have been aware of the limitations of the South African asylum system, in terms of the prospect for his treatment and hopeful recovery. He started his medical studies in 1926, and had completed four years on the course before he began to experience mental health issues. Abe and, to a lesser extent his family would have been aware that the asylums primarily served as a places of detention and not treatment and were staffed by foreign educated practitioners. In addition, given these constraints, access to treatment and racial stratification, it is not difficult to see why his family decided that sending their child across two continents to a

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<sup>380</sup> Anne Digby, 'Self-Medication and the Trade in Medicine Within a Multi-Ethnic Context: A Case Study of South Africa from the Mid-Nineteenth to Mid-Twentieth Centuries', in *Social History of Medicine*, 18(3), 2005, pp.439-457.

<sup>381</sup> Tiffany Fawn Jones, *Psychiatry, Mental Institutions and the Mad in Apartheid South Africa*, (London: Routledge, 2012), pp.22-23.

Scottish asylum was a viable option. By sending him to Edinburgh, they were hopeful for some level of recovery, instead of immediately consigning him to an institution as a lost cause. In addition, Abe's Jewishness may indeed have marked him as an 'other' in both South Africa and Scotland, but in Scotland his status as an 'other' would not necessarily preclude him from receiving what treatment was available, even given more critical remarks throughout the thesis about how Jews may have been treated in the Scottish royal asylums.

In addition to Abe, who was likely the most extreme case of migration among the Jewish patient population, covered by this study, in order to seek asylum treatment there were others such as the Berger Sisters, Frederick, David, William and Norman. To begin with, the Berger Sisters were based in Sunderland, in northern England. They likely could have stayed closer to home, but their family elected to send them to the Royal Edinburgh, perhaps because of the reputation of the institution. Frederick's family members seem to have endeavoured to maintain their familial connections to each other, after his admittance to the Dumfries Royal Asylum prior to 1901, but his parents were still based in Glasgow. Admittedly, the Dumfries Royal was further away from the elder Solomons, than was Gartnavel, but there may have been some other factor in their decision to place their son in the Dumfries Royal over Gartnavel. The elder Solomons had Frederick transferred to the Royal Edinburgh in 1905, which was after they had relocated to Edinburgh, presumably to care for Frederick's grandfather. Frederick had frequent home releases during his stay at the Royal Edinburgh. He was eventually transferred to the Edinburgh District Asylum in 1926, after what can be assumed as the death of his parents or the end of their ability to pay for his treatment in one of Scotland's royal asylums. Then there is David who was boarded out to a farm in the Highlands between his two stays at the Glasgow Royal because it was believed that a pastoral environment was conducive to the easing of mental distress especially for non-violent mental patients. Once again, the case of William illustrates the passage from the district to royal asylums, since he was initially admitted to the Govan District Asylum and later transferred to the Glasgow Royal. In addition, Norman also illustrates this passage. He was admitted to the Royal Edinburgh as a voluntary patient, after making the journey across the United States from Utah and across the Atlantic Ocean to seek treatment. He was then certified and admitted to the Glasgow Royal where he remained until his transfer to the

Woodilee District Asylum. Collectively, these patients illustrate the broader connections among – and often tangled migrations between – geographically diverse Jewish communities and the larger Scottish asylum network.

### **Asylum Lifecycle and Multiple Admissions**

This section of the chapter will focus on patients with multiple admissions and their asylum lifecycle, the latter pointing to matters of life and death while under the care and supervision of the asylum. In order to cover this ground, specific aspects of the quantitative analysis, which was explored in Chapter 5, will be revisited here to give some perspective on: whether Jewish patients were admitted to the asylum at a younger age as opposed to the non-Jewish sample; whether Jewish patients were remaining in the asylum longer than other patient groups; and whether repeat admission stories like Frederick were highly unusual or common.

#### *Age*

First as regards the age of the Jewish patient population at the time of their admission, across the board they were on average significantly younger than the patients that made up the non-Jewish sample, as was discussed in greater detail in Chapter 5. The average age of all male Jewish patients at admission was 33 years and for female Jewish patients was 38 years, while the overall average age at admission for Jewish patients was 37 years old. In contrast, the average age of all male control patients was 41 years and the average for female control patients was 48 years, while the combined overall average age at admission for control patients was 45 years old.<sup>382</sup> The Jewish cohort was hence tending to be around 8 years younger at first admission.

There were some Jewish patients admitted to the two institutions at exceptionally young ages. Sydney, who will be discussed at length in Chapter 7, was 15 years old and still in school when he was admitted to the Royal Edinburgh Asylum in December 1912 and diagnosed with manic insanity due to self-abuse.<sup>383</sup>

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<sup>382</sup> For a more in depth analysis see Chapter 5.

<sup>383</sup> LHB 7/51/95, 'Sydney Lipetz', in *Royal Edinburgh Hospital Men's Case Notes February 1912 – December 1914*, pp.269-271; LHB 7/52/958, 'Sydney Lipetz', in *Royal Edinburgh Hospital Certification Papers December 1912*; and, LHB 7/35/11, 'Sydney Lipetz', in *Royal Edinburgh Asylum Patient Register 23 March 1910 – 18 February 1918*.

He spent seven months in the Royal Edinburgh until his release in July 1913.<sup>384</sup> Another Jewish patient who was admitted at an exceptionally young age was Pearl Pinder who was a 16-year-old shop assistant.<sup>385</sup> She was admitted to the Glasgow Royal Asylum on 22 August 1939 and discharged 'relieved' on 17 November 1939, spending about three months in the asylum.<sup>386</sup> She was diagnosed with mania.<sup>387</sup> Sadly not much else is known of her lived experience within the asylum because her case notes were missing.

### *Length of Stay*

As regards the overall average length of stay in the asylum of the Jewish population as opposed to the control sample, Jewish patients remained in the asylum for a significantly longer period of time, which was discussed in greater depth in Chapter 5. The overall Jewish length of stay was 1,656 days as opposed to the control patients' average length of stay of 683 days. The Jewish length of stay was hence considerably more than twice as long as the control patients' stay in the asylum.<sup>388</sup>

There are several notable examples of Jewish patients who had extended stays in either asylum. The Jewish patient with the longest stay in the Royal Edinburgh was Sarah Berger, who will be discussed at length in Chapter 8. Sarah was admitted to the Royal Edinburgh in 1905 at the age of 22.<sup>389</sup> She died in the asylum approximately 57 years later at the age of 79.<sup>390</sup> Another Jewish patient with an extended stay at the Royal Edinburgh was William Wedeclefsky. William was admitted to the Royal Edinburgh twice, first in 1915 at the age of 35,<sup>391</sup> before

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<sup>384</sup> LHB 7/51/95, 'Sydney Lipetz', in *Royal Edinburgh Hospital Men's Case Notes February 1912 – December 1914*, pp.269-271; LHB 7/52/958, 'Sydney Lipetz', in *Royal Edinburgh Hospital Certification Papers December 1912*; and, LHB 7/35/11, 'Sydney Lipetz', in *Royal Edinburgh Asylum Patient Register 23 March 1910 – 18 February 1918*.

<sup>385</sup> GGHB 13/7/146, 'Pearl Pinder', in *Gartnavel Royal Asylum Admission Warrants 1939*; and, GGHB 13/6/77-80, 'Pearl Pinder', in *Gartnavel Royal Asylum Admission Registers 1860-1963*.

<sup>386</sup> GGHB 13/7/146, 'Pearl Pinder', in *Gartnavel Royal Asylum Admission Warrants 1939*; and, GGHB 13/6/77-80, 'Pearl Pinder', in *Gartnavel Royal Asylum Admission Registers 1860-1963*.

<sup>387</sup> GGHB 13/7/146, 'Pearl Pinder', in *Gartnavel Royal Asylum Admission Warrants 1939*; and, GGHB 13/6/77-80, 'Pearl Pinder', in *Gartnavel Royal Asylum Admission Registers 1860-1963*.

<sup>388</sup> For a more in depth analysis see Chapter 5.

<sup>389</sup> LHB 7/52/867, 'Sarah Berger', in *Royal Edinburgh Hospital Certification Papers June 1905*; LHB 7/35/10, 'Sarah Berger', in *Royal Edinburgh Asylum Patient Registers 22 August 1903 – 22 March 1910*; and, LHB 7/Craighouse Box 6, 'Sarah Berger', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>390</sup> LHB 7/52/867, 'Sarah Berger', in *Royal Edinburgh Hospital Certification Papers June 1905*; LHB 7/35/10, 'Sarah Berger', in *Royal Edinburgh Asylum Patient Registers 22 August 1903 – 22 March 1910*; and, LHB 7/Craighouse Box 6, 'Sarah Berger', in *Royal Edinburgh Hospital Loose Case Notes*.

<sup>391</sup> LHB 7/52/991, 'William Wedeclefsky', in *Royal Edinburgh Hospital Certification Papers October 1915*; LHB 7/35/11, 'William Wedeclefsky', in *Royal Edinburgh Hospital Patient Register*

being transferred to the Montrose Asylum at the end of March 1918.<sup>392</sup> He was then admitted a second time to the Royal Edinburgh at the end of April 1918, a month after his transfer out of the same institution, at the age of 38.<sup>393</sup> He was a patient for approximately 46 years, 44 of which were as an in-patient, until he died at the age of 84 in 1964.<sup>394</sup> As regards the Jewish patients admitted to the Glasgow Royal, William Wineour, Hannah Sternstein and Alexander Bell all had stays of approximately 30 years or more. William was admitted to the Glasgow Royal in 1918 when he was 26 years old.<sup>395</sup> He remained there until his death in 1952 at the relatively young age of 59, which means he was a patient for approximately 33 years.<sup>396</sup> While Hannah and Alexander were a little older when they were admitted, in their 30s they still spent about 30 years in the Glasgow Royal. Hannah was 31 years old when she was admitted to the asylum in 1931<sup>397</sup> and she remained there

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23 March 1910 – 18 February 1918; LHB 7/35/12, 'William Wedeclefsky', in *Royal Edinburgh Hospital Patient Register 19 February 1918 – 26 February 1923*; LHB 7/51/98, 'William Wedeclefsky', in *Royal Edinburgh Hospital Men's Case Notes December 1914 – February 1916*, pp.645-647; and, LHB 7/51/103, 'William Wedeclefsky', in *Royal Edinburgh Hospital Men's Case Notes July 1917 – January 1919*, pp.477-479.

<sup>392</sup> LHB 7/52/991, 'William Wedeclefsky', in *Royal Edinburgh Hospital Certification Papers October 1915*; LHB 7/35/11, 'William Wedeclefsky', in *Royal Edinburgh Hospital Patient Register 23 March 1910 – 18 February 1918*; LHB 7/35/12, 'William Wedeclefsky', in *Royal Edinburgh Hospital Patient Register 19 February 1918 – 26 February 1923*; LHB 7/51/98, 'William Wedeclefsky', in *Royal Edinburgh Hospital Men's Case Notes December 1914 – February 1916*, pp.645-647; and, LHB 7/51/103, 'William Wedeclefsky', in *Royal Edinburgh Hospital Men's Case Notes July 1917 – January 1919*, pp.477-479.

<sup>393</sup> LHB 7/52/991, 'William Wedeclefsky', in *Royal Edinburgh Hospital Certification Papers October 1915*; LHB 7/35/11, 'William Wedeclefsky', in *Royal Edinburgh Hospital Patient Register 23 March 1910 – 18 February 1918*; LHB 7/35/12, 'William Wedeclefsky', in *Royal Edinburgh Hospital Patient Register 19 February 1918 – 26 February 1923*; LHB 7/51/98, 'William Wedeclefsky', in *Royal Edinburgh Hospital Men's Case Notes December 1914 – February 1916*, pp.645-647; and, LHB 7/51/103, 'William Wedeclefsky', in *Royal Edinburgh Hospital Men's Case Notes July 1917 – January 1919*, pp.477-479.

<sup>394</sup> LHB 7/52/991, 'William Wedeclefsky', in *Royal Edinburgh Hospital Certification Papers October 1915*; LHB 7/35/11, 'William Wedeclefsky', in *Royal Edinburgh Hospital Patient Register 23 March 1910 – 18 February 1918*; LHB 7/35/12, 'William Wedeclefsky', in *Royal Edinburgh Hospital Patient Register 19 February 1918 – 26 February 1923*; LHB 7/51/98, 'William Wedeclefsky', in *Royal Edinburgh Hospital Men's Case Notes December 1914 – February 1916*, pp.645-647; and, LHB 7/51/103, 'William Wedeclefsky', in *Royal Edinburgh Hospital Men's Case Notes July 1917 – January 1919*, pp.477-479.

<sup>395</sup> GGHB 13/7/125, 'William Wineour', in *Gartnavel Royal Asylum Admission Warrants 1918*; GGHB 13/6/77-80, 'William Wineour', in *Gartnavel Royal Asylum Admission Register 1860-1963*; GGHB 13/5/145, 'William Wineour', in *Gartnavel Royal Asylum Men's Case Notes*, pp.239-245 and 566; and, GGHB 13/5/148, 'William Wineour', in *Gartnavel Royal Asylum Men's Case Notes*, p.323.

<sup>396</sup> GGHB 13/7/125, 'William Wineour', in *Gartnavel Royal Asylum Admission Warrants 1918*; GGHB 13/6/77-80, 'William Wineour', in *Gartnavel Royal Asylum Admission Register 1860-1963*; GGHB 13/5/145, 'William Wineour', in *Gartnavel Royal Asylum Men's Case Notes*, pp.239-245 and 566; and, GGHB 13/5/148, 'William Wineour', in *Gartnavel Royal Asylum Men's Case Notes*, p.323.

<sup>397</sup> GGHB 13/7/138, 'Hannah Sternstein', in *Gartnavel Royal Asylum Admission Warrants 1931*; and, GGHB 13/6/77-80, 'Hannah Sternstein', in *Gartnavel Royal Asylum Admission Register 1860-1963*.

for the next 30 years until she was discharged to out-patient status in 1961 at the age of 61.<sup>398</sup> Finally, there was Alexander who was admitted to the Glasgow Royal in 1932 at the age of 37.<sup>399</sup> He spent the next 30 years in the asylum, until his death in 1961 at the age of 67.<sup>400</sup>

### *Repeat Admissions*

The most readily apparent characteristic of Frederick's asylum experience was that he was admitted multiple times to several asylums. Did this change his treatment by clinicians? Did this impact how he was perceived within the culture? And finally was Frederick's experience of multiple admissions an anomaly or the norm? The record of Frederick's experience is, at the moment, incomplete. At this point it is not known what he experienced and how clinicians saw him during his asylum stays prior to 1905 or after 1926. It is known that he was in an asylum in 1901 due to his entry in the 1901 census.<sup>401</sup> In addition, he was transferred away or discharged from the asylum in Dumfries, because his admission to the Royal Edinburgh Asylum in 1905 was actually a transfer from the Midlothian District Asylum.<sup>402</sup> The transfer took about a year to organise and effect. Frederick's transfer also lined up with his parent's, Henry and Marie's, move from Glasgow to Edinburgh, as already covered above.

Frederick experienced multiple asylum cultures because he was admitted to multiple institutions over a 30-year time span. He also experienced different asylum cultures within the Royal Edinburgh Asylum itself for multiple reasons. First, he was admitted to this asylum four times over the course of 20 years. During that period the asylum was led by two medical superintendents, Dr Thomas Clouston, who retired in 1908 and Dr George M Robertson, who was in the position from 1908 until days before his death in 1932 (see Chapter 4).<sup>403</sup> Frederick would have likely not been seen in as favourable a light because he

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<sup>398</sup> GGHB 13/7/138, 'Hannah Sternstein', in *Gartnavel Royal Asylum Admission Warrants 1931*; and, GGHB 13/6/77-80, 'Hannah Sternstein', in *Gartnavel Royal Asylum Admission Register 1860-1963*.

<sup>399</sup> GGHB 13/7/139, 'Alexander Bell', in *Gartnavel Royal Asylum Admission Warrants 1932*; and, GGHB 13/6/77-80, 'Alexander Bell', in *Gartnavel Royal Asylum Admission Register 1860-1963*.

<sup>400</sup> GGHB 13/7/139, 'Alexander Bell', in *Gartnavel Royal Asylum Admission Warrants 1932*; and, GGHB 13/6/77-80, 'Alexander Bell', in *Gartnavel Royal Asylum Admission Register 1860-1963*.

<sup>401</sup> Census 1901 (Dumfries) 821/00 027/00 027, 'Frederick Samuel Solomon', in *1901 Census (Dumfries)*, < <http://www.scotlandsppeople.gov.uk> >, [Accessed August 2015].

<sup>402</sup> Census 1901 (Dumfries) 821/00 027/00 027, 'Frederick Samuel Solomon', in *1901 Census (Dumfries)*, < <http://www.scotlandsppeople.gov.uk> >, [Accessed August 2015].

<sup>403</sup> LHB 7/7/11 Annual Reports, *Royal Edinburgh Asylum Annual Report 1907*; and, LHB 7/7/15 Annual Reports, *Royal Edinburgh Asylum Annual Report 1932*.

was Jewish *and* had multiple admissions, which meant that the likelihood of cure was greatly diminished.

Another theme touched upon by Frederick's narrative – with implications for multiple admissions – is the role of escape. Within Scottish asylums, the act of a patient escaping was special. If a patient could leave the asylum and not be returned to the institution within a month, then the patient's mental ill health was considered 'Relieved' and they were discharged from the asylum through an operation of Scottish law. Overall a relatively large number of Jewish patients were discharged from the two asylums 'Relieved' rather than 'Recovered' when compared to the non-Jewish control sample (see Chapter 5). Although it is not presumed that the higher percentage of 'Relieved' Jewish patients equates to a greater number of escapees. While Frederick was a patient at the Royal Edinburgh, he attempted to escape four times and was successful in remaining outside the institution for the requisite amount of time on three of these occasions. His history of escape would have been important because it would have marked him as a troublesome patient, which can maybe be inferred from his case notes since they were not updated frequently and nor was the entirety of his information filled in on his later admissions.

## **Conclusion**

This chapter initially focused on three patient case studies: Barnet Adler, Abe Coopersmith and Frederick Samuel Solomon. These patients were taken as indicative of the Jewish patient population of the Edinburgh and Glasgow Royal Asylums in terms of issues relating to what I am terming 'Jewish geography'. These issues were ones pertaining to the contexts of Anglo-Jewish life, aspects of which were introduced in Chapter 2 (more generally as part of existing scholarship on Anglo-Jewry) and Chapter 4 (with particular reference to the Jewish communities/neighbourhoods found in Edinburgh and Glasgow); and they brought into view matters of Jewish demography, migration, social standing, cultural experiences and the like, as these intersect with what I have termed the 'asylum lifecycle', meaning periods spent in and outside of the asylum by these and companion patients. Abe, Barnet, Frederick and Jewish patients who will be dealt with more thoroughly in future chapters have been used to open a door into the Jewish patient experience through the discussion

and analysis of several themes, such as, family and community, including social class issues; immigration status and the Aliens Acts; social class, migration histories big and small; the asylum lifecycle with respect to patients who experienced multiple admissions to asylums.

The discussion and evidence that has been presented in this chapter has attempted to illustrate the inter-related geographical, sociological and demographic dimensions of the Jewish patient populations admitted to the Royal Edinburgh and the Glasgow Royal (i.e. family, community and immigration status/migration history coupled with variables directly related to their patient experience, such as, their age at admission, the length of their stay within the asylum and patterns of repeat admissions). These themes form the heart of my inquiry, because much of the discussion in the next two chapters can be connected back to these basic points that have been discussed here. The cases highlighted in this chapter, Barnet, Abe, Frederick and others show evidence of caring families and communities. In Barnet's case, his board was paid for by another community member, Wolfe Shenkin, and upon his release from the asylum he and his wife planned to travel to Ayr so that Barnet could continue his recovery. Abe's family travelled a great distance, from South Africa, with him so that he could be admitted and treated at the Royal Edinburgh, and his family liaised with the staff of Royal Edinburgh via locally based friends and relatives. Furthermore, when he was released, his father returned to Edinburgh from South Africa in order to escort his son back to South Africa. Finally, Frederick's family had him transferred to the Royal Edinburgh, apparently so that he was closer to them. They had moved from Glasgow to Edinburgh at some point prior to his transfer to the Royal Edinburgh. Further, Fredrick was repeatedly released for home visits with his parents, even though he sometimes escaped from them and the asylum. Furthermore, this chapter has built upon the works of Colebourne and Knewstubb, although they were looking at colonial experiences in Australia and New Zealand – the principle can be applied to the Scottish narrative – in that this chapter explores how ethnicity, in this case Jewishness, was a defining feature of patients; even when Jewish patients were



very 'assimilated' into the wider Anglo/Scottish world, their perceived inferiority as Jews impacted institutional practices towards them.<sup>404</sup>

These actions can perhaps be explained by an overall approach to caring and giving with deep theological roots which were allied with a sense of duty to one's own in a country where the Jewish population sometimes felt persecuted (an 'alien' presence, especially if mentally ill) who were actively discouraged by communal authorities to be a burden on the embryonic 'secular' welfare state. On the other hand, the cases of Barnet, Abe and Frederick also provide a glimpse of Jewish families and communities being realistic about needing to draw upon such non-Jewish and institutional support – even if perhaps using the cloak of distance to keep 'mad' relatives, friends and community members hidden from wider view – when individuals became unmanageable or untreatable in the home or neighbourhood. There is also the hint of individuals perhaps being 'given up' to the asylum at a rather earlier age than was typical of non-Jewish individuals and maybe also being left there (to 'fester') for longer periods, whether because of familial or clinical choice, than was true of their non-Jewish counterparts. In addition, Jewish patients were maybe more regularly or forcibly returned to the asylum, as in the cases of Frederick or Minnie, the latter to be discussed in detail in Chapter 8, when seeking to escape its regime. These claims nonetheless can be tilted another way if it is thought that Anglo-Jewry saw the asylum as indeed benign, a curative and itself caring institutional space – albeit there is only a limited amount of empirical evidence available here to make any definitive statements on such matters.

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<sup>404</sup> See Catherine Colebourne, 'Locating Ethnicity in the Hospitals for the Insane: Revisiting Case Books as Sights of Knowledge Production about Colonial Identities in Victoria Australia 1873-1910', in Angela McCarthy and Catherine Colebourne (eds.), *Migration, Ethnicity, and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.73-90; and, Elispeth Knewstubb, 'Medical Migration and the Treatment of Insanity in New Zealand: The Doctors of Ashburn Hall, Dunedin 1882-1910', in Angela McCarthy and Catherine Colebourne (eds.), *Migration, Ethnicity, and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.107-122.

## Chapter 7

### The Jewish Mind and Body in the Asylum

My childhood years were soured by their [the Jews'] spectre. My grandfather described those eyes that spy on you, so false as to turn you pale, those unctuous smiles, those hyena lips over bared teeth, those heavy, polluted, brutish looks, those restless creases between nose and lips, wrinkled by hatred, that nose of theirs like the beak of a southern bird ... And those eyes, oh those eyes ... They roll feverishly, their pupils the colour of toasted bread, indicating a diseased liver, corrupted by the secretions produced by eighteen centuries of hatred, framed by a thousand tiny wrinkles that deepen with age, and already at twenty the Jew seems shrivelled like an old man. When he smiles, my grandfather explained, his swollen eyelids half closed to the point of leaving an imperceptible line, a sign of cunning, some say lechery ... And when I was old enough to understand, he reminded me that the Jew, as well as being as vain as a Spaniard, ignorant as a Croat, greedy as a Levantine, ungrateful as a Maltese, insolent as a Gypsy, dirty as an Englishman, unctuous as a Kalmyk, imperious as a Prussian and as slanderous as anyone from Asti, is adulterous through uncontrollable lust – the result of circumcision, which makes them more erectile, with a monstrous disproportion between their dwarfish build and the thickness of their semi-mutilated protuberance.

Umberto Eco, *The Prague Cemetery* (Kindle Edition) (New York: Houghton Mifflin Harcourt, 2011), Location 92 of 6147

#### Introduction

Umberto Eco's book, which is quoted above, is set in the late nineteenth century, and illustrates some of the common stereotypes associated with the Jewish body. This popular image of the Jew, with its intense bodily characterisation and mental correlates, is important to keep in mind because, within the context of this chapter, such an image arguably affected the clinical encounter where Jews were concerned. During the late nineteenth and early twentieth centuries clinicians were influenced by this image of Jews and the academic literature of the period, which supported scientific racism that reinforced the idea that Jews were degenerate, different and a race apart from other Europeans.<sup>405</sup>

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<sup>405</sup> See 'The Health of Jews', in *The Lancet*, 105(2692), 1875, p.484; 'The Insane Jew', in *The Lancet*, 156(4026), 1900, pp.1219-1220; 'Vital Statistics of the Jews', in *The Lancet*, 166(4271), 1905, p.95; 'General Paralysis Among Jews', in *The Lancet*, 194(5010), 1919, p.444; 'Myopia in

While the principal focus of the previous chapter was Jewishness, geography and the lifecycle, the overarching theme of this chapter is the Jewish body – all aspects of Jewish embodiment of embodying Jewishness; even of en-minding Jewishness – in the asylum. This theme will be further broken-down into specific areas for discussion, such as: the male Jewish body (the female Jewish body will be dealt with in Chapter 8); poisoning, because historically Jews have been associated with the act of poisoning; the diagnostic criteria as it was applied to Jews during the period under investigation; and the role of language within the clinical encounter; troublesome patients. The goal of this chapter is to illustrate how the Jewish body was often seen as inherently different from other (British) asylum patients and therefore pathologised because of those differences, such that in certain situations merely being Jewish suggested a likelihood of being mentally unstable; of possessing a mental illness due to Jewishness association.

### **Three Patient Case Studies**

The chapter will begin with case study introductions for three patients, Benjamin Golombok, Sydney Lipetz and David Solomon, whose experiences in both the Royal Edinburgh Asylum and the Royal Glasgow Asylum, which collectively touch on the sub-themes mentioned above. Again, as in the previous chapter, other patient cases will be threaded into the discussion that follows this in-depth look at these three patients, some already introduced in the previous chapter (Chapter 6) and some to be introduced at greater length in the next chapter (Chapter 8).

#### *Benjamin Golombok*

Benjamin was admitted to the Glasgow Royal Asylum on 25 May 1926. One of his children, Israel, was the person who had Benjamin certified, because he was the listed petitioner on the admission warrant. Benjamin's case notes state that he was 70 years old at the time of his admission and had been experiencing

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Jewish Children', in *The Lancet*, 211(5465), 1928, p.1083; 'Diseases of the Jews', in *The Lancet*, 214(5523), 1929, pp.51-52; and, 'The Mortality of the Jews', in *The Lancet*, 229(5935), 1937, p.1295.

mental distress, particularly as regarded his long and short-term memory, for the four years prior to his admission. He was diagnosed with senile dementia.<sup>406</sup>

Prior to when Benjamin came to the attention of the staff at Gartnavel he had experienced a rather interesting life. He was born in about 1856 in Kovna, which was part of the Russian Empire, and is currently in central Lithuania. His father was a farmer. Benjamin was one of seven children; he had four brothers and two sisters. He married at the age of 18 in about 1874. In terms of his social/economic class, he married 'up', in that he was from a modest family where he was one of many children, yet most likely due to his marriage he was supported so that he could continue to study. After his marriage at 18, he spent eight years in study, most likely at a *yeshiva*.<sup>407</sup> Benjamin's son Israel stated that his father:

... was more interested in study. He was a fine mathematician and a keen student of Hebrew [texts]. [Israel] stated that his father might have become a Rabbi but he did not wish this, as in his younger days his religious views were not Orthodox....<sup>408</sup>

The fact that Benjamin studied at a *yeshiva* illustrates that he was very intelligent. During the nineteenth century the *yeshiva* served multiple purposes besides training rabbis. *Yeshivas* were essentially the universities of the Jewish world in Eastern Europe, since the universities outside the Jewish community, especially in the Russian Empire, were almost entirely closed to Jewish students.<sup>409</sup>

Between 1882 and 1909 Benjamin's case notes state that he started several businesses, the nature of which were not explicitly stated in the section of his case notes that focused on the patient history. It seems possible that his

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<sup>406</sup> GGHB 13/5/184/43, 'Benjamin Golombok – Patient History', in *Gartnavel Royal Asylum Lose Case Notes*; and, GGHB 13/7/133, 'Benjamin Golombok', in *Gartnavel Royal Asylum Admission Warrant 1926*.

<sup>407</sup> Yeshiva is a Jewish institution that focuses on the study of traditional religious texts, primarily the Talmud and Torah. Study is usually done through daily *shiurim* (lectures or classes) and in study pairs called *chavrutas* (Aramaic for "friendship" or "companionship"). *Chavruta*-style learning is one of the unique features of the yeshiva.

<sup>408</sup> GGHB 13/5/184/43, 'Benjamin Golombok – Patient History', in *Gartnavel Royal Asylum Lose Case Notes*.

<sup>409</sup> Simon Dubnow, 'Chapter XXVI: Increased Jewish Disabilities; Section 3: Restrictions in Education and in the Legal Profession', in *History of the Jews in Russia and Poland From the Earliest Times Until the Present Day [1915]* (Translated by I. Friedlander) (Bergenfield, NJ: Avotaynu Inc., 2000), pp.378-380, Originally published by the Jewish Publication Society of America out of Philadelphia in 1918; and, Shaul Stampfer, *Lithuanian Yeshivas of the Nineteenth Century: Creating a Tradition of Learning* (Liverpool: Liverpool University Press, 2012).

businesses were involved in publishing or printing since he later worked as a bookbinder, a skilled occupation that took time to master, after he and his wife settled in Glasgow, which leads to the conclusion that at a prior point he worked in publishing, printing and binding. In addition, Benjamin and his wife had 13 children during this period, 11 sons and 2 daughters. Four of their children listed in his case notes were still alive in 1926 when Benjamin was admitted to Gartnavel. More of their children could have been alive in 1926, but had not settled in Scotland so they were not mentioned in the case notes.<sup>410</sup>

In 1909 Benjamin ran afoul of the Czarist authorities because of supposed 'revolutionary activity' happening in his business premises. He was imprisoned for two years in Russia, but in 1911 was acquitted of all charges. His son Israel stated to the practitioner at Gartnavel, in remarks recorded in Benjamin's case notes that:

[he] was a very intellectual man who was very fond of study, ... [and] was an able chess player[.] [U]ntil his imprisonment he was bright, talkative and sociable, but after his incarceration he changed. He became quiet and he did not wish to mix with people.<sup>411</sup>

Benjamin and his wife settled in Glasgow in 1911, where they remained until his admission to Gartnavel. In Scotland he worked as a bookbinder until about 1922 when the problems that he started to have with his memory became more pronounced. The account of his illness states that '[h]e imagined that he was destitute and he feared that he would become dependent on his children. He was in a constant state of fear lest he would be evicted from his house ...'<sup>412</sup> Benjamin spent the last 11 months of his life in the asylum where he died on 18 April 1927 at the age of 71.

### *Sydney Lipetz*

Sydney was born in 1897 or 1898 in Edinburgh and, unlike Benjamin, was a Scottish-Jew by birth. He was the third of six children, who were all born in Edinburgh, Scotland, to Jewish immigrants originally from the Russian Empire. As of the 1911 census the family structure was as follows:

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<sup>410</sup> Unlike the majority of the patient cases that are presented in this thesis Benjamin does not have a figure illustrating his family relationships because so much of the information is not known (i.e. name, occupation, year and place of birth, etc.) for his wife and children.

<sup>411</sup> GGHB 13/5/184/43, 'Benjamin Golombok – Patient History', in *Gartnavel Royal Asylum Lose Case Notes*.

<sup>412</sup> GGHB 13/5/184/43, 'Benjamin Golombok – Present Illness', in *Gartnavel Royal Asylum Lose Case Notes*.

### 7.1 Lipetz Family

Name	Age	Occupation	Birth Place
Frank (husband)	52	Traveller in Jewellery	Russia
Rosie (wife)	39		Russia
Harry (son)	17	School	Edinburgh
Mary (daughter)	15	School	Edinburgh
Sydney (son)	13	School	Edinburgh
Arthur (son)	11	School	Edinburgh
Dorothy (daughter)	8	School	Edinburgh
Maurice (son)	3		Edinburgh
Jeannie (servant)	31	General Servant/Domestic	Leith

*Source: 1911 Census, Edinburgh, and George Square.* Note: In addition to the six children listed, Frank and Rosie had two additional children that died before the 1911 census.<sup>413</sup>

Much of the economic and social dynamics of the Lipetz family is revealed through an examination of the Census entry for the family from 1911. First, it is apparent that his family was economically comfortable. This is demonstrated by the facts that the family had a live-in general servant and Sydney's older brother and sister were still in school, instead of working, even though they were both beyond the minimum school leaving age. In short, the family could afford to pay the wages and accommodation of a servant and for their children to continue their education. Apparently the jewellery business paid very well. Finally, the family lived in the George Square section of the city, which was a relatively wealthy area of the city near the University of Edinburgh.

Sydney was admitted to the Royal Edinburgh Asylum on 3 December 1912 as a private patient. He had previously been a patient in the Royal Edinburgh Infirmary, after an apparent suicide attempt. He was 15 years old at the time of his first admission. Within the scope of this thesis, there is no evidence that he was admitted a second time to either the Royal Edinburgh or Glasgow Royal during the period under investigation. He was diagnosed with manic insanity due to self-abuse,<sup>414</sup> and he was a patient in the asylum for a

<sup>413</sup> Census 1911 685/04 047/00 005, 'Sydney Lipetz Census 1911, Edinburgh, George Square', Scotland's People, < <http://www.scotlandsppeople.gov.uk> > [Accessed April 2014].

<sup>414</sup> LHB 7/51/95, 'Sydney Lipetz', in *Royal Edinburgh Asylum Men's Case Notes February 1912 – December 1914*, p.269; and, LHB 7/35/11, *Royal Edinburgh Asylum Admission Register 23 March*

little more than seven months, from December 1912 until July 1913, when he was discharged on probation, before being fully discharged in August 1913. In addition to his admissions' write up, Sydney's case notes contains seven entries and two letters, the first written in December 1912 to Dr George Robertson, the Medical-Superintendent of the asylum, and the second written in February 1913 to his mother.

It is apparent that several different people wrote Sydney's case note entries, since the handwriting changes very obviously. Sydney was initially described as '... well behaved. Cheerful and spends his time reading...';<sup>415</sup> in addition, that he 'make[s] himself useful' and 'is full of complaints about the food [and] his lack of liberty.'<sup>416</sup> These two passages had a relatively positive tone and show that Sydney was getting used to his new surroundings, whereas some of the later entries described him in a much more negative tone; for example, '[p]atient is extremely difficult. It is very hard to gain his compliance. He is sullen [and] grumbles constantly...'<sup>417</sup> In addition Sydney was cast as a 'worry':

... for some time [Sydney has] been working with the plumber but has proved rather a source of worry. He is not keen about his work [and] is ready to drop whatever he is at [and] run after any nurse who passes [and] engage him in conversation ... [he] will not be sent back to the plumber.<sup>418</sup>

The tone of the entries changed again in the final entry before he was discharged on probation, which stated:

He did not see that there was any prospect of his getting out, nothing was being done for him + so on. After a long talk during which he gave more of his confidence than ever before he was much brightened + settled down to try to work + behave better till he left.<sup>419</sup>

The passage is almost paternalistic in its tone in reference to how he 'settled down to try to work'<sup>420</sup> and how he 'behave[d] better till he left'.<sup>421</sup> The

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1910 – 18 February 1918; The term 'self-abuse' during this period refers to masturbation and was closely linked mental illness and degeneration of the mind and body.

<sup>415</sup> LHB 7/51/95, 'Sydney Lipetz – 06-12-1912', in *Royal Edinburgh Asylum Men's Case Notes February 1912 – December 1914*, p.271.

<sup>416</sup> LHB 7/51/95, 'Sydney Lipetz – 20-12-1912', in *Royal Edinburgh Asylum Men's Case Notes February 1912 – December 1914*, p.271.

<sup>417</sup> LHB 7/51/95, 'Sydney Lipetz – 05-02-1913', in *Royal Edinburgh Asylum Men's Case Notes February 1912 – December 1914*, p.271.

<sup>418</sup> LHB 7/51/95, 'Sydney Lipetz – 20-04-1913', in *Royal Edinburgh Asylum Men's Case Notes February 1912 – December 1914*, p.271.

<sup>419</sup> LHB 7/51/95, 'Sydney Lipetz – 05-07-1913', in *Royal Edinburgh Asylum Men's Case Notes February 1912 – December 1914*, p.271.

<sup>420</sup> LHB 7/51/95, 'Sydney Lipetz – 05-07-1913', in *Royal Edinburgh Asylum Men's Case Notes February 1912 – December 1914*, p.271.

paternalistic tone can further be seen as a reflection of his relatively young age and his experiences and relationships with certain members of the asylum's staff, principally with Dr Robertson, as the previously discussed letter. He was discharged on probation on 7 July 1913, and fully discharged on 7 August 1913.

### *David Solomon*

David<sup>422</sup> was born in 1897 or 1898 in Glasgow, the sixth of seven children, who were all born in either Edinburgh or Glasgow. Both of his parents, John and Rachel, were born in England. His father worked as a traveller/general dealer. David's family was, to all appearances, well integrated into Scottish/British culture and the larger Glasgow Jewish community. This level of integration into Scottish/British culture can be illustrated by the shift in some of his siblings' names as they reached school age between the 1901 and 1911 Censuses. For example, Elizabeth became Nancy, Abraham became James, and Isaac became Alex, palpable indications perhaps of Anglicisation. The family's connection to the larger Glasgow Jewish community can also be seen in that the profession listed for two of his sisters, Deborah and Julia, was that of teacher at the Hebrew Synagogue. In addition, the family lived less than five minutes from the Glasgow Hebrew Congregation in the Garnethill section of the city.

### **7.2 Solomon Family (David)**

<b>Name</b>	<b>Year</b>	<b>Place</b>	<b>Occupation</b>
John (husband)	1861	England	General Dealer
Rachel (wife)	1859	England	
Deborah (daughter)	1889	Edinburgh	Teacher at Hebrew Synagogue
Elizabeth/Nancy (daughter)	1892	Glasgow	Clerkess/Furniture
Julia (daughter)	1895	Edinburgh	Teacher at Hebrew Synagogue
Abraham/James (son)	1896	Edinburgh	Office Boy at Iron Merchant
Isaac/Alick (son)	1897	Edinburgh	Office Boy at Manufacturing Agent
David (son)	1898	Glasgow	School
Esther (daughter)	1902	Glasgow	School

<sup>421</sup> LHB 7/51/95, 'Sydney Lipetz – 05-07-1913', in *Royal Edinburgh Asylum Men's Case Notes February 1912 – December 1914*, p.271.

<sup>422</sup> There is no known familial link between David Solomon and Frederick Samuel Solomon, who was featured in Chapter 6.



*Source: 1901 and 1911 Glasgow Census.*<sup>423</sup>

In the spring of 1916 David was drafted into the army. He was not a physically imposing person at 5ft. 1in., and was classified as C1 at his initial military physical, which meant he was not immediately sent to the front and was, instead, sent for additional training. He appears to have moved around from training assignment to training assignment from November 1916 until his discharge in February 1920. An indication of his later troubles with mental illness can be inferred when he went AWOL (absent without leave) for 16 days in October 1919.<sup>424</sup> On the surface it seems odd that David was not disciplined harshly for going AWOL. This can possibly be explained away as Reeves notes that ‘Jewish soldiers were not treated as harshly as their gentile comrades because they were perceived as inherently neurotic (and by association less ‘manly’) and more likely to collapse under the stress ...[of service, and] [a]s a consequence, they escaped the brutal ...treatments meted out to gentile rankers and were more likely to be discharged from active service.’<sup>425</sup>

David was admitted to Gartnavel twice in a little over a year and a half, in both December 1920 and April 1922. The first admission was on 31 December 1920. In the period between his discharge from the military and his admission to Gartnavel, his brother Alex stated that ‘[h]e sometimes went to the shop [the family] own[s], but it was just to fill in time and he did not take up a settled job nor did he feel able: [he] was always worrying about himself.’<sup>426</sup> This passage shows that David was still considered a part of his family, because he was not excluded from this space. Furthermore, as regards the family’s shop, it is likely that many of its patrons were also part of the Glasgow Jewish community, and from this it can be inferred that David was still considered part of the larger Jewish community even as his mental condition declined. And finally, cumulatively due to the family’s address, the above mentioned family business

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<sup>423</sup> Census 1901 (Glasgow) 644/09 063/00 016, *1901 Census (Glasgow, Woodside)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed April 2014]; Census 1901 (Glasgow) 644/09 063/00 017, *1901 Census (Glasgow, Woodside)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed April 2014]; and, Census 1911 (Glasgow) 644/13 003/00 022, *1911 Census (Glasgow, Woodside)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed April 2014].

<sup>424</sup> See *1901 Census*; *1911 Census*; and, *David Solomon World War I Service Record 1916-1920*; in addition, AWOL means Absent Without Leave.

<sup>425</sup> Carole Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001), p.321.

<sup>426</sup> GGHB 13/5/193/1, ‘David Solomon – SINCE DISCHARGE’, in *Gartnavel Royal Asylum Loose Case Notes*.

and the jobs that two of his sisters held with the synagogue's Hebrew school, it can be inferred that he was also still connected to the larger Jewish community. He was diagnosed with dementia praecox, the significance of which in reference to Jews was discussed more in depth in Chapter 6.<sup>427</sup>

David was classified as a private patient who paid £80 per annum for his care in the asylum, which implies that his family or a group close to his family could afford to pay for his treatment. He is representative of the Jews that were admitted to Gartnavel as 93% were classified as private patients over the course of the period under investigation (as shown in Chapter 5). Gartnavel was able to discharge or transfer all of its pauper patients by 1900, due to the opening of the district asylums around Glasgow, also mentioned previously.<sup>428</sup> The lack of pauper admissions to Gartnavel and the available option of accommodation within one of the district asylums near Glasgow is important for David's narrative individually because his family had a choice of treatment for him, and they actively sought to have him treated as a private patient within one of the royal asylums. Indeed, as regards the potential larger theme of Jews endeavouring to avoid direct interaction with local authorities, in the form of admission and treatment within parochial or district asylums, David's narrative shows that they went to great lengths to do just that. David remained in Gartnavel until the end of June 1921, when he was released to his family on a 28 days pass. He was fully discharged from the asylum at the end of July 1921.

By September 1921 David was boarded out to a farm in Durris, in the north of Scotland. It was thought that a more pastoral environment was conducive to the diminishing of mental distress.<sup>429</sup> Boarding out of the insane was a distinctively Scottish phenomenon, as established by Harriet Sturdy's unpublished 1996 Glasgow PhD and a later book chapter within *Outside the*

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<sup>427</sup> See works of Sander Gilman, especially: *Disease and Representation: Images of Illness from Madness to AIDS* (London: Cornell University Press, 1988); and, *The Jew's Body* (London: Routledge, 1991).

<sup>428</sup> GGHB 13B/2/222, *Gartnavel Royal Asylum Annual Reports 1885-1900*; GGHB 13B/2/223, *Gartnavel Royal Asylum Annual Reports 1902-1920*, especially from the years 1895, 1900 and 1905; and, Jonathan Andrews, 'Raising the Tone of Asylumdom: Maintaining and Expelling Pauper Inmates at the Glasgow Royal Asylum in the Nineteenth Century', in Joseph Melling and Bill Forsythe (eds.), *Insanity, Institutions, and Society 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999), pp.200-222.

<sup>429</sup> Harriet Sturdy and William Parry-Jones, 'Boarding-out Insane Patients: The Significance of the Scottish System 1857-1913', in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Althone Press, 1999), pp.86-114.

*Walls of the Asylum: The History of Care in the Community 1750-2000.*<sup>430</sup>

Within both these works she shows how select patients, those with conditions that were deemed chronic and non-violent, were given the ‘... benefits of a domestic life...[that] remov[ed] the accumulation of chronic cases from asylums. In turn, this enabled greater concentration on the development and implementation of methods for cure for asylum patients potentially receptive to such treatment.’<sup>431</sup> By late April 1922, David’s behaviour/condition had deteriorated and he was certified and admitted to Gartnavel for a second time. His family was reluctant to have him recertified, a reluctance that can be seen in the statement from WH Eden Brand; a doctor who provided the emergency certification for David’s second admission. An accompanying letter to the Gartnavel Medical-Superintendent on David’s second admission stated that ‘... I persuaded his mother to permit his being certified after a great deal of trouble’; and ‘... I have offered the services of a nurse, but they have declined, so I cannot do more.’<sup>432</sup> The reluctance of his mother to accept the help of a nurse in transporting David back to Gartnavel can be interpreted in various ways. She could be afraid of drawing attention to David’s mental illness or she could have been reluctant to have someone from outside the Jewish community involved, who would see them as outsiders twice over for their Jewishness and his madness.

David’s delusions could have reflected an inner conflict with his Jewishness within a world that saw him as an ‘other’ much of the time. His delusions were described in his records as follows:

A month ago he became much more distressed, thought he was poisoning the animals: got very agitated: clung more to his bed than ever: did not take his food well, very irregularly, but has slept well. ...[He] is very depressed and melancholic and is of the opinion that he has poisoned many people and has been responsible for their death which is a delusion.<sup>433</sup>

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<sup>430</sup> Harriet Sturdy, *Boarding-Out the Insane, 1857-1913: A Study of the Scottish System* (PhD Thesis: University of Glasgow, 1996); and, Harriet Sturdy and William Parry-Jones, ‘Boarding-Out Insane Patients: The Significance of the Scottish System 1857-1913’, in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Althone Press, 1999), pp.86-114.

<sup>431</sup> Harriet Sturdy and William Parry-Jones, ‘Boarding-out insane patients: the significance of the Scottish system 1857-1913’, in Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Althone Press, 1999), p.111.

<sup>432</sup> GGHB 13/5/193/1, ‘David Solomon – Brand Letter’, in *Gartnavel Loose Case Notes*.

<sup>433</sup> GGHB 13/5/193/1, ‘David Solomon – SINCE DISCHARGE’, in *Gartnavel Loose Case Notes*; and, GGHB 13/5/193/1, ‘David Solomon – Medical Certificate 1’, in *Gartnavel Loose Case Notes*.

If he had served in combat, the argument could have been made that David was traumatised by trench warfare and the threat of poison gas, but there is no evidence that he ever did see active service.<sup>434</sup> Another possibility is that his delusions were reflecting back anti-Semitic opinions of Jews. Jews were accused of being poisoners during pogroms over the course of the Middle Ages, and notably were blamed for poisoning wells and spreading the plague in Medieval France.<sup>435</sup> This is important because it shows how '[t]he appetite for persecution readily focuses on religious minorities, especially during times of crisis.'<sup>436</sup> Furthermore, as it pertains to our current area of examination, these tropes continued to resurface, along with blood libel, into the nineteenth century, and probably had an influence in the attitudes and actions of non-Jews towards Jews.<sup>437</sup>

This time, at Gartnavel, David was diagnosed with melia, a form of melancholia. It is interesting that his diagnosis changed so dramatically in less than 18 months, from an essentially manic, dementia praecox, to an essentially depressive condition, since he was exhibiting many of the same symptoms. Examples of the similarity in David's behaviour can be seen, first, in how his brother Alex describes his behaviour prior to his first admission. Alex states that David was fearful and worried to the point that he did not feel able to find a job or really do much of anything.<sup>438</sup> Later during his first admission to Gartnavel, David's case notes state that '[h]e felt so nervous, upset, and worried that he could not apply himself. He admits that at times he has behaved in a [fearful] way, and he cannot give any explanations.'<sup>439</sup> Finally, one of the medical certificates from his second admission states that '... [David] has no interest in anything and will not get out of bed. ...'<sup>440</sup> All three of these passages essentially

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<sup>434</sup> Menachem Ben-Ezra, 'Exposure to Chemical Warfare During the First World War: Shell Shock Poetry of Wilfred Owen', in *British Journal of Psychiatry*, 199(2), 2011, p.125.

<sup>435</sup> Rene Girard, *The Scapegoat* (London: The Althone Press, 1986), pp.1-11.

<sup>436</sup> Rene Girard, *The Scapegoat* (London: The Althone Press, 1986), p.6

<sup>437</sup> Rene Girard, *The Scapegoat* (London: The Althone Press, 1986), pp.1-11; and, Walter Laqueur *The Changing Face of Anti-Semitism: From Ancient Times to the Present* (Kindle Edition)(Oxford: Oxford University Press, 2006), Ch.2 Interpretations of Anti-Semitism, and Ch.3 Ancient and Medieval Anti-Judaism.

<sup>438</sup> GGHB 13/5/193/1, 'David Solomon – SINCE DISCHARGE', in *Gartnavel Royal Asylum Loose Case Notes*.

<sup>439</sup> GGHB 13/5/147, 'David Solomon – 03-01-1921', in *Gartnavel Royal Asylum Men's Case Notes (1921)*, p.389.

<sup>440</sup> GGHB 13/5/193/1, 'David Solomon – Medical Certificate 1', in *Gartnavel Royal Asylum Loose Case Notes*.

show that David was already exhibiting depressive behaviour prior to and during his first admission.

David's second stay in hospital was much longer than the first. He remained in the asylum from April 1922 until July 1934, when he was first granted a 28-day probation pass. Over the course of his 12-year incarceration David continued to have contact with his family, as noted in the previous chapter when recording how his relatives had sought to persuade him to go on an outing with them. Also as mentioned above, he was apparently on parole or on a pass from the asylum when asylum officials noticed an item, which they recorded as having been in the *Glasgow Herald* in October 1934 reporting that David had died. The notice in question was actually more likely one in *The Jewish Echo*, which is curious in several ways.<sup>441</sup> First, the way that David's case notes record his death implies that his family never sent official notification to the asylum of his death. In addition there is the issue of his case notes misidentifying the paper in which the obituary was published in.<sup>442</sup> The two papers were different in terms of their publication and circulation, in that the *Glasgow Herald* was a daily paper with a wide circulation among various ethnic and religious communities, while *The Jewish Echo* was a weekly paper that circulated, at this time, primarily within the Glasgow Jewish community and to a lesser extent through the larger Scottish Jewish community. David's obituary in *The Echo* shows that he was still actively a part of the larger Jewish community. David's name was removed from the patient register at the end of October 1934, and his official cause of death was listed as cardiac arrest.<sup>443</sup>

### **Constructing the Jewish Body**

The connection between the body, its representation and its Jewishness surfaces in these and other cases examined in this thesis with the Jewish body, together with the mind that it housed, apparently being seen as inherently different from that of non-Jews. Whether it was within the religious context or the secular context, Jews were viewed here as an 'other', a race set apart. The overriding theme of this chapter is that of the Jewish body in the asylum. The plan is to use

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<sup>441</sup> 'David Solomon Obituary', in *The Jewish Echo*, 2 November 1934, p.9.

<sup>442</sup> The obituaries in the *Glasgow Herald* for the entire months of October and November 1934 were checked, and there were none for David Solomon.

<sup>443</sup> RD 644-12 1934 1097, 'David Solomon', in *1934 Deaths in the District of Hillhead in the Parish of Glasgow*, 1097, p.366.

the case studies that were presented above as a starting point for a deeper discussion of the trope of the Jewish body and the asylum, exploring such ideas as Jewish inherent predisposition towards mental illness, the concept of the 'dirty' Jew and more. With this in mind, much has been written about the Jewish experience within Western culture. A good starting point is the work of Sander Gilman, who by his own admission, '... has generally focused on the nature of the male Jew and his representation in the culture of the West; it is this representation which [he] believe[s] lies at the very heart of Western Jew-hatred.'<sup>444</sup> With this framework in place, the female Jewish body will be addressed in Chapter 8, which is not to say that examples from female patients will not be used where appropriate in this chapter, but gender, along the additional constraints that are placed on female bodies, will not be the primary focus here. The Jewish body within the asylum will be explored through several interrelated subthemes, such as: the clinical encounter, diagnostic criteria, language, troublesome patients and poisoning.

Although the topic of circumcision was not directly referenced in any of the Jewish patients' case notes, it has been both literally and figuratively a mark of Jewish difference, and during the late nineteenth and early twentieth centuries was seen as the point of origin among Jews for mental illness.<sup>445</sup> This position can be seen through the statement of Paolo Mantegazza, who was an nineteenth century Italian neurologist, physiologist and anthropologist, who is most well known for his research into coca leaves and their effect on the psyche. He also wrote extensively on love, marriage and 'hygiene' within the marital relationship. He addressed the practice among Jews of circumcision when he wrote that:

Circumcision is a shame and infamy; and I, who am not in the least anti-Semitic, who indeed have much esteem for the Israelites, I who demand of not a living soul a profession of religious faith, insisting only upon the brotherhood of soap and water and of honesty, I shout and shall continue to shout at the Hebrews, until my last breath: Cease mutilating yourselves: cease imprinting upon your flesh an odious brand to distinguish you from other men; until you do this, you cannot pretend to be our equal. As it is, you, of your own accord, with the branding iron,

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<sup>444</sup> Sander Gilman, *The Jew's Body* (London: Routledge Press, 1991), p.5.

<sup>445</sup> Sander Gilman, *The Jew's Body* (London: Routledge, 1991), p.91; and, Sander Gilman, 'Freud Reads Heine Reads Freud', in Mark Gelber (ed.), *The Jewish Reception of Heinrich Heine* (Tubingen: Niemeyer, 1992), p.82.

from the first days of your lives, proclaim yourselves a race apart, one that cannot, and does not care to, mix with ours.<sup>446</sup>

During this period circumcision set the (male) Jew apart from the rest of society. Gilman states that:

In his dissertation of 1897 Armand-Louis-Joseph Beraud notes that the Jews needed to circumcise their young males because of the inherently unhygienic nature but also because the “climate in which they dwell” otherwise encouraged the transmission of syphilis. The Jew in the Diaspora is out of time (having forgotten to vanish like other ancient peoples); is out of his correct space (where circumcision had validity). His Jewishness (as well as his disease) is inscribed on his penis.<sup>447</sup>

This passage is important because it links Jews to a venereal disease, which in its final stages can lead to mental illness, and it also makes the connection to the image of the Jew as inherently dirty, a concept that will be discussed later in this chapter. In addition, these diseases connect the poor, the unlawful and the unclean to mental illness. Gayle Davis concludes that:

Disease has historically been construed as both indicator and product of adverse social conditions, and theories of causation and pathology used as vehicles to articulate and legitimate wider cultural criticisms. Hypotheses proposed to account for GPI tell us much about the concerns of alienists in this period [1880-1930]. Contemporaries framed a picture of GPI that sought to reduce the threat posed by the randomness of disease whilst simultaneously articulating their own social and cultural values. Smoking and alcohol were woven into the identity of GPI as a disease associated with immorality and excess, while the level of church attendance was one device employed as a measure of respectability. Thus, the act of diagnosis assumed a joint medical-moral agenda and became a form of moral regulation. Within the diagnostic and curative processes, as alienists judged and regulated the behaviour of their patients, they assumed an additional role. Propelled into acting as moral guardians and ‘priests of the body’ to their urban populations, they taught prudent adherence to the Victorian moral values of continence, monogamy, and racial hygiene as an integral part of their medical practice.<sup>448</sup>

Davis’s conclusion is relevant for thinking about Jewish patients because on several levels they could never measure up to the clinicians’ ideal. Since Jews do not attend (Christian) church, that measure of respectability was absent.

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<sup>446</sup> Sander Gilman, *The Jew’s Body* (London: Routledge, 1991), p.91; and, Sander Gilman, ‘Freud Reads Heine Freud Reads Heine’, in Mark Gelber (ed.), *The Jewish Reception of Heinrich Heine* (Tubingen: Niemeyer, 1992), p.82.

<sup>447</sup> Sander Gilman, *The Jew’s Body* (London: Routledge, 1991), p.91.

<sup>448</sup> Gayle Davis, *‘The Cruel Madness of Love’: Sex, Syphilis and Psychiatry in Scotland 1880-1930* (Amsterdam: Rodopi, 2008), pp.244-245.

Furthermore, as promiscuity was also associated with both Jewish women and men, in the form of the Jewish prostitute, whether married or not, and the Jewish pimp, as discussed by both Sander Gilman in his work *The Jew's Body* and Lara Marks' *Model Mothers* and *Metropolitan Maternity*.<sup>449</sup>

The connection between Jewishness and the Jewish body was an important dimension in reading the case notes of the Jewish patient population. Jewishness and the Jewish bodies were often highlighted within the case notes because they marked the object of these statements as something different or 'other'. Gilman claims that:

It is Christianity which provides all of the vocabularies of difference in Western Europe and North America, whether it is in the most overt "religious" language or in the secularized language of modern science. For it is merely that the Jew is the obvious Other for the European, whether the citizen of the Roman Empire or of the Federal Republic of Germany. Anti-Semitism is central to European culture because of the rhetoric of European culture as Christianized, even in its most secular form. This made the negative image of difference of the Jew found in the Gospel into the central referent for all the definitions of difference in the West.<sup>450</sup>

A good first example of what Gilman describes above comes from Barnet Adler's case notes, discussed in depth in the previous chapter. The first point where Barnet's Jewishness was explicitly stated was in his certification papers where his religious persuasion was listed as 'Jew'.<sup>451</sup> The fact the question was asked and answered was normal for the 1920s. The next point where Barnet's Jewishness was directly addressed was in the section of his case notes that dealt with his physical appearance. His case notes stated that he was a '...sallow, thin, dejected looking Jew of middle age.'<sup>452</sup> The clinician could have switched 'Jew' for 'man' and Barnet's appearance would have been adequately conveyed. Instead, the clinician specifically chose to use the word Jew, which during this period arguably carried a decidedly negative connotation in this context.<sup>453</sup> Other examples of clinicians commenting on the Jewishness or the Jewish appearance

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<sup>449</sup> Sander Gilman, *The Jew's Body* (London: Routledge Press, 1991), pp.120-124; Lara Marks, *Model Mothers: Jewish Mothers and Maternity Provision in East London 1870-1939* (Oxford: Clarendon Press, 1994); and, *Metropolitan Maternity: Maternal and Infant Welfare Services in Early Twentieth Century London* (Amsterdam: Rodopi BV, 1996).

<sup>450</sup> Sander Gilman, *The Jew's Body* (London: Routledge Press, 1991), pp.18-19.

<sup>451</sup> LHB 7/52/1108, 'Barnet Adler', in *Royal Edinburgh Hospital Certification Papers July 1925*.

<sup>452</sup> LHB 7/51/112, 'Barnet Adler', in *Royal Edinburgh Hospital Men's Case Notes November 1922 – December 1926*, p.578.

<sup>453</sup> Bryan Cheyette and Nadia Valman (eds.), *The Image of the Jew in European Liberal Culture 1789-1914* (London: Vallentine Mitchell, 2004).



of Jewish patients, or indeed of their families, can first be seen in the Berger Sister's case notes and later in the case notes of Fanny Finkelstein. Florence Berger's case notes state: 'Appearance: 'Jewish'. Patient is short, well built, moves actively.'<sup>454</sup> A few years' later Sarah's case notes identically stated: 'Appearance: 'Jewish'. Patient is short, well built, moves actively.'<sup>455</sup> Finally, Fanny Finkelstein's case notes describe her younger daughter, who was providing a disease history for clinicians, as follows: '... Mrs Finkelstein's younger daughter, appears a quiet, self-possessed, intelligent Jewess. She gives a good history, appears a reliable witness, and is genuinely distressed about her mother's condition.'<sup>456</sup> The comments by clinicians cover a large time period, from around 1900 through the mid-1930s, and derive from both institutions, so the collective apparent negative opinion of Jews and their distinct appearance was not isolated.

A sub-theme within the theme of the Jewish body is that of the 'dirty Jew'. This is a common anti-Semitic trope, which was used very effectively by the Nazis in the 1930s and 1940s, and still comes up in popular discourse today.<sup>457</sup> The linguistic link between the adjective 'dirty' and the noun 'Jew' has existed over a long period within various cultures. Examples of this include: the Czech idiom '*zidovina*', which translates as the Jewish stench; the Polish '*zyd smierdzi*', which translates as the Jew stinks; or, the German '*stinkjude*', which translates as the stinking Jew.<sup>458</sup> In this context dirty can have various meanings, the most literal referring to the lack of proper hygiene, but also indicating an ideological failing or a moral taint.

Within the context of this section 'dirty' encompasses all of these sentiments and was present within the clinical encounter in that the Jewish patients as a whole were seen as unclean, transmitters of disease and possibly a

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<sup>454</sup> LHB 7/51/81, 'Florence Berger', in *Craig House Case Notes January 1903 – September 1904*, p.214.

<sup>455</sup> LHB 7/51/81, 'Florence Berger', in *Craig House Case Notes January 1903 – September 1904*, p.214.

<sup>456</sup> LHB 7/1/Craighouse Box 4, 'Daisy's Account – Fanny Finkelstein', in *Royal Edinburgh Hospital Case Notes (Loose)*.

<sup>457</sup> Alan Dundes, *From Game to War and Other Psychoanalytic Essays on Folklore* (Lexington: The University Press of Kentucky, 1997), pp.92-120; 1940 Nazi film, *The Eternal Jew*; and, 'Jewish teen assaulted near Paris, called "dirty Jew"', in *The Jerusalem Post*, 9 October 2015, <<http://www.jpost.com/Diaspora/Jewish-teen-assaulted-near-Paris-called-dirty-Jew-415885>>, [Accessed February 2016].

<sup>458</sup> Alan Dundes, *From Game to War and Other Psychoanalytic Essays on Folklore* (Lexington: The University Press of Kentucky, 1997), p.93.

degenerative force on the whole of society. For example, Benjamin's case notes highlight the image of the 'dirty Jew' when they declared that he was dirty and unkempt in his dress and person. Here, then, the literal meaning of dirty, a lack of personal hygiene can be applied. His dirtiness was also used in the clinical context to marginalise him and to emphasise his enfeeblement. The theme of the 'dirty Jew' was the pervasive image during the late nineteenth and early twentieth centuries, where dirtiness semantically could be used to encompass other areas such as money, age and poisoning, which will be specifically addressed later in this chapter.

## Persecution Complex

This section will focus on the idea of Jews and persecution complexes. First a persecution complex is an irrational and obsessive feeling or fear that one is the object of collective hostility or ill-treatment by others.<sup>459</sup> In addition, in reference to Jews, the persecution complex is used as an oblique form of anti-Semitism, by blaming the victim for their victimisation.<sup>460</sup> These two points are important for the analysis of patient case notes during this period because persecution was a common point of discussion in reference to the Jewish patients. Moreover, it builds from the idea of the 'dirty Jew', which was discussed above, because both are manifestations of Jewish difference or separateness.

The Jewish patient narratives are full of illustrations of the persecution complex. Benjamin's case notes stated that, '... [h]e also accuses numerous persons of persecuting him.'<sup>461</sup> Yet another good example is that of Fanny, whose case will be discussed in considerably more depth in the forthcoming chapter, when her ward notes state that:

[s]he is quite as fixed in her central delusion that her husband is against her, is a bad man, and tried to kill her, as formerly. She has a more

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<sup>459</sup> Salomon Resnik, 'Ch.1: Being in a Persecutory World: The Construction of a World Model and its Distortions', in Joseph Berice, Stella Pierides, Andrea Sabbadini and Stanly Schneider (eds.), *Even Paranoids Have Enemies: New Perspectives in Paranoia and Persecution* (London: Routledge, 1998), pp.16-35; and, Leonard Fagin, 'Ch.8: Paranoia in Institutional Life: The Death Throes of the Asylum', in Joseph Berice, Stella Pierides, Andrea Sabbadini and Stanly Schneider (eds.), *Even Paranoids Have Enemies: New Perspectives in Paranoia and Persecution* (London: Routledge, 1998), pp.11-124.

<sup>460</sup> Sander Gilman, *The Jew's Body* (London: Routledge, 1991), p.194-209.

<sup>461</sup> GGHB 13/5/184/43, 'Benjamin Golombok – Medical Certificate No.2', in *Gartnavel Royal Asylum Case Notes [Loose]*.

charitable attitude to her family. Discussion with her proved of little or no help in altering her ideas about her husband.<sup>462</sup>

What I am designating the 'Munro Report', which is an interview between Professor DK Henderson and Fanny and is part of her larger case notes file, concluded that, '...[her] central delusion of persecution by her husband has remained fixed for 20 years and therefore one can hardly hope to influence it.'<sup>463</sup> The author then concluded: 'I think the best plan would be for her to remain in hospital for at least some months, and then to be liberated on probation to live with someone not included in her delusional scheme.'<sup>464</sup>

Both Benjamin and Fanny felt that the world was against them, which was not an entirely uncommon reaction of immigrants. Collins writes that '[i]mmigrants, suspicious of life around them, may develop persecutory delusions though these are not necessarily specific to them, or they may find that their own behaviour patterns are labelled as disorders by their new host society.'<sup>465</sup> Even though their immigrant status does not completely explain their struggle with mental ill-health, it does help to provide mitigating circumstances for their behaviour, especially in Benjamin's case and his use of the Yiddish; and the inability of clinicians to communicate directly with him will be discussed in more depth later in this chapter. Finally, the examination of persecution complexes in reference to Jewish asylum patients is multifaceted because they are, in the eyes of many clinicians of the period, a mark of Jewish difference and from the patient's perspective a manifestation of their likely lived experience prior to their admission to the asylum.

## Diagnostic Criteria

The diagnostic criteria for all patients, but especially for Jews, was a fluid landscape during the period under investigation, 1870 through 1939. The

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<sup>462</sup> LHB 7/1/Craighouse Box 4, 'Fanny Finkelstein – Ward Notes 25-04-1934', in *Royal Edinburgh Hospital Case Notes (Loose)*.

<sup>463</sup> LHB 7/1/Craighouse Box 4, 'Fanny Finkelstein – Munro Report 14-03-1934', in *Royal Edinburgh Hospital Case Notes (Loose)*.

<sup>464</sup> LHB 7/1/Craighouse Box 4, 'Fanny Finkelstein – Munro Report 14-03-1934', in *Royal Edinburgh Hospital Case Notes (Loose)*.

<sup>465</sup> Roland Littlewood and Maurice Lipsedge, *Aliens and Alienists: Ethnic Minorities and Psychiatry* (2<sup>nd</sup> Edition) (London: Routledge, 1989), p.86; and, Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), p.115.

medical profession as a whole was evolving, developing professional qualifications and standards, and within the specialty of psychiatry disease categories and methods were being defined and refined. Ann Goldberg argues that Jews as a whole, and especially Jews suffering from mental ill-health, were 'objects of "medicalization", given their membership in a barely tolerated social group that was the target of resurgent anti-Semitism as the [nineteenth] century wore on.'<sup>466</sup> In practice, this means that a patient's Jewishness was viewed as a contributing factor to the patient's diagnosis, as was highlighted earlier in this chapter in the section that discussed the Jewish body.

Since Jews during this period were viewed as 'outsiders' or 'aliens', not entirely loyal to the nation-state and a degenerative force within society, the link between Jews and mental illness was perpetuated as a means to maintain the Jews' inferior status within society.<sup>467</sup> Similarly, the Irish, more specifically Irish Catholics, whether in Ireland or further afield, were seen by much of the Anglophone medical establishment as inherently inferior and prone to mental illness. 'In line with scientific and pseudo-scientific preoccupations of the time ... a significant number of mental health experts came to stress the perceived inferior racial origins and defective genetic characteristics of the Irish.'<sup>468</sup> Gilman explains this relationship between Jews and mental illness as follows:

In the course of the nineteenth and early twentieth centuries a number of... justifications of the myth of the mental illness of the Jews emerged. European biology served... to reify accepted attitudes towards all marginal groups, especially the Jews... Jews, like women, possessed a basic biological predisposition to specific forms of mental illness. Thus like women, who [like Jews and other minorities of the period] were making specific political demands on the privileged group... Jews could be dismissed as unworthy of becoming part of the privileged group because of their aberration.<sup>469</sup>

In addition, many saw a link, especially as regards Jews, between genius and madness, which appeared to be over-represented within nineteenth century

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<sup>466</sup> Ann Goldberg, 'The limits of medicalization: Jewish lunatics and nineteenth century Germany', in *History of Psychiatry*, 7(26), 1996, p.265.

<sup>467</sup> Rene Girard, *The Scapegoat* (London: The Althone Press, 1986), pp.1-11; and, Sander Gilman, *The Jew's Body* (London: Routledge, 1991), p.194-209.

<sup>468</sup> Elizabeth Malcolm, 'Mental Health and Migration: The Case of the Irish 1850s-1990s', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives* (London: Routledge, 2012), p.26.

<sup>469</sup> Sander Gilman, 'Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response', in *Journal of the history of Behavioral Sciences*, 20(2), 1984, p.150.

European Jewry.<sup>470</sup> This is also an important point because it highlights yet another way in which Jews were seen as ‘others’ within society, although in a more positive light than has largely been the focus of discussion within this thesis. This means that Jews, whatever their abilities, were seen as different and one step away from madness simply because they were Jewish.

The Anglo-Jewish community was very much aware of the connection between Jews and certain diseases, and actively tried to disprove the correlation, which serves to illustrate how far the dissemination of the medical establishment’s ideas about the hereditary origin, transmission and treatment of various diseases had permeated society, such that individuals, families and organisations attempted to distance themselves from these associations when they came into contact with clinicians.<sup>471</sup> An example of this is a symposium that was held in London in June 1929 at the London Jewish Hospital which discussed, ‘Diseases of the Jews’. The symposium was covered in *The Jewish Echo*, the Scottish weekly Jewish newspaper. *The Echo* reported that clinicians ‘... should be on their guard against the error of exaggerating the racial element in diseases, in contradistinction of the environmental influence. ...’<sup>472</sup> Several conditions were discussed, such as obesity, diabetes, heart disease, trachoma and mental illness. Dr Bander, who was the Superintendent of the Colney Hatch Mental Hospital, reflected ‘... that many diseases occurred equally in Jews as well as non-Jews. In Jews, however, mental disease occurred earlier when it manifested itself.’<sup>473</sup> As was stated previously in Chapter 5, it is unclear whether mental illness manifested at an earlier age in Jews as opposed to non-Jews, but it was apparent that the Jewish patients in this study were admitted on average at a younger age when compared to the non-Jewish sample; 39 and 35 years respectively to the Edinburgh and Glasgow royal asylums, with the corresponding figures for the non-Jewish control sample being 46 and 45 years respectively. The article concluded that diseases that were perceived as common

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<sup>470</sup> Sander Gilman, *The Jews Body* (London: Routledge, 1991), pp.132-133; and, Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), p.116.

<sup>471</sup> See Maree Dawson, ‘A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital 1870-1900’, in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity, and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), p.101.

<sup>472</sup> ‘Diseases of the Jews’, in *The Jewish Echo*, 21/06/1929, p.16.

<sup>473</sup> ‘Diseases of the Jews’, in *The Jewish Echo*, 21/06/1929, p.16.

among Jews and the Jewish community were in reality more diverse than was indicated by the content of the symposium, since many of the speakers only had experience with Jewish patients from London's East End. The author argued that, '[i]n drawing a conclusion as to whether these diseases were common among Jews, they must take into consideration the changing environmental conditions of the Jews the world over, and in this connection there was a need for universal statistics.'<sup>474</sup> It is interesting to consider why *The Echo* felt the need to report on this topic, because this implies that the community, at least the more established elements of the community, were feeling pressured by the perception of non-Jews about the apparent Jewish susceptibility to disease.

### Clinical Encounter

The next theme that will be discussed is the clinical encounter. This is revealing because it shows how the words and actions of Jewish patients were interpreted by clinicians, especially when the clinicians were influenced by psychoanalytic theory. With this in mind, there were several relevant themes prominent in Abe's case notes. The most noteworthy of these themes was the application of psychoanalytic vocabulary, the highlighting of violent outbursts and, notably the emphasis on his genetic predisposition. When Abe was admitted to the asylum, his violent outbursts and therefore the danger that he posed to himself and others was illustrated in the second medical certificate, which states that one of the family doctors '... informs me that he is subject to becoming violent at times and to being very unresponsive.'<sup>475</sup> This claim was one of the common methods that care-givers used to gain admission for their family members to asylum services.<sup>476</sup>

Abe's clinical encounter was influenced by psychoanalytic vocabulary which was applied at several points in his case notes, particularly in the 'Personal History' section. This is especially important because psychoanalytic

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<sup>474</sup> 'Diseases of the Jews', in *The Jewish Echo*, 21/06/1929, p.16.

<sup>475</sup> LHB 7/51/120, *Royal Edinburgh Hospital Craig House Men's and Women's Case Notes February 1929 – November 1931*, p.865.

<sup>476</sup> See Joseph Melling, Richard Adair and Bill Forsythe, '"A Proper Lunatic for Two Years": Pauper Lunatic Children in Victorian and Edwardian England, Child Admissions to the Devon County Asylum, 1845-1914', in *Journal of Social History*, 31(2), 1997, pp.371-405; and, Christopher A. Smith, David Wright and Shawn Day, 'Distancing the Mad: Jarvis's Law and the Spatial Distribution of Admission to the Hamilton Lunatic Asylum in Canada 1876-1902', in *Science & Medicine*, 64, 2007, pp.2362-2377.

theory can be used as an ‘othering’ tool, which is especially dangerous for a population that was in many ways already marginalised. A good example of this is when his case notes state that:

Patient in the youngest of a family of three. His birth was apparently quite normal, and he commenced to speak and to teethe at the usual ages. The only abnormal feature of his infancy was a marked tendency to constipation, which has persisted with varying degrees of severity throughout his life since. He developed normally, and went to school at the age of six. While at school he was clever above the average, and was advanced two standards in one year on this account. He mixed well with his school-fellows, played games, and read a good deal.<sup>477</sup>

This passage is telling because it focused on Abe’s place within his family, his infancy and early childhood and his interactions with his peers. All of these were common themes in Freud’s psychoanalytic theory and can be used to establish the ‘different’ or ‘other’ natures of patients.

The use of what might be construed as a sub-Freudian psychoanalytic framework was evident at other points within the ‘Personal History’ section. The case notes state that ‘...he had a “nervous breakdown”, and “hysterical fit”...’ and that, ‘[w]ith regard to his relations with the opposite sex, he was friendly with a girl for a considerable time, and asked for her once when he was ill, but it is not known whether there were any difficulties arising in connection with their friendship.’<sup>478</sup> The first part highlighted his ‘hysterical fit’, a depiction which arguably de-masculinised him since hysteria was associated with women. The second part focused on his perceived interaction with the opposite sex. Although Showalter focused on ex-soldiers who experienced shell shock after the First World War, she illustrates that clinicians had problems classifying and treating male patients like Abe, even though he did not serve in the war, who exhibited behaviours that previously had been associated with mentally unstable women.<sup>479</sup>

The use of psychoanalytic vocabulary can somewhat be explained by looking at Henderson and Gillespie’s previously mentioned textbook of

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<sup>477</sup> LHB 7/1/Craig House Box 3, ‘Abe Coopersmith – Personal History’, in *Royal Edinburgh Hospital Case Notes (Loose)*.

<sup>478</sup> LHB 7/1/Craig House Box 3, ‘Abe Coopersmith – Personal History’, in *Royal Edinburgh Hospital Case Notes (Loose)*.

<sup>479</sup> Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London: Virgo Press, 1985), pp.167-194.

psychiatry, the first edition of which was published in 1927 and went through several subsequent editions because it was highly influential throughout the world for several decades thereafter.<sup>480</sup> The textbook has been seen as the key to the Glasgow approach to psychiatry, although Henderson credited the influence of the time that he spent working with both Adolf Meyer (1866-1950)<sup>481</sup> in the United States and Emil Kraepelin (1856-1926)<sup>482</sup> in Germany. Henderson practised and honed many of the techniques that he advised within successive editions of the textbook while he was the Medical-Superintendent first of the Glasgow Royal Asylum (1921-1932) and then at the Royal Edinburgh Asylum (1932-1954). In the textbook, Henderson and Gillespie emphasise the importance of the patient's family history, personal history and the history of their present illness, which they believed could provide a context for practitioners to understand their patient's current actions and reactions. Hazel Morrison remarks that, to Henderson and Gillespie, 'a description of the patient's symptoms was of little value to ... psychiatrists "unless information is collected elsewhere regarding the setting in which the symptoms have occurred and the

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<sup>480</sup> DK Henderson and RD Gillespie, *A Text-Book of Psychiatry for Students and Practitioners* (5<sup>th</sup> edition) (London: Oxford University Press, 1940).

<sup>481</sup> Adolf Meyer was born in Switzerland in 1866. He earned his M.D. from the University of Zurich. While he was at university he studied abroad in Paris, London and Edinburgh. When he was unable to secure a position in Switzerland after he graduated, he emigrated to the United States in 1892. He practiced in Illinois, Maryland, Massachusetts and New York. Two periods of his career were highly influential. The first was when he was in New York between 1902 and 1909. During this period he was named the director of the Pathological Institute of the New York States Hospital System (later renamed The Psychiatric Institute), where he had a profound impact on American psychiatry by emphasising the importance of detailed record keeping and helped to introduce Emil Kraepelin's classification system and some of Sigmund Freud's ideas about psychoanalysis. In addition during this period he was a Professor of Psychiatry at Cornell University. Another influential period was from 1910 to 1941 when he was again a Professor of Psychiatry at Johns Hopkins University Medical School.

<sup>482</sup> Emil Kraepelin was born in Germany in 1856. He studied medicine at both the University of Leipzig and the University of Wurzburg. His major contribution to psychiatry was the *Compendium der Psychiatrie: Zum Gebrauche fur Studierende und Aertze* (*Compendium of Psychiatry: For the Use of Students and Physicians*), which was first published in 1883 and was later expanded into multi-volume editions entitled, *Ein Lehrbuch der Psychiatrie* (*A Textbook: Foundations of Psychiatry and Neuroscience*), with the final edition, the ninth, published in 1927, shortly after his death in 1926. Within the various editions he argued that psychiatry was a branch of medical science and should therefore be investigated through observation and experimentation just like other branches of the natural sciences. He called for research into the physical causes of mental illness and established the foundation of the modern classification system of mental disorders. In short he believed that the origin of psychiatric disease was biological and genetic malfunction, which in turn meant that he was also an influential proponent of the eugenics movement and racial hygiene.



causes that have been instrumental in producing them.”<sup>483</sup> With this in mind, Henderson’s influence was particularly strong at the Royal Edinburgh Asylum while Abe was a patient because he was the Medical-Superintendent of the institution. Henderson’s form of psychiatric practice allows for the clinical encounter to be interpreted as spatial, relational and personal, which in many ways allowed for minds and bodies to be placed within their wider institutional and social contexts.

## Language

In terms of the use of language, especially Yiddish, within the context of this chapter as regards the Jewish patient experience, a significant claim is that ‘...[w]ithin the European tradition of seeing the Jew as different, there is a closely linked tradition of hearing the Jew’s language as marked by the corruption of being a Jew.’<sup>484</sup> In addition, Gilman proposes that:

In the Gospels, Christians are given the representation of the Jew who sounds too Jewish and a direct message about the inherent difference of the Jew. It is the continuity of the Gospels at the centre of Christianity – not the theology or indeed in the practice of the Church – that the representation of the Jew who sounds too Jewish is preserved. And it is to this central stereotype that Western (that is, Christian or secularized) society turns when it needs to provide itself with a vocabulary of difference for the Jews.<sup>485</sup>

This section will hence focus on the Jewish patient encounter and the use and misuse of language within the psychiatric relationship. It will also serve as a point of contradiction between the Scottish experience of Jewish patients that were Yiddish speakers and the London Jewish experience as documented by Reeves, because Colney Hatch had an attendant on staff who could act as an interpreter for Yiddish speakers from 1892 onwards in addition to other patients who could serve in this role as needed.<sup>486</sup>

Another prominent theme in Benjamin’s case notes was that of communication, capturing both the inability of practitioners clearly and easily to

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<sup>483</sup> Hazel Morrison, *Unearthing the Clinical Encounter: Gartnavel Mental Hospital, 1921-1932. Exploring the Intersection of Scientific and Social Discourses Which Neglected the Boundaries of Psychiatric Diagnosis* (PhD Thesis: University of Glasgow, 2014), p.5.

<sup>484</sup> Sander Gilman, *The Jew’s Body* (London: Routledge Press, 1991), p.11.

<sup>485</sup> Sander Gilman, *The Jew’s Body* (London: Routledge Press, 1991), pp.12-13.

<sup>486</sup> Carole Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001), p.31.

understand what Benjamin was saying while in their presence and their attitude towards the language that he primarily used. Words and language are powerful in the 'clinical encounter',<sup>487</sup> as within the wider historical context of European Jewry of the late nineteenth and early twentieth centuries.<sup>488</sup> Cheryl McGeachan and Chris Philo illustrate the importance of words in human geography in relation to mental health and the psychiatric encounter:<sup>489</sup> 'Words can shape, wound, fracture and direct how lives, and the material landscapes housing these lives, are planned, enacted, altered and obliterated.'<sup>490</sup> They argue the need for restating the importance of human geographies attuned to words, and an example used is the work of Scottish psychiatrist RD Laing, which shows how words have power in the clinical encounter. Whereas once clinicians may have 'assumed [that] language was a non-distorting medium which served to reflect fairly accurately what an individual thought and felt,'<sup>491</sup> Laing thought this assumption to be problematic. With this in mind, he tried to remove the biases that psychiatric practice, as he knew it, held towards the mentally ill. He tried to learn the language of his patients and to see the encounter through his patients' eyes, but Laing's was arguably a rare gift or approach in the earlier years of the century, even given the likes of Henderson's apparent interest in patient histories or 'stories'. In Benjamin's case, the words and language used by the patient significantly affected, in a range of ways, the clinical encounter that he experienced while a patient in Gartnavel. His words and language were indeed

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<sup>487</sup> See Hazel Morrison, *Unearthing the 'Clinical Encounter': Gartnavel Mental Hospital 1921-1932. Exploring the Intersection of Scientific and Social Discourses Which Negotiated the Boundaries of Psychiatric Diagnosis* (PhD Thesis: University of Glasgow, 2014).

<sup>488</sup> David Cesarani, 'Anti-Alienism in England After the First World War', in *Immigrants and Minorities*, 6(1), 1987, pp.5-29; 'The Transformation of Communal Authority in Anglo-Jewry 1914-1940', in *The Making of Modern Anglo-Jewry* (Oxford: Basil Blackwell, 1990), pp.115-140; Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion* (Glasgow: Scottish Jewish Archive Committee, 1990), pp.69-82; *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.30-32, 66, 115-130; and, Todd Endelman, *The Jews of Britain 1656 - 2000* (Kindle Edition) (London: University of California Press, 2002), pp.127-182.

<sup>489</sup> Cheryl McGeachan and Chris Philo, 'Words', in Roger Lee, Noel Castree, Rob Kitchin, Victoria Lawson, Anssi Paasi, Chris Philo, Sarah Radcliffe, Susan M. Roberts, and Charles W.J. Withers (eds.), *The SAGE Handbook of Human Geography* (Volume 2) (London: SAGE Publications Ltd., 2014), pp.545-570.

<sup>490</sup> Cheryl McGeachan and Chris Philo, 'Words', in Roger Lee, Noel Castree, Rob Kitchin, Victoria Lawson, Anssi Paasi, Chris Philo, Sarah Radcliffe, Susan M. Roberts, and Charles W.J. Withers (eds.), *The SAGE Handbook of Human Geography* (Volume 2) (London: SAGE Publications Ltd., 2014), p.546.

<sup>491</sup> Cheryl McGeachan and Chris Philo, 'Words', in Roger Lee, Noel Castree, Rob Kitchin, Victoria Lawson, Anssi Paasi, Chris Philo, Sarah Radcliffe, Susan M. Roberts, and Charles W.J. Withers (eds.), *The SAGE Handbook of Human Geography* (Volume 2) (London: SAGE Publications Ltd., 2014), p.557.

disregarded because he was elderly and did not speak English, but rather used Yiddish, which was not highly regarded and distinctly marked him as Jewish.

There are several points in Benjamin's case notes where his inability to communicate in English was mentioned. The first time was in the 'On Admission' section. The passage stated that:

He chattered constantly in Yiddish. His son stated that his father's [speech] was [puerile?] in content and that he could make no sense of it. He cannot speak English and all attempts made to get into contact with him through his son failed. He paid no attention to what was said to him but continued to chatter.<sup>492</sup>

The next time Benjamin's lack of proficiency in English received a mention was in the 'Medical Examination' section. The passage stated that:

The patient does not understand English so that it is impossible to carry out the usual medical examination. An attempt was made to examine the patient mentally with the aid of an interpreter. Mr Philips, a Rabbi, talked to the patient in Yiddish, but he stated that he could not make sense of the patients' utterances. The patient did not seem to understand what was said to him. He talked with animation in Yiddish but according to the interpreter his utterances are quite incoherent. ...<sup>493</sup>

Both passages show that practitioners at Gartnavel were annoyed by Benjamin's lack of ability to speak English. This was an issue that has been researched both in the context of Glasgow asylums, in the work of Kenneth Collins, and other British asylums in the work of Leonard Smith.<sup>494</sup> Collins focused on patients admitted up until 1914. He proposed that the main issue was that there were few Jewish practitioners to care for Yiddish-speaking patients until after World War I, when a greater number of Jewish students qualified in medicine. This is, however, a debatable assumption. It is true that many of the Jewish medical students who studied at Scottish universities from about 1914 onwards were the children of Yiddish-speaking immigrant parents, but this fact does not automatically correlate into their children having been fluent in Yiddish.<sup>495</sup> In

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<sup>492</sup> GGHB 13/5/184/43, 'Benjamin Golombok – On Admission', in *Gartnavel Royal Asylum Case Notes [Loose]*.

<sup>493</sup> GGHB 13/5/184/43, 'Benjamin Golombok – Medical Examination 27-05-26', in *Gartnavel Royal Asylum Case Notes [Loose]*.

<sup>494</sup> Kenneth E. Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.115-130; and, Leonard Smith, 'Insanity and Ethnicity: Jews in the Mid-Victorian Lunatic Asylum', in *Jewish Culture and History*, 1(1), 1998, pp.5-26.

<sup>495</sup> Kenneth E. Collins, *Go and Learn: The International Story of Jews and Medicine in Scotland* (Aberdeen: Aberdeen University Press, 1988).

Benjamin's case, he was admitted well after the end of World War I, yet the practitioners at Gartnavel who were most likely from outside the Jewish community were still dismissive of Yiddish as a legitimate language and frustrated by their lack of ability to communicate directly with him. Failure to communicate with a patient was an impediment to taking detailed patient histories, a central principle of the Henderson-inspired regime at Gartnavel,<sup>496</sup> and also to using psychoanalytically influenced language to help give practitioners contexts for their patient's actions and reactions, which was very much in the forefront of medical practice at the time.<sup>497</sup>

The work of Gilman can be used to provide a framework to interpret the Gartnavel practitioners' dismissive attitude towards the use of Yiddish, it being doubtful that they would have been as dismissive if Benjamin had been speaking French or German.<sup>498</sup> Yiddish as a spoken language is a mixture of German, Hebrew and various Slavic languages that uses Hebrew characters in its written form. Gilman proposes that the Jew within the European context has been seen as different from other citizens of Britain, France, Germany or any other European nation, this difference being closely linked to the tradition of hearing the Jew's language, Yiddish, as marked by the corruption of being a Jew. He substantiates this claim by saying that the:

Western tradition labels the Jews' language as corrupt and corrupting, as a sign of the inherent difference of the Jew. This tradition sees the Jew as inherently unable to have command of any "Western", that is, cultural language. The Jew is not only "not of our blood" ... but also "does not speak our language."<sup>499</sup>

With this in mind, the dismissive attitude of the practitioners towards Benjamin takes on a different character in that as soon as he opened his mouth and spoke in Yiddish, the underlying framework of European attitudes towards Jews, as being seen as something other, something different, was doubly thrust upon his

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<sup>496</sup> Hazel Morrison, *Unearthing the 'Clinical Encounter': Gartnavel Mental Hospital 1921-1932. Exploring the Intersection of Scientific and Social Discourses Which Negotiated the Boundaries of Psychiatric Diagnosis* (PhD Thesis: University of Glasgow, 2014).

<sup>497</sup> DK Henderson and RD Gillespie, *A Text-Book of Psychiatry for Students and Practitioners* (5<sup>th</sup> edition) (London: Oxford University Press, 1940); Roland Littlewood and Maurice Lipsedge, *Aliens and Alienist: Ethnic Minorities and Psychiatry* (2<sup>nd</sup> Edition) (London: Routledge, 1993); and, Kenneth E. Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.115-130.

<sup>498</sup> Sander Gilman, *The Jew's Body* (London: Routledge, 1991), pp.10-37.

<sup>499</sup> Sander Gilman, 'Ch.1: The Jewish Voice: Chicken Soup or the Penalties of Sounding Too Jewish', in *The Jew's Body* (London: Routledge, 1991), p.20.

clinical encounter. Additionally, Benjamin's experience in Gartnavel, especially as regards accommodations or the lack thereof, that would allow him and clinicians to communicate begs the question as to at when does a migrant becomes a member of the British or Scottish 'public', where accommodations of this nature become standard fare. Although Bivins examined the experiences of migrants' interactions with institutions of the state in postcolonial Britain, where she concluded that their 'otherness' mattered less because they were not seen as true members of the British public.<sup>500</sup> Benjamin's experience proves that he was not a member of the British public, supposedly deserving of accommodations where needed.

## Food

Within Jewish culture, food plays an important role in helping to maintain Jewish identity, especially within a society where Jews were in the minority. The practice of *kashrut*, the dietary laws, is both a public and private act of faith; private, because it is an individual decision as to whether to follow any or all of the restrictions inherent in following the dietary laws; but also public, because food and its preparation can be communal activity, a way to interact with the wider society. Furthermore, within both Jewish and asylum culture, food plays an important role. Both Collins and Smith discuss the place, or lack thereof, of *kosher* food provision within the asylum.<sup>501</sup> Collins states that:

The provision of kosher food for Jewish patients in Glasgow hospitals was a major preoccupation of the Glasgow Jewish community. It was 1913 before an arrangement was made with Merryflats for a kosher kitchen to be established. There are no indications in these records of psychiatric patients being provided with kosher meals, or of there being any particular difficulty with Jewish patients taking regular meals. ... However, it is hard to believe that for Jewish patients, or their families, in the immigrant period, that the dietary laws would not be accorded prime importance although it has to be accepted that in the climate of

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<sup>500</sup> Roberta Bivins, 'Immigration, Ethnicity and 'Public' Health Policy and Practices in Postcolonial Britain', in Catherine Cox and Hilary Marland (eds.), *Migration, Health and Ethnicity in the Modern World* (London: Palgrave Macmillan, 2013), pp.126-150.

<sup>501</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), p.124; and, Leonard Smith, 'Insanity and Ethnicity: Jews in the Mid-Victorian Lunatic Asylum', in *Jewish Culture and History*, 1(10), 1998, pp.5-26.

nineteenth century psychiatric institutions any deviance from the accepted behaviour could risk delaying discharge. ...<sup>502</sup>

Within asylum culture, the act of the patient accepting the food provided by the institution has usually been regarded as a positive sign of recovery, while a refusal on the part of the patient to consume this food has sometimes been taken as an indication of continued mental illness. This issue is demonstrated in an entry dated 19 August 1929 for David Solomon, which stated that ‘... [h]e shows great resistance to any extra diet such as eggs, fruit or milk. ...’<sup>503</sup> Since within Judaism *kashrut*, the dietary laws stipulate what is *kosher* (permissible under these laws) and what is *treif* (non-*kosher* or impermissible), a Jewish asylum patient who continued to follow the dietary laws was in most instances put in to direct conflict with asylum regimes and, indeed, clinical judgements of recovery or otherwise.

The majority of the passages that deal with food came from the two letters that Sydney wrote to both his mother and Dr Robertson, the Medical-Superintendent of the asylum. The first passage is from Sydney’s case notes, revealing that he ‘...[i]s full of complaints about the food [and] about his lack of liberty.’<sup>504</sup> The passage seems to find Sydney’s complaints and reaction irrelevant and unimportant. The other three quotes are in Sydney’s voice in the form of letters to his mother and Dr Robertson. The letter to Dr Robertson will be addressed first, and here Sydney complained that:

First, as regards the food, dinner is not suitable to me, e.g. Now that I get my meals in the hall, dinner consists of soup, potatoes, and pudding. The only thing there that I can eat is soup. When I was down in the hospital I got bread, by the aid of which I managed to make a fairly satisfactory meal.<sup>505</sup>

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<sup>502</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), p.124. Merryflats was a poorhouse and hospital in the Govan section of Glasgow, that later became part of the Southern General Hospital.

<sup>503</sup> GGH 13/5/193/1, ‘David Solomon – 19-08-1929’, in *Gartnavel Royal Asylum Loose Case Notes*. Although the level of observance the Solomon Family is unknown, as regards the Jewish dietary laws. During the early twentieth century the stratification within Judaism that is common today had not occurred (i.e. Reconstructionist, Reform, Conservative or Masorti and Orthodox, which is further broken down into Modern Orthodox and various sects of Ultra-Orthodox). At the time the only option was, for lack of a better designation, Orthodox Judaism, with individuals, families and circumstances dictating their level of observance.

<sup>504</sup> LHB 7/51/95, ‘Sydney Lipetz – 20-12-1912’, in *Royal Edinburgh Asylum Men’s Case Notes February 1912 – December 1914*, p.271.

<sup>505</sup> LHB 7/51/95, ‘Sydney Lipetz – Letter to Dr Robertson, 28-12-1912’, in *Royal Edinburgh Asylum Men’s Case Notes February 1912 – December 1914*.

This section of the letter can be interpreted in several ways. First, it can be interpreted as an adolescent preferring the food that his mother prepares over that of an institution, which is a valid point and was most likely a contributing factor in Sydney's experience (remembering his relatively tender age).

When Sydney's conflict with the food served in the asylum is viewed through the lens of *kashrut* or the Jewish dietary law, the conflict between Jewishness and the asylum regime is sharpened. Fruits and vegetables that are washed and free of bugs are *kosher*, so Sydney would have likely have had issue with the potatoes if he feared them not to have been properly washed. A conflict with the dietary laws would come into play with the soups and puddings if they contained animal products, although here Sydney suggests that he could eat the soup. As regards to animal products, the first issue is whether they can be consumed under Jewish dietary law. In terms of livestock, for example, cattle and goats are *kosher*, while hare, hyrax, camel and pig are not because these animals have to chew their cud and have cloven hooves. In terms of winged animals, the majority are kosher, except for birds of prey, fish-eating water birds and bats. In terms of fish, the requirement is that they have to have both scales and fins, such as salmon or tuna, while eels, catfish, sharks and all shellfish are *treif*. Once an animal can potentially be deemed *kosher*, the next degrees of *kashrut* concern how the animal is raised, whether it had been healthy, how it was slaughtered and how the animal products were handled after slaughter. At any point an otherwise *kosher* animal can become *treif* if the practices within *kashrut* are not properly followed. In addition, to remain *kosher* any food has to continue following the rules within *kashrut* in terms of how food is prepared and consumed, such as the prohibition of mixing milk and meat.<sup>506</sup> So, in Sydney's case the stock for the soup that he mentioned could have been from *kosher* meat such as chicken or beef, or from non-*kosher* pork. The beef stock could have milk or cream added, which would make it *treif*. Later in the letter, he objected that:

As regards the tea, if such it may be called, it seems to me the worst contaminated [concoction] that could be imagined, not only because of the taste, but because it is about ten times too strong. When I was in the

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<sup>506</sup> *Kosher London Beth Din – KLBD*, < <http://www.kosher.org/article/what-kosher> >, [Accessed August 2016].

hospital I got it considerably weakened, and with plenty of milk in it, in which condition it was palatable.<sup>507</sup>

The two statements directed towards Dr Robertson were hence complaints about the quality and choices of food that were open to Sydney. These ‘complaints’ can be seen as a way in which Sydney was placed by the asylum in potential conflict with his Jewishness (i.e. *kosher* vs. non-*kosher* food). The final quote was directed towards his mother, where Sydney stated that ‘[he] feel[s] terribly disappointed and depressed because [she] did not send [him] some food, as on Sunday the food here is particularly [obnoxious] to the taste.’<sup>508</sup> This passage can be read as a still more direct conflict with his Jewishness, since he was referring directly to the Sunday meals in the asylum, which were the most likely to contain meat, likely pork, especially since the asylum had its own piggery, which would be in direct conflict with the dietary laws that his family probably observed within the home. He was essentially, it may be reasoned, requesting *kosher* food from his mother.

Sydney’s request for food from his mother, and his complaints about food to the Medical-Superintendent, can illustrate the conflict that Jewish patients faced within the asylum, especially in immigrant or first generation British born, to conform to the dietary norms of the institution or to maintain their separate Jewish identity. Another example of the importance of food within the asylum can be seen in Fanny’s case notes, which suggest, in contrast, the Royal Edinburgh Asylum going to great lengths to accommodate her Jewish dietary specifications during Passover. Fanny’s ward notes hence disclose that ‘... she has also been told she cannot leave [the] hospital for the feast of Passover. Arrangements have been made for her to have her meals in a private room and to procure a correct diet of unleavened bread.’<sup>509</sup> Fanny’s conflict with non-*kosher* food was therefore accommodated, at least during Passover. Her conflict with asylum norms as regards food was in some ways different to Sydney’s, in that she was actively trying to litigate her way out of the asylum, while clinicians were trying to encourage her to remain in the asylum, but her case

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<sup>507</sup> LHB 7/51/95, ‘Sydney Lipetz – Letter to Dr Robertson, 28-12-1912’, in *Royal Edinburgh Asylum Men’s Case Notes February 1912 – December 1914*.

<sup>508</sup> LHB 7/51/95, ‘Sydney Lipetz – Letter to Mother, 16-02-1913’, in *Royal Edinburgh Asylum Men’s Case Notes February 1912 – December 1914*.

<sup>509</sup> LHB 7/1/Craighouse Box 4, ‘Fanny Finkelstein Ward Notes 30-03-1934’, in *Royal Edinburgh Hospital Case Notes (Loose)*.



shared similar concerns to Sydney's as to the ways in which she sought to rebel against the regime of the asylum. The conflict that these patients experienced as regards the provision of kosher food – even with the aberration of Fanny's accommodations for Passover – are decidedly different from what Reeves described of the experiences of Jewish patients admitted to Colney Hatch because the asylum was equipped with a on-site kosher kitchen from 1895 onwards.<sup>510</sup>

## Poisoning

A further striking theme within the Jewish patient narrative is that of poison(ing). Historically speaking, as mentioned earlier, Jews have been associated with the image with that of the poisoner: in the Middle Ages Jews were believed to poison wells and spread plague, which provided nominally Christian groups the justification to attack Jews.<sup>511</sup> Gilman details how and why the Jew is viewed as the pariah of western society when he states:

The early Christians found proof of the inferiority of the Jews in their refusal to accept Jesus as the Messiah and convert to Christianity. This blindness and intractability became the definition of those psychological limitations of the Jew which precluded the Jew from ever becoming a truly “cultured” member of Western society. The perversity of the Jew's nature in betraying Christ over and over again throughout history (remember the central trope of Christianity is the regular re-enactment of the crucifixion) becomes the biologically determined quality of the Jew which leads to the Jew's heartless role in the rise of capitalism (or communism – take your pick). The Jew's role in literally destroying the life of Christians, whether through the ritual use of Christian blood or the mass poisoning of wells in order to cause the Black Death becomes the Jew's biological role as the transmitter of diseases such as syphilis (and, according to at least one commentator in Chicago in 1988, AIDS).<sup>512</sup>

In addition, the depiction of the Jews as a poisoner harkens back to the image of the ‘dirty Jew’, discussed earlier in this chapter, since in this instance the ‘dirty Jew’ befouls or destroys the ‘purity’ of surrounding society. Dundes states that:

The idea of a Jew as a contaminant runs the gamut from well poisoning to intermarriage. ... Extreme notions of racial ‘purity’ or ‘ethnic cleansing’, from a psychoanalytic perspective are merely predictable reaction

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<sup>510</sup> Carole Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001), p.31.

<sup>511</sup> Rene Girard, *The Scapegoat* (London: The Althone Press, 1986), pp.1-11.

<sup>512</sup> Sander Gilman, *The Jews' Body* (London: Routledge Press, 1991), p.19.

formations against the initial fascination with faeces. Moreover, if Jews are faeces, we can now comprehend fully for the first time why anti-Semitic forces would seek to expel (or *eliminate*) Jews from the nation's body politic. The expulsion of Jews from England, Spain, and other countries can now be understood as national acts of wholesale defecation! ...<sup>513</sup>

With reference to the Jewish patient experience the issue of poison comes up several times in the course of the Jewish patient narratives, particularly in reference to David, who, due to his mental ill-health, believed that he himself had poisoned many people; while Fanny believed that her husband and children were trying to poison her over many years.

The first reference to David as a poisoner occurred in one of the medical certificates for his second admission to Gartnavel, when – as cited earlier – it stated that ‘David Salmon is very depressed and melancholic and is of the opinion that he has poisoned many people and has been responsible for their death which is a delusion ...’<sup>514</sup> while later, in the section of his case notes that focuses on his mental health between his two admissions, it is reported that ‘[a] month ago he became much more distressed, thought he was poisoning the animals: got very agitated: clung more to his bed than ever: did not take his food well, very irregularly, but has slept well. ...’<sup>515</sup> These passages arguably illustrate how David had internalised and applied to himself the historical trope of the Jew as a poisoner.

David's narrative can be interpreted in several ways, including a recognition of anti-Semitic tropes maybe imposed upon him and then him projecting these self-same tropes back on to his own lived experience and even actions. First, his claims of having been engaged in the act of poisoning others, which his case notes record as having been noticed by both his family and his practitioners, could have been given more significance by the asylum physicians due to his Jewish roots; and therefore these claims were diligently recorded and arguably affected his diagnosis and treatment. The other interpretation is that David was indeed projecting the poisoner narrative upon his own lived

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<sup>513</sup> Alan Dundes, *From Game to War and Other Psychoanalytic Essays on Folklore* (Lexington: The University Press of Kentucky, 1997), p.103.

<sup>514</sup> GGHB 13/5/193/1, ‘David Solomon – Medical Certificate 1’, in *Gartnavel Royal Asylum Loose Case Notes*.

<sup>515</sup> GGHB 13/5/193/1, ‘David Solomon – Since Discharge’, in *Gartnavel Royal Asylum Loose Case Notes*.

experience, particularly tied up with his military service, even though he never served in combat and experienced poisonous gas attacks. Once again, this narrative would have been known and possibly encouraged by clinicians because it reinforced their image of the weak – in mind and body – sick, effeminate Jew.<sup>516</sup> David Dee particularly argues that within the British Jewry, it was common knowledge that Jews were seen as weak, sick and bookish, to the point that the Jewish community established sports clubs, examples including athletics, gymnastics and boxing, and chapters of the Jewish Lads Brigade to combat this image.<sup>517</sup>

Fanny's experience of poison was different in that she believed she was in fact poisoned. In the spring of 1934, as regards the attempted poisoning by her husband several years prior in 1922, she described to one of the clinicians at the Royal Edinburgh Asylum how:

“... I know my health was beginning to break; I don't know what he was up to. I was ill. The doctor said it was poison. (Where?) In my system. (How did it get into your system?) Well, what would you say if you were all right and took cream cookies and next morning was ill? And at the time, the way he behaved, so queer, it looked suspicious that he had been tampering with the cookies. (This in 1922.)”

“Do you mean he was trying to poison you?”

“Yes – he wanted me out of the way to have a younger woman.”<sup>518</sup>

Again the image of the Jew as poisoner is apparent in the passage, because it implicates her husband in the act. Both Fanny's and David's narratives can be successfully interpreted using Gilman's' more holistic social history approach towards the Jew as an 'outsider' within a majority Christian society, maybe added to by Dundes' psychoanalytic interpretation of the 'dirty Jew'. These are important themes to keep to the fore when thinking about the Jewish mind and body within the asylum, especially, as was discussed earlier in the chapter, the 'dirty Jew', because this idea was multidirectional in that it can be applied to Jews by non-Jews and also can affect how Jews come to see themselves in terms of their minds and bodies.

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<sup>516</sup> Anne Patricia Lloyd, *Jews Under Fire: The Jewish Community and Military Service in World War I Britain* (PhD Thesis: University of Southampton, 2009); and, David Dee, *Sport and British Jewry: Integration, Ethnicity and Anti-Semitism* (Manchester: Manchester University Press, 2013).

<sup>517</sup> David Dee, *Sport and British Jewry: Integration, Ethnicity and Anti-Semitism* (Manchester: Manchester University Press, 2013), p.2.

<sup>518</sup> LHB 7/1/Craighouse Box 4, 'Fanny Finkelstein – Mental Status 04-03-1934', in *Royal Edinburgh Hospital Case Notes (Loose)*.

## Conclusion

This chapter has broadly focused on the theme of the Jewish body within the asylum. During the period under investigation, the late nineteenth and early twentieth centuries, the Jewish body, together with the mind that it held, was perceived as inherently inferior when compared to the non-Jewish body. As Rene Girard stated in *The Scapegoat* – when he was explaining how and why Jews were suspected and persecuted as well poisoners, seemingly as a rational answer for the death toll of various waves of the plague – ‘the appetite for the persecution focuses on religious minorities, especially during times of crisis.’<sup>519</sup> The years 1870 to 1939 were most certainly a period of great change, socially, politically, economically and finally within the relatively new medical discipline of psychiatry, so that the Jewish body became an obvious, we might say ‘scapegoated’, ‘other’ easy to pathologize. The Jewish body – especially as regards this chapter, the male Jewish body – was seen as a vector for disease, both mental and physical; for filth, the literal and metaphorical; and for chaos within the wider society.

These aspects of the Jewish body’s ‘otherness’ were examined through several lenses. First, circumcision was discussed, because both the popular and academic discourse, as regards this practice, linked the transmission of syphilis; a venereal disease that, if left to run its course ended with the infected individual suffering from mental illness. In the view of some, this mental disorder was transmitted during the circumcision procedure itself, in addition to the transmission of hysteria somehow from father to daughter via this same procedure.<sup>520</sup> This led into a discussion of the ‘dirty’ Jew, both the literal and the metaphorical meaning. The chapter then shifted its focus to the Jewish body within the ‘clinical encounter’<sup>521</sup>, as seen through the lenses of the case notes; language, specifically the use of Yiddish by Benjamin and the way his voice within the clinical encounter was effectively ignored or taken as revelatory of

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<sup>519</sup> Rene Girard, *The Scapegoat* (London: The Althone Press, 1986), p.6.

<sup>520</sup> Sander Gilman, *The Jew’s Body* (London: Routledge, 1991), pp.60-103; and, Sander Gilman, ‘Freud Reads Heine Reads Freud’, in Mark Gelber (ed.), *The Jewish Response to Heinrich Heine* (Tubingen: Niemeyer, 1992), pp.77-94.

<sup>521</sup> Hazel Morrison, ‘Conversing with the Psychiatrist: Patient Narratives within Glasgow’s Royal Asylum 1921-1929’, in *Journal of Literature & Science*, 6(1), 2013, pp.18-37; and, *Unearthing the Clinical Encounter: Gartnavel Mental Hospital, 1921-1932. Exploring the Intersection of Scientific and Social Discourses Which Neglected the Boundaries of Psychiatric Diagnosis* (PhD Thesis: University of Glasgow, 2014).

underlying madness; and food with regards to the Jewish dietary laws and its impact on Jewish patients being perceived as cooperating with the asylum regime, and making a meaningful attempt at recovery, or as being seen as intransigent, clannish and in opposition to the asylum regime and their own recovery.

All things considered this chapter has focused on the overarching theme of the 'othering' of Jews via multiple layers, such as language, categorisation and segregation through the lenses of the specific supposed characteristics of the Jewish body, differing diagnostic criteria applied to this inherently different Jewish body, language, food and poisoning. With these considerations in mind, the discussion will shift in the next chapter to focus more on the female Jewish body, and mind, within the asylum.

## Chapter 8

### The Jewess and Madness

It cannot, of course, be denied that women have nerves strung to finer issues and more multiplied sensation than those of men, and that pain, qua pain, is not necessarily such as serious of significant thing in women as in men. It is also true that a little gentle sternness in the medical treatment often does the patient good, and not harm. ...

'Hysteria', in *The Lancet*, 131(3362), 1888, p.236.

#### Introduction

As the above passage from an 1888 issue of *The Lancet* indicates, women were seen; within the gaze of the medical profession; as almost a separate subspecies of humans, who were in many ways more prone to both mental and physical illness.<sup>522</sup> Furthermore, as was discussed at length in Chapter 7, Jews were also seen; within the gaze of society at large and the medical profession; as inherently different, an 'other', both physically and mentally, when compared to non-Jews who in addition could never 'really' be seen as British.<sup>523</sup> The confluence of these images, that of female and Jewish difference means that the lived experiences of female Jewish mental patients had overtones that were different from those of male Jewish mental patients.

With the above thoughts in mind, this chapter continues to explore the ideas raised in Chapters 6 and 7, where Jewish geographies and the asylum life cycle were discussed and the Jewish body – primarily male bodies – in the royal asylums was debated in reference to the process of 'othering' through multiple

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<sup>522</sup> 'Hysteria', in *The Lancet*, 131(3362), 1888, p.236.

<sup>523</sup> See David Dee, *Sport and British Jewry: Integration, Ethnicity and Anti-Semitism* (Manchester: Manchester University Press, 2013); Todd Endelman, 'Anglo-Jewish Scientists and the Science of Race', in *Jewish Social Studies*, 11(1), 2004, pp.52-92; Sander Gilman, 'Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response', *Journal of the History of Behavioural Sciences*, 20(2), 1984, pp.150-159, 'Anti-Semitism and the Body Psychoanalysis', in *Social Research*, 57(4), 1990, pp.993-1017, *The Jew's Body* (London: Routledge, 1991); Anne Patrica Lloyd, *Jews Under Fire: The Jewish Community and Military Service in World War I Britain* (PhD Thesis: University of Southampton, 2009); and, Avram Taylor, "'In Glasgow but not quite of it?': Eastern European Jewish Immigrants in a Provincial Jewish Community from c.1890 to c.1945', in *Continuity & Change*, 28(3), 2013, pp.451-477.

layers. The main focus of this chapter is Jewish women and their experiences of madness within Scottish asylums, highlighting some of the gendered differences within that experience when compared to the male Jewish experience of madness that was primarily discussed in the previous chapter. The chapter will begin with a discussion of Jewish women and their place within the Jewish community and the wider Anglo-Scottish society, this chapter will discuss the relationship between Jewish women and mental illness highlighting in-depth the lived experiences of some Jewish women that were admitted to the Royal Edinburgh Asylum and the Glasgow Royal Asylum between 1900 and 1939.

### **Three Patient Case Studies**

The chapter will begin with the case study introductions for three groupings of patients, the Berger Sisters; Florence and Sarah; the 'Ladies'; two sisters and their niece, Minnie or Mina Rosenthal Factor, Rose Rosenthal and Dorothy 'Dora' Levy; and finally, Fanny Finkelstein, whose experiences in both the Edinburgh Royal Asylum and the Glasgow Royal Asylum, which collectively touch on the sub-themes mentioned above.

#### *Berger Sisters*

The reason Florence and Sarah are being presented together instead of separately, as for the other patient case studies in the previous two chapters, is that in order fully to understand Florence's and Sarah's lived experiences as patients in general, and as Jewish patients specifically, given that the records which the Royal Edinburgh produced about these cases continually refer one to the other, meaning that their records and stories are completely interconnected. The opening section here will focus on Florence because she was admitted first, and the following section will focus on Sarah, since she was admitted after Florence. Florence was born in 1884. She was 19 years old when she was admitted to Craig House on 3 January 1903, a section of the Royal Edinburgh Asylum. It can be assumed that her family or someone close to her family was well off since she was treated in Craig House, which catered to private patients who paid higher rates of board. Her family paid £105 for her treatment, which

was about £6,000 in 2005 money.<sup>524</sup> Her diagnosis was adolescent mania, which appears to describe the behaviour of rebellious teenagers and young adults (i.e. swearing, ignoring rules and making ill-advised purchases). She was discharged from the asylum fully recovered on 22 June 1903, meaning that she was a patient there for about six months. Florence married at some point between 1903 and 1946, because her surname changed when she was listed in Sarah's later case notes as her next of kin, and she had a least one child in that period because he (the child in question now grown up) scribed a 1962 letter to the institution regarding his mother's sister, Sarah.<sup>525</sup>

Sarah was the older of the sisters. She was born in 1882, and she was 23 when she was admitted to the West House section of the Royal Edinburgh Asylum on 16 June 1905. In 1905, the West House catered to both pauper patients and private patients who paid the lower rates of board. The fact that she was placed in the West House can be explained in multiple ways. First, the financial situation of the family could have been diminished in the time between Florence's discharge in June 1903 and Sarah's admission in June 1905. Another option could be that Sarah's condition was so dire that the family were aware that, in the best-case scenario, she could end up being a patient in the asylum for a substantial amount of time, maybe the rest of her life, and they could not afford or justify the large expenditure that treating her in Craig House would have entailed. In 1905 Sarah, like Florence, was diagnosed with adolescent mania. Her diagnosis was changed to dementia praecox in 1909, which was a year after Dr George Robertson took over the position of Medical-Superintendent of the asylum from the retiring Dr Thomas Clouston.<sup>526</sup>

Finally, Sarah's diagnosis was amended to schizophrenia in 1946. This change reflects a change of semantics in that schizophrenia and dementia

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<sup>524</sup> For example, £105 in 1900 was the equivalent of £5,991.30 and in 1905 the equivalent was £6,021.75 in 2005. So this means that the 1903 equivalent in 2005 financial terms would have been around £6,000.00. Source: *The National Archives Currency Converter*, < [apps.nationalarchives.gov.uk/currency/default.asp#mid](https://apps.nationalarchives.gov.uk/currency/default.asp#mid) >, [Accessed: September 2014].

<sup>525</sup> Like Benjamin, Florence and Sarah do not have a figure to illustrate their place within their family structure because there is no information about their wider family (i.e. parents, other siblings or in Florence's case her husband and children) besides themselves and Florence's son.

<sup>526</sup> LHB 7/7/11 (Royal Edinburgh Asylum Annual Reports 1902-1907); *Ninety-Fifth Annual Report of the Royal Edinburgh Asylum for the Year 1907* (Morningside: Royal Edinburgh Asylum, 1908), p.1; and, LHB 7/7/12 (Royal Edinburgh Asylum Annual Reports 1908-1913); *Ninety-Sixth Annual Report of the Royal Edinburgh Asylum for the Year 1908* (Morningside: Royal Edinburgh Asylum, 1909), pp.1-2, & 50-51.



praecox, in terms of the diagnostic criteria, were essentially one and the same.<sup>527</sup> There was a large gap in Sarah's case notes between 1931 and 1946, which was of course a very inauspicious period for European Jewry. Sarah's case notes pick up in 1946, which is also when the NHS (National Health Service) was founded, and took over responsibility for the asylum and its patients, which was redesigned and recast as a mental or psychiatric hospital. Between 1946 and 1962, Sarah was part of several drug trials, which had little or no effect on her mental condition. In 1961 she was administratively transferred to the Royal Edinburgh Hospital, because her records appear to show that she never left the asylum physically, just administratively. This is important because of the trend throughout the NHS of deinstitutionalisation and the embracing of care in the community.<sup>528</sup> By this point, Sarah had been a patient in the asylum for 56 years, was nearly 80 years old and in no condition to care for herself. Therefore, she remained in the hospital for she required significant care and the institution was essentially her home. Sarah slipped in the ward in late June 1962 and fractured her hip. She died in the hospital of complications from the fractured hip and bronchitis in early August 1962.

### *The 'Ladies'*

This section of the chapter will focus on the 'Ladies', a short-hand form of address for the two sisters and their niece who were all admitted to the Royal Edinburgh Asylum and the Glasgow Royal Asylum during the first quarter of the twentieth century. This destination was due to the family's preference, in that they apparently preferred the royal asylums, and were actively trying to avoid the taint of pauperism at a time where many individuals were geographically based (and hence would have been treated in the nearest, often pauper facility). First, this section will focus on Minnie or Mina, who was admitted to the Royal Edinburgh Asylum in 1906 and later admitted to the Glasgow Royal in 1911. Next the focus will move to Minnie's younger sister Rose, who was admitted to the Glasgow Royal Asylum in 1907 and finally to Dorothy or 'Dora' who was Minnie and Rose's niece and was also admitted to the Glasgow Royal Asylum in 1922. The primary focus of this section will be on several

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<sup>527</sup> Assen Jablensky, 'The Diagnostic Concept of Schizophrenia: Its History, Evolution, and Future Prospects', in *Dialogues in Clinical Neuroscience*, 12(3), 2010, pp.271-287.

<sup>528</sup> Peter Bartlett and David Wright (eds.), *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Althone Press, 1999).

members of an extended Jewish family in central Scotland during the first half of the twentieth century, in order to illustrate how their gender and their Jewishness fed into the clinicians' expectations about the hereditary predisposition of their patients towards insanity or mental illness.

### *Minnie/Mina Rosenthal Factor*

Minnie or Mina was born in Edinburgh in about 1871 to Frank and Esther Rosenthal. Both Frank and Esther were born in Poland or the Russian Empire during the 1840s. They immigrated to Britain sometime prior to 1866, since their first recorded surviving child, Sarah, was born in that year and recorded in the 1871 Census as having been born in England. Minnie was one of Frank and Esther's middle children. By the time of the 1881 census the Rosenthal family had moved to Glasgow.<sup>529</sup> Twelve of their children were counted in the 1871, 1881, 1891 or 1901 Censuses, although Minnie's family history from her case notes indicates that her parents may have had additional children who died before they were recorded in one of the Census reports.<sup>530</sup> Frank supported his large family through his work as a traveller/jeweller.<sup>531</sup>

### 8.1 Rosenthal Family

Name	Place of Birth	Year
Frank (father)	Poland	1841
Esther (mother)	Poland	1843
Sarah [G.] (daughter)	England	1866
Israel (son)	England	1867
Rachel (daughter)	Edinburgh	1868
Noah (son)	Edinburgh	1869
Minnie/Mina (daughter)	Edinburgh	1871
Abraham (son)	Edinburgh	1874

<sup>529</sup> Census 1881 644/12 042/00 004, *1881 Census, Glasgow*, 'Rosenthal Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015].

<sup>530</sup> LHB 7/51/88, 'Minnie/Mina Rosenthal Factor', in *Royal Edinburgh Hospital Women's Case Notes September 1905 – October 1906*, pp.761-763; and, GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes 1910-1912*, pp.256-261 & 296-297.

<sup>531</sup> Census 1871 685/05 022/00 010, *1871 Census, Edinburgh*, 'Rosenthal Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015]; Census 1881 644/12 042/00 004, *1881 Census, Glasgow*, 'Rosenthal Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015]; Census 1891 644/12 003/00 007, *1891 Census, Glasgow*, 'Rosenthal Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015]; and, Census 1901 644 09 055/00 001, *1901 Census, Glasgow*, 'Rosenthal Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015].

Harry/Harris (son)	Edinburgh	1876
Rachel (daughter)	Edinburgh	1878
Rose/Rosie (daughter)	Edinburgh	1879
Paulina/Polly (daughter)	Glasgow	1881
Joseph (son)	Glasgow	1884
Rebecca (daughter)	Glasgow	1886

*Source: 'Rosenthal Family', in 1871, 1881, 1891 and 1901 Censuses.<sup>532</sup>*

## 8.2 Factor Family

Name	Place of Birth	Year
Albert (father)	Russia	1869
Minnie (mother)	Edinburgh	1871
Albert (son)	Glasgow	1896
Alex (son)	Leith	1897
[Illegible] (son)	Glasgow	1899
Harry (son)	Glasgow	1900

*Source: 'Factor Family', in 1901 Census.<sup>533</sup>*

Minnie married Albert Factor in about 1892 or 1893, when she was 21 years old, Albert having been born in Russia in about 1869. They lived in Edinburgh, where he worked as a general dealer. Minnie and Albert had four sons during a five-year period, Albert (1896), Alex (1897), son's name illegible (1899) and Harry (1900).<sup>534</sup> Minnie began to experience noticeable symptoms of mental distress after the birth of one of her first two sons, and was admitted to the Ayr Asylum in 1897 or 1898.<sup>535</sup> Then, in about 1904, she experienced another mental break down and was put in a Home or boarded out in Dunoon, but she eventually ran away from this institution.<sup>536</sup> Minnie was then admitted as a pauper patient to the Royal Edinburgh Asylum in September 1906 by the

<sup>532</sup> Census 1871 685/05 022/00 010, *1871 Census, Edinburgh*, 'Rosenthal Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015]; Census 1881 644/12 042/00 004, *1881 Census, Glasgow*, 'Rosenthal Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015]; Census 1891 644/12 003/00 007, *1891 Census, Glasgow*, 'Rosenthal Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015]; and, Census 1901 644 09 055/00 001, *1901 Census, Glasgow*, 'Rosenthal Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015].

<sup>533</sup> Census 1901 685/01 115/00 011, *1901 Census, Edinburgh*, 'Factor Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015].

<sup>534</sup> Census 1901 685/01 115/00 011, *1901 Census, Edinburgh*, 'Factor Family', [< <http://www.scotlandspeaople.gov.uk> >, Accessed September 2015].

<sup>535</sup> LHB 7/51/88, 'Minnie/Mina Rosenthal Factor', in *Royal Edinburgh Hospital Women's Case Notes September 1905 – October 1906*, p.761.

<sup>536</sup> LHB 7/51/88, 'Minnie/Mina Rosenthal Factor', in *Royal Edinburgh Hospital Women's Case Notes September 1905 – October 1906*, p.761.

Assistant Inspector of the Poor for Edinburgh.<sup>537</sup> This fact is significant because it probably illustrates the breakdown of her marriage to Albert, since he was evidently not prepared financially to support her. In addition, Minnie's admission was tainted by the stigma of pauperism, her Jewishness, her own medical history (her previous admission to an asylum) and the history of mental illness within her larger family (one of her brothers had jumped overboard on his return passage from Australia and a younger sister, Rose, who will be discussed in more detail in another section of this chapter, also had a history of mental illness). Minnie was a patient in the Royal Edinburgh Asylum for about five months, when she was finally removed from the asylum by her father Frank and some of her brothers in February 1907.<sup>538</sup> Between 1907 and her admission to the Glasgow Royal Asylum in July 1911, Minnie was boarded with a woman, Janet, in Balfron, Stirlingshire in a boarding house where she was one of five boarders that were deemed feeble minded, presumably a type of 'private madhouse/asylum', in the 1911 Census.<sup>539</sup>

Minnie was admitted to Gartnavel in July 1911, after she had begun to act more unpredictably than usual. Her case notes state that:

[o]f late she had become more [defiant] [and] impulsive, refusing at times to take food, throwing it on the floor and about a week ago she put her right hand through a window pane, cutting her wrist a little. These [illegible] impulsive attacks usually coincide with [her] mental periods.<sup>540</sup>

The person who petitioned to have Minnie admitted to the Glasgow Royal as a private patient was one of her younger brothers, Abraham Rosenthal, who by 1911 lived on Finchley Road, Hampstead in north London, while the local contact was Sarah Gertrude Levy, who was her eldest sister.<sup>541</sup> Minnie remained

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<sup>537</sup> LHB 7/52/882, 'Minnie/Mina Rosenthal Factor', in *Royal Edinburgh Hospital Certification Papers September 1906*.

<sup>538</sup> LHB 7/51/88, 'Minnie/Mina Rosenthal Factor', in *Royal Edinburgh Hospital Women's Case Notes September 1905 – October 1906*, p.763; and, GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.257.

<sup>539</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.257; and, Census 1911 472/00 001/00 022, 'Mina Factor', in *1911 Census, Balfron* [< <http://www.scotlandspeople.gov.uk> >, Accessed September 2015].

<sup>540</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.257.

<sup>541</sup> GGHB 13/7/118, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Admission Warrants 1911*; GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.256; and, Census 1901 644/09 055/00 030, 'Levy Family', in *1901 Census, Glasgow* [< <http://www.scotlandspeople.gov.uk> >, Accessed September 2015].

a private patient at the Glasgow Royal until July 1914 when she was dismissed/transferred to the Edinburgh District Asylum, Bangour.<sup>542</sup>

### *Rose Rosenthal*

Rose was born in Edinburgh in about 1878, and was also one of Frank and Esther's many children. Three of her siblings had died, two of her sisters in childhood and one brother, who apparently jumped overboard while returning to Scotland from Australia where he was treated for an 'obscure stomach ailment', prior to her 1907 admission to the Glasgow Royal Asylum.<sup>543</sup> At the age of 15 Rose worked as a pupil teacher for one year. Then she worked in her father's office for a few months afterwards, but, with these exceptions, she never undertook paid work.

Rose's family noticed that she became depressed in 1902, when the family, who were well off financially, lost £25,000 in business, which in 2015 money would equal to about £2 million.<sup>544</sup> The family's solution was to send Rose away to Bournemouth in the care of a nurse for a few weeks. Upon her return, Rose appears to have attempted suicide by slicing her throat, which required six stitches to close the wound. After this, two nurses were hired and Rose was sent to a home for two months in Stonehaven. Then she went with a nurse to Smetley's Hydropathic, where she was a resident for a month. In 1903, Rose, who was still under a nurse's care, and her family went to Kirn where they remained for three months. In late-1903 Rose and her family moved to Glasgow. Once in Glasgow, Rose again became depressed and apparently attempted suicide for a second time by cutting her throat. After this second suicide attempt, she was sent to Miss Baker's House on Lyndoch Street, where she remained for two months. Then she was sent to Kilmalcolm and Corrie, where she remained for six weeks and a month respectively. Both of these placements were again presumably in 'private madhouses/asylums', licensed or unlicensed. After that, she returned home to her family in Glasgow and was cared for by them. During

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<sup>542</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.297.

<sup>543</sup> GGHB 13/5/167, 'Rose Rosenthal', in *Gartnavel Royal Asylum Women's Case Notes*, pp.512.

<sup>544</sup> *Historic Inflation Calculator: How the Value of Money has Changed Since 1900*, <  
<http://www.thisismoney.co.uk/money/bills/article-1633409/Historic-inflation-calculator-value-money-changed-1900.html>>, [Accessed May 2015], 1902 = £2,747,202.43; and, *The National Archives Currency Converter*, <  
<http://www.nationalarchives.gov.uk/currency/default0.asp#mid>>, [Accessed May 2015], 1900 = £1,426,500.00 and 1905 = £1,433,750.00.

the summers of 1905 and 1906, when she and her family travelled to the coast, Rose's family realised that she had become noticeably worried and had begun to have delusions. Her delusions included that she was secretly engaged to Lord Dalmeny and that she was to be the mother of the Messiah. Rose's behaviour had become publicly unmanageable. Her brother Abraham Rosenthal, who lived in north London, was the petitioner on her admission warrant when she was certified and admitted to the Glasgow Royal Asylum on 13 August 1907, and she was diagnosed as having delusions.<sup>545</sup> Abraham, as noted above, went on to act in the same capacity when Minnie was later admitted to the Glasgow Royal.

### *Dorothy 'Dora' Levy*

Dora was born in 1895 or 1896 in Glasgow. In the 1901 census she was recorded as the daughter of Jacob and Sarah Gertrude. Indeed, Dora was the fourth of eight living children, five boys and three girls. Five additional siblings died in infancy or early childhood, two boys and three girls, which included a set of twins.<sup>546</sup> Sarah Gertrude was herself the eldest surviving child of Frank and Ester Rosenthal, born in England, as can be seen from the census entries for the family from 1871 and 1881.<sup>547</sup> To underline, she was also an elder sister to both Minnie and Rose. Sarah married Jacob some time in the 1880s as can be seen from the 1891 and 1901 Census reports, where Sarah was no longer included with the Rosenthal Family. By 1901 she was recorded with Jacob in the Census, with their eldest child listed as being 11 years old at the time.<sup>548</sup> Jacob, Dora's father, had been born in Russia and worked as a jeweller. The family was fairly well off since they were able to afford a live-in servant at the time of the 1901

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<sup>545</sup> GGHB 13/5/167, 'Rose Rosenthal', in *Gartnavel Royal Asylum Women's Case Notes 1906-1907*, pp.511-515.

<sup>546</sup> GGHB 13/5/178/42, 'Dorothy Levy – Family History', in *Gartnavel Royal Asylum Loose Case Notes (1922)*.

<sup>547</sup> Census 1871 685/05 022/00 010, *1871 Census, Edinburgh*, 'Rosenthal Family', [< <http://www.scotlandspeoples.gov.uk> >, Accessed September 2015]; and, Census 1881 644/12 042/00 004, *1881 Census, Glasgow*, 'Rosenthal Family', [< <http://www.scotlandspeoples.gov.uk> >, Accessed September 2015].

<sup>548</sup> Census 1871 685/05 022/00 010, 'Rosenthal Family', in *1871 Census, Edinburgh* [< <http://www.scotlandspeoples.gov.uk> >, Accessed September 2015]; Census 1881 644/12 042/00 004, 'Rosenthal Family', in *1881 Census, Glasgow* [< <http://www.scotlandspeoples.gov.uk> >, Accessed September 2015]; Census 1891 644/12 003/00 007, 'Rosenthal Family', in *1891 Census, Glasgow* [< <http://www.scotlandspeoples.gov.uk> >, Accessed September 2015]; and, Census 1901 644/09 055/00 030, 'Levy Family', in *1901 Census, Glasgow* [< <http://www.scotlandspeoples.gov.uk> >, Accessed September 2015].

census.<sup>549</sup> At the time of Dora's admission to the Glasgow Royal Asylum in 1922, both of her parents were still alive and well.

### 8.3 Levy Family

Name	Place of Birth	Year
Jacob (father)	Russia	1862
Sarah G. (mother)	England	1866
Abraham (son)	Glasgow	1890
Henrietta (daughter)	Glasgow	1891
Henry (son)	Glasgow	1892
Dora (daughter)	Glasgow	1895
Norman (son)	Glasgow	1897
Joseph (son)	Glasgow	1899

Source: 'Levy Family', in *1901 Census, Glasgow*.<sup>550</sup>

Dora started school at the age of 5 in 1901 and left school at the age of 16 in 1912. She appears to have been a bright student, who took prizes in several subjects, such as, French, English and Mathematics. At age 18 in 1914, she attended Skerry's College where she learned shorthand and typing. She first took a job with Thomas McLintock's in Glasgow and did well, since she was asked to go to London when the firm opened a new branch office there. She remained with the firm for two years, before leaving on good terms to pursue a position at another firm, Travers. Apparently the work with Travers was very demanding and Dora often worked late over the course of the next three years (1919-1921). In addition, Dora became involved with a man, to whom she later became engaged in December 1921.<sup>551</sup>

That same year, however, Dora became unwell. She was tired and yet not able to sleep well. Her condition started to get worse in about August/September 1921 when she collapsed while at work in the office, and was ill for the following week or two. In November 1921 she asked her father, Jacob, to come to London. Dora's condition was so degraded that the possibility of admitting her to a nursing home was considered. She returned to Glasgow with her father in

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<sup>549</sup> Census 1901 644/09 055/00 030, 'Levy Family', in *1901 Census, Glasgow* [<<http://www.scotlandspeople.gov.uk>>, Accessed September 2015].

<sup>550</sup> Census 1901 644/09 055/00 030, 'Levy Family', in *1901 Census, Glasgow* [<<http://www.scotlandspeople.gov.uk>>, Accessed September 2015].

<sup>551</sup> GGHB 13/5/178/42, 'Dorothy Levy – Personal History', in *Gartnavel Royal Asylum Loose Case Notes (1922)*.



November 1921, where she expected to become officially engaged in December 1921 and married three or four months later. During this time, though, Dora was not very interested in life around her. Her fiancé visited her in Glasgow in late December 1921 for a week, but Dora noticeably had to force herself to be interested in his visit. He returned to London in early January 1922. She maintained correspondence with him for several weeks before she started to speak of breaking off their engagement in late January 1922. Also at the end of January 1922, Dora and one of her sisters went to Seamill on the coast, where Dora began to express the sentiment that ‘she had no hope in life ...’, and that ‘she had become obsessed with the sea and the sound of the wind to the point that she ‘wanted to walk into the sea [and drown herself] ...’.<sup>552</sup> By the end of February 1922 she ‘scarcely spoke but what she said was deranged, e.g. hair cutting, that she should be buried, [etc.] ...’.<sup>553</sup> She also had vivid dreams that people were trying to kill her. Dora was admitted to the Glasgow Royal Asylum on 1 March 1922, diagnosed with melia.

### *Fanny Finkelstein*

Fanny was born on 26 December 1879 in Latvia. Her father was a merchant in Latvia who had studied veterinary science but never practised, most likely due to his Jewish origins and the restrictions placed on Jews in the Russian Empire as to the profession that they could pursue.<sup>554</sup> Fanny’s mother died in 1883 or 1884 when she was 4 or 5 years old and her father re-married when she was 7 in 1886. He died at the age of 70 in about 1908.

Fanny was the sixth of eight children. Of her siblings, the first child was a brother who died in 1913 of Bright’s disease.<sup>555</sup> Prior to his death he was a merchant in Matou, Latvia. The second child was another brother who went by the name Max Hart, although the family surname was Josephart. It is curious

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<sup>552</sup> GGHB 13/5/178/42, ‘Dorothy Levy – Disease History’, in *Gartnavel Royal Asylum Loose Case Notes* (1922).

<sup>553</sup> GGHB 13/5/178/42, ‘Dorothy Levy – Disease History’, in *Gartnavel Royal Asylum Loose Case Notes* (1922).

<sup>554</sup> LHB 7/1/Craighouse Box 4, ‘Fanny Finkelstein’, in *Royal Edinburgh Hospital Case Notes* (Loose).

<sup>555</sup> Bright's disease: Chronic inflammation of the blood vessels in the kidney with protein, specifically albumin, in the urine. There are a number of disorders that lead to Bright's disease. With nothing more sophisticated than a candle and a silver spoon, the English physician Richard Bright (1789-1858) discovered protein in urine and in 1827 published his pioneering study of kidney disease.’ < <http://www.medicinenet.com/script/main/art.asp?articlekey=20421> >, [Accessed March 2015].



that Max shortened the surname to Hart, most likely in an attempt not to stand out as obviously Jewish in his new community. It was not uncommon for Jews who settled in Britain or the United States to Anglicanise their surnames; and Max was living in the United States when Fanny was admitted to the Royal Edinburgh Asylum. The third child was a sister, Mrs Jacobson, who was married at home (the case notes are unclear what this means specifically). The fourth child was another sister, Mrs Rifkin, who lived in Mount Florida in Glasgow. She owned a picture frame-makers shop and she depended on her children financially. Of Mrs Rifkin's children, the first son was a watchmaker who lived in New York in the United States, her second was a Professor of Engineering in Calcutta, India, while her third son was a resident in a home/hospital with 'loss of all his senses', as a result of a blow to the head from a cricket bat.<sup>556</sup> The link with Fanny's nephew was important in the eyes of practitioners because it helped to provide evidence of a hereditary predisposition towards madness within Fanny's family, even though his initial injury was physical and not 'psychiatric' in nature.

Fanny's fifth sibling was yet another sister, who died of measles at the age of 8. years The sixth child was Fanny herself and the seventh child was a sister, Mrs Livingstone, of 10 Harbour Street, Nairn. She ran an ice cream shop at the time of Fanny's admission to the asylum. The eighth child was a sister, Mrs Linski, who lived in the United States. The case notes are unclear as to whether all of the siblings had the same parents. For instance, Fanny's two younger siblings could have been half-siblings since her father re-married after the death of her mother. Like many Jewish families of the period, Fanny's illustrated the mobility of the wider Jewish community as evidenced by the geographic spread of her and her siblings, in addition to the diversity of business ventures and professions in which they were involved, echoing themes explored in an earlier chapter (Chapter 6).

Fanny went to school until the age of 14. The case notes do not state what type of school she attended in Latvia. She may have attended a girls' religious school, which were starting to be established at the end of the nineteenth century in Eastern Europe, and where the curriculum was largely based in

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<sup>556</sup> LHB 7/1/Craighouse Box 4, 'Fanny Finkelstein', in *Royal Edinburgh Hospital Case Notes (Loose)*.

Jewish theology and the skills for creating a Jewish home.<sup>557</sup> On the other hand, she could have attended a non-Jewish school, for which few positions were open to Jews, and there received a more secular education. Whichever type of education she experienced, her family would have had to pay tuition fees, so for her family to have the resources to pay for the education of a daughter to a relatively advanced level, especially a younger daughter, could provide an indication of the economic position of her family while she was growing up. She left Latvia when she was 15 years old, some time in 1894. That same year she came to Glasgow to live with one of her sisters, who had recently married. Between 1894 and 1899, while living with her sister, she took in dressmaking to earn money. Around March or April 1899 she met Isaac, and Fanny and Isaac were married on 30 August 1899 in Glasgow.<sup>558</sup>

#### 8.4 Finkelstein Family

Name	Occupation	Place of Birth	Year
Isaac (husband)	Watchmaker	Germany/Russia	1876
Fanny (wife)	None	Russia	1879
Stillborn (son)		Unknown	1903
Morris (son)	Medicine	Inverness	1906
Lily (daughter)	Unknown	Inverness	1908
Stillborn (son)		Inverness	Unknown
Daisy (daughter)	Unknown	Inverness	1912

*Source: 1901 and 1911 Census Reports, 1899 Marriage Register and Fanny Finkelstein's Certification Papers, Case Notes and entry from the Patient Register.*<sup>559</sup>

Isaac worked as a traveller or itinerant pedlar, primarily in jewellery. Isaac and Fanny moved to Inverness in about 1901, where they purchased a business, a jewellery store, which was successful. In March 1903 Fanny gave

<sup>557</sup> Simon Dubnow, 'Chapter XXVI: Increased Jewish Disabilities; Section 3: Restrictions in Education and in the Legal Profession', in *History of the Jews in Russia and Poland From the Earliest Times Until the Present Day [1915]* (Translated by I. Friedlander) (Bergenfield NJ: Avotaynu Inc., 2000), Originally published by the Jewish Publication Society of America out of Philadelphia in 1918; and, Shaul Stampfer, *Lithuanian Yeshivas of the Nineteenth Century: Creating a Tradition of Learning* (Liverpool: Liverpool University Press, 2012).

<sup>558</sup> 1899 Statutory Marriages (Glasgow/Gorbals) 644/12 0520, *1899 Marriage Register for Finkelstein, Isaac L. and Josephart, Fanny*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015].

<sup>559</sup> Census 1901 (Glasgow/Gorbals) 644/12 052/00 014, *1901 Census (Glasgow/Gorbals)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; Census 1911 (Inverness) 098/0A 013/00 017, *1911 Census (Inverness)*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; 1899 Statutory Marriages (Glasgow/Gorbals) 644/12 0520, *1899 Marriage Register for Finkelstein, Isaac L. and Josephart, Fanny*, < <http://www.scotlandspeople.gov.uk> >, [Accessed August 2015]; LHB 7/1/Craighouse Box 4, 'Fanny Finkelstein', in *Royal Edinburgh Hospital Loose Case Notes*; LHB 7/52/1210, 'Fanny Finkelstein', in *Royal Edinburgh Hospital Certification Papers January 1934*; and, LHB 7/35/14, 'Fanny Finkelstein', in *Royal Edinburgh Asylum Patient Register 1 September 1933 – 19 April 1941*.

birth to her first child, a boy who died at birth. This could be seen as one of the causes of her later mental distress, because puerperal insanity at the time was linked to traumatic, prolonged or stillbirth, which can be seen through some of the medical literature of the period.<sup>560</sup> In 1906 she gave birth to her second child, Morris, who was one of the informants to the hospital when she was admitted. In 1908 she gave birth to her third child, Lily. Between 1908 and 1912 Fanny gave birth to her fourth child, a boy who died six hours after his birth. Finally in 1912 she gave birth to her fifth child, Daisy, and Fanny suffered from a prolapsed uterus after this delivery. Daisy was also interviewed by Dr Henderson regarding the history of her mother's illness when Fanny was admitted to the Royal Edinburgh Asylum. Sometime in 1915, Daisy related, Fanny had undergone an operation, an ovariectomy, the complete surgical removal of the uterus and ovaries. The underlying reason for the procedure was not stated in her case notes. The most likely reason was due to complications from the prolapsed uterus or as a form of birth control, since there were few options for women to control their fertility during this period. In 1917 Fanny and Isaac expanded their business to include an antique store. They were again successful, sufficiently so that they were able to send all of their children away to boarding schools. Morris completed the undergraduate qualification in medicine at Edinburgh University, while Daisy and Lily were able to pursue music to a high level, studying for and completing the LRAM.<sup>561</sup> All three of Fanny's surviving children were successful, which was an important aspiration of Jewish motherhood.

In addition to Fanny's account of her illness, two of her children, Morris and Daisy, provided accounts to the clinicians at the Royal Edinburgh Asylum. It is somewhat ironic that Isaac's account is not present in Fanny's case notes, because legally he was the person who had to petition for Fanny to be admitted to the mental hospital. Since Isaac was alive in 1934, the position of spouse took precedence over their children. The three accounts held different levels of importance for the clinicians. Morris's account was the longest and arguably

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<sup>560</sup> See Arthur C. Jelly, 'Puerperal Insanity', in *The Lancet*, 157(4051), 1901, p.1158; 'Modern Views of Hysteria', in *The Lancet*, 177(4572), 1911, p.1034; Robert Armstrong-Jones, 'Puerperal Insanity', in *The Lancet*, 201(5208), 1923, pp.1297-1298; and, Morag Campbell, "'Noisy, Restless and Incoherent": Puerperal Insanity at Dundee Lunatic Asylum', in *History of Psychiatry*, 28(1), 2017, pp.44-57.

<sup>561</sup> Licentiate of the Royal Academy of Music.

carried the most weight for the clinicians because he was a fellow medical practitioner or researcher, based at the Lister Institute for Preventative Medicine in London,<sup>562</sup> while Fanny's own account seemingly held the least weight with the clinicians and was the shortest in length of the three. Fanny was admitted to the Royal Edinburgh Asylum on 4 January 1934 due to her paranoid delusions about murder plots directed towards her by her husband and children. Over the course of her seven-month stay in the institution, she successfully litigated her way out of the asylum. She was discharged 'Relieved' from the asylum, by order of the sheriff, on 30 July 1934.

### **Jewish Motherhood and Domesticity**

The role of women in British society – the ideal and the reality – during the nineteenth and twentieth centuries has been ever evolving. The main focus of this section is to discuss in general terms the role of women within British society in the arenas of education, work and family life, and then to compare and contrast it with the role of Jewish women in the same arenas. This is important because, through the exploration of behavioural and social norms of (and imposed on) women, and especially Jewish women, the clinical framework that these women were placed under once they entered the asylum can be better understood and critiqued.

The world of the Jewish woman has been both internally and externally fraught: 'the image of the Jewish woman has been influenced by traditional Judaism, which asserts that a woman's prime responsibility is to her family and home.'<sup>563</sup> This is an important image to bear in mind, because from the nineteenth century onwards, affluent Jews modelled themselves on society's elite, which within the British context had women's sole purpose and focus being within the home and family, while men were deemed to be focused on the world beyond the domestic:

... For middle-class ... Jews, women became guardians of home and family, in contrast to East European Jewish women whose mastery of the

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<sup>562</sup> Lister Institute of Preventive Medicine was founded in 1891 and is one of the UK's oldest medical charities. Originally a Research Institute developing, and subsequently producing on a commercial scale, vaccines and antitoxins.' < <http://www.lister-institute.org.uk/about-us/our-heritage/> >, [Accessed March 2015].

<sup>563</sup> Lara Marks, *Model Mothers: Jewish Mothers and Maternity Provision in East London 1870-1939* (Oxford: Clarendon Press, 1994), p.1.

practical encompassed but was not contained in the home. Domesticity became the Jewish ... woman's primary domain, and most Jewish women did whatever they could to place themselves and their families in that class ...<sup>564</sup>

There is an inference here that being a good Jewish woman in Britain, meant emulating the confined and limiting domesticity of the British middle classes, but that in s doing it came to mean something different to being a good Jewish woman in Eastern Europe, where a wider role – one with wider, more public responsibilities – would still be conformable with a valued approach to Jewish womanhood. This distinction may have some bearing on at least one case to be discussed further below.

Fanny seems to have chafed under the constraints of the ideal Jewish and British mother. Her conflict with this model of both womanhood and motherhood is clearly illustrated in an interview with Professor Henderson from March 1934, which is as follows:

Prof. Henderson: Do you feel that since the time of your operation, in 1915, there has been much change in you, since then?

[Fanny]: Well, I was better in health – stronger.

Prof. Henderson: Before that?

[Fanny]: After that.

Prof. Henderson: Do you feel it made any change in your disposition?

[Fanny]: I don't think so. It improved my position – my financial position – greatly.

Prof. Henderson: How did it improve your financial position?

[Fanny]: I went into the business. I was very successful.

Prof. Henderson: Before your operation you were quite unable to do it?

[Fanny]: Well, I had the family; having the family, and nursing them, looking after them during their illnesses, during the night, being in one shop during the day. I could not have undertaken the other big shop.<sup>565</sup>

This passage clearly shows that Fanny perceived herself to be much more content when she was able to increase her role outside of the domestic sphere. This level of involvement in business ran counter to the middle-class Victorian ideal of a wife and mother that derived great pleasure from family life.

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<sup>564</sup> Riv-Ellen Prell, *Fighting to Become Americans: Assimilation and the Trouble Between Jewish Women and Jewish Men* (Boston: Beacon Press, 1999), p.7.

<sup>565</sup> LHB 7/1/Craighouse Box 4, 'Fanny Finkelstein – 05-03-1934', in *Royal Edinburgh Hospital Case Notes (Loose)*.

The broader point is that, externally, the Jewish woman had to deal with both the negative and positive images of what it means to be a Jewish woman. The extreme negative image of the Jewish woman was that of the Jewish prostitute, who may or may not be married, may or may not have children, but, at least in the imagination of many non-Jews was a carrier of disease; while the positive image of the Jewish woman was an exceptionally idealised vision of motherhood. She was able to stop working outside the home prior to the birth of her children; furthermore, she was able to breast-feed her children for an extended period of time, and finally her children survived. Lara Marks and Sander Gilman discuss this dual image in their works *Model Mothers* and *The Jew's Body*, respectively, where they compare the images of the ideal Jewish mother, whose children survive, thrive and become productive and successful members of society, with that of the prostitute and its true or untrue baggage (i.e. single unmarried mothers who were seen as sinners and scroungers).<sup>566</sup> Marks writes:

Even more strongly contrasting with the idealized version of the Jewish mother, however, was the Jewish prostitute. Indeed, it is no exaggeration to say that in the late nineteenth century, when not being praised for motherhood, Jewish women were being cursed for prostitution, reflecting the major anxieties of these years. While the Jewish mother represented the merits of the Jewish community and the influence mothers could have on the British nation, the Jewish prostitute symbolized the social evils which were undermining the strength of the family and the empire. This was not only a view held by the outside world but also among many established Anglo-Jews who saw any Jewish involvement in prostitution as a threat to their own respectability as well as an incitement to Anti-Semitism. ... The image of the Jewish prostitute coincided with other negative visions of the East European Jew painted during these years ... which portrayed the Jewish immigrant not only as immoral, but also as sickly, weak, and the carrier of disease.<sup>567</sup>

This passage clarifies the exact shape that expectations about the good Anglo-Jewish woman were starting to acquire during the later nineteenth century, providing the crucial yardstick against which 'failing' Anglo-Jewish women (and mothers) arguably began to be measured. Intriguingly, the 'other' against which this image is set, according to Marks, included not only the Jewish prostitute but also the East European Jewess – maybe seen as too active outside the domestic

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<sup>566</sup> Sander Gilman, *The Jew's Body* (London: Routledge, 1991), pp.104-127; and, Lara Marks, 'Introduction', in *Model Mothers: Jewish Mothers and Maternity Provision in East London 1870-1939* (Oxford: Clarendon Press, 1994), pp.1-4.

<sup>567</sup> Lara Marks, *Model Mothers: Jewish Mothers and Maternity Provision in East London 1870-1939* (Oxford: Clarendon Press, 1994), pp.3-4.

sphere, as noted above – and hence the Jewish immigrant (likely from Eastern Europe) carrying that stigma of being ‘sickly, weak, and the carrier of disease’. These two images are contradictory, but equally prejudicial in nature, that circulated around all Jewish women, especially around those that were more recent immigrants. The latter point of course dovetails with remarks made previously, in Chapters 2 and 6 about the Jewish immigrant, along with Irish Catholics, being potentially conflated with ‘the lunatic’.

Several of the women, whose cases are detailed above, hence expressed, what to others appeared to be delusions: namely, showing that they aspired to be not just good Jewish wives and mothers, but maybe exceptional ones. A good first example is from the case notes of Rose Rosenthal. Her case notes and certification papers reported delusions whereby she was engaged to a Lord and that she was to be the mother of the messiah, and also her family’s reaction when her behaviour in this respect started to cause public embarrassment. Both of Rose’s delusions focused on her aspiration towards a family life, before even arriving at the theological aspect of the latter delusion, since the home and family life, as detailed above, played such an important role in Jewish life. The family’s response was fairly decisive. The person who petitioned for Rose to be admitted to Gartnavel was her elder brother, Abraham, who lived in London, the same Abraham who was Minnie’s petitioner of record.<sup>568</sup> Rose’s case notes stated that, ‘[h]er eldest brother went up on Saturday from London and on his arrival she lost all self-control.’<sup>569</sup> He brought her to Glasgow and Dr Carwell saw her that evening: ‘he advised her removal to an institution. ...’<sup>570</sup> The medical certificate provided by John Carwell stated that, ‘... [h]er brother states that she has been very unsettled for several months and has recently become quite unmanageable.’<sup>571</sup> Both of these statements show that her brother Abraham thought Rose’s behaviour so egregious, needing to be curbed or hidden least she embarrass the family and taint their reputation, and he later used much the same tactics with another of his sisters, Minnie Rosenthal Factor.

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<sup>568</sup> GGHB 13/7/114, ‘Rose Rosenthal’, in *Gartnavel Royal Asylum Admission Warrants 1907*.

<sup>569</sup> GGHB 13/5/163, ‘Rose Rosenthal’, in *Gartnavel Royal Asylum Women’s Case Notes 1906-1907*, p.514.

<sup>570</sup> GGHB 13/5/163, ‘Rose Rosenthal’, in *Gartnavel Royal Asylum Women’s Case Notes 1906-1907*, p.514.

<sup>571</sup> GGHB 13/7/114, ‘Rose Rosenthal Medical Certificate 1’, in *Gartnavel Royal Asylum Admission Warrants 1907*; and, GGHB 13/5/163, ‘Rose Rosenthal’, in *Gartnavel Royal Asylum Women’s Case Notes 1906-1907*, p.511.

In reference to Rose's 'engagement', her case notes states that:

Since last year [1906] she has had the delusion that she was privately engaged to Lord Dalmeay; on one occasion she [even] went to see him play cricket. At Christmas 1906, she paid £4 for riding lessons and since then has run up a bill for £30 in order to make his Lordship understand that her training had not been neglected. ...<sup>572</sup>

The medical certificates provided by John Carwell and John Gibson Graham stated that '[s]he is very restless, excited [and] impulsive, and she suffers from delusions, such as that she is about to be married to a certain nobleman, and that she is endowed with great wealth. ...': and that:

She is restless [and] excited [and] talkative [and] suspicious. She does not answer ordinary questions frankly. She has the delusion that she is inspired by the almighty in all her actions [and] is fighting for the liberty of her race (Jewish). She has an exalted notion of her own powers.<sup>573</sup>

The sense of the ultimate Jewish Mother, 'fighting for the liberty of her race', is telling, powerfully drawing Rose's Jewishness into the equation, and underlining her 'exalted notion of her own powers': the aspiration to be a good Jewish mother-figure ratcheted up to the point, so it seems, of being mentally disordered.

Another patient who aspired or was pressured to fit the ideal model of the Jewish woman, one whose ultimate achievement was that of exceptional wife and mother, was Dora. One of the prominent themes from Dora's asylum narrative was the aspiration towards marriage and children, together with its ramifications within the Jewish context. Dora's case notes touch on the topic of her romantic history and current engagement at several points. An example of this was from the entry dated 18 March 1922, which stated that:

[b]efore this she had been looking forward to her marriage, - she says quite frankly that she wished to be married, to have children and so on, - but after this time she felt worried about the engagement, felt that she was dead, and that in her state of health she could not fulfil her share of the marriage contract. The fiancé seems to have been a very robust type

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<sup>572</sup> GGHB 13/5/163, 'Rose Rosenthal', in *Gartnavel Royal Asylum Women's Case Notes 1906-1907*, p.513.

<sup>573</sup> GGHB 13/7/114, 'Rose Rosenthal Medical Certificate 1 & 2', in *Gartnavel Royal Asylum Admission Warrants 1907*; and, GGHB 13/5/163, 'Rose Rosenthal', in *Gartnavel Royal Asylum Women's Case Notes 1906-1907*, p.511-512.



of man, and she more than once expressed this idea of being overpowered by him.<sup>574</sup>

At a later point in Dora's case notes, she was asked if she had had any affairs prior to her engagement. A clinician records that:

... she said that she had had one [affair] about three years before: but that her parents [Jacob and Sarah Gertrude] did not think that the match was a suitable one and [she] dropped it on their advice, and that she felt it for [a] considerable time, but when asked to make [a] comparison between the former man and her fiancé she at once affirmed that there was no comparison, the fiancé was much better – with the sort of impression – [that he was] far too good for her.<sup>575</sup>

The first point of importance from the second passage was the issue of marrying out or intermarriage, which has historically, and currently remains, a topic of debate within the wider Jewish world.<sup>576</sup> If Dora's earlier romantic partner was not Jewish, this non-Jewishness could have been the reason that he was seen as a bad match for Dora, given that there is substantial Jewish theological injunction against intermarriage.

Indeed, the prohibition against intermarriage and therefore the matrilineal passage of Jewish peoplehood, at least in the Orthodox perspective of the concept, can be explained by two passages from the *Tanakh*. The first passage is from Deuteronomy, and states:

You shall not intermarry with them [non-Jews]: do not give your daughters to their sons or take their daughters for your sons. For they will turn your children away from Me to worship other gods, and the

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<sup>574</sup> GGHB 13/5/178/42, 'Dorothy/Dora Levy', in *Gartnavel Royal Asylum Unbound Case Notes* (1922).

<sup>575</sup> GGHB 13/5/178/42, 'Dorothy/Dora Levy', in *Gartnavel Royal Asylum Unbound Case Notes* (1922).

<sup>576</sup> 'The Jewish Woman: Is Intermarriage Encouraged by Jews? Rabbi Rosinger Says Jewish Men Do Not Call on Jewish Girls Because of Imputation of Serious Intentions', in *Detroit Jewish Chronicle*, 14-09-1917, p.34, [ < <http://news.arcasearchdev.com/usmidjn-new/browse/pdf/djc-1917-09-14-0-034> >, Accessed August 2016]; Kenneth Collins, *Second City Jewry: The Jews of Glasgow in the Age of Expansion 1790-1919* (Glasgow: Scottish Jewish Archives Committee, 1990), p.205; Jonathan Sacks, *Will We Have Jewish Grandchildren?: Jewish Continuity and How to Achieve it* (London: Vallentine Mitchell, 1994); Riv-Ellen Prell, *Fighting to Become Americans: Assimilation and the Trouble Between Jewish Women and Jewish Men* ( Boston: Beacon Press, 1999), pp.67-78, 152-153, and 195-196; Todd Edelman, *The Jews of Britain 1656* (Kindle Edition) (London: University of California Press, 2002), pp.66-67 and 240-248; Jonathan Boyd, 'Many Sides to Intermarriage', in *The Jewish Chronicle*, 07-07-2016, [ < <http://www.thejc.com/comment-and-debate/comment/160114/many-sides-intermarrage> >, Accessed August 2016]; and, Simon Rocker, 'Intermarriage at Record High – But Rate of Increase Slows', in *The Jewish Chronicle*, 07-07-2016, [ < <http://www.thejc.com/news/uk-news/160038/intermarriage-record-high---rate-increase-slows> >, Accessed August 2016].

Lord's anger will blaze forth against you and He will promptly wipe you out.<sup>577</sup>

This passage clearly states that Jews should not marry outside the faith, even though any resulting children would have technically still been considered Jewish because, within traditional Orthodox Judaism, the heritage of being Jewish is passed through the maternal line.<sup>578</sup> Furthermore, within Orthodox Judaism, as a practice, it is the wife/mother's job to teach the faith, ritual, practice and culture to the children within the private sphere of the home. At the same time the job of the husband/father is to teach the faith, ritual, practice and culture to the children within the public sphere of the synagogue and Jewish community. With this in mind, religious inter-marriage for Dora would have meant that her children might be Jewish, but not receiving a fully Jewish upbringing, and could then be unwilling or unable to teach or transmit the faith, ritual, practice and culture of Judaism to their own children. Given these injunctions on who a young Jewess should marry, enter into a romantic-sexual relationship with or bear children with, there must be reason to think that the seeds of mental distress might lie here, and perhaps indeed the origins of Dora's difficulties can be traced to an innocent young infatuation denied.

### **Marriage Breakdown and Children**

An important theme that runs counter to the ideal of the Jewish wife and mother is when the marriage and family breaks apart. A good illustration of this can be seen through Minnie's narrative, which stands apart from that of other Jewish patients within the Jewish population of the Royal Edinburgh and Glasgow Royal Asylums because her story showed the breakdown of her marriage to Albert Factor. Initially the breakdown in her marriage was illustrated in her first admission in 1906 to the Royal Edinburgh Asylum by her admission status, that of pauper, and Albert's distancing of himself and their children from her and finally when she was discharged into the care of her

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<sup>577</sup> Adele Berlin and Marc Zvi Brettler (eds.), 'Deuteronomy 7:3-4', in *The Jewish Study Bible* (Oxford: Oxford University Press, 2004), p.383.

<sup>578</sup> Adele Berlin and Marc Zvi Brettler (eds.), 'Deuteronomy 7:3-4 and Ezra 9:10-14 and 10:1-4', in *The Jewish Study Bible* (Oxford: Oxford University Press, 2004), pp.383 and 1685-1686.

father, Frank, and her brothers.<sup>579</sup> Evidence that Albert was distancing himself and their children from Minnie can be seen in what information he relayed to John McLawn and William Lewis Martin for their use in certifying Minnie. McLawn stated that ‘Albert Factor her husband, 7 Steels Place, [Edinburgh,] informs me that she has [previously] been detained in an asylum [and] that she has the delusion that she is a princess. He says he is afraid that she will do his children harm.’<sup>580</sup> In addition, Martin stated that:

Albert Factor (her husband), 7 Steels Place, Edinburgh says that Minnie Rosenthal or Factor was previously under treatment in the Ayr Asylum, that she is irrational [and] [dangerous] at times in her conduct that she has the delusion she is a princess, [and] he is afraid to keep her [here] in the house for the children’s sake.<sup>581</sup>

In both statements, Albert emphasised that Minnie had been admitted to an asylum before, which planted the idea in the clinician’s mind that Minnie had a history of mental ill-health and was therefore more prone to subsequent bouts of mental ill-health, and that there was a danger being she presented to *his* children, not *their* children. Furthermore, the fact that her connection to the children was negated may be important because it served to erase her from the family unit. She was duly removed from the coveted role of wife and mother, which were very important roles for Jewish women, especially during this period. The final piece of evidence that indicated the break-down of Minnie’s marriage from her 1906 admission was the manner of her discharge from the asylum. The entry in her case notes dated 2 February 1907 stated that, ‘[Minnie was] removed by [her] father as an inmate of Parish Council Board.’<sup>582</sup> This development in her marital relationship with Albert was significant because from this point forward he was indeed no longer considered responsible for her care and wellbeing.

The breakdown of Minnie and Albert’s marriage was even more pronounced when she was admitted to the Royal Glasgow Asylum in 1911. The

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<sup>579</sup> LHB 7/52/882, ‘Minnie/Mina Rosenthal Factor’, in *Royal Edinburgh Hospital Certification Papers 1906*; and, LHB 7/51/88, ‘Minnie/Mina Rosenthal Factor’, in *Royal Edinburgh Hospital Women’s Case Notes September 1905 – October 1906*, pp.761 & 763.

<sup>580</sup> LHB 7/52/882, ‘Minnie/Mina Rosenthal Factor Medical Certificate 1’, in *Royal Edinburgh Hospital Certification Papers September 1906*.

<sup>581</sup> LHB 7/52/882, ‘Minnie/Mina Rosenthal Factor Medical Certificate 2’, in *Royal Edinburgh Hospital Certification Papers September 1906*.

<sup>582</sup> LHB 7/51/88, ‘Minnie/Mina Rosenthal Factor’, in *Royal Edinburgh Hospital Women’s Case Notes September 1905 – October 1906*, p.763.

first example of the breakdown in Minnie's marriage was apparent right from the beginning for two reasons; first, her brother Abraham, was the petitioner of record, while her local/Glasgow next of kin was listed as, 'Mrs Gertrude Levy (sister), 36 West Princes Street, [Glasgow]; a maiden sister at present in an asylum.'<sup>583</sup> In addition, the medical certificate that was completed by James Gibson Graham further illustrated the breakdown of Minnie and Albert's marriage when it stated that '[t]wice only in six years has she seen her children [and] husband against whom she makes no serious complaint.'<sup>584</sup> Next, Minnie's case notes drive home the point that there was discord between her and Albert when it stated that:

... she got married when about 21 and has four children of whom the youngest is 11; Mrs Factor's married life was unhappy, her husband maltreating her and neglecting her. Finally 6-7 years ago he sent her to Morningside Asylum [otherwise known as the Royal Edinburgh Asylum] where she spent a few weeks; later her brother intervened and sent her to board with a woman at Balfron. ...<sup>585</sup>

Portions of different entries from her case notes are particularly poignant as they reference her lack of contact with her husband and children. The first was from the entry dated 9 July 1911 which stated that, '[w]hen spoken to about her husband[,] she manifests no resentment at his having deserted her and left her entirely to the care of her brother, nor does she show any emotion over the children though she expresses her desire to see them.'<sup>586</sup> Further to her desire to see her children, the entry dated 25 August 1911 reported that:

On the evening of the 23<sup>rd</sup> Mrs Factor seized the opportunity of finding [the ward] door open [and] ran down to the gate to get away [and] see her children, her annoyance when she was promptly fetched back by a nurse was great, but she could appreciate no arguments that she could not reach her children without money to pay the fare to Edinburgh. Mrs Factor announced she had a sister in Glasgow from whom she would

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<sup>583</sup> GGHB 13/7/118, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Admission Warrants 1911*. Mrs Gertrude Levy is Minnie elder sister Sarah. See 8.1 Rosenthal Family and 8.3 Levy Family.

<sup>584</sup> GGHB 13/7/118, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Admission Warrants 1911*; and, GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.256.

<sup>585</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.257.

<sup>586</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.258.

obtain money [and] she must see her children. In the mean time Mrs Factor has settled down again.<sup>587</sup>

Minnie's care (or perhaps her failure to adequately to care) for a doll, which could be seen as a surrogate for her own children, was mentioned in the entry dated 1 February 1914: '[s]he is childishly fond of playing with a doll but cannot keep one undamaged for any time.'<sup>588</sup> The breakdown of her marriage and the lack of contact Minnie had with her children was hence a prominent theme within her asylum narrative, powerfully highlighting the particular relations between Jewish women's lives and their experiences of mental illness and its subsequent treatment.

### **The Jewish Mother**

The Jewish mother 'stereotype has subtly morphed throughout history – each variation embodying the pertinent issues in Jewish culture of the particular time.'<sup>589</sup> The contested nature of gender relationships over time within the Jewish family has contributed to the development of the Jewish mother ideal. The struggles around issues of cultural modernisation and psychological maturation have contributed to both the negative and positive images of the Jewish mother. Joyce Antler argues:

... the portrayal of the [Jewish] mother as overbearing and manipulative has [over time led to] the depiction of the father as ineffectual, weak, and passive. The apparent reversal of the normal balance of power in the Jewish ... household helped to promote the construction of the Jewish mother as dominant and controlling. Even though women had authority and power in the East European Jewish family despite their officially subordinate status, role reversal in the ... Jewish family seemed extreme. Strong, indomitable, and dangerous, the developing Jewish mother icon was fashioned as a warning against the usurpation of patriarchal authority.<sup>590</sup>

Furthermore, the image of the Jewish mother, as portrayed in Biblical writing through to the present, is varied and powerful. Antler describes it as follows:

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<sup>587</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, pp.258-259.

<sup>588</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.296.

<sup>589</sup> Joyce Antler, *You Never Call! You Never Write!: A History of the Jewish Mother* (Oxford: Oxford University Press, 2007), p.7.

<sup>590</sup> Joyce Antler, *You Never Call! You Never Write!: A History of the Jewish Mother* (Oxford: Oxford University Press, 2007), p.9.

... the image of the Jewish mother in song and story has been that of a strong, determined, family-bound, and loyal matriarch, raising her children, helping to sustain the family economically, and keeping the domestic flame of Judaism alive. Even beyond the Talmudic law that defines a Jew as anyone with a Jewish mother, the continuity of Jewish life depended on the mother's commitment to the spiritual health of her loved ones and to the Jewish community in which she lived. Though mothers lacked legal power and could not participate in public religious worship – a sphere left entirely to Jewish men – their social power in the domestic realm and in the secular, communal world beyond the household was an undeniable fact.<sup>591</sup>

It might immediately be proposed that certain ideals here actually sat uneasily with the more domestic, restricted, less active, less authority-wielding expectations of a respectable British woman in relation to her family and household. As indicated above, there were arguably tensions brewing here which could cause difficulties for Jewish woman who might subscribe to the more active, public-facing ideal suggested here, but who were confronted by restrained British – and, as explained, even emerging Anglo-Jewish – constructs of womanhood and, more specifically, motherhood.

On another level ideals of motherhood abounded, specifically Jewish motherhood: '[a]chievement is a great theme in a Jewish mother's relationship with her children. A child's failure in getting ahead educationally, financially, or in marrying and having children is experienced by the Jewish mother as her failure and thus the source of her own personal pain. ...'<sup>592</sup> Following from such claims above, the implication is that the Jewish mother will be vocal and proactive with regards to her children, possibly in a manner counter to what would be expected of a respectable British, even 'properly' Anglo-Jewish, mother. The way Fanny was portrayed by herself, clinicians and her family, for good or ill, was that of the stereotypical

... Jewish mother [that] does not sacrifice stoically or silently, as does the Irish mother. She suffer and sacrifices "in public" – talking about it to her husband, her children and of course her fellow Jewish mothers. The active expression of her suffering is to ensure that her children appreciate what she has done. ...<sup>593</sup>

Some of the more negative interpretations of the Jewish mother – from an Anglo perspective – were born out through Fanny's disease history, as related to Dr

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<sup>591</sup> Joyce Antler, *You Never Call! You Never Write!: A History of the Jewish Mother* (Oxford: Oxford University Press, 2007), p.16.

<sup>592</sup> Lois Braverman, 'Jewish Mothers', in *Journal of Feminist Family Therapy*, 2(2), 1990, p.9.

<sup>593</sup> Lois Braverman, 'Jewish Mothers', in *Journal of Feminist Family Therapy*, 2(2), 1990, p.10.

Henderson by her daughter Daisy. Fanny was highly involved in her children's lives, intervening in matters such as who they interacted with and what they did in their time away from the family home in Edinburgh. Henderson stated that:

[Fanny] would never believe a word that her daughters told her. If they went out to the pictures in the evening, on their return she would accuse them of not having been at the pictures, but of having visited some friend from whom [Fanny] was at the moment estranged, and of having told lies about her to this friend. The daughters had to be very careful not to speak of anyone of whom their mother did not approve, otherwise [Fanny] was sure to conclude that they were in league with this person against her.<sup>594</sup>

Henderson went on to state that Fanny had a high opinion of herself and was very proud. Fanny thought she was very virtuous; that she had never told a lie and that no one could be her equal, which can be seen as a parallel to Rose's delusions of 'divine motherhood'. Fanny believed that everyone else was jealous of her. She was very ambitious for her children, determined that they would be successful to the point that she spared no expense to give them the best education. The consequences for the children were revealing, and were clearly central to how the clinicians interpreted Fanny's case, with residual intimations throughout of negative responses to the interventionist Jewish mother-figure (albeit one, in this instance, who almost certainly did prove counterproductive for her children's welfare).

In mid-September 1933 Lily went to London 'to escape her mother's persecution',<sup>595</sup> after which Fanny was more antagonistic and violent towards her younger daughter Daisy. Lily returned to Edinburgh in late-December 1933, but Fanny started to be hostile towards Lily and told her 'to return to her immoral life in London'.<sup>596</sup> During a particularly heated exchange, Fanny threatened Lily with a fire poker. After this Fanny's husband, Isaac, her three children, Morris, Lily and Daisy and Mr Furst, Dr McAlister and Mr Ingram KC took action to have Fanny certified and admitted to the Royal Edinburgh Asylum. It is interesting that the family, particularly Isaac, did not take action until the youngest child, Daisy, was possibly in danger. The practitioner states

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<sup>594</sup> LHB 7/1/Craighouse Box 4, 'Daisy's History of Illness', in *Royal Edinburgh Hospital Case Notes (Loose)*. This provides further evidence for a persecution complex, as was discussed previously as sometimes seen as a distinctively Jewish condition.

<sup>595</sup> LHB 7/1/Craighouse Box 4, 'Daisy's History of Illness', in *Royal Edinburgh Hospital Case Notes (Loose)*.

<sup>596</sup> LHB 7/1/Craighouse Box 4, 'Daisy's History of Illness', in *Royal Edinburgh Hospital Case Notes (Loose)*.

that, from Fanny's perspective, she interacted well with all her children until three years ago previously when Mr Furst was apparently sent by her husband Isaac to pay too much attention to Lily and lead her astray. Fanny believed that Isaac did this to cause her more distress and make her life even unhappier.

Fanny's case can be seen as indicative of the prevailing attitude towards pathologizing female bodies, biology and gender in general.<sup>597</sup> The view was that the biological systems of women predisposed them to physical and mental ill-health, and by default exclusively forced women into domestic roles of wife and mother. These roles were seen as upholding the natural order, so that 'the dissatisfactions, frustrations or pathologies that the restricted female role generated remained unacknowledged, and even the most sympathetic of the [largely] male physicians failed to connect psychosomatic disorders with the constrictions and powerlessness of women's lives.'<sup>598</sup> In addition, Fanny could be seen as a perversion of the most negative aspects of the Jewish mother trope, in that she was described – and appeared to be from her case notes – as Antler conjectures:

Excessive, overprotective, neurotically anxious, and ever present, the Jewish mother became a scapegoat for ambivalent and hostile sentiments regarding assimilation in a new society, changing family dynamics, and shifting gender roles. ... This combination of diverse and malleable characteristics allowed each generation to manipulate the Jewish mother image to suit its particular needs.<sup>599</sup>

As can be seen from Fanny's experience the ideal of the Jewish mother could at times be taken to too great an extreme. Even so, this Jewish feminine archetype had a significant impact on her lived experience, both within and outside the asylum, where she at times fought against it and at other times embraced it. It also served as a standard, a somewhat unrealistic standard, that Jewish women were measured against within the clinical encounter.

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<sup>597</sup> Andrew Scull, *Social Order/ Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (London: Routledge, 1990), pp.267-269; Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980* (London: Virago, 1987); and, Amita Dhanda, 'Insanity, Gender and the Law', in *Contributions to Indian Sociology*, 29 (1&2), 1995, p.347.

<sup>598</sup> Andrew Scull, *Social Order/ Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (London: Routledge, 1990), p.276; and, Amita Dhanda, 'Insanity, Gender and the Law', in *Contributions to Indian Sociology*, 29 (1&2), 1995, p.347.

<sup>599</sup> Joyce Antler, *You Never Call! You Never Write!: A History of the Jewish Mother* (Oxford: Oxford University Press, 2007), pp.2-3.



## The Jewish Body, the Woman's Body and the Jewish Woman's Body

The main thrust of this next section is to explore the intersection of the 'otherness' of both the female and Jewish bodies. Both of these points can be seen in the patient cases, detailed at the beginning of this chapter, and also in the medical literature of the period, particularly within *The Lancet*. The 'otherness' or 'difference' and various pathologies of the Jewish body from the non-Jewish body can be seen when the Jewish body was described, both in positive and negative lights, within the pages of *The Lancet* between 1875 and 1939.<sup>600</sup> Examples include the 1875 article entitled, 'The Health of Jews', where the apparent roots of Jewish longer life-span, when compared to gentiles, was discussed. The article stated:

The health of Jews is, as a rule, remarkable good. They suffer a very slight degree from hereditary disease and from prevailing epidemics. ... [A]nd no doubt is to be ascribed in great measure to the greater care with which they observe some hygienic precautions. ... No doubt this greater longevity is in part due to the great care which Jews exercise over their children, their poor, and their infirm. Among the Jews these rarely escape careful tending, whereas among the rest of the population they are all too often allowed by neglect to become the prey of disease and death. ...<sup>601</sup>

Since this article was from 1875, prior to the sharp increase in Jewish immigration from Eastern Europe, the general tone of the article was positive towards the Jewish body, in that 'they suffer a very slight degree from hereditary disease...',<sup>602</sup> and towards the Jewish community as a whole, because of the care shown to its infirm, poor and children.

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<sup>600</sup> The transmission of stereotypes through professional journals and movements of the medical workforce pertaining to certain ethnic, religious or racial groups' propensity towards to particular disease was not uncommon. See Maree Dawson, 'A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.91-106; Elisbeth Knewstubb, 'Medical Migration and the Treatment of Insanity in New Zealand: The Doctors of Ashburn Hall, Dunedin 1882-1910', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.107-122; and, Elisabeth Malcolm, 'Mental Health and Migration: The Case of the Irish 1850s-1990s', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.15-38.

<sup>601</sup> 'The Health of Jews', in *The Lancet*, 105(2692), 1875, p.484. These remarks run very much counter to the trope of the 'dirty Jew', as was discussed at length elsewhere in this thesis (notably in Chapter 7).

<sup>602</sup> 'The Health of Jews', in *The Lancet*, 105(2692), 1875, p.484.

This somewhat positive opinion of the Jewish body and community did not last for very long. Once the number of poor Eastern European Jews settling in Britain began noticeably to increase, the Jew's 'otherness' seemingly became a problem, which can be seen through the various sanitary commissions investigations that were conducted during the 1880s and 1890s. Once again, *The Lancet* was instructive:

THE foreign Jews, who for many years have been flocking to the East-end of London, are so numerous that their presence seriously affects the social and sanitary condition of this part of the metropolis. ... Even in its Jewish aspect this colony is thoroughly foreign, for the eastern Jew is very different from the western, who indeed is looked down upon as almost a heretic. In one respect, however, this is fortunate, as the orthodox Jews are more likely to observe those regulations affecting diet which have greatly contributed to the maintenance of the health and vigour of the race. On the other hand, the rigorous observance of the Sabbath makes it difficult for these men to obtain work in other than Jewish workshops, and this obstacle tends to lower wages, which at best are not high enough for the maintenance of health. ... The Jews themselves recognise that they [the immigrant Jews] are overcrowding the labour market, and therefore it is time that the question at issue should be taken into serious consideration by others than the local authorities.<sup>603</sup>

This passage shows that Jews were seen as inherently different, and that the Eastern European Jew was seen as even more different than the Western, acculturated Jew, a theme also addressed earlier in this chapter with specific reference to women. The same article concluded by stating that:

All things considered, it will be seen that the presence in our midst of this numerous colony of foreign Jews gives rise to a sanitary problem of a most complicated nature. Their uncleanly habits and ignorance of English ways of living render it difficult to maintain in a wholesome condition even those more modern dwellings where the system of drainage is well organised. On the other hand, the poverty of the emigrants who reach our shores, and the miserable nature of the "sweaters" trade, naturally produces overwork and overcrowding. ...<sup>604</sup>

This article framed Jewish difference as a health and welfare concern, buying into the 'dirty Jew' trope explored in Chapter 7, and implied that Jewish settlement should be restricted because of these public health concerns, in addition to recognising the negative impact that their numbers might have on

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<sup>603</sup> 'Report to The Lancet Special Sanitary Commission on the Polish Colony of Jew Tailors', in *The Lancet*, 123(3166), 1884, p.817.

<sup>604</sup> Report to The Lancet Special Sanitary Commission on the Polish Colony of Jew Tailors', in *The Lancet*, 123(3166), 1884, p.818.

wages and the economy. This was not the only time that the Jewish connection to sweated labour and the health, safety and welfare concerns of this practice was discussed within the pages of *The Lancet*.<sup>605</sup> Additionally, these passages are a good illustration of what Dawson discusses, in that ideas as to the roots, transmission and treatment of disease, including madness, migrated along with the medical workforce and the circulation of professional publications.<sup>606</sup> This movement of people and ideas served to reinforce stereotypes and prejudices that informed institutional practices as regards ethnic and religious minorities.

Between 1900 and 1905, which incidentally was the period when the Aliens Act of 1905, mentioned in Chapter 4, was being written and debated, the Jewish body came up again within the pages of *The Lancet*. First in two separate articles of 1900, the subjects of the insane Jew and circumcision as a preventative measure to impede the spread of syphilis were respectively discussed.<sup>607</sup> This coverage is ironic because the first article proceeded to link Jews to syphilis, while the other stated that the same disease is less common among Jews and Muslims because they practice circumcision. The first claimed that:

First and foremost is the abnormally great preponderance of general paralysis amongst the men. Thus, reckoning on the admissions, it is found that over 21 per cent of all male Jews admitted to asylums in England and Wales is (according to the report of the Commissioners in Lunacy for 1899) 13 per cent. Among the Jewesses the proportion of general paralysis is that of the females admitted generally throughout the country. It is thus evident that amongst the Jewish male admissions general paralysis is 60 per cent more frequent than among other English and Welsh patients admitted to county and borough asylums ...<sup>608</sup>

Later within the same article, both the female and male Jewish bodies were pathologised, when it was remarked:

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<sup>605</sup> See also: 'Report of the Lancet Special Sanitary Commission on the Sweating System in Edinburgh', in *The Lancet*, 131(3059), 1888, pp.1261-1262; and, 'The House of Lords' First Report on the Sweating System', in *The Lancet*, 132(3396), 1888, pp.633-634.

<sup>606</sup> Maree Dawson, 'A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital 1870-1900', in Angela McCarthy and Catherine Colebourne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.91-106.

<sup>607</sup> 'The Insane Jew', in *The Lancet*, 156(4026), 1900, pp.1219-1220; and, 'Circumcision as a Preventative of Syphilis and Other Disorders', in *The Lancet*, 156(4035), 1900, pp.1869-1871.

<sup>608</sup> 'The Insane Jew', in *The Lancet*, 156(4026), 1900, p.1219. The article quoted extensively from the work of CF Beadles, who researched the topic within the Colney Hatch Asylum in London.

“On the other hand, sexual excess figures in high ratio as an assigned cause for insanity (among Jews).” It is shown that the mental strain resulting from the worry, anxiety, and excessive zeal in acquiring riches, plays an important part in bringing about neurasthenia and mental breakdown in the Jew. In hospital and private practice it is often found that the Jewish male is neurotic and the Jewess is a sufferer from hysteria. “Hereditary insanity probably figures high in the race, but it is impossible to get at the proper proportion.” ... While general paralysis was relatively common among Jewish males puerperal insanity was prevalent in a proportion among Jewesses who were admitted to the asylums. ... Mr Beadles finds an explanation of this in “the neurotic temperament of the Jewish women, the early age at which marriage takes place, together with impaired nutrition from unhealthy occupations and surroundings in overcrowded centres.” ...<sup>609</sup>

This article goes into great detail as to how the Jewish body is damaged from the start, and shows the clear association of Jewishness with both physical and mental illness. Furthermore, this passage is illustrative of the intersection of social and medical conversations that have appeared in the previous case studies and *The Lancet*, showing the pathologization of female Jewish bodies, as is the focus of this chapter, and male Jewish minds and bodies, which was the focus of Chapters 6 and 7. In contrast, the other article from 1900 stated:

... that out of 97 female hospital patients who came under his observation in one year for venereal disease 92 were Christians and five were Jews. ... These statistics clearly show an enormous reduction in the case-incidence of syphilis among the women and children of the circumcised Jew, and in view of what has already been said the only deduction which can reasonably be drawn from their study is that if the practice of circumcision were to become as general among Christians as it is among their Jewish brethren a proportionally great reduction of the case-incidence of syphilis would take place among their women and children. ...<sup>610</sup>

These two articles illustrate the opposing views of the Jewish body in circulation at the time, in that certain practices were taken to add to the health and well-being of the individual and should be emulated by the general population, whereas the other pedalled a view opposed to the diseased Jewish body. Together they highlight a specific gendering of illness that brings to the fore the placing of women’s mental illness into tightly constructed gendered stereotypes.

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<sup>609</sup> ‘The Insane Jew’, in *The Lancet*, 156(4026), 1900, p.1219.

<sup>610</sup> ‘Circumcision as a Preventive of Syphilis and Other Disorders’, in *The Lancet*, 156(4035), 1900, p.1871.

Later the discussion turned specifically to the influence of the new Jewish immigrants from Eastern Europe. One Morris Streimer contested the viewpoint that *The Lancet* published on 7 November 1903, as proposed by Major W. Evans-Gordon, a member of Alien Immigration Commission, in his book *The Alien Immigrant*,<sup>611</sup> published in 1903, as regards the Jewish population. First, Streimer addressed Evan-Gordon's assertion that the Jews were a race apart and divided by language, especially in poorer districts. Streimer refuted these statements by citing that English Jews, those who had been here at least one generation, were full members of society, which was consistent with other Western countries where political, legal and social restrictions were removed from the Jewish population. In terms of language usage, he then cited London's East End, where the total population was about 1.5 million, with about 88,000 who were foreign born. He accused Evans-Gordon of having a peculiar perspective when the latter insisted that, "it is an exception to hear the English language spoken." Streimer asked what is wrong with the other 1.4 million that English is not heard in the streets of the East End? Finally, he tackled the assertions about sanitation, observing that improvements in sanitation in the poorer districts are needed in all areas, not just in the areas where the Jewish population is the most numerous.<sup>612</sup> Evans-Gordon vigorously responded to Streimer's criticisms when he declared as follows:

I think that any impartial observer must admit that the national spirit among the Jews is increasing rather than diminishing. The great Zionist movement is based upon the national idea and though no trustworthy figures are available it is probable that several millions of Jews are Zionists. ... It is not, in my opinion, the case that "the question of our foreign population is but one aspect of the general social question." The question is whether we wish to have our own social ills aggravated by the constant arrival of aliens of this class who come here in consequence of no natural operation of the law / of supply and demand but on account of governmental measures of extrusion adopted in Eastern Europe.<sup>613</sup>

Evans-Gordon was voicing the ideas that many during the period held regarding all Jews, not just the recent immigrants: that they were separate and could never really be considered British because of their divided loyalties. Such a view evidently informed the logic behind the various incarnations of the Aliens Act, as was mentioned in Chapters 2 and 6.

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<sup>611</sup> William Eden Evans-Gordon, *The Alien Immigrant* (London: W. Heinemann, 1903).

<sup>612</sup> Morris Streimer, 'The Alien Immigrant', in *The Lancet*, 162(4186), 1903, p.1461.

<sup>613</sup> W. Evans-Gordon, 'The Alien Immigrant', in *The Lancet*, 162(4189), 1903, pp.1687-1688.

The other relevant *Lancet* articles discussed vital statistics of the Jews. One focused on infant mortality among Jews, then another focused on general vital statistics, while a further one focused on immigration and its impact on the death-rate.<sup>614</sup> Taken together, all of the articles up until 1905 illustrate that Jews, their bodies and influence on society were very much in the forefront of the minds of clinicians of the period (remembering the *medical* orientation of the magazine under review here). The discourse surrounding the Jewish body did not end with the passage of the Aliens Act in 1905 and its subsequent amendments, but rather it continued right up till the beginning of World War II in 1939, with such topics as typhoid carriers in Glasgow, (once again) general paralysis among Jews, myopia in Jewish children, Jewish mortality, diseases of Jews and the establishment of the Jewish Health Organisation of Great Britain.<sup>615</sup>

Jews were not the only group that was viewed as inherently inferior, delicate or prone to disease by the medical establishment of the nineteenth and early twentieth centuries, since women were also viewed in such a light. In this respect, and as in effect already emphasised by this chapter, Jews and women often occupied much the same pathologised space in certain expert medical discourses, and, by inference, also in the deliberations of clinicians in everyday treatment settings, lunatic asylums included. This negative depiction of women can be clearly seen in the medical literature of the time. Examples include Horatio Bigelow's article, 'The Psychic and Nervous Influences in Disease of Women', when he stated:

To regard the female pelvic organs as isolated points, without direct connexion with the whole body economy, is not a common heresy, but it is a danger that threatens, and gains ground the faster that gynaecologists absorb themselves with one branch of scientific medicine to the exclusion of all the others. He would be a poor physician who should forget the relationship of liver and stomach to cardiac disease, and he an equally

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<sup>614</sup> 'The Jews and Infant Mortality', in *The Lancet*, 164(4244), 1904, pp.1884-1885; 'Vital Statistics of the Jews', in *The Lancet*, 166(4271), 1905, p.95; and, 'Immigration and the Death-Rate', in *The Lancet*, 165(4258), 1905, p.960.

<sup>615</sup> 'General Paralysis Among Jews', in *The Lancet*, 194(5010), 1919, p.444; 'Typhoid Carriers in Glasgow', in *The Lancet*, 206(5332), 1925, p.983; 'The Jewish Health Organisation of Great Britain', in *The Lancet*, 210(5431), 1927, p.716; 'Myopia in Jewish Children', in *The Lancet*, 211(5465), 1928, p.1083; 'Diseases of the Jews', in *The Lancet*, 214(5523), 1929, pp.51-52; and, 'The Mortality of Jews', in *The Lancet*, 229(5935), 1937, p.1295.

unscientific gynaecologist who would castrate every hysterical woman.  
...<sup>616</sup>

Bigelow did emphasise that not all diseases of women have their roots in the womb, and cautioned about not immediately going for the surgical option when treating women, but he still maintained the view that women are more susceptible to mental break-down than are men. Other articles from the 1880s also expressed similar sentiments.<sup>617</sup> The inferiority of female bodies and therefore minds was not limited to the nineteenth century, but continued well into the twentieth century, as can be seen from the wealth of medical literature portraying this view.<sup>618</sup>

The intersection between how both Jewish and female bodies were viewed by the medical establishment illustrates some of the internal biases that clinicians held as regards Jews *and* women which could influence the clinical encounter. This effect can indeed easily be seen within the case notes of the female Jewish patients that were admitted to both the Royal Edinburgh Asylum and the Glasgow Royal Asylum. To begin with, Minnie's case notes strongly implied that her Jewish background was a contributing factor in her mental ill health. The implied relationship between Jewishness and madness was not terribly surprising as demonstrated above.<sup>619</sup> Another factor that encouraged institutional bias in Minnie's admission to the Royal Edinburgh Asylum arose because she was admitted as a pauper patient.<sup>620</sup> The stigma of pauperism was very strong during the period and in welfare and medical provision, and would

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<sup>616</sup> Horatio R. Bigelow, 'The Psychic and Nervous Influences in Diseases of Women', in *The Lancet*, 129(3323), 1887, p.924.

<sup>617</sup> See also: 'Hysteria', in *The Lancet*, 131(3362), 1888, p.236; and, J. Matthews Duncan, 'Clinical Lecture on Hysteria, Neurasthenia, and Anorexia Nervosa', in *The Lancet*, 133(3429), 1889, pp.973-974.

<sup>618</sup> See: Arthur C. Jelly, 'Puerperal Insanity', in *The Lancet*, 157(4051), 1901, p.1158; 'Modern Views of Hysteria', in *The Lancet*, 177(4572), 1911, p.1034; H. MacNaughton-Jones, 'The Relation of Puberty and Menopause to Neurasthenia', in *The Lancet*, 181(4674), 1913, pp.879-881; Donald E. Core, 'Some Mechanisms at Work in the Evolution of Hysteria', in *The Lancet*, 191(4932), 1918, pp.365-370; Robert Armstrong-Jones, 'Puerperal Insanity', in *The Lancet*, 201(5208), 1923, pp.1297-1298; and, A. Louise McIlroy, 'The Influence of Parturition Upon Insanity and Crime: An Address to the Medico-Legal Society, February 2<sup>nd</sup>, 1928', in *The Lancet*, 211(5452), 1928, pp.379-381.

<sup>619</sup> See Sander Gilman, 'Anti-Semitism and the Body in Psychoanalysis', in *Social Research*, 57(4), 1990, pp.993-1017; *The Jew's Body* (London: Routledge, 1991), pp.104-127 and 194-209.

<sup>620</sup> LHB 7/52/882, 'Minnie/Mina Rosenthal Factor', in *Royal Edinburgh Hospital Certification Papers September 1906*; and, LHB 7/51/88, 'Minnie/Mina Rosenthal Factor', in *Royal Edinburgh Hospital Women's Case Notes September 1905 – October 1906*, p.761.

have likely cut against the grain of Minnie's self-perception, or aspirations, as a successful Jewish mother in a successful Jewish family.

Minnie's 1911 admission to the Royal Glasgow Asylum saw her family's mental health history was mentioned when her case notes stated that '[t]he patient has an unmarried sister at present in an asylum.'<sup>621</sup> Then, further along in Minnie's case notes it was stated that, '[t]he patient is the fourth of 11, one brother is supposed to have committed suicide by jumping overboard and one sister Miss Rose Rosenthal was a patient at Gartnavel from 13<sup>th</sup> August 1907 to 13<sup>th</sup> November 1907 when she was discharged relieved but has had a subsequent relapse and is still insane ...'<sup>622</sup> In addition, in the upper margin of the same page as the previous statement, the following was added: 'For information about Mrs Factor's sister see volume XV page 511.'<sup>623</sup> These statements, when combined, clearly and undeniably linked Rose and Minnie together from the perspective of a clinician in the institution. Next, Minnie's own previous history of asylum admission was mentioned when her case notes stated that '[f]inally 6-7 years ago he [Albert Factor] sent her to Morningside Asylum where she spent a few weeks; later her brothers intervened and sent her to board with a woman in Balfron. Mrs Factor has since then lived quite happily at Balfron doing very little work...'<sup>624</sup> Minnie's Jewishness was directly referenced when her case notes stated that 'Mrs Factor is a little \_\_\_\_\_ woman of Jewish countenance, she is very friendly and pleasant, chatters away irrelevantly about her arm, Balfron, the heat of the weather, etc., etc. ...'<sup>625</sup> Minnie's narrative illustrated how intertwined became the patient's history of mental illness, the history of mental illness in their wider family and the patient's own Jewish background, a small 'chattering' Jewish mother, surely contributing to the patient's admission and treatment in both of the Royal asylums.

Another example of the pathologised female Jewish body was Rose, reflecting how Jewish women were seen as weaker both mentally and physically

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<sup>621</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.256. It can be assumed that the case notes are referring to Rose.

<sup>622</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.257.

<sup>623</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.257.

<sup>624</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.257.

<sup>625</sup> GGHB 13/5/167, 'Minnie/Mina Rosenthal Factor', in *Gartnavel Royal Asylum Women's Case Notes*, p.257.



when compared to men.<sup>626</sup> Rose's Jewishness arguably led to greater scrutiny of her family history of mental illness, where clinicians were able to confirm their suspicions about a hereditary component to Rose's own struggle with mental ill health. Examples from Rose's case notes included: '...[she] has twice attempted suicide. One brother committed suicide and one sister is weak-minded [possibly referring to Minnie Rosenthal Factor, one of Rose's older sisters]'; and:

She is following history from her brother. ... The boy who is dead had some obscure stomach trouble and was sent to Australia: he did not improve and [while] returning home [to Scotland], he jumped overboard and was never heard of [again]. One girl who is married also had scaletina and she is said to be weak-minded.<sup>627</sup>

These passages showed that clinicians were looking for familial connections perhaps especially because Rose was Jewish; and, when they found the information about both the brother that committed suicide and one of Rose's older sisters, Minnie, they were able to confirm to their own satisfaction a pattern of 'hereditary' factors, with familial weakness seemingly entwined with the defective Jewishness passed down generational lines.

A further patient whose body was pathologised because she was female, Jewish and seemed to have a family history of mental illness was Dora. The first theme that will be addressed is that of institutional bias due to Dora's Jewish origins and the ease with which Gartnavel could link her case to the previous admissions of Minnie and Rose, Dora's aunties. Due to the theory that Jews were more prone to mental illness, which stayed in vogue to a greater or lesser extent until the start of World War II, the fact that Dora was Jewish, with all the connotations attached that were relayed in the previous chapter, may have made clinicians look more closely for the familial connection to her mental illness.<sup>628</sup> Dora's family connection to mental ill health was hence directly mentioned in her case notes several times; for example, '[a] maternal aunt was mentally ill.'<sup>629</sup> This statement was fairly benign and non-descript when compared to more

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<sup>626</sup> Elaine Showalter, *The Female Malady: Women Madness and English Culture 1830-1980* (London: Virago Press, 1987).

<sup>627</sup> GGHB 13/5/163, 'Rose Rosenthal', in *Gartnavel Royal Asylum Women's Case Notes*, pp.511-512.

<sup>628</sup> Sander Gilman, *Differences and Pathology: Stereotypes of Sexuality, Race and Madness* (London: Cornell University Press, 1985); *Disease and Representation: Images of Disease from Madness to AIDS* (London: Cornell University Press, 1988); 'Jews and Mental Illness: Medical Metaphors, Anti-Semitism, and the Jewish Response', in *Journal of the History of Behavioral Science*, 20(2), 1984, pp.150-159; and, *The Jews Body* (London: Routledge, 1990).

<sup>629</sup> GGHB 13/5/178/42, 'Dorothy/Dora Levy', in *Gartnavel Royal Asylum Unbound Case Notes*.

explicit references, such as from further into her case note from the family history section, which stated that:

Two maternal aunts were mentally ill. 1. [One] was married for a few years [and] had a family – died in Montrose – was probably 35 [years old], and it came on gradually – Minnie Factor. 2. The other, Rose Rosenthal, was in GRA 15 to 20 years ago – she has since died in Brixton.<sup>630</sup>

Then later, after a patient interview, her case notes recorded: '[i]mpression: [p]oor heredity on maternal side.'<sup>631</sup> The final indications of 'Jewish hereditary madness' in Dora's asylum narrative arose because the administrative staff or the clinicians took the time to transcribe Rose's case notes in full providing directions on where to view her original case notes in the form of the volume and page number.<sup>632</sup> All of these points, when taken together, illustrate an interesting potential institutional bias because Henderson and the clinicians under him expected to find Dora's familial connection to mental illness due to her Jewish background.

## Conclusion

This chapter has discussed the convergence of mental illness, the pathologization of female bodies and the depiction of Jewish women, and the positive and negative connotations therein. This set of tasks was accomplished through the presentation of several case studies extracted from the Jewish female patients admitted to the Royal Edinburgh Asylum and the Glasgow Royal Asylum, Gartnavel, between 1870 and 1939. Then the discussion moved on to the role of women within society as viewed through both the idealised and realistic image of the Jewish mother. The role of Jewish women was further explored through the lens of marriage breakdown. These themes were explored through a close reading and analysis of the patient case notes. The second main section focused on the pathologization of both the female and Jewish bodies through relevant medical literature of the period, which helps to reveal many of the internal

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<sup>630</sup> GGHB 13/5/178/42, 'Dorothy/Dora Levy', in *Gartnavel Royal Asylum Unbound Case Notes*.

<sup>631</sup> GGHB 13/5/178/42, 'Dorothy/Dora Levy', in *Gartnavel Royal Asylum Unbound Case Notes*.

<sup>632</sup> GGHB 13/5/178/42, 'Dorothy/Dora Levy', in *Gartnavel Royal Asylum Unbound Case Notes*. For reference, it was common and normal practice for medical officers' to search for hereditary components and linkages within the patients' family and disease histories. When the Jewish patients' records, within this study, are compared to the Control patients' records, it appears that considerably more effort was exerted by the medical officers' to unearth these links for the Jewish patients.

biases that clinicians, who during this period were largely male, brought to the clinical encounter with patients who were both female and Jewish.

Riv-Ellen Prell posits how Jewish gender stereotypes revealed that Jews displaced their fear of being different and their tensions around joining and staying in the British middle class onto each other. They were a version of what Gilman explored in his study of Jewish self-hatred, where the derogatory and false image of the Jew was accepted by Jews themselves and turned inward. This acceptance produced the 'self-hating Jew'. As previously mentioned, the identity of European Jews, Gilman and others suggest, was created in relationship to the Christian society's casting them as "other": 'Jews who fled those categories projected them onto "undesirable" Jews from whom they sought distance.'<sup>633</sup>

Gilman's writings focus particularly on the stigma of Jewishness as it applied to the male Jew, but the relationship and experience of Jews relative to a dominant culture, one that was at many times hostile to them, can be better articulated when this is turned on its head and looked at through the lens of gendered experiences. Hence:

...The womanness of Jews and the Jewishness of women are the primary focus of these images, and consistently reflect the unacceptable qualities attributed to Jews by various ... [people] through images circulated among Jews. Therefore, gender stereotypes may be understood as complicating an understanding of "the" Jewish response to a hostile society, a response that reveals an internal differentiation within Jewishness itself. Jewish men and women respond to one another in terms of differences from the larger culture.<sup>634</sup>

The wider society viewed Jews as 'outsiders' or 'others' who were obsessive with money, uncivil and ultimately unworthy of citizenship within the nation-state:

...Jewish men and middle-class Jews projected those very accusations onto Jewish women and the working class. Similarly, as Jews negotiated the rapid and difficult move into the middle class and beyond, the burdens of that mobility were represented not in terms of class, but rather as the demands and obsessions of a spouse and a mother ...<sup>635</sup>

These negative qualities were often accepted and were then projected on to Jewish women:

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<sup>633</sup> Riv-Ellen Prell, *Fighting to Become Americans: Assimilation and the Trouble Between Jewish Women and Jewish Men* (Boston: Beacon Press, 1999), pp.13-14.

<sup>634</sup> Riv-Ellen Prell, *Fighting to Become Americans: Assimilation and the Trouble Between Jewish Women and Jewish Men* (Boston: Beacon Press, 1999), p.14.

<sup>635</sup> Riv-Ellen Prell, *Fighting to Become Americans: Assimilation and the Trouble Between Jewish Women and Jewish Men* (Boston: Beacon Press, 1999), p.13.

The relationship between Jews' growing access to the wider culture and the increasingly strident images of Jewish women suggest that Jews may well feel that the price of admission ... [was] the rejection of critical aspects of oneself as a Jew. Projected onto mothers, wives, lovers, and partners [were] the loathsome and unacceptable qualities of affluence constantly represented as Jewish rather than middle-class.<sup>636</sup>

Within the clinical encounter, the positive and negative stereotypes of Jewish women and Jewish mothers was compounded or intensified by the stigma of mental illness placed upon the patients, as discussed above.

In closing, this chapter has explored the cultural associations and stigmas that were associated with mental illness among Jewish women that were often used by psychiatric (and medical) establishments to explain (and perhaps, at times diagnose) and characterise Jewish women's mental health in certain ways that made a psychiatric diagnosis a forgone conclusion. Various examples were this 'othering' of female Jewish bodies that was explored through the lived experiences of Florence, Sarah, Minnie, Rose, Dora and Fanny which were seen in their case notes. By examining the female Jewish psychiatric experience the complex process of 'othering' that has showcased a distinctive set of gendered relations that have been opened up and examined through the themes of Jewish marriage, motherhood, domesticity and Jewish woman's body. Collectively their case notes showed that these women struggled to live up to the unrealistic expectations of British middle-class womanliness and the idealised image of the Jewish wife and mother, and their ability or lack of ability to live up to these expectations were documented, categorised and criticised by both clinicians, society and their relations. Furthermore, the pathologization of both female and Jewish bodies in general were explored via *The Lancet*, which serves to illustrate that female Jewish bodies were seen as inherently weak and prone to both physical and mental illnesses.

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<sup>636</sup> Riv-Ellen Prell, *Fighting to Become Americans: Assimilation and the Trouble Between Jewish Women and Jewish Men* (Boston: Beacon Press, 1999), p.13.

## Chapter 9

### Conclusion

#### Project Summary

The specific purpose of this thesis has been to explore the lived experience, both quantitatively and qualitatively, of Jewish patients who were admitted to the Royal Edinburgh Asylum and Glasgow Royal Asylum at Gartnavel between 1870 and 1939. It was able to investigate how these Jewish patients were understood, represented, diagnosed and treated, as crucial determinants of their lived experience.

This overall project was accomplished through a mixed methods approach, both quantitative and qualitative in nature. Through the examination of several institutional primary sources, such as the patient certification papers, patient case notes, patient registers and the published annual reports from the two institutions, and incorporating the information contained in the certification papers, case notes and registers into an overall database, I was able quantitatively to explore the overall profile of potentially all Jewish patients admitted to – and usually but not always released from – these two royal asylums. It enabled me to ask questions that focused on demographic variables (gender breakdown, average age at admission and marital status at admission), social variables (class, with both accommodation and occupational classes, was examined), diagnostic variables (how patients were diagnosed and in effect labelled) and institutional variables (the discharge status of patients i.e. ‘recovered’, ‘relieved’, ‘not improved’ and ‘dead’, in addition to the average length of patient stays within the institutions). A similar control profile was also produced using the same sources. The control sample was selected by examining the non-Jewish patient chronologically admitted immediately following a Jewish patient. The Jewish patient population and the non-Jewish patient control sample were systematically compared, addressing any apparent contrasts between what was occurring in the two institutions, but chiefly looking for key

similarities or differences between the overall Jewish and the overall non-Jewish cohorts.

The quantitative profile provided a framework for the close-grained textual interpretation of selected case notes. From a qualitative perspective, information was verified and augmented through the use of other period documents where possible, such as Census reports, death records, various newspaper articles, particularly from *The Jewish Echo*, and a selection from the professional discourse encased in *The Lancet*, which serves to illustrate the migration of ideas concerning the diagnosis and treatment of madness and the pathologization of particular minds and bodies across national borders, as was seen in various minority populations settling in Britain, such the Irish and, in the case of this thesis, Jews.<sup>637</sup> At the most basic level this project has asked about Jewish patients becoming part of the Anglo-Asylum world, wondering about all dimensions of this lived experience – of initially becoming unwell and therefore a burden or problem for their families and communities; of coming into the orbit of civil and medical authorities who might suggest or enforce a diagnosis of ‘lunacy’; of possible admission to a lunatic asylum; of the procedures upon and subsequent admission; of being diagnosed, prognosed and given treatments; of being released, ‘cured’, but maybe relapsing and being readmitted; of everyday life in the asylum, everything from diet and clothing to relations with doctors, nurses and other patients; of continuing connections with families and communities, supportive or otherwise. The attempt has been made to tease out the distinctly Jewish elements from the universal experiences of asylum life, which has been easier in some respects than others, in part because of the precise empirical findings gleaned from the archives. In asking the above questions, I have always kept in mind the difference between Jewish asylum patients and non-Jewish asylum patients, particularly via the comparison afforded by the quantitative analysis (Chapter 5), but throughout the qualitative

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<sup>637</sup> Several examples include: Maree Dawson, ‘A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital 1870-1900’, in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity, and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.91-106; Elisabeth Malcolm, ‘Mental Health and Migration: The Case of the Irish 1850s-1990s’, in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity, and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.15-38; and, Will Jackson, ‘Unsettled States: Madness and Migration in Cape Town c.1920’, in Marjory Harper (ed.), *Migration and Mental Health: Past and Present* (London: Palgrave Macmillan, 2016), pp.85-104.

Chapters 6, 7 and 8, where the question was centralised of how the experiences recovered here might have differed from those of other (non-Jewish) patients.

The quantitative analysis (Chapter 5) established that the Scottish Jewish population of the two institutions was fairly evenly split between male and female patients, while the control patient profile was majority female. Furthermore, Jewish patients were younger when they were admitted, more likely to receive a diagnosis within the dementia praecox family (i.e. dementia praecox or schizophrenia) and remained in the asylum longer than the control patients. These points are important because in many ways they fit the common stereotype of the Jew from the time period, in that Jews were taken as particularly associated with or prone too mental illness, something unintentionally reinforced by Freud and his research from the Vienna nervous clinic, where the majority of his patients were middle class Jews.<sup>638</sup> In terms of physical appearance, the stereotypical Jew had a rather large nose, a prominent brow ridge, sallow skin, with usually small beady eyes. In terms of behaviour, there were the highly prejudicial tropes of: the 'money grubbing' Jew and the 'dirty' Jew, referring to both mind and body; the paradigm of Jewish womanhood and motherhood, where children survive and thrive, juxtaposed with that of the Jewish prostitute, whether married or unmarried; and the wider portrayal of the alien, foreign and backwards in every way from dress, language, religion and culture, whose inherent difference would always preclude Jews from 'really' being accepted as fully British or Scottish as the case may be. And since the Jew was an 'outsider' liable to mental illness, as was seemingly the common opinion of clinicians during the period under investigation, Jews arguably remained in the British (and perhaps European) asylum longer than did the control patients.<sup>639</sup>

Chapter 6 turned the discussion more qualitatively to various themes that reconstructed individual patients' experiences, highlighted as indicative of the Jewish patient experience of the Royal Edinburgh Asylum and the Glasgow Royal Asylum, what I termed 'Jewish geography'. These issues were ones pertaining to the contexts of Anglo-Jewish life, aspects of which were introduced in both Chapter 2 (more generally as part of existing scholarship on the Anglo-

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<sup>638</sup> Edward Shorter, 'Women and Jews in a Private Nervous Clinic in Late Nineteenth-Century Vienna', in *Medical History*, 33(2), 1989, pp.149-183.

<sup>639</sup> 'The Insane Jew', in *The Lancet*, 156(4026), 1900, pp.1219-1220.

Jewry) and Chapter 4 (with particular reference to the Jewish communities/neighbourhoods found in Edinburgh and Glasgow); and they brought into view matters of Jewish demography, migration, social standing, cultural experiences and the like, as these intersect with what I have termed the ‘asylum lifecycle’, meaning periods spent in and outside of the asylum by these and companion patients. Abe, Barnet and Frederick were used as cases to open a door to the Jewish patient experience through the discussion and analysis of several themes, such as: family and community, including social class issues; immigration status and the Aliens Acts; migration histories, big and small; and the asylum lifecycle with respect to age, length of stay and patients who experienced multiple admissions to asylums.

Next, Chapter 7 focused on the theme of the Jewish body, particularly the male body, and the Jewish mind that it housed, as arriving within the asylum. During the period under investigation, the late nineteenth and early twentieth centuries, the Jewish body was perceived as inherently inferior when compared to the non-Jewish body. As Girard states in *The Scapegoat*, when he was explaining how and why Jews were suspected and persecuted as well-poisoners, ‘the appetite for the persecution focuses on religious minorities, especially during times of crisis.’<sup>640</sup> During times of great change and turmoil, socially, politically, economically and finally within the relatively new medical discipline of psychiatry, so the Jewish body was an obvious minority ‘other’ to be pathologised. The Jewish body was duly seen as a vector for: disease, both mental and physical; filth, the literal and metaphorical; and chaos within the wider society. Benjamin, David and Sydney were used as cases here to open a door to the Jewish patient experience through the discussion and analysis of several themes: circumcision and the ‘dirty’ Jew, with both the literal and the metaphorical meaning; the Jewish body within the ‘clinical encounter’<sup>641</sup>; language issues and the use of Yiddish by Benjamin and how his voice was effectively ignored or pathologised; food with regards to the Jewish dietary laws; and the complex theme of poisoning as something internalised and complained about.

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<sup>640</sup> Rene Girard, *The Scapegoat* (London: The Althone Press, 1986), p.6.

<sup>641</sup> Hazel Morrison, ‘Conversing with the Psychiatrist: Patient Narratives within Glasgow’s Royal Asylum 1921-1929’, in *Journal of Literature & Science*, 6(1), 2013, pp.18-37; and, *Unearthing the Clinical Encounter: Gartnavel Mental Hospital, 1921-1932. Exploring the Intersection of Scientific and Social Discourses Which Neglected the Boundaries of Psychiatric Diagnosis* (PhD Thesis: University of Glasgow, 2014).



While Chapter 7 addressed the Jewish body in the round, but mainly focussing on the male Jewish body, Chapter 8 discussed the convergence of mental illness, the pathologization of female bodies and the depiction of Jewish women, and the positive and negative connotations at issue. Inevitably, though, wider questions to do with the Jewish body *per se* also featured in this chapter. The moves here were accomplished through the presentation of several case studies extracted from the Jewish female patients admitted to the two asylums, with clusters of women – the Berger sisters, Florence and Sarah; the Rosenthal's, Minnie and Rose, and their niece Dora; and Fanny – opening a door on to a host of other significant themes. The discussion hence moved on to the role of Jewish women within society as viewed through both the image of the hyper-achieving Jewish mother, linking across to that of the neurotic, obsessive, chattering and ultimately weak, incapable Jewish mother. The role of Jewish women was further explored through the lens of marriage breakdown, while the second main section focused on the pathologization of both the female and Jewish bodies through relevant medical literature of the period, revealing many of the biases that male clinicians brought to their dealings with patients who were both female and Jewish.

With all of these issues in mind, this thesis illustrates the varied lived experiences of Jews and the establishment of Jewish spaces within the context of living (and sometimes working) primarily among non-Jewish people, places and space. This set of concerns arguably worked itself out differently in the Scottish case, which was rather different from the London context, as stressed in research by the likes of Lara Marks and Carole Reeves. In London, due to the greater number of Jewish residents and therefore Jewish patients within institutions, Jewish spaces and places were created around these groups to accommodate them (i.e. specific hospital where Jewish patients were concentrated). Although Reeves' conclusions are interesting, they only partially parallel my own finding. First and foremost, she only focused on immigrant Jewish admissions, who were largely pauper patients.<sup>642</sup> The Edinburgh and Glasgow royal asylums in contrast admitted mostly fee-paying patients, which extended to the Jewish patient population. Additionally, the Jewish patients in Reeves' study were purposely concentrated within Colney Hatch so that the

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<sup>642</sup> Carole Anne Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001), p.31.

patient's Jewish life was maintained in as much as they had kosher food provided from the asylum's on-site kosher kitchen and had regular access to a rabbi who visited the asylum, especially during festivals. This contrasts sharply with the experiences of Jewish patients within the Scottish context, in as much as kosher food was not provided by the institution, let alone from on-site facilities – Fanny's Passover accommodations being the exception not the rule – and any contact with a rabbi and the pastoral support that they provided would have been facilitated through various day or weekend passes where their relative was temporarily removed from the asylum. Colney Hatch and Queen Square also served a significantly larger Jewish community than did the royal asylums of Edinburgh and Glasgow.

Furthermore, the themes of migration and madness, as they affected patients, their families, clinicians and ideas, as Reeves touched upon in her thesis, are expanded upon by several edited collections.<sup>643</sup> Collectively, they examine these themes from various aspects. First, they examine the impact of the transmission of definitions, descriptions and theories of madness across national borders in the form of ideas presented in professional journals and the migration of the medical workforce from one place to another, with special emphasis on shifts from England and Scotland to the wider Anglophone world. The transfer of ideas as regards madness and its possible treatments from Scotland, and particularly from Edinburgh, is significant because it possibly served to attract patients from further afield and in effect served to extend the influence of institutional practices.<sup>644</sup> Additionally, there is the manifestation of what a majority population defines as mental ill-health in a minority or immigrant population. For example, '[a]s an immigrant ethnic minority, the Irish were subjected to stereotyping, prejudice, and discrimination, which were especially severe in England and during the nineteenth [and twentieth centuries]... [where] [h]ostility to them as an ethnic group and often as a

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<sup>643</sup> For several examples see: Catherine Cox and Hilary Marland (eds.), *Migration, Health and Ethnicity in the Modern World* (London: Palgrave Macmillan, 2013); Marjory Harper (ed.), *Migration and Mental Health: Past and Present* (London: Palgrave Macmillan, 2016); and, Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012).

<sup>644</sup> Maree Dawson, 'A Degenerate Residuum? The Migration of Medical Personnel and Medical Ideas about Congenital Idiocy, Heredity, and Racial Degeneracy between Britain and the Auckland Mental Hospital c.1870-1900', in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), pp.91-106.

religious group was important in that it contributed to their marginalisation.’<sup>645</sup> Additionally, the Irish body and mind, specifically the Roman Catholic variety, was pathologised in similar ways as the Jewish body. ‘This discussion was not restricted to Ireland, however, but spilled over into medical and popular journals in Britain and America as well, because it was hoped that explaining the situation in Ireland would throw light on the reasons for the high committal rates found also among Irish immigrant populations.’<sup>646</sup> As regards Jews within the context of mental ill-health, inherent weaknesses and otherness, they were seen in a similar light, at least until the aftermath of World War II.

In the Scottish context, the relatively small number of Jewish residents of the cities of Edinburgh and Glasgow and their surrounding communities meant that Jewish patients within the institutions serving these cities were in a strange way perhaps *more* obvious, standing apart because of the difference that their Jewishness highlighted. Jews for whatever reason, good or bad, stood out from the wider ethnic mixes of Edinburgh and Glasgow, attracting interest and comment – and the same thing arguably happened within the Central Belt asylums: too many to be taken as individual oddities, as would have possibly happened in asylums elsewhere, and too few in number to garner specifically Jewish accommodations, as was seen in Greater London.

### **Moving Forward, Self-Critique and Contribution**

Moving forward, this topic can be advanced in several ways. In the first instance, and reflecting claims in the previous section, the same research framework could be applied to the rest of the Scottish royal asylums to establish the state of Jewish madness within the (broadly conceived) catchments of these asylums. This move would allow for the exploration of communal welfare provision in the smaller Jewish population centres throughout Scotland (i.e. Ayr, Aberdeen, Dundee, Greenock and Inverness) and its effect on the Jewish clinical encounter. Along these same lines, Jewish patient populations of the various Glasgow and Edinburgh district asylums – serving pauper lunatic populations – could be

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<sup>645</sup> Elizabeth Malcolm, ‘Mental Health and Migration: The Case of the Irish 1850s-1990s’, in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), p.32.

<sup>646</sup> Elizabeth Malcolm, ‘Mental Health and Migration: The Case of the Irish 1850s-1990s’, in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), p.21.

examined, which would also expand on the work that was started by Kenneth Collins in *Be Well!*.<sup>647</sup> As was touched upon in Chapter 3, this study was not undertaken due to the necessary decision as to which set of institutions to devote research time investigating, since the in-depth examination of all five institutions could not be accomplished in a timely manner. This move would allow for many of the themes, such as the Jewish family or Jewish bodies, to be explored more thoroughly across class, social and economic lines and their impact on the Jewish clinical encounter within these institutions further evaluated. In the same breath, this study is somewhat limited, in part precisely because it adopted the case study approach, with two institutional case studies and a selection of patient case studies subjected to close attention. This means that I have concentrated more on Jewish patients who likely came from more well-to-do families, and hence more likely to be relatively 'assimilated', middle-class Jews – many of whom were from earlier migration waves – whose 'Jewishness' was perhaps less obvious when compared to the less 'assimilated', poorer Jewish patients – maybe from a more recent migration wave – who composed the 'pauper lunatics' who were in need through the Poor Law system, which in Scotland refers to the district asylums. Arguably, for the most part this means that the former would have been more fully supported within family and community networks which may have assisted in financially supporting them, as is particularly evidenced in the case of Barnet. Their status was decidedly different from those who had in effect been ejected from the Jewish familial and community support network to the embrace of the secular public or more specifically district asylums, and therefore their experiences of asylum life were decidedly different from those admitted to the royal asylums; or, gazing further afield, decidedly different from the experiences of the patients examined in the Reeves thesis. However, this thesis has shown that the Jewishness of these more well-to-do Jewish patients remained an issue, and continued to be a mark of difference and sometime of prejudice, helping to reinforce the claim that this particular aspect of ethnic identity, namely their Jewishness, served as a noticeable means that Jewish patients were segregated and treated as inherently inferior during the late nineteenth and early twentieth century within the 'Anglo' asylum – even when the patients concerned had 'assimilated'

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<sup>647</sup> Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.115-130.

and in many cases advanced to ‘middle-class’ status by some measures. Such an approach inevitably sacrifices ‘breadth’ for ‘depth’, although the quantitative work presented in Chapter 5 does comprise a partial attempt to keep an element of breadth (comparative, statistical) when dealing with the whole Jewish population of the two asylums in question (not just with samples) over the study period chosen.

The strength of this thesis comes from its depth, notably the use of patient records of one form or another. This was a deliberate effort to use sources that potentially stay close to, and illuminate, the grain of everyday lived experiences in (and around) the asylum, but this orientation has meant that many of the sources used have been fragmentary, discontinuous, elliptical and in many ways partial. Such sources have often required me to ‘connect the dots’, in order to make inferences and to speculate, which presents certain pitfalls, such as inaccurate inferences. Furthermore, such sources are not only partial, they are also potentially ‘partisan’, reflecting the views, interpretations and possibly prejudices of the clinicians and other staff who created the sources in question. Since this study has been precisely interested in these assumptions and cultural stereotypes with which clinicians, staff and, to a lesser extent, maybe wider society were operating in the period in question, this ‘partisanship’ is not necessarily a problem, since ‘ethnicity’ within the British context was a finely parsed concept. ‘It[s] marked and unmarked forms are clearest perhaps in the records and ‘archival flows’ of nineteenth century institutions ...where appearance, speech, and unrespectable or overly religious behaviour are symbolic of ‘difference’.’<sup>648</sup> Indeed, teasing out the ‘biases’ or prejudices that the clinicians and so on would have held and exhibited while *creating* these sources has served to highlight equations between Jewishness and madness in such a way that a partisanship of sources is not a problem, but instead is an advantage.

Nonetheless, other sources might have been used to strengthen this study – such as clinicians’ written accounts, their publications and teachings or perhaps their public pronouncements (as hinted at in my engagement with *The Lancet* articles). These types of sources would have strengthened the voice of the clinician within the narrative. Another avenue would have been to use a wider

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<sup>648</sup> Bronwyn Labrum, ‘Afterwards: Madness Is Migration – Looking Back To Look Forward’, in Angela McCarthy and Catherine Coleborne (eds.), *Migration, Ethnicity, and Mental Health: International Perspectives 1840-2010* (London: Routledge, 2012), p.195.

corpus of sources from popular culture of the time, such as newspapers, novels, cartoons or public speeches. The use of these sources would have changed the character of this project, rendering one that in many ways would have been emulating the work of Sander Gilman and others. Maybe what is really needed is a fusion of the macro-level cultural histories written by Gilman and the kind of micro-level examination of 'real' Jewish patients in 'real' lunatic asylums that was undertaken by Kenneth Collins, Leonard Smith and now myself, to form some meso-level type study that might do more to draw the connective sinews between the two approaches.

In closing, this thesis began with the idea that the topics of Jews and Jewishness, specifically the Anglo-Jewish experience within the Scottish context, and of asylum histories and clinical encounters during the late nineteenth and early twentieth centuries, could have more points of connection than initially assumed. As stated in Chapter 2, this thesis augments the small body of literature that exists at the intersection of the medical humanities, specifically asylum histories, and Jewish studies, and tantalisingly suggests new directions in which to connect these seemingly dispersed fields of study. It focuses on the experience of Jewish patients admitted to the royal asylums of Edinburgh and Glasgow between 1870 and 1939. These Jewish patients were released or rejected from their families or the wider Jewish community to the mercies of the secular Scottish asylum, albeit most came from more advantageous economic backgrounds than those patients who were discussed by Kenneth Collins, Carole Reeves and Leonard Smith:<sup>649</sup> they mainly covered a spectrum from comfortable to extremely wealthy families that could themselves, or through connections were willing and able, to fund the accommodation and treatment within the supposedly higher quality 'royal' asylums. This thesis also serves to interface asylum history with an awareness of debates within the works focusing on Anglo-Jewry, notably about the themes of assimilation and isolation, and about the various waves of Jewish immigration and hence the complex dynamic relationships between these different cohorts: on the one hand, the long established and 'assimilated' Jewish elites, and, on the other hand, the more

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<sup>649</sup> See Kenneth Collins, *Be Well!: Jewish Immigrant Health and Welfare in Glasgow 1860-1914* (East Linton, East Lothian: Tuckwell Press, 2001), pp.115-130; Carole Anne Reeves, *Insanity and Nervous Diseases Amongst Jewish Immigrants to the East End of London 1880-1920* (PhD Thesis: University of London, 2001); and, Leonard Smith, 'Insanity and Ethnicity: Jews in the Mid-Victorian Lunatic Asylum', in *Jewish Culture and History*, 1(1), 1998, pp.5-26.

recently arrived Jewish immigrants who were less assimilated and therefore open to the unforgiving strictures of various iterations of the Aliens Act, which tellingly conflated the immigrants' foreign status and their mental status, a dangerous combination. Yet another larger theme to which this thesis speaks is the distinctive difficulties faced within the Anglo-Jewry of immigrant Anglo-Jewish women and their struggle between the gender expectations of Eastern Europe, where they had more obvious power within the household economy to work outside the home, and the prevailing Victorian middle class expectation that, once women married and had children, they would cease working outside the home. In short, such Jewish women arguably had a more assertive and public role before they immigrated to Britain, and some Jewish women therefore chafed at the constraints of the domestic sphere, when British middle class mores demanded that these women remain in demure domestic seclusion.<sup>650</sup>

In conclusion, it is hoped that this thesis has provided a more critical analysis that shows the intersection of both asylum histories and Jewish studies. It has endeavoured to take seriously how vulnerable and often persecuted minority groups (in this case Jews) often encountered problematic receptions within their ordinary social life (in the non-Jewish) wider world. Furthermore, these minority groups also had problematic receptions within their host country's burgeoning health and welfare sector, which in this instance took the shape of a particular species of lunatic asylums (Scottish royal asylums), which, notwithstanding some charitable autonomy from the state, nonetheless undoubtedly comprised part of an overall apparatus of a wider civil society's response to the challenges of a modernising world. This thesis has perhaps risked implying a rather harsh, critical view of how asylum clinicians and related staff were viewing and treating their Jewish patients – which means that there could be more to tease out regarding tolerance, kindness and flexibility when dealing with minority groups, as was illustrated by the asylum apparatus accommodating Fanny's dietary requirements during Passover. This thesis can still stand as a somewhat cautionary tale about what happens when the vulnerable meet the powerful (when apparently 'inferior' and 'superior')

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<sup>650</sup> The case of Fanny Finkelstein, which was presented in Chapter 8, in particular shows and immigrant Jewish women who would have preferred a more public and active role within the working world and chafed in the prescribed role of the British and Jewish mother.

peoples, communities, ethnicities, etc.) meet behind the closed doors and high walls of institutions such as lunatic asylums.



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