THE ANXIOUS CITY AND THE ASYLUM SOLUTION: ANXIETIES, SANITARY REFORM, AND THE REGULATION OF 'NON-CONFORMING' BODIES IN GLASGOW

LEGGETT, MILLY
Geography, College of Science and Engineering

ABSTRACT

The purpose of this research is to investigate 19th-century sanitary policing politics to understand the confinement of mentally ill bodies in urban space. This research extends the range of documented mental health experiences and insights in the field of asylum geographies, providing a more comprehensive understanding of the asylum geographies specific to Glasgow. In turn, this enables a more accurate assessment of the operation and function of the Glasgow Lunatic Asylum.

The asylum solution for urban squalor has been explored in this study through qualitative research by consulting a range of archival collections, investigating specifically the asylum geographies of the Glasgow Lunatic Asylum. This research concludes that the construction and operation of the asylum was an extension of sanitary policing strategies centred around urban improvement, rather than a philanthropic response to the treatment of mental illness.

INTRODUCTION

During the 19th century, Glasgow was regarded as the 'second city of empire'. Propelled by 'carboniferous capitalism', heavy skilled industries such as shipbuilding transformed Glasgow from a merchant town into a burgeoning industrial city (Fraser, 2004). While skilled middle classes generated remarkable economic prosperity, the once 'elegant city' was beginning to be seen as a source of evil among public health and social reformers (Fraser and Maver, 1996, p.352). As Glasgow's population burgeoned, urban environments amassed the relatively wealthy and the disadvantaged into closer proximity than ever before, with their assimilation prompting shock and fear among the higher classes. This led to interventionist public health policies that in turn created the belief that the treatment of mental illness should take place within specialised asylum institutions. Those considered mentally ill were uprooted in the policing of disease and institutionalised through fear of their contagion and wider moral degradation, giving rise to the 19th-century mental asylum (Petersen and Lupton, 1996).

While existing scholarly contributions have explored the rationale for many asylums through a British context, this article diversifies customary literature by presenting narratives from the Glasgow Lunatic Asylum, illustrating Scotland's unique motivations for mental health facilities. Beveridge (1993, p.453) claims that 'in spite of the wide interest currently shown in the history of psychiatry, little attention has been directed towards events in Scotland', with academic literature relating to the institutionalisation of mental illness dominated by discourses of British psychiatry. This research seeks to address Beveridge's suggestion of the need for a solely Scottish narrative, covering an area of investigation that remains undervalued within academic enquiry and wider societal knowledge.

Initially, the theoretical underpinnings of this research will be discussed, exploring psychoanalytical theory by Freud and theories of power by Foucault. Subsequently, relevant literature on the city and the asylum will be incorporated, revealing gaps in the literature that this research seeks to address. The latter section of this article will explore the rationale for the construction of the Glasgow Lunatic Asylum by drawing on various archival materials to initially trace what anxieties emerged in 19th-century Glasgow. Thereafter, this article will consider the extent to which Glasgow's public health policy demanded the removal of 'non-conforming' individuals to a purpose-built asylum and, finally, question how these public health policies were implemented within the asylum. Through exploring these three avenues, the contention of this article is that the construction and operation of the Glasgow Lunatic Asylum was constructed principally to remove mentally ill bodies from urban space, rather than as a compassionate community response. It is necessary from the outset to define what is meant by a 'non-conforming body'. In the context of this research, the term has been applied to encompass individuals whose behaviour or appearance is 'not in accordance or agreement with prevailing norms, standards or customs of society' (Merriam-Webster, 2021). This research will draw on this definition as it incorporates an array of mental health conditions that were not commonly categorised or understood in depth during the 19th century.

Literature Review

This review comprises several bodies of literature, initially detailing traditional theoretical underpinnings from Freud and Foucault. Thereafter, discussing urban anxieties, the social exclusion of mental illness and surveillance, and control practices within asylum spaces. It is evident from existing literature that, where concern grew regarding strange bodies in soiled environments, the asylum was increasingly utilised.

Conceptualising the 'Non-Conforming' Body via Psychoanalytic Geographies

To determine the creation of the asylum, scholarly contributions that develop Freud's original work on psychoanalytical theory may be utilised to understand how Glasgow began to segregate individuals, specifically those with mental illness, who were a source of anxiety. Sibley (1995, p.8), who has written extensively on psychoanalytical theory, argues that 'there are things and people that provoke anxieties and fears, and [which] as human beings we cannot escape'. Pile (2013, p.9) contends that this instils a constant condition of bodily surveillance to uphold impossible cleanliness. Wilton (1998, p.177), moreover, suggests that 'genuine anxiety is produced when difference is

somehow out of place'. This feeling of unease permits separation, with both McGeachan (2020) and Sibley (1995, p.49) describing a subsequent urge for those who feel threatened to separate themselves from 'defiled people' and 'defiled places'. Sibley (1995, p.50) suggests that this spatial boundary consequentially produces moral boundaries, with certain populations demarcated as 'imperfect' and 'uncivilised'. Those with mental illness were contained within these imagined geographies of exclusion. Wilton (1998, p.177) states that 'the strange behaviour of the epileptic or madman triggers a fundamental anxiety about the loss of control within the self'. The non-conforming body became visible as a source of fear and repulsion within urban spaces. By integrating psychoanalytical theory, it conveys how mentally ill individuals, who were observed as non-conforming, were subsequently ostracised from the city.

The Impact of Geo-Histories of Power on Non-Conforming Bodies

In addition to psychoanalytical theory, to critically analyse the internal operation of the asylum, Foucault's anti-psychiatry writings on power may be introduced to understand how the asylum may be viewed as a form of social control rather than primarily as a care facility. According to Foucault, medicine was developed and often relied on to regulate urban space, identifying and regulating populations typically inflicted with physical and mental disease. This threat led to the creation of several institutions used to confine non-conforming individuals, notably the asylum for mental derangement (Elden, 2003). Foucault's work, specifically *Discipline and Punish* (1975), focuses explicitly on these carceral spaces, detailing the transformations of power from extreme punishment to more subtle manipulations of internal spaces within institutions; core to this was the architectural arrangement typified by Bentham's panopticon.

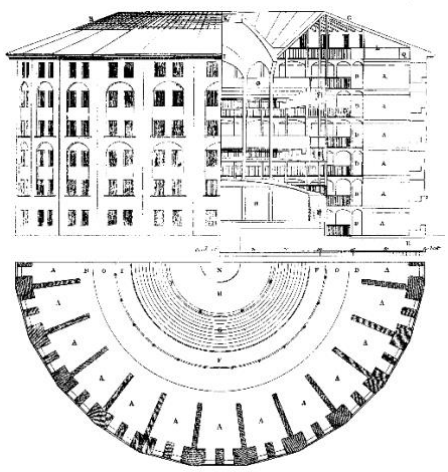


Figure 1: Plan of the Panopticon by Jeremy Bentham (1843). Public domain.

Figure 1 depicts Bentham's panopticon, an architectural arrangement enabling the perpetual observation of patients by keepers, with a central observation tower placed within a circle of cells. From the central observation tower, keepers can see every asylum patient, but patients cannot see the keepers. Asylum patients will never know when or if keepers are observing them. This threat of a perpetual unseen authoritative gaze by keepers, and subsequent punishment, generates constant self-scrutiny, self-regulation, and the correction of 'non-conforming' behaviour among patients. Foucault (1975, pp.202-203) writes: 'he [sic] is subject to a field of visibility and who knows it, assumed the responsibility for the constraints of power […] he becomes the principle of his own subjection'. Mindham (2019, p.314) explains this theory in clearer terms, stating that the panopticon 'disassociated the see/being dyad: in the periphery ring, one is totally seen, without ever seeing; in the central tower, one sees everything without ever being seen'. There was, moreover, the belief that the inner chaos of the 'non-conforming' body could be channelled into cosmic order through structural architecture and the creation of a totalitarian environment. The internalising strategies of the panopticon architectural structure thereby attempted to correct mentally ill bodies into socially acceptable beings, while diminishing freedoms. Institutions were crucial in the surveillance and control of non-conforming populations, Foucault (1975, p.293) argues that institutions were relied on to 'assure the continual functioning of power' and utilised as a form of 'social quarantine'. Foucault (1975) rejects suggestions that institutions were created to medically treat patients, instead arguing that institutions were constructed to control non-conforming populations, ensuring that these individuals were kept under the threat of constant surveillance to encourage permanent self-regulation and subsequent correction. Several scholars have incorporated Foucault's understanding of asylum institutions as manifestations of surveillance, control, and discipline. Kuilman (2013, p.4) claimed that the 19th-century asylum functions were based on 'freedom of space against limitation, freedom of movement against confinement and freedom of creativity against supervision'. Furthermore, Lakritz (2020) and Felluga (2020) suggest that the asylum was an apparatus of observation, intimidation, and correction through uncompromising regimes, entrenching constant self-observation and reflection. The loss of liberty was seen as an appropriate means of treatment to make deviant bodies obedient. The asylum, in this respect, may be seen as overwhelmingly a disciplinary mechanism that was used to further remove and oppress non-conformity through the tactical composition and organisation of the asylum's internal space.

The Dark Continents of the City

The above theoretical perspectives have addressed the exclusion of mentally ill individuals from society as well as their subsequent confinement within the asylum. The living conditions of 19th-century urban Glasgow will be subsequently unpacked to determine how deteriorating urban environments acted as a catalyst for the confinement of mentally ill individuals to the asylums through stringent urban improvement policies. Devine and Jackson (1995, p.406) state: 'Glasgow society was proceeding to a condition of barbarism as disease, intemperance, poverty and crime caused widespread demoralisation'. It was within these Glaswegian urban environments that the accumulation of 'squalid wretchedness was unequal to any other town in Scotland [...] bringing together everything wretched, dissolute, loathsome, and pestilential' (Devine and Jackson, 1995, p.406). Historians contend that the Glaswegian slum dweller sank 'to the lowest possible state of personal degradation', and that, from their hopeless condition, they were endlessly subject to a life of disease, disorder, and lawlessness (Devine and Jackson, 1995, p.406). Reflecting further on the housing conditions of Glasgow, Fraser and Maver (1996, pp.352-353) contend that Glaswegian slum dwellers were 'worse off than wild animals', arguing that 'the tax on life' was precisely because of disease, overcrowding, poor sewage infrastructure, and polluted air. While Fraser and Maver's writings on housing explore somewhat the living conditions of Glaswegians, they fail to consider specific bodies inhabiting these environments, such as the mentally ill. Their research risks creating assumptions and

generalisations that all Glaswegians were subject to these conditions. Archival accounts cited later in this paper, however, may provide more specific insight to the reality of slum environments as experienced by those who lived within them. Known as one of the prominent scholars whose research developed the 19th-century social sciences movement, Driver (1988) has written extensively on the interconnectedness of slum environments, sewers, and disease. Driver (1988, p.277) maps urban behaviours, stating: 'the distribution of health and virtue was said to depend on the influence of the physical and moral environment'. Driver (1988, p.277) has made significant contributions to the literature relating to miasmatic theory, through the suggestion that physical environments create a particular race of man. Miasmas were 'said to be subtle, sticky and deadly' atmospheric substances that were 'generated first by the putrefaction of organic matter and, secondly, by the human body in the course of daily living' (Driver, 1988, p.278). Of significant importance is Driver's suggestion that moral miasmas were intertwined with the physical. Driver (1988, pp.281-279) argues that it was moral contagion within dark and dirty streets that created anxiousness and 'provided the basis for social intervention'. Sanitary reformers amalgamated both physical and moral threats as requiring distinctive interventionist strategies directed at the physically ill, but also increasingly at bodies who contaminated the moral health of populations, such as the mentally ill. Traditionally, the above work by historians has been viewed as an entirely separate vein of analysis to that of social science, with historical writings frequently omitting contributions on moral contagion. By bridging the gap between historical and sanitary discourses, this article determines how non-conforming bodies provided a unique threat to urban environments and introduced new urban policy directed at moral contagion, two veins of analysis that have thus far remained disjointed.

The Policing of Disease

The policing of urban space in Scotland is a relatively underexplored area of literature, commonly associated with the writings of Brunton regarding civil reform. Brunton (2005, p.88) suggests that Scotland employed a holistic approach in its response to urban anxieties. The adoption of street cleaning and refuse collection was employed to 'maintain public space in an orderly state'; public conveniences installed 'to make towns more pleasant, forcing dirt, smells and moral hazards into small areas'; and the cleaning and lime-washing of common lodging houses employed, as vagrants were believed to be a source of infection to the city (Brunton, 2005, pp.88-89). Brunton (2005) argues that, in Scotland, the policing of disease was not driven by sanitary reformers per se, but through a shift in the mindset of civil society. Building on Brunton's contributions, Petersen and Lupton (1996, p.23) suggest that, within dirty spaces, 'distinct populations became constituted as a problem, a target for surveillance, regulation, analysis and intervention'. While writings on the policing of disease are insightful, they nevertheless view non-conforming bodies as a homogenised group and fail to address anxieties and policies that were fundamentally directed at individuals with mental illness. This article will use archival material to look at the varied impact of the policing of disease.

The Social Exclusion of Mental Illness in Glasgow

To begin to unpick the relationship between deteriorating urban environments, sanitary policing, and the emergence and reliance on the asylum, the extent to which mental illness was excluded from urban space will be addressed. In doing so, a more accurate assessment of the construction of the Glasgow Lunatic Asylum may be determined, understanding whether the asylum was established through a compassionate community response to mental illness or constructed as a form of social quarantine. From the outset, Brunton (2004) challenges overly optimistic asylum narratives, contending that the rapid construction of lunatic asylums was initiated by debates surrounding natural selection and eugenics. Brunton suggests that, as living conditions became unhealthier, there was an emerging assumption among eugenicists that 'children of the slums will grow up with impaired constitutions, and in turn, bring children into the world who are more degenerate than they themselves' (Brunton, 2004, p.235). This belief permitted the assumption that: 'if we were to intentionally neglect the weak and helpless, it could only be for a contingent benefit' (Brunton, 2004, p.271). When this was transferred onto individuals with mental illness, there was the belief that 'natural selection may safely attribute the social instincts, which afforded the basis for the development of the moral sense' (Brunton, 2004, p.209). The advocacy for natural selection in human populations details the drive to forbid lunatics from breeding, reinforced through the segregation of sexes in institutions. Building on Brunton's (2004) contributions, Philo (1987) has written extensively on the asylum as a form of social control used to contain deviant and dependent behaviour, protecting society, and offering care for those whose requirements had exceeded the monetary, emotional, and realistic capabilities of their families. From existing contributions, it is evident that society's willingness to nurture non-conforming individuals in the community was scarce and diminishing, with Scull (1977, p.37) contending that the asylum was purely 'a convenient place to get rid of inconvenient people'. In a similar vein, Andrews (1999) writes that the asylum was created to provide Britain with relief from the torment of caring for demanding individuals. This is further illustrated by Topp (2018), who has written extensively on the conditions in which lunacy was treated, arguing that mentally ill patients were locked up, rather than supported, and were punished by mechanical restraint using 'jackets, chains, straps, muffs, sleeves, and coercion chairs' (Topp, 2018, p.754). Following physical restraint, confinement and locked cells were actively adopted as a form of moral treatment. While scholarly contributions reflect a wider British context of the treatment of lunacy, there exists little specificity on whether mental illness was similarly excluded in Scotland. The remainder of this article will incorporate archival evidence to suggest that the exclusion of mental illness was similarly evident in Glasgow, an area of existing research that has largely produced generalised assumptions.

Summary of Findings

It is evident from existing literature that Glasgow's slum environments were increasingly feared. Spaces of physical degradation increased concerns regarding moral deterioration. The mentally ill body often failed to follow the expected standards of hygiene and was seen as attempting to jeopardise ongoing urban improvements, producing feelings of fear and disgust. Consequentially, mentally ill bodies were increasingly targeted by sanitary reformers and ostracised from society. What is apparent from existing literature is that there is very little reference to Glasgow's unique asylum geographies and the integration of sanitary science with psychiatric provisions, a significant research gap that this article will address.

ARCHIVAL ANALYSIS

This research utilises a qualitative research approach, specifically the analysis of documentary sources located in archives. Archival analysis drew primarily on the Wellcome Collection, covering materials relating to health, medicine, and human experience. Of specific relevance was the archival collection 'Records of Gartnavel Royal Hospital, Glasgow', which includes material from 1730 to 2002, comprising 'Bound Annual reports' and the 'Report of the General Committee appointed to carry into effect the proposal for a Lunatic Asylum at Glasgow'. In addition to the Wellcome Collection, archival

material from the Mitchell Library Glasgow has been incorporated. Of specific relevance were the catalogues 'Glasgow Corporation Department of Public Health Records' and the 'Early Police Records', covering sanitary functions during the 19th century.

To analyse these documentary sources, archival materials were sorted and highlighted by hand, carrying out qualitative coding. Qualitative coding is the process of labelling archival data by breaking down vast, dense materials into more meaningful and manageable chunks by setting out themes in the research known as codes. These codes were then used as a framework to sift the data and select certain extracts that matched the research theme. These highlighted sections of data were then compiled into a word document and further grouped to begin answering the overarching research question: why the asylum was constructed.

While visual analysis has not been carried out, this article has incorporated several images to supplement qualitative research methodologies. Glaw et al. (2017) state that images generate meaning, deep emotions, and insight; their significance enriches data and incorporates a further depth of meaning. Images are incorporated into this research as they are distinctive and effectively supplement and validate written testimonies that are imperative to producing a comprehensive understanding of urban anxious environments and the reliance on the asylum (Glaw et al., 2017).

ANALYSIS, INTERPRETATION AND DISCUSSION

19th-century Urban Bodies as a Catalyst for Social Interventions

To fully determine how sanitary conditions and social exclusion contributed to the construction of the asylum, the following section will detail the 19th-century city and living conditions as a contextual backdrop. Initially, this section draws on the work of Thomas Annan, a Scottish photographer whose work is the earliest comprehensive series of photographs from urban slums. Annan's photographs were taken between 1868 and 1871, focusing primarily on the East End of Glasgow (The British Library, 2021). These images reflect a sense of loneliness and separation within slum environments. Annan's photographs were taken to fulfil the great curiosity about individuals inhabiting the 'lands of urban low', and were commissioned by

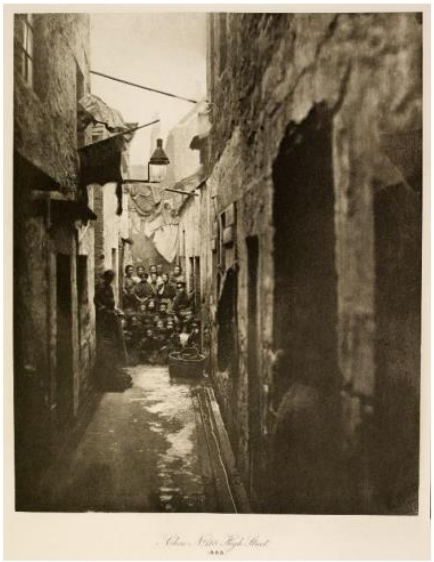


Figure 2: Close No. 118 High Street. A group of women and children gather to observe Annan. (Annan, 1868; © The British Library Board, L.R.404.g.8., reproduced with permission.)

The City Improvement Trust for later enquiries into slum clearances (Spring, 1996, p.202). Their character illustrates the distinct separation between the bourgeoisie and the labouring classes. The images from High Street (Figures 2 and 3) capture

Figure 3: Close No. 148 High Street. Children play in an alley close to an overflowing gutter. (Annan, 1868; © The British Library Board, L.R.404.g.8., reproduced with permission.)

Glasgow's dull, dirty, and poorly ventilated labyrinth of streets, taken as the city began to emerge as a 'locus of fear, disgust and fascination' (Stallybrass and White, 1986, p.125; Driver, 1988).

It is evident that Glasgow's East End was representative of what Devine (1995, p.404) termed an 'Aegean Pandemonium' ('sea of hell'). Streets and dwellings were filthy beyond measure, with a melange of waste allowed to putrefy the former. Furthermore, in his 'Report on the general and sanatory [sic] condition of the working classes and the poor in the city of Glasgow' (1841), Charles R. Baird, a Scottish engineer, illustrates two cases, that of 'Mrs. Calton' and an unnamed woman noted in the archive as 'Mrs. _ _', resident at Dempster Street. While it does not illustrate the specific women discussed by Baird, Figure 4 (below) provides a powerful account of the living conditions his report describes.

In a letter given to Baird (1841) from 'the Society for Benevolent Visitation of the Destitute Sick', the following is written:

> 'I found her in a wretched abode, no glass in the window, no furniture of any kind except an old chair, not a handful of straw to lie upon, and a blanket or rug was out of the question […]. They are so destitute of clothing that they scarcely cross the threshold. Through midday they had got no breakfast, and one of the neighbours told me that there were whole days without food, but that she never knew children bear hunger so patiently' (Baird, 1841, p.16).

The second account Baird includes is written by Mr. James Scott from the Glasgow Relief Committee. Baird notes:

> 'I found Mrs. _ _ and another two females occupying a small, confined house, and the scene almost baffles description. They were all actually in a state of nudity, not having clothes sufficient to cover their nakedness

> […]. The house was completely destitute of beds or other furniture – positively nothing. The inmates were starving, having no food whatever in the house, and it appears they had shut themselves up for the purpose of dying; their modesty having prevented them from making their circumstances known' (Baird, 1841, p.16).

Such deprivation transcended generations, with Chadwick citing a Glasgow Police Superintendent who asserted that Glasgow was 'a place where there lived a thousand children who have no names whatever, or only nicknames, like dogs' (1842, p.133).

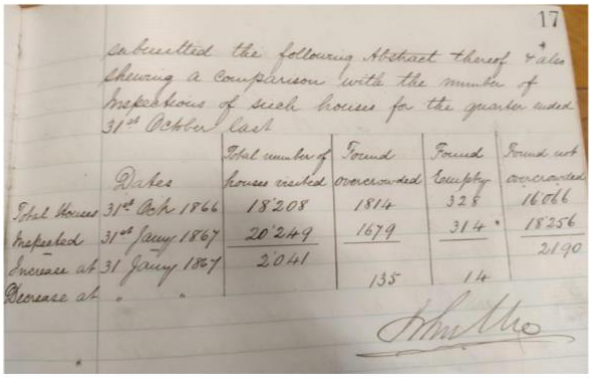
Figure 4: Photograph of a female asleep in the slum lands of Glasgow. (The Mitchell Library, c. 1870; © Glasgow City Archives, reproduced with permission.)

The archival accounts by Baird and Chadwick describe a profound polarisation within Glaswegian society. Rapid industrialisation had been attained at the cost of human existence, plunging already impoverished families into a state of meagre survival. Archival findings confirm Devine and Jackson's (1995, p.406) perspective that Glaswegian slum dwellers sank 'to the lowest possible state of personal degradation' and were endlessly subject to a life of disease, disorder, and helplessness. These profoundly deprived people also created an urban body that was a source of fear to the authorities, whose reaction was a policy of social intervention with the primary focus of establishing sanitary policing.

The Policing of Disease in Glasgow and the Emergence of Sanitary and Behavioural Interventions

Where previously medical interventions were concentrated in public space, specifically through the watering of streets and the installation of public urinals, the beginning of the 19th century introduced medical interventions directly inside dwellings and focused on the health of individual bodies. Brunton (2013) argues that this process gave rise to a distinct split between the previously clear boundaries between the state and society. The Glasgow Police Commission, for example, expanded its powers to include private domestic spaces through practices of inspection, disinfecting, and limewashing dwellings. Connections were drawn between darkness and poverty, and the perception of diminishing morals directed into the home for the first time. Driver (1988, p.281) argued that 'cities were said to provide countless places of darkness and concealment for the fermentation of moral disease', with 'the rookeries, fever dens, plague spots, [and] hot beds of moral pestilence' shining a light on urban conditions and physical disease – and, in consequence, mental disease. Going beyond primarily historical scholarly contributions by bridging enquiries into 19th-century sanitary science, it is evident from archival material that this policy of social policing and direct sanitary intervention began to have an impact on levels of overcrowding and mortality.

A table from the minutes of the Sanitary Committee meeting on April 26, 1864 (Figure 5) details the 'total number of houses


17

submitted the following Abstract thereof & also shewing a Comparison with the number of Inspections of such houses for the quarter ended 31st October last

Dates	Total number of houses visited	Found overcrowded	Found Empty	Found not overcrowded
Total Houses 31st Oct. 1866	18'208	1814	328	16066
Inspected 31st January 1867	20'249	1679	314	18256
Increase at 31 January 1867	2'041			2190
Decrease at		135	14	

Figure 5: Table from the minutes of the sanitary committee meeting on the 26th of April 1864. (The Mitchell Library, © Glasgow City Archives, reproduced with permission.)

inspected', 'found overcrowded', 'empty' and/or 'not overcrowded' between the October 31 1866 and January 31 1867. These minutes suggest there was emerging evidence showing a reduction of overcrowding, which is likely to have had a positive impact on Glasgow's health. In the specified period, there was a 7% reduction in overcrowding and a 12% increase in houses found not overcrowded. While these minutes would appear to be unhelpful due to the slightly later time frame and lack of specificity, their data highlight that the scale of police activities expanded their sphere of influence. Instead of being primarily guardians of public space, police governed the private sphere. This shift in focus illustrated a marked change in governance of urban bodies, requiring increased expectations of both physical and moral cleanliness to be upheld.

This shift exposed, through perceived standards of appropriate behaviour, an increased focus on how society deals with non-conforming bodies, who simply could not conform to sanitary intervention strategies. Consequentially, it illuminated mental illness as being of concern. Reflecting on Foucault's (1975) contributions, he suggested that medicine was developed initially to control urban environments. The surveillance and analysis of bodies by the Glasgow Sanitary Committee in the private sphere explicitly supports Foucault's claim that medicine was used as a form of social control to identify, manage, and work to remove non-conforming bodies from society. This surveillance of bodies inspired a perspective that the mentally ill required management through deliberate and distinctive policies.

A policy more akin to exclusion had been advocated by Stark (1807):

> 'No advantage could possibly accrue to a patient, from him being made to associate with those in the more degraded states of the disease, among whom some will be found whole habitués resemble those of brutes rather than human beings' (Stark, 1807).

By contrast, MacGill (1810) writes that mentally ill individuals are sources of irritation and anxiousness:

> 'The safety of the insane […] can only be enjoyed in a few cases in the home […] with so much anxiety, and harassment of mind, as must greatly injure the happiness and peace of domestic life. Removal from home is generally necessary, and in almost every case desirable.' (MacGill, 1810).

Wilton (1998, p.177) stated 'the strange behaviour of the epileptic or madman triggers a fundamental anxiety about the loss of control within the self', and from Stark and MacGill's writings, they express a similar 'desire for those who feel threatened to distance themselves from defiled people and defiled places' as discussed by Sibley (1995, p.49). Through

increased surveillance and analysis of slum environments by authorities, it became apparent that these physical miasmas held an urban body that was a source of fear and contamination to the bourgeoise at the time, and required policies of sanitary intervention and spatial exclusion. This perspective was further reinforced laterally by the development of psychoanalytical theory. Through the concept of the creation of a spatial boundary, both had lived consequences for mentally ill bodies demarcated as 'imperfect' and 'uncivilised', who experienced, in consequence, real life exclusion also reflected in archival material.

'A letter to the Right Honourable Lord Binning, M.P containing some remarks on the state of lunatic asylums, and on the number and condition of the insane poor in Scotland in 1816', from Sir Andrew Halliday (Surgeon), observes:

> 'Idiots not confined in the workhouses should be removed to the asylum for the insane. This is a more appropriate residence and would relieve the unhappy sane poor from an afflicting spectacle, which cannot but aggravate their unavoidable distress' (Halliday, 1816).

The theoretical assumption that moral boundaries that identified certain groups as imperfect and uncivilised produced a desire to introduce distance chimes with psychoanalytic geographies, contributing to the segregation of mentally ill populations. From archival evidence, it is clear that individuals who were specifically inflicted with diagnoses of mental health conditions suffered a real and visible detachment from society. For the first time, authorities conflated both physical and moral disease as needing distinct interventionist strategies, which required behavioural interventions for the mentally ill in the form of removal to Lunatic Asylums.

DISCIPLINE AND SURVEILLANCE WITHIN THE GLASGOW LUNATIC ASYLUM

Lived Realities of Exclusion, Discipline, and Surveillance

The archive reveals that individuals with complex mental health conditions were increasingly pushed to the fringes of society. By exploring themes of discipline and surveillance within the archives of the Glasgow Lunatic Asylum, evidence of practices deployed conflict starkly with care, revealing many everyday apparatuses of punishment that were employed to 'treat' lunacy.

According to Mundy (1861), asylums facilitated the 'inhumane manipulation of spaces and boundaries, which permitted the shutting away of persons whose only crime was to be a little out of the ordinary' (Philo, 1987, p.403). Mundy's perspective may be evidenced clearly in archives related to the Glasgow Lunatic Asylum. One of the most controversial methods of coercion was the whirling chair illustrated in Figure 6.

The device was 'a mobile seat resting on a pivot, which is made to turn rapidly by means of a gear wheel while the patient is attached to it' (Andrews and Smith, 1993). Archival case notes detail that individuals were put in the chair for being violent, but also simply for refusing to work. This device was in essence a mechanism of punishment, with individuals spun until they either submitted or were violently sick. There was the belief among psychiatric doctors that mentally ill individuals could overcome their disruptive episode through suffering, illustrating the disregard for care and instead subjecting individuals to torture.

While instances of torturous treatment were frequently relied on, the most significant factor in the management of lunacy was the physical construction and operation of the asylum itself, designed by William Stark (Figure 4.1). Stark's (1810) proposal for the Glasgow Asylum, read to a Committee of Inhabitants of Glasgow, shows an evolution of public health policies of

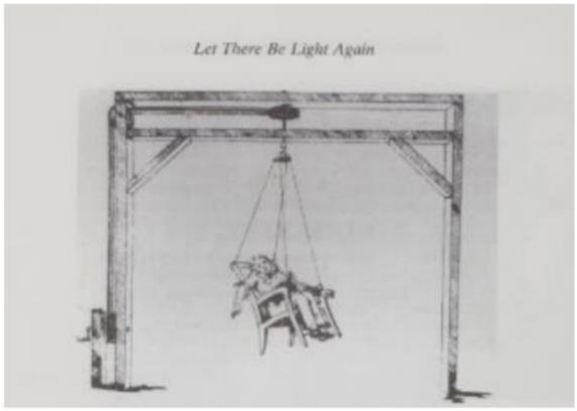


Figure 6: Image of the whirling chair, used at the Glasgow Lunatic Asylum c. 1918. (Andrews and Smith 1993, The Mitchell Library, © Glasgow City Archives, reproduced with permission.)

physical discipline and control to include practices of exclusion and surveillance, which, rather than sporadic instances of restraint, subsequently influenced and controlled lives of asylum inmates continuously.

Stark's (1810) proposal hypothesises:

> 'The centre of the building is a large octagon, covered with a circular attic. Four oblong wings of three stories in height are attached to the octagon, and extended obliquely outwards, in opposite directions like radii or spokes […]. The circular space is thus divided into four large enclosures like quadrants, and four oblong courts […]. In this manner, eight enclosures of considerable size, are obtained, all of them full in view of the windows of the superintendent and keepers, whose apartments are in the octagon. These enclosures will be occupied by eight classes of patients of different ranks and sexes, who are in an ordinary state of insanity, or who are convalescent. The four other areas of courts […] will be appropriated to the use of individuals whose disease does not admit of their being mixed with the ordinary patients'. (Stark, 1810).

By comparing the architectural configuration of space in Figures 1 and 7, Stark's proposal for the Glasgow Lunatic Asylum may be seen to be an almost complete replica of Bentham's panopticon. Both floor plans follow a saltire configuration of space with wards extending outwards from a central block; for Bentham, this was the prison guards' quarters, and for the asylum it was for keepers. Furthermore, both constructions spatially segregate their inmates by sex and class, kept in cells radiating from the central office whereby guards and attendants have continual surveillance over bodies. This constant authoritative gaze generates self-regulation and correction for patients. The panopticon layout was symbolic of the Glasgow Lunatic Asylum's principal aim of control and discipline, with 'freedom of space against limitation, freedom of movement against confinement and freedom of creativity against supervision' (Kuilman, 2013). The transition from a culture of spectacle to carceral is shown, with inmates 'perpetually judged, threatened and corrected' by an authoritative gaze, generating both an illusion and possibility of being watched and therefore enforcing constant self-scrutiny and self-policing (Lakritz, 2009; Felluga, 2020).

Foucault (1975) argued extensively that bodies are made docile through disciplinary mechanisms, specifically the possibility of being under constant observation through the deliberate manipulation of space; these disciplinary mechanisms are exhibited in Stark's plans. The archival evidence based on Stark's proposal strongly illustrates that the asylum was created

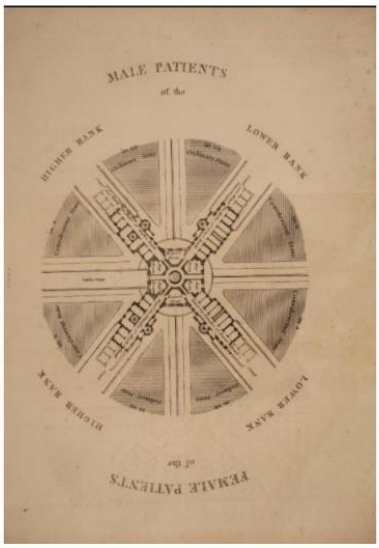


Figure 7: Floorplan of the Glasgow Lunatic Asylum (Stark, 1810; The Mitchell Library, © Glasgow City Archives, reproduced with permission.)

to regulate and control non-conforming bodies rather than medically treat mental illness.

While the organisation of space is paramount to the surveillance of bodies, Stark (1810) further outlines how the asylum was created as a space for securing non-conforming bodies rather than attempting to medically treat mental illness. Lakritz (2009) and Felluga (2020) suggest that the Glasgow Lunatic Asylum was an instrument of observation, intimidation, and exclusion, which can be illustrated in the closing section of Stark's proposal.

Stark observes:

> 'The galleries of the several classes [will] have their windows opening towards their own enclosures; by these means they are secured from the bad effects arising from the view of strangers. They have no view from their bedroom, the windows of which are placed high above their heads. The walls which surround the asylum will be of sufficient height, not only to prevent patients being seen by persons from within, but also to exclude all possibility of escape' (Stark, 1810).

The lived realities illustrated through archival material suggest that the asylum was not created for the care of mental derangement. Instead, it was created for the security of urban environments through the confinement and segregation of populations who could not conform to the expected norms beyond the walls of the asylum and who required distinct interventionist strategies. In this regard, the asylum effectively functioned as a space of containment for disruptive and dirty bodies. In essence, both the construction and operation of the Glasgow Lunatic Asylum was driven by terms of carceral practice rather than therapeutic conditions.

CONCLUSION

19th-century Glasgow was faced with challenges centred largely around poverty, disease, and squalor, underpinned by putrid urban environments affecting significant portions of the population. These challenges not only created fear of affliction by disease but were perceived by many to undermine the economic prosperity of Glasgow. Through the surveillance of these slum populations by the authorities, it became apparent that these physical miasmas held an urban body that was a source of contamination to the superior classes of the time. These feared urban bodies became the catalyst for policies of sanitary intervention. Such policies exhibited a shift from the policing of public spaces to a fixation on private domestic spaces. Initially, their clear focus was on sanitary inspection, cleaning, and reporting to combat physical sanitation. However, as expressed in both literature and archival material, this process exposed moral degradation within these slum environments. For the first time, authorities conflated both physical and moral miasmas as requiring distinct interventionist strategies, which included both the physically and the mentally ill.

Where streets and dwellings could be purified, the non-conforming body was viewed intrinsically by public health reformers as a hindrance to social development and understood to be incurable. This reinforced the belief that mental illness required segregation and management through distinctive and deliberate intervention policies. This process of exclusion was consistent with emerging psychoanalytical theory that conveys mental illness as a vector for fear and repulsion, requiring social distancing, ostracization, and exclusion.

Where control, discipline, and exclusion were central to urban sanitary improvement policies, they were similarly fundamental objectives in the functioning of the asylum. It is evident from the principles that underpinned the blueprint for the Glasgow Lunatic Asylum that its founding was a continuation of this sanitary principle of control, discipline, and exclusion, supported powerfully by the archival accounts of Stark's (1810) proposal, which was fully accepted by Glasgow City authorities. While discipline and exclusion were implemented through sporadic accounts of torture, they were upheld universally through persistent confinement, segregation, and surveillance through the asylum's panoptic architectural configuration. Rather than an institution constructed to better the minds and bodies of mentally ill populations in Glasgow, the construction and operation of the asylum was essentially driven by the efficient functioning of the asylum in terms of carceral practices, rather than medical and therapeutic conditions. The contention of this article is therefore that the construction and operation of the Glasgow Lunatic Asylum was a continuation of invasive sanitary strategies for urban improvement, rather than a philanthropic compassionate community response.

By exploring Glasgow's asylum construction, this research has provided foundational material on which further avenues of research into the evolution of public health strategies beyond exclusively sanitisation and control may be built. Further research on this topic could establish to what extent there was pressure on the Glasgow Lunatic Asylum to be removed from the urban environment and relocated to the Glasgow Royal Lunatic Asylum at Gartnavel in 1843. Comparing the two institutions would allow further investigation into the ruralisation of mental health provisions, assessing if the construction of the Glasgow Royal Lunatic Asylum at Gartnavel was an extension of urban cleansing policies or due to the growing appreciation for moral architecture, exercise, and the restorative powers of nature in the 20th century.

REFERENCES

Andrews, J. (1999). "Raising the tone of asylumdom: Maintaining and expelling pauper lunatics at the Glasgow Royal Asylum in the nineteenth century" in *Insanity, Institutions and Society: A Social History of Madness in Comparative Perspective*, **44**(3): 200-222.

Beveridge, A. (1993). Book review: Andrews, J. and Smith, I. "Let There be Light Again: A History of Gartnavel Royal Hospital from its Beginnings to the Present Day". *History of Psychiatry* **4**(4): 453–456.

Brunton, D. (2004). "Medicine transformed: Health, disease, and society in Europe 1800-1930", Manchester University Press, Manchester, 402, 200-204 pp.

Brunton, D. (2005). "Evil necessaries and abominable erections: Public conveniences and private interests in the Scottish City, 1830–1870". *Social History of Medicine*, **18**(2): 187-202.

Brunton, D. (2013). "Policy, powers and practice: The public response to public health in the Scottish city", *Medicine, Health and the Public Sphere in Britain, 1600–2000*, **1**(1): 360-415.

Devine, T., and Jackson, G. eds, "Glasgow", *Urban History*, **1**(1): 360-415.

Driver, F. (1985). "Power, space, and the body: A critical assessment of Foucault's Discipline and Punish*", Environment and Planning D: Society and Space*, **3**(4): 425-446.

Driver, F. (1988). "Moral geographies: Social science and the urban environment in mid-nineteenth century England", *Transactions of the Institute of British Geographers*, **13**(3): 275-287.

Elden, S. (2003). "Plague, a, Police", *Surveillance & Society*, **1**(3): 240-253.

Felluga, D. (2020). *Guide to Literary and Critical Theory*, https://cla.purdue.edu/academic/english/theory/ (Accessed 12 November 2020)

Foucault, M. (1975). *"Discipline and Punish".* Pantheon Books, New York, 200- 318

Fraser, H. (2004). "The Glasgow Story: 1830s to 1914", https://theglasgowstory.com/story/?id=TGSD0 (Accessed 1 August 2022)

Fraser, H. and Maver, I. (1996). "The social problems of the city", in Fraser H and Maver I (Eds.). "*Glasgow 1830-1912",* **2**(1): 352-93.

Glaw, X., Inder, K., Kable, A., and Hazelton, M. (2017). "Visual methodologies in qualitative research", *International Journal of Qualitative Methods*, **16**(1): 2-8.

Kuilman, M. (2013). "Asylums and Prisons", https://quadralectics.wordpress.com/3-contemplation/3-6-asylums-and-prisons/ (Accessed 1 August 2022).

Lakritz, K. (2020). "Michel Foucault's Madness and Civilization: A History of Insanity in The Age of Reason", *Psychiatric Times*, **26**(6): 40-50.

McGeachan, C. (2020). "Troubling, Troubled, Troublesome", *The SAGE Handbook of Historical Geography*, **1**(1): 390-400.

Merriam-Webster (2021). 'nonconforming', https://www.merriamwebster.com/dictionary/nonconforming (Accessed 1 August 2022).

Mindham, R. (2019). "The Glasgow Asylum of 1810", *The British Journal of Psychiatry*, **214**(5): 214, 314.

Mundy, J. (1861). "Five cardinal questions on administrative psychiatry", *Journal of Mental Science*, **7**(39): 343-370.

Petersen, A. and Lupton, D. (1996). *"The new public health: Health and self in the age of risk".* Sage Publications, **1**(1): 1-50.

Philo, C. (1987). *"Fit localities for an asylum": The historical geography of the nineteenth-century "mad-business*" in "England as viewed through the pages of the Asylum Journal", *Journal of Historical Geography*, **13**(4): 398-415.

Scull, T. (1977*).* "Madness and segregative control: The rise of the insane asylum*", Social Problems*, **24**(3): 337-351.

Sibley, D. (1995). *"Geographies of exclusion: Society and difference in the West"*. Routledge, 224, 8-50.

Spring, I. (1996*). "Midnight Scenes and Social Photographs: Thomas Annan's Glasgow*". In *"Victorian Urban Settings",* Routledge, 195-213 pp.

Stallybrass, P. and White, A. (1995). *"The politics and poetics of transgression".* Ithaca, NY: Cornell Univ. Press, 125-148 pp.

Topp, L. (2018). "Single rooms, seclusion, and the non-restraint movement in British asylums, 1838–1844". *Social History of Medicine*, **31**(4), 754-773.

Wilton, R. D. (1998). "The constitution of difference: Space and psyche in landscapes of exclusion", *Geoforum*, **29**(2):173-185.

ARCHIVAL REFERENCES

Andrews, J. and Smith, I. (1993). Let There Be Light Again: A History of Gartnavel Royal Hospital From its Beginnings to the Present Day. Records of Gartnavel Royal Hospital, Glasgow, Scotland, HB13/2/237, Available at: https://wellcomecollection.org/works/zfc89e3k

Annan, T. (1868). The Old Closes and Streets of Glasgow, The British Library, L.R.404.g.8., Glasgow, Lanarkshire, Available at: https://www.bl.uk/collection-items/the-old-closes-and-streets-of-glasgow

Back Lands and Slum Interiors, Ref No. D-HE/7/1. Photographic records of the Glasgow Public Health Department, The Mitchell Library Special Collections

Baird, C. (1841). Sanatory Inquiry-Scotland: Report on the general and sanatory condition of the working classes and the poor in the city of Glasgow, The Welcome Collection, Available at: https://wellcomecollection.org/works/v7ueevv7

Bentham, J. (1843). *Plan of the Panopticon* [image]. The works of Jeremy Bentham vol. IV. Edinburgh: W. Tate, pp. 172-3. Available at: https://commons.wikimedia.org/wiki/File:Panopticon.jpg [Accessed 8 February 2023]

Chadwick, E. (1842). Report from the poor law commissioners on an inquiry into the sanitary conditions of the labouring population of Great Britain.

Halliday, A. (1816). A letter to the Right Honourable Lord Binning, M.P containing some remarks on the state of lunatic asylums, and on the number and condition of the insane poor in Scotland, The Wellcome Collection. Available at: https://wellcomecollection.org/works/dh5rjfge

MacGill, S. (1810). On lunatic asylums: A discourse delivered on 2nd August 1810, previous to laying the foundation stone of the Glasgow Lunatic Asylum; to which is subjoined […] an appendix, containing an account of the ceremony. Records of Gartnavel Royal Hospital, Glasgow, Scotland, HB13/2/209, The Wellcome Collection, Available at: https://wellcomecollection.org/works/qmbkbxsm

Minutes of Nuisances, Sanitary and Health Committees, Sanitary Committee Minute Book, Volume 1. 18 Aug 1863-24 Oct 1866, E1/13/2. The Mitchell Library Special Collections

Stark, W. (1807). Remarks on the construction of public hospitals for the cure of mental derangement; read to a committee of inhabitants of the city of Glasgow, 1807. The Wellcome Collection, Available at: https://wellcomecollection.org/works/ehktmq8j

Stark, W. (1810). Remarks on the construction of public hospitals for the cure of mental derangement. Read to a Committee of inhabitants of […] Glasgow, The Wellcome Collection, EPB/P/49603, Available at: https://wellcomecollection.org/works/dcpv8nq6