



“Resistance”

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Credits

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Editorial

Amy Lineham

I am very excited to introduce this *Ex Historia* Special Issue, the idea for which emerged from the Society for the Social History of Medicine’s (SSHM) 2024 Conference, hosted by the Centre for the Social History of Health and Healthcare (CSHHH) at Strathclyde University. The conference invited papers on the theme of “Resistance”, organising resulting submissions into 70 panel sessions undertaking a broad exploration of the topic across four days. In the conference’s opening Keynote address, *Forging a Path of Resistance in the History of Health and Medicine*, Strathclyde’s Professor Matthew Smith challenged the audience to consider historians’ responsibility to respond to present day struggles. This issue is an attempt to bring this question into the practice of early career research, in the first instance by providing an open-access platform for students to share their findings beyond the academic publishing industrial complex. With humanities funding under ever greater threat, it is important to demonstrate the nuanced critical position those working on historical source material can take within an increasingly entrenched ideological landscape. This issue showcases some of the innovative work taking place within CSHHH and is crucially shaped by its context, the articles bringing a specifically Scottish history of healthcare focus to the wider theme.

During the editorial process, authors were invited to respond to the Keynote’s meditation upon the political role of historical enquiry. With this prompt, otherwise disconnected source-bases begin to speak with each other, tracing shifting manifestations of resistance across time and settings. Arranged in chronological order, the issue opens with Claire O’Neill’s “We Recognise No Division in the Profession Save that of Merit: Campaigning for Equal Opportunity in Medicine in Nineteenth-Century Glasgow”. Investigating dynamics of medical professionalisation in the previously underexplored context of 1820s Glasgow, O’Neill’s article discusses how licenced surgeons, who formed the majority of practitioners in the city, found themselves excluded from the networks and resources enjoyed by members of the Faculty of Physicians and Surgeons of Glasgow. Weaving together meeting minutes, journal issues and records of consultation pricing, this article charts how marginalised medical practitioners organised an important resistance movement through the formation of the Glasgow Faculty of Medicine and accompanying professional publication the *Glasgow Medical Examiner* to contest what they saw as excessive influence upon the profession by a chosen few. With recent and ongoing industrial action within the NHS today, issues of licencing, regulation and wages remain highly relevant and O’Neill’s article offers a fascinating insight into the long and fractious history of such questions.

Considering contemporaneous patient rather than practitioner experience, Laura Sutherland’s “The Mouthpiece of God: Scottish Resistance through the lens of Religious Enthusiasm” shows how at times illness could be its own form of resistance. This article provides a comprehensive account of regional and class tensions around widespread secularisation and the reciprocal rise of scientific rationalism in nineteenth century Scotland. Upon this backdrop, Sutherland offers a new reading of Aberdeen Royal Lunatic Asylum records to suggest that those presenting with religious enthusiasm, a broad diagnosis typically involving physical and emotional agitation and hallucinations related to a preoccupation with sin, at this time posed a challenge to the growing scientific authority of doctors. Quoting directly from patient notes, Sutherland demonstrates how, whether consciously or unconsciously, these patients disrupted established frameworks of asylum hierarchy and in doing so maintained a sense of identity within a volatile social landscape.

Next, Monique Lerpinière’s “The First Generation of Indian Women Doctors and the Role of Scottish Medical Education, 1884-1900” contributes a valuable discussion at the intersection of race and gender within the history of the Scottish medical establishment. Developing the issue’s attendance to specific, focused and previously under-explored contestations of the status quo, Lerpinière reveals how female medical students from British Colonial India were instrumentalised as symbols of imperial benevolence whilst simultaneously marginalised and undermined on the ground. The contradictory nature of this experience is captured through a discussion of the derogatory arguments levied to resist Indian women’s inclusion in the medical profession whilst proponents advanced patronising and orientalist defences rooted in a hierarchical saviour mindset. Lerpinière’s source material illuminates the paradoxical nature of working under such conditions, exploring how the women concerned operated both within and against the structures of their employment and, in doing so, wider societal expectations in both Britain and India. The Faculty of Physicians and Surgeons of Glasgow makes a reappearance here in its later (and present) status as the Royal College, highlighting how such institutions have overseen, and resisted, many iterations of struggle within the medical establishment. Ultimately Lerpinière argues that, through forging professional identities in hostile environments, the first Indian women to train in medicine in Scotland expanded who it was possible to imagine participating in the field, contesting racist and sexist beliefs about capacity and competence to transform the landscape of the profession we see today.

Moving into the twentieth century, Aaron Sheridan’s “Resistance and Resilience in Edinburgh’s Council Housing Schemes, c. 1919-1999” develops an unfolding theme of the intense labour required for even small acts of counter-hegemonic resistance. Drawing in important new perspectives from the underexplored context of Edinburgh’s council housing struggles and source material spanning inter and post-war contexts, Sheridan highlights the unequal distribution of effort and risk required to challenge existing hierarchies. An account of early 20th century slum clearances speaks to Sutherland’s earlier discussion of church and state as twin frameworks of control, demonstrating how these authorities worked together to disseminate imagery of compliant and morally reformed displaced tenants that required both ideological and material reframing to resist. Presenting archival records including newspaper articles, government reports and documentary film alongside original oral history interviews, Sheridan evidences how entrenched categories of superior landlord and subordinate tenant have been, and are, mobilised to excuse insufficient provision of services and rapidly escalating privatisation. Within the collection, Sheridan’s article in particular models a research praxis, creating a granular account of tenants’ organising methods and coping strategies to guide the movement’s present and future participants.

The penultimate article of the issue, Jois Stansfield’s “Voicing Resistance: Speech Therapists in the Mid-Twentieth Century”, continues O’Neill and Lerpinière’s discussions of professionalisation, inter, and intra-disciplinary discrimination across the Scottish medical tradition. Demonstrating the persistence of such debates into the 20th century, Stansfield’s research comprises the first in-depth analysis of the Royal College of Speech Therapists’ archive. With this rich collection of primary source material, the article charts a complex interplay of forces that shaped the foundation and development of the predominately female specialism of speech therapy. Stansfield structures this analysis through a distinction between horizontal conflicts amongst speech therapy groups and vertical pressures exerted by medical and government authorities, providing a clear framework for understanding the complicated and at times contradictory paths of resistance discussed across this issue. In doing so, Stansfield’s article demonstrates how understanding resistance movements within emerging medical professions can help to clarify roles and develop confidence in skilled practitioners’ delivery of their current and future work.

Finally, closing with a departure from Scotland, Abigail Louise McCormick’s “The Enemy of my Enemy: Black Panthers, White Panthers, and the War on Drugs” examines racial dynamics and drug use in countercultural revolutionaries of 1960s and 1970s America. McCormick juxtaposes the collective ideology of the Black Panther Party against the Detroit-based derivative group the White Panthers, who followed other white countercultural groups of the time in their focus upon individual liberty. McCormick uses drug use as a lens through which to understand these groups’ distinct relationships to state power. The Black Panthers saw drug prevalence as a weapon of the American ruling class and justification for police violence, whilst the White Panthers believed mind-altering substances to be a tool for achieving liberation from the social order. In handling such a distinct context, McCormick’s paper highlights recurring challenges across the disparate resistance movements discussed, drawing together threads of factional infighting, hegemonic ideology and the impact of privilege upon political strategy. In doing so, McCormick underscores the complicated nature of solidarity and need for unlikely forms of collaboration to achieve shared goals.

In today’s world there is much to resist, and this issue does not claim to address subjects outside of its scope. Rather, I hope that by platforming six examples of rigorous historical work from students at an early stage of their careers it may “resist” the dwindling of space for such studies. What is exciting about these articles is their elucidation of resistance as a practice beyond static, highly memorialised acts. Through assiduous research across diverse source material, the authors demonstrate that resistance instead occurs at, to echo Harris’s framing, sites of the banal or everyday. In doing so, small individual and collective moments emerge from archival records, offering a reminder that resistance takes many forms. This shift away from more well known or traditionally “heroic” narratives indicates a way out of inertia, potentially increasing our individual and collective sense of power to act.

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Ex Historia Acknowledgements

Nick and Dylan extend their thanks to Amy for bringing this idea to *Ex Historia* and steering it so skilfully through to completion, to the authors for writing such engaging articles, and to the peer reviewers for providing thoughtful and constructive feedback. We have thoroughly enjoyed working on this issue and hope readers enjoy it too.

“We Recognise No Division in the Profession Save that of Merit”: Campaigning for Equal Opportunity in Medicine in Nineteenth- Century Glasgow.

Clare O’Neill¹

Abstract

The historiography of the professionalisation of medicine in Britain in the nineteenth century has focused on the role of central government and of the Royal Colleges of Physicians and of Surgeons of London. More recent work on the provincial general practitioners’ organisations and the importance of economic pressures in shaping the profession has identified a more nuanced and varied national process, but has paid less attention to the influence of regulation and medical education in Scotland, where the majority of British doctors were trained. In that Scottish context, this paper examines a movement of medical practitioners in 1820s Glasgow, which responded to local regulation, but extended its scope to demand national reform. It explores the political and professional attitudes of a low-status and little-studied group in nineteenth-century medicine: the licenced surgeon in private practice. It finds that the local economy, local cultural forces, and the expansion of medical education generated and shaped a protest that sought to apply the principles of free trade, representative democracy and meritocracy to reform a licencing authority, the Faculty of Physicians and Surgeons of Glasgow (FPSG). It shows how utilitarian functions of a doctors’ organisation – a library, a professional journal and a vaccination programme – were also channels of protest. It concludes that political theory and issues of principle played an important role in this protest, and that the movement played a part in shaping the local reform of the FPSG and the Medical Act of 1858.

Introduction

In 1826, a group of around seventy licenced surgeons in Glasgow formed an organisation they called the ‘Glasgow Faculty of Medicine.’ Their aim was the abolition of their own governing and licencing body, the Faculty of Physicians and Surgeons of Glasgow (FPSG). The original Faculty, which held the power to examine and licence the practitioners of medicine and surgery in the burgh of Glasgow and the surrounding counties of Dumbartonshire, Lanarkshire, Renfrewshire and Ayrshire, had been established by royal charter in 1599. It made no public comment on the existence of the new Glasgow Faculty of Medicine (GFM), but seventy years after the GFM’s formation, the Secretary of the FPSG Alexander Duncan (1833-1921) called it ‘a political movement’ and described it and an associated medical journal, the *Glasgow Medical Examiner*, in disapproving terms: ‘its general tone was declamatory, and its epithets strong.’ One of the movement’s leaders, and the editor of the *Examiner*, John Paul Glen (d. 1845), was described as ‘a man of considerable ability’ but others were ‘merely vulgarly vituperative.’ This paper examines the

¹ Clare O’Neill is a PhD student at the University of Strathclyde, currently researching Scottish Royal Asylums in the nineteenth century. This paper is based on part of a dissertation submitted for an MSc in Health History at the University of Strathclyde, and acknowledges the support and supervision of Professor Matt Smith, the assistance of Clare Harrison, librarian at the Royal College of Physicians and Surgeons of Glasgow, and helpful comments from Dr Jennifer Farquarson.

origins and nature of the GFM's campaign for recognition and equal treatment in the medical community, and considers how questions of orthodoxy, licencing authority, fair pay and equality of opportunity, were addressed in early nineteenth-century Scotland.

The historiography of medicine in nineteenth-century Britain has recognised the importance of the professionalisation of orthodox medicine, an important element of which is the emergence of a national standard imposed by statute, and the construction of an infrastructure of self-regulating, occupational bodies. In Irvine Loudon's overview of the development of the general practitioner, he examines in detail the debate that preceded the Medical Act 1858, and argues that the medical profession was generally unconcerned with principled positions. Reform of the medical profession was supported by its members in response to economic pressures, and competition from unorthodox practitioners, not by any sense of the public interest or a theoretical framework.² Ian Burney, however, argues that the 1858 Act owes its final form to a political reform agenda that opposed both unregulated quackery and trade restrictions, and that in the campaigning journal *The Lancet*, reform was explicitly linked to political liberties and the corrupting powers of the regulatory corporations.³ Michael Roberts agrees that arguments based on free trade and individual liberties, as well as demands for direct representation and accountability, were important elements of the reform case, but does not accept that these arose from any sense of grievance against the corporations among medical men: rather, this aspect of the case for reform was constructed by a small group of reformers who 'tapped into the political mood and language of the times. He points to the lack of pro-reform organisation among general practitioners in non-metropolitan England before 1837, and thereafter, the focus of the medical associations on the threat of unqualified 'quacks' to justify regulation.⁴

However, Loudon's position is supported by Anne Digby, who argues that economics shaped medical cultures, including the movement for orthodoxy and regulation.⁵ She also notes that with regard to medical incomes and opportunities, local variation was more usual than any single national picture. However, there has been relatively little detailed exploration of local medical economies and their impact, particularly in Scotland, and Scottish medical history has paid little attention to any aspect of private practice in the early nineteenth century. Helen Dingwall's overview study of Scottish medicine from 1500 - 2000 focuses, in the nineteenth century, on themes of technical innovations and public health, and does not consider the first half of the century in any detail.⁶ Similarly, David Hamilton very briefly considers the impact of the Apothecary Act of 1815 on the Scottish profession, but in his survey of the 1820s, focuses on the reputational decline of the universities and on hospital surgery.⁷ Economic considerations feature in Jacqueline Jenkinson's accounts of

² Loudon, *Medical Care and the General Practitioner, 1750-1850*, 187-188.

³ Ian Burney, 'Medicine in the Age of Reform' in *Rethinking the Age of Reform: Britain, 1780-1850* ed. Arthur Burns and Joanna Innes (Cambridge: Cambridge University Press, 2003).

⁴ M.J.D. Roberts, 'The Politics of Professionalization: MPs, Medical Men, and the 1858 Medical Act', *Medical History* 53:1 (2009): 37-56.

⁵ Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911*, (Cambridge: Cambridge University Press, 1994), 21-24.

⁶ Helen M. Dingwall, *A History of Scottish medicine: Themes and Influences* (Edinburgh: Edinburgh University Press, 2003).

⁷ David Hamilton, *The Healers: A History of Medicine in Scotland* (Edinburgh: Mercat Press, 2003).

practitioners in Glasgow in the second half of the century: the practice of shop-keeping and drug-dispensing by doctors, and a persistence of lower-middle class, artisan identities, all suggest persistent economic pressures among the medical profession.⁸ An important survey of general practice in Scotland after 1870 is provided by Crowther and Dupree, but the cultures and concerns of everyday practice in the early part of the century remain unexplored.⁹ Jenkinson’s work on Scottish Medical Societies also considers how these organisations were, in some cases, formed in opposition to the corporations’ elitism, but in considering the societies’ interest in professional reform, she examines the period after the Medical Act 1858.¹⁰ Finally, medical reform in Scotland in this period has been examined by Johanna Keyer-Gordesch’s history of the Royal College of Physicians and Surgeons of Glasgow, but Keyer-Gordesch approaches the resistance of the licenced surgeons as a minor problem for the governing body rather than considering the interests and attitudes of the lower levels of the profession.¹¹ However, Keyer-Gordesch is acknowledged as a key reference for this study, which covers some of the same material.

In that context, this paper explores how local regulation in Glasgow impacted the most common type of orthodox medical practitioner in the early nineteenth century: the general practitioner in private practice. It examines the combination of circumstances, including a challenging local medical economy, that engendered their discontent; and the nature and ideological origins of their response. It argues that the campaign resisted their exclusion from economic opportunities, an exclusion that relied on regulatory power, and formal and informal networks. The movement demanded access through de-regulation, representation and the rewarding of merit, but supported its case with political and ethical principles and reference to the public good. The local protest resembled, and consciously allied itself to, similar movements against the London Medical and Surgical Colleges, but retained a local nature engendered by the conflict between a corporate body that continued to function as a mercantilist trade guild, while its members sought to apply free-trade principles as an solution to their economic challenges.

Sources and Method

Surviving accounts of the events examined here are limited, and much of the sequence of events comes from the minutes of the Faculty of the Physician and Surgeons of Glasgow (now the Royal College of Physicians and Surgeons of Glasgow) and its

⁸ Jacqueline Jenkinson, ‘A “Crutch to Assist in Gaining an Honest Living”: Dispensary Shopkeeping by Scottish General Practitioners and the Responses of the British Medical Elite, 1852–1911’, *Bulletin of the History of Medicine*, 86:1 (2012): 1-36; Jacqueline Jenkinson, ‘More “Marginal Men”: A Prosopography of Scottish Shop-keeping Doctors in the Late Nineteenth and Early Twentieth Centuries’, *Social History of Medicine* 29:1 (2015): 89–111.

⁹ M. Anne Crowther and Marguerite Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge: Cambridge University Press, 2010).

¹⁰ Jacqueline Jenkinson, *Scottish Medical Societies 1731-1939: Their History and Records* (Edinburgh: Edinburgh University Press, 1993), 53-56, 80-112.

¹¹ Johanna Geyer-Kordesch and Fiona A. Macdonald, *Physicians and Surgeons in Glasgow: The History of the Royal College of Physicians and Surgeons of Glasgow, 1599-1858* (London: Hambledon Press, 1999), 346-360.

institutional history, written in 1899 by its secretary, Alexander Duncan. The only surviving output from the Licentiates themselves is in transcribed correspondence in the FPSG minutes, minutes of the GFM, and a short-lived periodical, the *Glasgow Medical Examiner*. While other sources, such as price lists and employment testimonials, provide background to the Licentiates' problems, no other direct or personal comment seems to have survived. It is worth noting that within the limits of his role and outlook, Duncan was even-handed and often sympathetic to the Licentiates. However, I have tried to rely on Duncan only for facts that can be confirmed by the other sources, and have given more attention to interpretation of the language and intentions of the Licentiates as expressed in their own output.

The Regulatory Background

Like many of its counterparts, such as the Edinburgh and London Royal Colleges of Surgeons and Royal Colleges of Physicians, the FPSG had by the beginning of the nineteenth century, developed a licencing regime that required formal medical education, clinical experience and an examination. It was the only one of the geographic medical corporations that regulated all branches of medicine: it licenced and examined candidates as 'surgeons' and in much smaller numbers, 'physicians', but in practice, all its licenced surgeons practiced general medicine, including physic, and it was believed there were only two or three pure physicians in Glasgow.¹² In the eighteenth century the Faculty developed its position as part of the growing network of civic Glasgow, including involvement in the Town Hospital, a Poor House supported by a mix of voluntary and poor law funds, and helping to establish the Glasgow Royal Infirmary as a charity and a teaching hospital. It advised on early public health measures, and established dominance in the charitable and civic structures which managed the sick poor.¹³

Until 1785, membership of the FPSG was a condition of practice, but as a response to the lower incomes in rural areas, and the fact that membership privileges were largely irrelevant outside Glasgow, the FPSG began to offer a 'country licence' that legitimised practice outside the city boundaries, but did not confer or require FPSG membership. By 1810, due to financial mismanagement, especially of its Widows' Fund, the FPSG entry fee had increased to one hundred pounds, and then to £150 in 1816. Very few newly qualified men could pay this, so to discourage unlicenced practice, from 1811 the FPSG began to offer a licence to city practitioners for the more affordable sum of a five-guinea examination fee, and a fifteen-guinea 'freedom fine'.¹⁴ This licence was popular, and by 1840 licentiate practitioners formed over 70% of the medical men in Glasgow, 171 of 237.¹⁵ While some licentiates later became members, most did not, either through choice or continuing inability to pay. The FPSG continued to suffer financial difficulties and in 1819 increased the charges

¹² Duncan, *Memorials*, 141-142. For an account of licencing and general medical practice in Scotland, see David Hamilton, *The Healers*, 142-145.

¹³ For full accounts see Jacqueline Jenkinson, *The Royal: The History of the Glasgow Royal Infirmary, 1794-1994* (Glasgow: Glasgow Royal Infirmary, 1994) and Fiona A. Macdonald, 'The Infirmary of the Glasgow Town's Hospital, 1733-1800: A Case for Voluntarism?', *Bulletin of the History of Medicine* 73:1 (1999): 64-105; Keyer-Gordesch and Macdonald, *Physicians and Surgeons in Glasgow*, 302-322.

¹⁴ Duncan, *Memorials*, 99; *Glasgow Medical Examiner*, 1 April 1831, 36.

¹⁵ Post Office Directory 1840; Licentiates Register GB250/1/4/1.

to new Licentiates and began to add annual interest to the deferred membership fees.¹⁶ The introduction of Licentiate status had unintended consequences: it divided the medical profession in Glasgow into two main groups, and this was a division created by money and social class, because there was no distinction in the training, education and examination standard. Within the divisions of Licentiate and Member there were differences of career stage, experience, earnings and connections, but the two-tier status quickly became an obvious distinction in the profession, and was important to the way that practitioners could negotiate the local medical economy.

FPSG and the Medical Economy: Price Control, Exclusion and Soft Power.

Medical practitioners, including the Licentiates, sought to earn income in time of rapid growth of population and expanding opportunities, but also of instability of income and competition. As the population of Glasgow grew by 230%, from 77,000 to 255,000 between 1810 and 1840, but so did the number of medical men, from around 70 to 237.¹⁷ Medicine was not lucrative: Loudon suggests that the years following the end of the Napoleonic Wars, from 1815-25, saw a decline in fee levels, and recovery was slow.¹⁸ Digby notes that even by 1853, the Glasgow Southern Medical Society recommended two shillings as the lowest fee for a visit.¹⁹ In 1818 a recently-qualified surgeon in Glasgow reported earnings of twenty pounds in seven months.²⁰ The Faculty responded to the downward pressure on prices by the imposition of minimum charges. Lists of charges for visits, consultations and the most common treatments were printed and issued, including different prices for ‘a Labourer’, for ‘one in Middle Life’ and for ‘those in Higher Ranks’.²¹ The lists included the instruction: ‘It is understood that the Surgeon may charge the highest, or any intermediate Sum, but not under the lowest’. Fees for most services were in shillings: a FPSG list issued in 1800 allowed a fee of one shilling to visit a Labourer, and five shillings for the dressing of an ulcer. The highest charge was ten pounds, for a ‘capital amputation.’ Even at these levels, some patients failed to pay the doctor: ‘I have been under the necessity of making almost innumerable visits to the poor... without fee or reward’ wrote a young Licentiate in 1840, and many potential patients simply dropped out of the market for orthodox medicine.²²

Fees were the most important source of income, but many medical men tried to supplement practice income, often by teaching. In the early nineteenth century, medical education was becoming a product. The FPSG Licence had status and reputation outside its formal locus, and was taken by students from Ireland and England and occasionally from the colonies. Analysis of the FPSG Licentiates’ Register from 1815-31 shows that 34% had a

¹⁶ RCPSPG GB250 1/1/1 FPSG Minutes, December 1819.

¹⁷ Post Office Directories 1820, 1830, 1840; Olive Checkland and Margaret Lamb, *Health Care as Social History: the Glasgow Case* (Aberdeen: Aberdeen University Press, 1982).

¹⁸ Irvine Loudon, ‘A Doctor’s Cashbook: The Economy of General Practice in the 1830s’, *Medical History*, 27 (1983): 249-268, 257.

¹⁹ Digby, *Making Medical Living*, 136-7, 167.

²⁰ Geyer-Kordesch and Macdonald, *Physicians and Surgeons in Glasgow*, 357.

²¹ *Prices of Medicines and Attendance Fixed by the Faculty of Physicians and Surgeons in Glasgow Sixth December, 1799*, 2-9

²² *Testimonials in Favour of James Paterson*, 1840.

permanent residence outside the area, including in Europe, the United States, Jamaica, Trinidad and the West Indies.²³ Teaching was carried out at the University of Glasgow; at Anderson’s University, which had been founded in 1796 through a bequest; at the Glasgow Royal Infirmary where most local students obtained their clinical experience; and at least two private medical schools, at College Street and Portland Street.²⁴ Demand was generated by the need for ships’ surgeons, the East India Company, and other colonial expansion. There was also a local market, both among young men and qualified surgeons: just over half the practitioners who took an M.D. did so *after* entering practice: the average gap was 13 years.²⁵ Students might therefore be working for an M.D., a Faculty Licence, an Army or Navy Medical Board, or the East India Board. It was a lively and growing market, but the right to teach medicine was controlled by the FPSG, as an attendance record with an approved teacher - that is, one of its own members – had to be presented at their examination. In addition, clinical classes were only available at the Glasgow Royal Infirmary, with access to theatres and wards given by the Surgeon or Physician in charge: once again, all surgeons and physicians at the Infirmary before 1840 were required to be Members of the FPSG.²⁶

As important as formal regulation was the soft power exercised by the FPSG’s networks. The Glasgow Royal Infirmary was the centre of clinical teaching, but it also became a locus of medical status and the construction of a culturally distinct type of medicine, which featured a willingness to experiment, especially in surgery, statistical collation, and medical publishing.²⁷ The Infirmary physicians and surgeons created a network to share resources and develop careers. The Infirmary records, the output of the *Glasgow Medical Journal* and the Faculty minutes show that a group of around twenty members held Infirmary posts in rotation from 1825 to 1840. They all wrote for the *Journal*, and favourably reviewed each others’ books, and called each other in for consultation. They recommended each other for posts, and were active together in the FPSG, civic and church life. Those members who lived into the 1850s all achieved successful private practices and senior posts, and all became well-known at a local or Scottish level. They include Andrew Buchanan, later a Glasgow University Chair; William Mackenzie who later was oculist to Queen Victoria; William Weir who was President of the FPSG in the 1850s and sat on the first General Medical Council.²⁸ Other than William Mackenzie, they were locally, rather than nationally, prominent, but they achieved financial and professional success. The key to this success was access to clinical material and a medical library, teaching income, writing and publishing, and mutual support - all of it accessed through membership of the FPSG.

²³ RCPSG GB250/1/4/1 Licentiates Register.

²⁴ Johanna Geyer-Kordesch, ‘Comparative Difficulties: Scottish Medical Education in the European Context’ in *The History of Medical Education in Britain*, eds. Vivian Nutton and Roy Porter (Amsterdam-Atlanta, Rodopi, 1995), 103-104.

²⁵ Licentiates Register GB250/1/4/1; *Medical Directory for England, Scotland and Wales, 1853*; W.I. Addison, *A Roll of the Graduates of the University of Glasgow from 31st December 1727 to 31st December 1897* (Glasgow: Maclehose, 1898).

²⁶ Jenkinson, *The Royal*, 42.

²⁷ M.S. Buchanan, *History of the Glasgow Royal Infirmary, from Its Commencement in 1787, to the Present Time* (Glasgow: Lumsden and Son 1832); see also Jenkinson, *The Royal*.

²⁸ *Glasgow Medical Journal* Volumes 1-5, Issues 1-20 1829-32; ‘Memoir of Dr William Mackenzie’. *GMJ* 1:1 (1868), 6-15; Duncan, *Memorials*, 275, 281.

Licentiates also believed that the FPSG overreached its licencing authority. The growing medical community included discharged Army and Navy Surgeons after the end of the Napoleonic Wars in 1815, whose diplomas had been awarded by the Royal College of Surgeons of London and the Royal College of Surgeons of Edinburgh. This gave orthodox status in much of the rest of Britain, but discharged military surgeons were not formally licenced to practice in the FPSG’ locus. Experienced practitioners were required to take a basic licencing examination, to pay membership fees. This was the source of resentment among former military surgeons, and as a result several were active and vocal in the protests against the FPSG.²⁹

The Licentiate’s Resistance

Almost as soon as the Licence was introduced, there was non-compliance by individuals, who practiced medicine but refused to take a licence, citing the FPSG’s perceived over-reach in barring practitioners with alternative qualifications. The FPSG obtained a judicial Act of Adjournal in 1812 which re-established the general principle of its authority and locus, and began to pursue in the courts a series of cases against practitioners who refused to be examined.³⁰ This included men who held degrees from various universities, licences from other colleges, and ex-Naval surgeons. The FPSG was invariably successful, but practitioners continued to refuse, and prosecutions, claims and appeals continued into the early 1830s. One anonymous Licentiate wrote, in 1831, that he remained fully convinced of the justice of his case, and had held out against the legal ruling and demands for fines until ‘threatened with an expensive and ruinous lawsuit’ and was persuaded by friends who ‘trembled at the idea of a man setting himself up in open hostility against the Faculty’³¹. The FPSG was perceived as combining its legal powers with its other powers of influence to affect individual prospects. In 1819, when a group of Licentiate wrote ‘as a body’ to the FPSG to question their right to withhold the ‘privileges of membership’ from qualified, legitimate practitioners. By this they meant the exemptions allowed by the civic authorities: from the military ballot, army billeting, and watch fees and tolls.³² All their fees had bought, they complained, was freedom from the harassment of prosecution. There was, however, no challenge in this petition to the FPSG role and rights as a regulatory body, or a civic government that allowed these privileges to trades corporations:

we beg to submit to the consideration of the Faculty our awkward situation...we still rejoice in the prosperity of the Faculty, constituted by authority, and we have always considered their prosperity our prosperity.³³

In contrast, the formation, in 1824, of the Glasgow Medical Faculty (GFM) made a fundamental challenge to that authority. The organisers invited ‘all having medical degrees from the universities, surgical diplomas from colleges, or from any respectable Foreign

²⁹ The fourteen original office bearers of the GFM included five ex-Naval and one ex-Army surgeon – Duncan, *Memorials*, 196.

³⁰ Geyer-Kordesch and Macdonald, *Physicians and Surgeons in Glasgow*, 362-368.

³¹ *GME* 1:4 July 1831, 87.

³² RCPSG GB250/1/1/1 FPSG Minutes, December 1819; Geyer-Kordesch and Macdonald, *Physicians and Surgeons in Glasgow*, 358.

³³ RCPSG GB250/1/1/1 FPSG Minutes, December 1819.

College, or...a Military or Naval Medical Board' to join; by the end of 1828 they had around 70 members. The GFM wrote to the FPSG in 1829, demanding the right of any qualified practitioner to teach, and a separation of teaching and examining roles and in 1833, sent a petition to Parliament demanding a national reform of the regulation of medicine including the abolition of the corporations. This was signed by 70 Licentiates: there were, in 1830, around 120 practicing in the city.³⁴ The GFM also started a medical library, offered a smallpox vaccination dispensary, and set up its own Widows' Fund.³⁵

Closely associated with the GFM was the *Glasgow Medical Examiner*, a medical journal which began publication in 1831. It featured case reports, local medical news, papers read at medical clubs, and items reprinted from other British and European journals. However, it also declared in its first issue:

we aim to vent, and to mingle in the great ocean of public opinion as avowed, determined enemies of every item of that selfish and narrow-minded policy, which has too long disgraced our medical corporations, we shall with unflinching hand tear aside the veil which has hitherto shrouded their corruptions... they have perverted powers granted them for the general benefit onto instruments of oppression, self-aggrandisement and monopoly³⁶

The *Examiner*, probably consciously, imitated *The Lancet*, formed in London in 1823 for similar purposes, and like *The Lancet* was cheaply produced and issued more frequently than its rivals.³⁷ It opposed all medical corporations, but its strongest language and specific allegations were for the FPSG. It aimed to expose 'the contempt displayed [for] the Licentiates of this city' and believed the FPSG had 'forfeited every claim to respect' and insisted that they 'extort the means of pensioning their widows and endowing their library, from licentiates'.³⁸ The *Examiner* included an item critical of the FPSG in every issue, and its language was often intemperate, accusing the FPSG of incompetence, freemasonry and 'perversion' of its original charter. One letter writer declared that 'an equal number of individuals, selected from the lowest classes of society, would comport themselves towards their peers with more moderation and equity, decency and dignity.'³⁹ All of these pieces were anonymous, and also criticised the wider complex of Glasgow's public and charitable medical institutions in which the FPSG had established interest and control.

Authority, Philosophies, and Modes of Protest

The letter of protest of 1819, and the foundation of the GFM and the *Examiner* were very different in tone. The 1819 'memorial' was transcribed in full in the minutes of the FPSG, but the 1829 letter from the GFM was thought by the membership Committee to be

³⁴ GME 1: 4 April 1831, p12; RCPSPG GB250/40 GFM minutes April 1831, GB 250 40/1.

³⁵ Jenkinson, *Scottish Medical Societies 1731-1939*, 196.

³⁶ GME 1:1 April 1831, 1-2.

³⁷ Brittany Pladek, "A Variety of Tastes": The Lancet in the Early-Nineteenth-Century Periodical Press', *Bulletin of the History of Medicine* 85: 4 (2011): 560–86.

³⁸ GME 1: 4 July 1831, 2.

³⁹ GME 1:1 April 1831, 12.

so disrespectful that it refused to present it to the full Council.⁴⁰ Underlying the language was a difference of principle. In 1819 Licentiates were unhappy about being unjustly excluded from trade privileges, but the GFM and the *Examiner* insist that existence of such privileges and power is always unjust. The 1819 complaint refers only to their own local issues, while the 1829 claims, especially as expressed in the *Examiner*, make a universal call to freedom of practice and trade. ‘We recognise no division in the profession save that of merit’ declared the *Examiner*, and it insisted that all medical Colleges and corporations prevent the development of talent and the progress of scientific medicine.⁴¹ Similarly, in its petition to Parliament, the GFM demanded that any recognised licence should be valid in ‘all of Britain and its Dominions’.⁴² It was explicitly a free-trade philosophy and a demand for representation:

Have they yet to learn that the principles of Reform and those of liberty and right? These principles apply to every civil institution equally with the government of the nation; they are alike as subversive of the existence of a rotten corporation as a rotten burgh.⁴³

When the *Examiner* attacked the Glasgow Board of Health, of which the FPSG was a part, on its mismanagement of the 1832 cholera outbreak, it called for representative democracy:

The members of that Board ought to have known - and if they do not, they are a world behind the intelligence of the time - they ought to have known that the age of self-election, and the opportunity of smuggling and jobbing, has gone past ... the whole members of the Medical profession ought to have been called together, for the purpose of electing a committee of their body.⁴⁴

This language, and this outlook, reflected the consensus of the emerging middle-class of Glasgow. In the aftermath of the Radical Rising of 1820, when striking and demonstrating workers were suppressed by military force, and leaders executed, both middle- and working-class demand for change was directed toward representation and a reformed franchise, and into a mode of protest that favoured safer methods – the campaigning press and the public debate. Economic liberalism was part of the Enlightenment cultural heritage of this Glasgow-educated group, and was the standard position of the city’s large mercantile community.⁴⁵

Together the GFM and the *Examiner* used three separate modes of appeal: to established power structures, to public opinion, and to other Licentiates, by offering an alternative collective body. The Parliamentary petition of 1833, and the memorial to the FPSG 1829, both appealed, at different levels, to formal, codified power. Neither appeal seems to have elicited any response, and were perhaps not expected to do so, so much as to provide a formal outlet where both purpose and demands could be publicly expressed, and to meet an expected form of public performance of protest. Appeal to public opinion was

⁴⁰ GME 1:9 December 1831, 204.

⁴¹ GME 1:2 May 1831, 34-35.

⁴² RCPSG GB250/40 GFM Minutes, July 26 1833.

⁴³ GME 1:1 April 1831, 58.

⁴⁴ GME 2:10 January 1832, 225-227.

⁴⁵ Irene Maver, *Glasgow* (Edinburgh: Edinburgh University Press, 2000), 59-69; T. M. Devine, *The Scottish Nation: a Modern History* (London: Penguin UK, 2012), 274-277.

made explicitly and frequently by the *Examiner*, and it brought what it saw as the corruption and protectionism of the medical establishment of Glasgow into subjects that were potentially of general public interest, like the cholera epidemic or the surgical ethics at the Glasgow Royal Infirmary, but it was unlikely to have had much reach among general readers. Unlike *The Lancet*, it did not achieve wide circulation or commercial success. The function of the *Examiner* is better understood as part of the third mode of appeal: the offer of an alternative medical community.

The GFM, in its name and activities, consciously replicated many of the FSPG's secondary functions, while decrying its main function. A smallpox vaccination dispensary and a Widows' Fund were both direct duplication of FSPG activities. The minutes of the GFM in the 1830s show a continuing concern with the operation of the smallpox dispensary, and refer to an attempt to compare the efficacy of different vaccine supplies.⁴⁶ Its Widows' Fund operated in some form until at least 1845, when disbursements were recorded.⁴⁷ It also functioned as a general medical club, with meetings and the reading of papers. This duplicated the 'Glasgow Medical Society', a medical club founded in 1814, which was technically distinct from the original FSPG but which shared several office-bearers, met in the FSPG premises, and submitted its papers to the FSPG library.⁴⁸ In a similar way, the *Examiner* mirrored the *Glasgow Medical Journal*, which had been established in 1828, and was also technically a private publication, but was strongly associated with the group of FSPG Members who held posts at the Royal Infirmary. The *Examiner's* function, then, was as a promoter of the GFM alternative, but at the same time, was itself an important element of that alternative community. It offered medical publication opportunities, a channel of information and support for those already convinced, and, in committing to the printed record the activities of the GFM, formalised and legitimated it.

Resolution and Change

The resolution of the dispute came, to a great extent, through changing external circumstances. The licentiates' organisations claimed some victories when the FSPG agreed to remove both the additional 'freedom fine' from the Licentiates' fee and the accumulation of interest on the cost of deferred membership, and took steps to wind up its financially ruinous Widows' Fund. The FSPG also renamed Members as 'Fellows', and in an amendment to its royal charter, agreed that 'the Fellows and Licentiates of the said Faculty shall respectively enjoy the same Status and Privileges in the Practice of their Profession.'⁴⁹ From 1839 the FSPG began to work on agreements with the other Scottish and English Colleges on licensing reciprocity, and with the Universities on a common examination standard, and formally abandoned its geographical locus in 1850. For the Licentiates, the local medical economy was growing as well as becoming more accessible, so that the informal exclusion through the members' network became less damaging to personal prospects. The local organisation and funding of poor relief was stabilised, and resources was directed to poor law medical services; Scottish Poor Law reform in 1845 led to further expansion.⁵⁰ The

⁴⁶ GB250/40/1 GFM minutes 26 July 1832.

⁴⁷ GB250/40/1 GFM minutes 7 March 1845.

⁴⁸ Duncan, *Memorials*, 187-189.

⁴⁹ Duncan, *Memorials*, 229.

⁵⁰ See R.A. Cage, *The Working Class in Glasgow* (London: Routledge, 2021), 77-97.

regulatory expansion of the nineteenth century provided more opportunities: by the 1850s Glasgow Licentiates were finding income in asylums, charity institutions, prisons, ports, insurance companies, friendly societies and factories.⁵¹ The *Examiner* ceased publication in 1832 – as did its rival the *Glasgow Medical Journal* – but the GFM provided its vaccination service until the 1880s and continued as a medical society for east and central Glasgow, where Licentiates’ practices were clustered, until 1904.⁵²

Conclusions

The resistance of the Licentiates of the Faculty of Physicians and Surgeons of Glasgow was a small, local movement, driven by regulatory and economic circumstances which were of concern to, at most, a few hundred people. However, it sat within a broader movement concerned with the questions that preoccupied medical reform in the nineteenth century – and to some extent still concern the medical professional today – what is an orthodox practitioner; who should have the power to bestow or deny that legitimacy; and how are practitioners to be fairly and adequately paid? It sought to understand and advance its members’ financial and professional problems with a theory of political economy, encompassing ideas of individual liberties, free trade, the development of scientific medicine, and popular representation. This is consistent with Loudon’s case that financial challenges shaped calls for reform within the medical profession, but less so with his assertion that theoretical and ethical concerns were therefore unimportant: at this local level, at least, economic liberty and representation were coherently and consistently applied to the case. The balance of disinterested and motivated reasoning in the individuals making that case is impossible to judge, but it seems unlikely that these were only rhetorically useful, as Roberts suggests: they were articulated in the mid-1820s, before the Reform Act 1832 and before ‘representation’ became an assumed principle of British governance. Similarly, while Roberts argues that genuine popular grievance against medical corporations was limited, in this local case, there was a genuine and widespread reaction to corporate control.

The Licentiates’ successes were small, and the complete lack of engagement with the campaign from the FPSG, makes it difficult to assess the relative importance on the latter’s reforms. Any national significance can only be through indirect consequences: the FPSG, which was close to bankruptcy and irrelevance in the 1830s, survived, and was re-invented as a Royal College in 1848. Its locus was confirmed and expanded in the 1858 Medical Act, and it contributed to influence UK-wide professional governance, which in turn contributed to Scottish dominance in medical education in the late nineteenth century. As Geyer-Kordesch points out, the FPSG responded to a complex of local and national threats, but in its shift from a protectionist trade corporation enforcing local rights, to a self-reforming professional body focused on standards, there can be seen the modernising and meritocratic arguments of the Licentiates’ campaign.⁵³ In a historiography of medical reform that tends to emphasise the role of Parliamentary processes, influential individuals and the lobbying power of the elite of the profession, this account suggests a small role for the resistance of the least financially successful and lowest-status practitioners.

⁵¹ For a full account of the growth in and range of income sources see Loudon, *Medical Care and the General Practitioner, 1750-1850*, 249-256; Glasgow specifics in *The Medical Directory 1853*.

⁵² Jenkinson, *Scottish Medical Societies*, 158.

⁵³ Geyer-Kordesch and Macdonald, *Physicians and Surgeons in Glasgow*, 368-379.

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The Mouthpiece of God: Scottish Resistance through the lens of Religious Enthusiasm

Laura Sutherland

Abstract

This article seeks to shed light on the under-researched phenomenon of nineteenth century Scottish religious revivalism and its connection to the affliction of religious enthusiasm. This is done through an exploration of both what is meant by ‘revivalism’ and ‘religious enthusiasm’ in a nineteenth-century context, and the societal impact of this phenomenon on the actions of those who were diagnosed as religiously enthused. Through this, the impact of class and the juxtaposition of science and religion in the increasingly secular society of the time is discussed to highlight the ways religiously enthused individuals sought to maintain agency through religious practice and belief. Furthermore, archival materials pertaining to Aberdeen Royal Lunatic Asylum are utilised to highlight case studies of patients through which resistance against societal norms and dynamics can be found. Ultimately this article seeks to highlight a relatively underexplored field of research, particularly in regards to Aberdeen Royal Lunatic Asylum, as well as provide a unique perspective on what it means to ‘resist’.

Introduction

When asked to describe an example of ‘resistance’ there are no doubt several images and moments that come to mind. Whether it is European partisans throughout World War Two, the American Civil Rights movement or even the Stonewall Riots, ideas of resistance and pushing back against societal pressures and prejudices have prevailed throughout time. Although these significant moments of historical resistance are, rightfully, discussed and analysed frequently, this trend often leaves smaller and more individual forms of resistance to fall to the wayside. This article will endeavour to shed light on one such form of resistance felt within Scotland in the mid-nineteenth century as a result of a phenomenon known as ‘religious enthusiasm’. It will first outline what is meant by religious enthusiasm and will highlight its relation to the coinciding rise of Protestant religious revivalism during this time. It will then go on to examine the ways in which resistance can be found to have manifested through the actions of those individuals who were seen to be religiously enthused, and the wider discussion this creates surrounding ideas of both class and Scottishness during the nineteenth century. Throughout this discussion the term ‘resistance’ will be interpreted in a much more loose and interpretive way to highlight the ways in which societal constraints were shed through the actions of the religiously enthused. Through this, it will show that individuals who suffered from religious enthusiasm possessed the potential to, theoretically, rise above and ‘resist’ social order and expectations. Furthermore, this article will make use of case studies in the form of archival medical records found pertaining to patients in Aberdeen Royal Lunatic Asylum c.1840-1870. These will be utilised to facilitate discussion surrounding the ways in which doctor patient power dynamics were upended and again ‘resisted’ by the religiously enthusiastic patient during a time defined by the shift towards scientific reason and order. Therefore, both the wider discussion of Scottish

Religious Enthusiasm and the case studies found within Aberdeen Asylum will highlight how these events can be interpreted as the actions of religiously enthused individuals refusing, consciously or unconsciously, to prescribe to the societal constrictions placed upon them within the nineteenth century, particularly within the medical setting of the asylum.

It is important to note here that the author acknowledges the obvious argument that can be made against this line of inquiry. It is clear that there is a case to be made that the actions of these patients were merely the result of varying degrees of mental illness and therefore not ‘resistive’ in nature. However, it is the author’s belief that an interpretation of these events and individual patients as part of a wider discussion of resistive action is one that allows for a sense of agency to be returned to these individuals, as well as allowing for ideas of resistance to be applied in a broader and more interpretive sense. Therefore, it is the hope of this author that initial exploration of this topic will be conducive to productive debate and further research, particularly regarding the patients of Aberdeen Royal Lunatic Asylum.

Brief Background of Revivalism and Religious Enthusiasm

Religious enthusiasm has been documented throughout history with both men and women reportedly suffering a variety of symptoms and manifestations as a result of this affliction. Philosopher David Hume provided one of the most influential definitions of this condition in the eighteenth century. Hume argued that, in order to be religiously enthusiastic during this period, the individual had to believe they had been blessed with the ability to receive ‘divine illuminations’ which caused them to abandon both their morality and their sense of reason.⁵⁴ As this work focuses on nineteenth century occurrences, the definition provided by Hume is rendered slightly outdated. Instead, the definition provided by American psychiatrist Amariah Brigham in 1835 provides the most accurate understanding of what it meant to be religiously enthused during this time. Brigham argues that one can be classified as religiously enthusiastic when a person has been utterly convinced of their sinful nature, ‘making them serious and sorrowful, and frequently affecting them so as to cause them to weep and tremble, to cry out in agony, to be convulsed: and to feel differently from that they ever have before.’⁵⁵ This article will combine both definitions in order to create an understanding of ‘religious enthusiasm’ that is most fitting for the work it will undertake. It will understand religious enthusiasm as an affliction that was observed to impact individuals most frequently as a result of their attending revival meetings. Those who were suffering from the affliction would become overwrought with a conviction that they were deeply sinful. This overwhelming emotional experience would often impact both bodily control and induce hallucinations of a religious nature to occur. Therefore, religious enthusiasm will be understood as an affliction, caused primarily through attending revival meetings, that elicits an emotional response which can impact bodily control as well as producing religious hallucinations.

⁵⁴ D. Hume, ‘Essay X: Of Superstition and Enthusiasm’, *Essays Moral, Political, and Literary (1742-1754)*
Accessed 20/06/2025 at <https://web.english.upenn.edu/~mgamer/Etexts/hume.superstition.html>.

⁵⁵ A. Brigham, *Observation on the Influence of Religion upon the Health and Physical Welfare of Mankind*
(Massachusetts: Marsh, Capen & Lyon 1835) p.186.

This description is something that sounds as though it should belong in fictional horror and, though it is no doubt tempting for the mind to perpetuate the idea that encounters and experiences such as these as something that is more often linked with the demonic possession of the cinema, this was rarely the case in reality. Religious enthusiasm is instead a term that encapsulates a wide range of experiences that were not necessarily negative and could, as will be highlighted within this work, be provocative of ideas of social liberation and individualised resistance of societal expectations.

Many of those said to suffer from religious enthusiasm seemed to do so as a result of attending gatherings known as ‘Revival’ meetings. Throughout the eighteenth century, Revivalism within the broader scope of Protestant Christianity had begun to form in the way that is most familiar to us in the modern era.⁵⁶ This was not restricted to one specific place and was quite wide spread within the western world, with the United States and the countries within the United Kingdom all experiencing the effects of this movement.⁵⁷ This particular era of revivalism was predominantly led by the Evangelical Presbyterians of the period, although meetings took place across different factions of Christianity.⁵⁸ Revivalism was something that ebbed and flowed throughout the eighteenth century, but began to gain greater popularity once more in the mid-nineteenth century. Revivalism itself and subsequently revival meetings were seen by the members of the church as working to reaffirm belief for those who were already faithful and a chance to convert non-believers to the righteous ways of Christianity.⁵⁹ These meetings were commonly community-based events, which contained typical Christian church service staples such as prayer and the use of hymns.⁶⁰ However, these meetings would often last for hours at a time with sermons reworked to create intense services in which members of the congregation were openly encouraged to acknowledge their sins.⁶¹ This was done most notably through the provision of special sections of seating for those who were particularly ‘spiritually anxious’, with this allowing for preachers to focus their attention on those who were already overwhelmed with emotion, allowing for greater displays of religious conversion to take place.⁶²

It is generally agreed that the growth of the Scottish Revival movement was heavily reliant upon the previously existing class divisions. This is particularly true in the case of Aberdeen, with those such as Stewart Brown and Kenneth Jeffrey maintaining a strong belief that it was primarily working class individuals within Aberdeen that were drawn to nineteenth century revival meetings.⁶³ Brown affirms this, arguing that many of the working class were drawn to revivalism as a result of their previous exclusion from ordinary church congregations. This exclusion, as Brown writes, can be attributed to their class status, as he believes that the church acted as a ‘primary agency for extending bourgeois control over the

⁵⁶ D. Bebbington, *Victorian Religious Revivals: Culture and Piety in Local and Global Contexts* (Oxford: Oxford University Press, 2012), p. 4.

⁵⁷ S. Brown, *Providence and Empire: Religion, Politics and Society in the United Kingdom, 1815-1914* (United Kingdom: Routledge, 2008), p.215.

⁵⁸ Bebbington, *Victorian Revivals*, p. 4.

⁵⁹ Bebbington, *Victorian Revivals*, p. 1.

⁶⁰ Brown, *Providence and Empire*, p. 214.

⁶¹ Brown, *Providence and Empire*, p. 214.

⁶² K. Jeffrey, *When The Lord Walked the Land: The 1858-63 Revival in the North-East of Scotland* (Nottingham: Paternoster, 2002), p. 17.

⁶³ Jeffrey, *When the Lord Walked the Land*, p. 90.

proletariat’.⁶⁴ It is this class division that seemingly drove the working class population away from the grasp of the pre-existing church model, and into the arms of the revivalist movement. Jeffrey argues this point in particular, and states that although Church attendance generally grew during this period for both the middle class and the working class, it cannot be denied that ‘the revival produced its main effect among the working classes’.⁶⁵ This was particularly true in the case of the Free Church which seemed, in the mid-nineteenth century, to have a much broader appeal to the people of Aberdeen than the Established Church.⁶⁶ It can be argued that this appeal was aided through both the urbanisation and the modernisation of the revival movement as the majority of meetings were able to take place in close proximity to large factories and workplaces.⁶⁷ The proximity allowed for an increased accessibility of the church for the working class, as well as the scheduling of revivalist meetings during breaks and after working hours, meant that many workers were able attend.⁶⁸ By making attendance more feasible for those who did not have the luxury of extra downtime to attend ‘traditional’ sermons, the working class were enfranchised into revivalist church goers, and as such, it is clear that class played a significant element in the revivalist movement reaching and impacting the population of Aberdeen.⁶⁹ It can therefore be argued that by carving out their own space for worship the working class were able to resist the social constraints from the upper classes which sought to prevent them from worshipping in a communal fashion.

The potential impact on individuals attending Scottish revival meetings was similar to that of the movement in the United States, with bodily manifestations and outcries of religious enthusiasm often being the outcome of attendance to meetings.⁷⁰ There are different accounts of these occurrences; Glasgow woman Catherine Stewart recounted that during her attendance of a revival meeting she began to ‘shake and tremble’.⁷¹ James Taylor of Cambuslang is documented to have had a similar experience, as he was so overcome with emotion at a meeting he required the help of others to stay on his feet.⁷² Others believed that they were able to hear the devil whispering to them. These types of reports were not unusual in the aftermath of Revivalist meetings.⁷³ These occurrences, seen as the result of revival meeting attendance, clearly align themselves with the previously outlined definition of the ways in which religious enthusiasm manifested in the individual.

In the lead up to the nineteenth century, Scottish religious practice was not unified under a single creed. Different areas of the country evolved and changed religiously at

⁶⁴ C. Brown, *The Social History of Religion in Scotland since 1730* (Cambridge: Cambridge University Press, 1987), p. 110.

⁶⁵ Jeffrey, *When the Lord Walked the Land*, p. 93.

⁶⁶ *Ibid.*

⁶⁷ *Ibid.*

⁶⁸ *Ibid.*

⁶⁹ *Ibid.*

⁷⁰ T. Adkins, ‘Open Fields, Stinking Bodies, and Loud Voices: Britishness and Religious Awakenings in Eighteenth-Century Scotland’, *Scottish Church History* 52:1 (2022), p. 88.

⁷¹ *Ibid.*, p. 102.

⁷² *Ibid.*

⁷³ *Ibid.*, p. 98.

different speeds.⁷⁴ Although Protestantism became more mainstream during the 1560 Reformation, Elizabeth Ritchie argues that the movement towards Evangelicalism during the eighteenth and nineteenth centuries can be seen as the strongest shift in religion felt across the Scottish Highlands up until that point.⁷⁵ Simultaneously Scotland was going through a period of Enlightenment in which religion was becoming a mainstay discussion, with this creating a push and pull between religion and reason.⁷⁶ Jeffrey argues that the Enlightenment as a whole allowed for individuals to begin to ‘put their trust in reason and the discoveries of modern science’ which saw them moving to ‘invest more confidence in what they considered to be the reliable, rational laws which governed the world’.⁷⁷ Christopher Berry agrees with this and argues that although thinkers of the Enlightenment agreed to some extent to coexist with the Church, they ultimately still had a ‘commitment to knowledge and science over... ignorance, prejudice and superstition’⁷⁸ This tension felt between rationalist thought and religion is something that is explored and further highlighted by Robin Mills. He argues that those in the nineteenth century who had begun to place their faith more frequently in the hands of science struggled with allowing both scientific rationality and their previous belief in the existence of miracles and spiritual revelations, such as those found through the route of revivalism and religious enthusiasm, to co-exist.⁷⁹ Therefore, it is clear that during this period there was great change and movement felt throughout society in both science and religion and ultimately this ever changing landscape can be seen as a breeding ground for religious crisis.⁸⁰ With this as the backdrop from which religious enthusiasm arose, it is arguable that their insistence on the intensity of their faith was indeed resistive to the rise of secularisation during the period.

Revivalism in Ferryden

David Bebbington has done extensive research on the village of Ferryden (situated on the east coast of Scotland near Aberdeen) as in 1859 one of the more famously documented movements of Revivalism took place within the village.⁸¹ Revival meetings took place semiweekly, with continuously high turnouts for each gathering.⁸² Bebbington argues that Ferryden constitutes as a ‘remarkable’ example of Revivalism due to this as by the end

⁷⁴ Elizabeth Ritchie, ‘Faith and the Family: Family Life and the Spread of Evangelical Culture in the Scottish Gàidhealtachd, c. 1790- c.1860’, *Scottish Historical Review* 100:1 (2021), p. 59.

⁷⁵ *Ibid.*, p. 59.

⁷⁶ Alexander Dick, ‘Modern Enlightenment and Religious Controversy in Eighteenth-Century Scotland’, *The Eighteenth Century (Lubbock)* 58:4 (2017), p. 1.

⁷⁷ Jeffrey, *When the Lord Walked the Land*, p. 14.

⁷⁸ Christopher J. Berry, *The Idea of Commercial Society in the Scottish Enlightenment* (Edinburgh: Edinburgh University Press, 2013), p. 24.

⁷⁹ R.J.W Mills, *Religion and the Science of Human Nature in the Scottish Enlightenment* (Cham Springer International Publishing, 2024), p. 5.

⁸⁰ Ralph Brown, ‘Victorian Anglican Evangelicalism: The Radical Legacy of Edward Irving’, *The Journal of Ecclesiastical History* 58:4 (2007), p. 677.

⁸¹ Bebbington, *Victorian Revivals*, pp.160-161.

⁸² *Ibid.*, p. 161.

of 1859 nearly 200 individuals within a population of c.1,200 were documented to have been converted to Evangelical Christianity through their regular attendance of revival meetings.⁸³ Many of the classic signs of religious enthusiasm can again be found within the individuals who attended these meetings. Young women were documented to fall into trances, whilst others were said to have collapsed or to have let out cries due to being so overwhelmed with religious fervour.⁸⁴ It can be argued that the geographical location of Ferryden had a role to play in why the residents seemed all too keen to throw themselves headfirst into this Revival movement. Ferryden is situated on the coast of Scotland and was therefore, like many Scottish towns along the coast in the 1800s, a fishing town. This ultimately meant that there were high levels of loss within the village, with fishermen often dying at sea and leaving behind both their wives and their children.⁸⁵ Brown believes that this is of particular interest as he argues that towns and villages situated alongside the coast were much more likely to exhibit physical signs of religious enthusiasm due to this increased loss of life, with individuals tending to have increasingly higher emotional states as a result of revival meetings.⁸⁶ Psychologist Eva-Maria Stelzer et al., agrees with this and argues that participation in religion can be particularly useful in handling grief as ‘the presence of personal and communal religiosity contributes to positive religious coping.’⁸⁷ Due to this, it is therefore not far-fetched to make the assumption that religion and, by extension, revivalism was a way of escapism and resistance against the hardships of daily life, for those residents who had been struck by grief whilst residing in the village. For many of those who had been widowed, religion may have been all they had left, with the community aspect of revival meetings in particular ensuring that they were not alone in their suffering.

However, the argument can also be made that these individuals could be more willing to embrace a state of religious enthusiasm as if they believed God was attempting to make contact with them, they would gain a higher purpose in life, even when all was lost in their day-to-day lives. This idea of providing a higher purpose that pushes against the hardship of everyday life may be a more productive way of interpreting the events of Ferryden. Instead of grief being the driving factor that pushed the villagers towards revivalism, and in turn religious enthusiasm, Jane Nadel suggests that it was in fact class and social status that drove the success of the movement.⁸⁸ Due to the often poor and oppressed lives led by the people of the village, Nadel argues that religious enthusiasm allowed them ‘to relieve resentment and transform their self-image without being forced into threatening confrontations that they could see no hope of winning.’⁸⁹ Through this we can see the ways in which social circumstances outside of revival meetings are likely to impact the ways an individual is influenced by them with those who were experiencing suffering, be it through grief or through social pressures, possibly being more willing to embrace a

⁸³ Ibid.

⁸⁴ Ibid., p. 162.

⁸⁵ Brown, *Providence and Empire*, p. 220.

⁸⁶ Ibid.

⁸⁷ E. Stelzer, Roman Palitsky, Emily Hernandez, Eli Ramirez, and Mary-Frances O’Connor, ‘The Role of Personal and Communal Religiosity in the Context of Bereavement’, *Journal of Prevention and Intervention in the Community* 48:1 (2020), p. 64.

⁸⁸ J. Nadel, ‘Burning with the Fire of God: Calvinism and Community in a Scottish Fishing Village’, *Ethnology* 25:1 (1986), p. 51.

⁸⁹ Ibid., p. 51.

religiously enthusiastic state in order to provide themselves with purpose in their lives. The actions of these people can therefore be interpreted as acts of resistance in a much more individual and deeply personal way. Through participation in religious revival and subsequent religious enthusiasm, these individuals theoretically were able to push against their assigned places within the community, whether that was through escaping from grief or from their socioeconomic status, and feel instead that they had gained a higher purpose through their connection to God.

This particular idea of finding purpose through revivalism and religious enthusiasm can perhaps be seen elsewhere in Britain. However, it is arguable that the people of Scotland were unique in their ability to use these types of manifestations to their advantage within a larger social context, and it is through this that broader ideas of resistance can be found. Tucker Adkins argues that the individuals taking part in Scottish Revivalism were able to do this in particular by ‘seizing and retooling long-held stereotypes regarding Scottish bodies and spaces.’⁹⁰ Scottish people were often stereotyped during the period to be obnoxiously loud with voices that would grate upon the ears of the Englishman.⁹¹ In regards to this particular stereotype, Adkins is correct in this assumption of the Scottish people’s ability to repurpose and change these stereotypes from a negative to a positive attribute. This can be seen as the Scots were, knowingly or unknowingly, reclaiming and undermining this stereotype by claiming that God was speaking through them. Those who were categorised as religiously enthusiastic ultimately were alleging that they had had some contact or encounter with biblical figures or had acquired some sort of higher knowledge and the Scottish voice was being used to relay this to the world. Ultimately, it was the voice of the Scots that was being repurposed as a loudspeaker for God and it was the individuals in Scottish villages such as Ferryden who had been chosen to experience this transcendence into a heightened state of religion. Therefore, we can again see through this the ways in which the people of Scotland were able to claim a higher purpose in life for themselves through religion by using revivalist meetings and claims of religious enthusiasm as a vehicle for this social elevation and ultimately resistance against societal order. Although Adkin’s conclusions are based on the experience of those individuals in the lowlands of Scotland, it is not a far stretch to imagine a similar notion may be applicable to the experiences of those above the central belt, often viewed as being even wilder and uncivilized than their lowlands counterparts.⁹²

Religious Enthusiasm and Aberdeen Royal Lunatic Asylum

Religious enthusiasm not only generated and facilitated acts of resistance on a broad scale, but also in a more individualized way, which can be found through an examination of religious enthusiasm in the city of Aberdeen. Aberdeen itself was the place in which the first wave of Revivalism occurred.⁹³ However, it is what happened to those individuals in Aberdeen that attended these meetings, and subsequently suffered from religious enthusiasm that is of most interest. The chief source of analysis for this can be found

⁹⁰ Adkins, ‘Open Fields, Stinking Bodies’, p. 88.

⁹¹ *Ibid.*, p. 97.

⁹² L. Abrams, ‘The Taming of Highland Masculinity: Interpersonal Violence and Shifting Codes of Manhood, c.1760-1840’ in L. Abrams and E. Ewan (eds.) *In Nine Centuries of Man: Manhood and Masculinity in Scottish History* (Edinburgh: Edinburgh University Press, 2017) pp. 80-82.

⁹³ Brown, *Providence and Empire*, p. 219.

through the use of reference to patients admitted to the Aberdeen Royal Lunatic Asylum (henceforth referred to as Aberdeen Asylum). It survives in the modern day as Royal Cornhill Hospital but originally opened in 1800 with only 12 cells available to house patients.⁹⁴ Due to its status as a ‘Royal’ Asylum, chartered as such in 1852, Aberdeen Asylum relied on charity and public donations in order to both fund patients who could not afford to reside within the asylum, and to maintain the building itself.⁹⁵ The building itself was expanded upon in 1820 and was able to house both men and women as patients, with these patients being both paupers who were kept and fed through the Aberdeen Asylums own funding and also privately paying patients.⁹⁶ Chris Philo and Jonathan Andrews argue that Aberdeen Asylum and its records are particularly useful as a source of information as they can be considered to be ‘exemplifying Victorian psychiatry’s struggles to find efficacious medical interventions that might ‘cure’ patients.’⁹⁷ This makes using material from Aberdeen Asylum particularly useful as it is a typical example of a functioning asylum in the nineteenth century. Furthermore, these case notes may be useful in further research as they provide a basis for further comparative research between British Asylums as due to the 1845 Asylums Act, the keeping of these records became a requirement of each asylum within Britain and were expected to be kept meticulously for each patient.⁹⁸ These typically included ‘name, age, sex, by whom brought, previous address and occupation, summary of the medical certificate, marital status, external appearance, description of mental disorder, delusions, irrational conduct, and previous history’.⁹⁹ Aberdeen Asylum’s records fall in line with this standardised model of paperwork, and therefore offer a comprehensive overview from which an understanding of individual patients lives prior to incarceration can be ascertained, as well as their treatment within the Asylum.

The archival material held regarding the Aberdeen Asylum is extensive and for the purposes of this research a smaller sample was examined. The years between 1859 and 1872 were analysed for patients who were admitted with religious enthusiasm or devotional excitement listed as a cause of admission. In this sample period the Asylum’s Superintendent was Dr Robert Jamieson, whilst Dr John Macrobin acted as the consulting physician.¹⁰⁰ Out of this sample, there were at least 30 patients admitted under this diagnosis. These patients were both male and female and were found to be ranging in age from 18 as the youngest and 68 as the oldest patient to be said to be suffering from devotional excitement (the same diagnosis as religious enthusiasm, albeit under a different

⁹⁴ K. Robertson, ‘Haunting images give glimpse of life inside Aberdeen asylum’, *Press and Journal*, 21st Aug. 2018.

⁹⁵ A. Urquhart, ‘Lunacy Administration in Scotland, with Special References to the Royal Asylums’, *Journal of Mental Science* 56:235 (1910), p. 621.

⁹⁶ Aberdeen Royal Asylum Royal Commission Report, 1857
<https://www.scottishindexes.com/institutions/3.aspx>, date accessed 12/11/2023.

⁹⁷ C. Philo and J. Andrews, ‘Introduction: Histories of Asylums, Insanity and Psychiatry in Scotland’, *History of Psychiatry* 28:1 (2017), p. 8.

⁹⁸ L. Ray, ‘Models of Madness in Victorian Asylum Practice’, *European Journal of Sociology* 22:2 (1981), p. 231.

⁹⁹ *Ibid.*, p. 231.

¹⁰⁰ NHS Grampian Archives [NGA] GRHB 2/4/11 Aberdeen Royal Lunatic Asylum: Case Book of Admissions (1858 – 1862).

alias).¹⁰¹ Religious Enthusiasm was not a phenomenon that affected a certain gender or age range of people but was something that could impact anyone at any stage in their adult life during this period. But cases were most highly clustered from early 20s to late 30s. The listed occupations across these patients are also varied. Many were identified as servants, labourers, and crofters. Others, such as 28-year-old William Legge, were blacksmiths.¹⁰² By further discussing the doctors’ notes made in reference to these patients, it is possible to further explore the idea of traditional roles and power dynamics, seen through both class division and the confinement of gender roles society being upended and resisted against by those suffering from religious enthusiasm. The author again reiterates that the following section constitutes as only one possible interpretation of a selection of the archival material and is by no means the only lens through which these patients and their treatment can be viewed.

Doctors and Patients in Aberdeen Asylum

It is argued by Assuero Giorgetti that there are certain rules that must be universally followed in the relationship between doctors and their patients, with patients depending on doctors to take the lead and provide care.¹⁰³ He further argues that ‘the subjects involved need to recognize their roles [as this] marks the boundary between the actors.’¹⁰⁴ This can be understood as doctors and patients having to stay within their assigned role when they meet, with one person clearly assigned as the doctor, and therefore the person in charge of the situation, and the other person assigned as the patient who primarily answers to the doctor. This is explored more broadly through the often-controversial work of Michel Foucault. Perhaps the most relevant to this line of enquiry is the seminal work done within 1975’s *Discipline and Punish: The Birth of the Prison*. In this work he discusses the idea of ‘docile bodies’ in which he argues that state institutions such as prisons and asylums act as places wherein those who do not act in ways which align with the preestablished order and structure of society are incarcerated to remodel them to fit societal norms and ultimately make them ‘docile’.¹⁰⁵ By understanding the work of both Giorgetti and Foucault this work will understand the role of the patient/physician relationship in the nineteenth century as being one that placed the physician as the one in control; with this control being exerted over patients in order to ensure they remained compliant to their place within the social hierarchy, with the success of the physician measured thorough the restoration of this within their patients. It would be natural to assume that this type of hierarchy could be consistently identifiable in the documents regarding Aberdeen Asylum; however, this is not the case.

Patients within the Asylum

¹⁰¹ [NGA] GRHB2/3/9, Aberdeen Royal Lunatic Asylum: Register of Admissions, (1858-1873).

¹⁰² [NGA] GRHB2/3/9 Register of Admissions, (1858-1873).

¹⁰³ A. Giorgetti, ‘Between the Doctor and the Patient: History of the Relationship’, in Alessandro Pingitore and Alfonso Iacono (eds.), *The Patient as a Person: An Integrated and Systemic Approach to Patient and Disease* (Switzerland: Springer, 2023), p. 68.

¹⁰⁴ *Ibid.*, p. 68.

¹⁰⁵ M. Foucault, *Discipline and Punish: The Birth of the Prison* (London: Penguin Books, 2019), p. 60.

Alexander Stevenson was admitted into Aberdeen Asylum on 27th April 1861 at the age of 68.¹⁰⁶ On admission he was identified to be suffering from mania, which was a broad term usually used to encapsulate, amongst other things, anxious behaviour and delusional thinking.¹⁰⁷ The particular cause of this mania was assigned to religious enthusiasm by Dr Charles Smith and Dr Andrew Wallace who initially examined Stevenson, as the inciting incident seemed to be his attendance at a revival meeting some time before he was admitted.¹⁰⁸ Stevenson is a particularly interesting case as in his delusions he was to assume a level of authority over the doctors that goes against Giorgetti’s outline of the relationship between doctors and patients. He was documented by Dr Smith to be:

talking incessantly in the most incoherent manner [ending] every sentence with ‘amen’ [and had informed the doctor that] no one was allowed to speak but himself and the only answers he could receive [in response] were yes or no¹⁰⁹

Through this it seems evident that religion was a central focus for Stevenson. It also seems clear that he was unwilling to let the doctors speak to him but instead preferred to continue in his outpouring of nonsensical prayer-like-speech. Evidently Stevenson was flipping the previously discussed roles of the patient and the doctor within this situation by demanding more authority for himself. From his point of view, he was the one to make the decisions and demands in the relationship between himself and the doctor, and it can be inferred from this that the patient saw himself above the doctor as a result. This elevated status is further evident as he is described by Dr Wallace to have written ‘a letter to the Queen inviting her and her privy council to some meeting he was to have.’¹¹⁰ This blatant delusion that Stevenson possessed wherein he would be able to speak to the Queen again speaks to the power he believed to have in society. It seems then that those who were religiously enthusiastic held the potential, in their own minds at least, to push against societal norms as they had become the vessel of God’s word and therefore, naturally, they should take centre stage.

The idea that those who were religiously enthusiastic were keen to assert their authority and take control of their own care is further exemplified in the case of 33-year-old Jane Brown. Brown was admitted on the 9th of May 1859 and was identified as being a servant upon admission.¹¹¹ Unlike Stevenson, Brown was examined by Dr George Carr and Dr John Paterson. Upon admission she was stated to be devotionally excited, which again was said to be part of a larger diagnosis of mania.¹¹² The way in which Brown’s religious enthusiasm manifested is of particular interest as she is stated by Dr Carr to have been ‘labour[ing] under a number of religious delusions including one that she has been drinking

¹⁰⁶ [NGA], GRHB2/3/9, Aberdeen Royal Lunatic Asylum: Register of Admissions, 1858-1873.

¹⁰⁷ G. Eghigian, *From Madness to Mental Health: Psychiatric Disorder and Its Treatment in Western Civilization*. (New Jersey: Rutgers University Press, 2010.), p. 9.

¹⁰⁸ [NGA], GRHB2/5/1, Aberdeen Royal Lunatic Asylum: Certificates of Admission: Alexander Stevenson, 27 April 1861.

¹⁰⁹ [NGA], GRHB2/5/1, Certificates of Admission: Alexander Stevenson, 27th April 1861.

¹¹⁰ *Ibid.*

¹¹¹ [NGA], GRHB2/5/1 Aberdeen Royal Lunatic Asylum: Certificates of Admission: Jane Brown, 9 May 1859.

¹¹² *Ibid.*

at the well of Samaria.¹¹³ This is in reference to the story of Jacob’s Well which is present in John Chapter Four of the Bible, wherein Jesus offers a Samaritan woman water and claims that ‘whoever drinketh of the water that I shall give him shall never thirst.’¹¹⁴ This can be potentially understood as Jesus offering healing to those who drank at the well, as they would be blessed through faith and therefore no longer befall to the basic needs of humanity.

Brown’s delusions can therefore be interpreted as her attempting to provide herself with healing to ensure her future good health by inserting herself into this religious scenario. However, turning to religion for healing and physical well-being was something that was no longer commonplace at the time of Brown’s admittance to Aberdeen Asylum, with Ronald Gordon arguing that ‘by the end of the nineteenth century medicine was well on its way to becoming a more highly regarded profession, and clerical authority was declining.’¹¹⁵ Doctors were expected to be the ones who solely provided medical treatment with members of the Church confining themselves to healing in a more spiritual sense.¹¹⁶ This can clearly be seen within the archival materials. The application of both ‘tonic remedies’ and the frequent use of various other pharmaceuticals such as Jalap and Calomel powder (a form of purgatory laxative) as well as ammonia, clearly highlights that practitioners were not shy in employing medical aid in their treatment.¹¹⁷ The use of modern pharmaceuticals, which were both more modern and overtly scientific, in the treatment of these patients serve to again highlight the ways in which practitioners sought to cure their patients of their religious delusions, but also to subdue their disruptive religious behaviour in an age of advancing science. With this understanding of the medical climate of the period, we can then see the ways in which Brown was once again upending the social norms of the period through her religiously enthusiastic manifestations. This is because, through her religious delusions, she was documented to have turned away from the more accepted methods of medical healing and back to the traditional ways of the Bible and the Church which ultimately undercut any sense of authority the doctors surrounding her claimed to have. It is clear that by turning to religious means in order to gain healing Brown was undermining the social order much in the same way that Stevenson was, by taking matters into her own hands and cementing her own personal authority through this.

Therefore, it is clear to see that the information held regarding the patients of Aberdeen Asylum is key in providing an understanding of the ways religious enthusiasm manifested itself in the individual. Those within the Asylum who were religiously enthusiastic, such as Stevenson and Brown, seem to further demonstrate the ways in which those experiencing this seemed to be able to act outside of social norms and create their own agendas within society. Thus, it can be argued that experiencing religious enthusiasm was something that gave people the confidence to assert themselves wherever they desired on the social hierarchy; during a period when strict social rules were set in place. However, the discussion of this archival material has only skimmed the surface of the information that

¹¹³ Ibid.

¹¹⁴ ‘Book of John, 4:14’ in *King James Bible* accessed 10/01/2024 <https://www.kingjamesbibleonline.org/John-Chapter-4/> .

¹¹⁵ R. J. Gordon, ‘The Great Physician: Mainline Protestant Minister’s Expectations of Doctors, 1840-1900’ *American Nineteenth Century History* 18:3 (2017), p. 228.

¹¹⁶ Ibid.

¹¹⁷ [NGA] GRHB 2/4/11 Aberdeen Royal Lunatic Asylum: Case Book of Admissions, Jean Morrison 9th April 1861.

is contained within. It is undeniable that further in-depth research must be dedicated to the analysis and discussion of this information in future historical works in order to provide a deeper understanding of the true impact of this material and what it reveals about Scotland and its relationship between religion and identity as a whole.

To conclude, it is clear that the phenomenon of religious enthusiasm is something that is a lucrative area of study and can be analysed in terms of much larger social issues outside of the field of theology itself. It can be seen that religious enthusiasm was not only a vessel through which individuals were able to cope with difficult life situations and find solace, but also something through which they could ‘resist’ the societal barriers that were surrounding them both of a micro and a macro level and transcend into a higher state of being.

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The First Generation of Indian Women Doctors and the Role of Scottish Medical Education, 1884-1900

Monique Lerpinière

Abstract

Archival research from Scottish medical institutions has revealed that at least nine women from British India came to Scotland to study medicine in the nineteenth century. Their presence in Scotland, however, was not a reflection of the country's progressive attitudes but rather an example of the paradox of late nineteenth-century medicine across Britain and its colonies. While Britain promoted the education of Indian women doctors as proof of imperial benevolence and a commitment to women's advancement, these women encountered persistent barriers throughout their education and careers. Both British and Indian societies continued to resist women's entry into higher and professional education, leaving Indian women doctors to navigate opposition from multiple directions. Despite this, these women contested intersecting racial and gendered norms, reshaping contemporary understandings of women's roles and colonial assumptions about Indian competence. Focusing on this cohort of Indian women who passed through Scottish medical education, this article not only illuminates a specific institutional and imperial moment but also offers a usable history showing how South Asian women have historically negotiated and transformed gendered and racialised structures, offering insights that resonate beyond the nineteenth century.

Introduction

With long hospital shifts stretching late into the night and eight children Kadambini Ganguly (née Basu), India's first practicing female physician, may have wondered if all her efforts to reach this point had been worthwhile.¹¹⁸ She was caught between two warring visions of womanhood: to British reformists, her study of medicine in Scotland symbolised the progress colonialism promised India; to conservative Bengali elites, it was a betrayal of both society and nationalist ideals. Yet the support she received from the British was equally hollow, unlike her European peers, she was consistently denied equal pay, authority and respect. In navigating the strictures of religious conservatism and the superficial progressivism of empire, Ganguly and the small cohort of Indian women physicians like her occupied a precarious but pivotal space at the intersection of two worlds.

Ganguly's story has been told many times, and rightly so. She achieved many firsts: the first woman admitted to Calcutta Medical College, the first Indian woman to practice Western medicine, and the first woman to speak at the Indian National Congress. Her biographers have emphasised her individual impact and place within colonial history.¹¹⁹ Yet she was not the first Indian woman to earn a medical qualification in Britain, that was Annie Wardlaw Jagannadham, a Christian convert from Visakhapatnam. Though Ganguly remains the best known, she and Jagannadham were part of a small cohort of nine women who

¹¹⁸Anandabai Joshi, who went to America to study in 1883, was the Indian first woman to obtain a Western medical qualification but unfortunately died before she could practice in India.

¹¹⁹Accounts of Ganguly's life include: B.K. Sen, 'Kadambini Ganguly – An Illustrious Lady', *Science and Culture* 80:9 (2014): 27-274; S. Paul, S. Salunkhe, S.V. Mane & P.A. Ghosh, 'Dr. Kadambini Ganguly (1861-1923): A Pioneer in Indian Medicine', *Cureus* 16:6 (2024).

travelled to Scotland in the nineteenth century to study medicine, transforming both the field of medicine and perceptions of Indian women’s competence.¹²⁰

Drawing on British newspaper sources and original archival research from the Royal College of Surgeons of Edinburgh (RCSEd) and the Royal College of Physicians and Surgeons of Glasgow (RCPSG), this article seeks to contribute to the existing historiography of a period that witnessed both the emergence of Indian women doctors and the increasing movement of British women doctors to India. While engaging with critiques of imperial rhetoric and initiatives such as the Dufferin Fund, this article also shows how the successes of these women complicate assessments of the British colonial project, demonstrating that, despite evident limitations, such initiatives could create meaningful opportunities for a select few. Their courage and determination continue to inspire, particularly South Asian women today. As Dr. Theeba Krishnamoorthy, a London-based physician whose research has assembled vital resources and personal reflections on these early women doctors, states: ‘these lost her-stories are more than academic discoveries - they became the mirror I had long been seeking.’¹²¹

This article examines the role of Scottish medical education in this history and then explains Britain’s rationale for recruiting women doctors from India. It then explores the various forms of resistance that women, and Indian women particular, encountered from different sectors of society when entering medical education, as well as the ways supporters of women in medicine leveraged them to advance their own agendas. Finally, it demonstrates that despite these challenges, Indian women were able to forge a new identity, the ‘New Indian Woman’, a complex and enduring symbol today.

The Role of Scotland

Malavika Karlekar, a prominent author and biographer of Ganguly, refers to Edinburgh as the ‘Mecca’ of medical study in the late nineteenth century.¹²² Its University and two Royal Colleges attracted students from across the world, making the city a leading hub for medical training throughout the nineteenth century.¹²³ Yet the choice of Indian women to pursue medical qualifications in Scotland cannot be explained by prestige alone. In India, aspiring doctors faced limited professional mobility, as European degrees were widely regarded as superior and often gave their holders preferential access to medical posts over

¹²⁰Roger Jeffrey’s recent article covers all women who qualified as doctors in the United Kingdom from 1877-1914 and provides more information on women of mixed South Asian parentage. See: R. Jeffrey, ‘Women who Qualified as Doctors in the United Kingdom, 1877-1914: Birthplaces, Parentage and Training’, *Journal of the Royal College of Physicians of Edinburgh* 55:2 (2025).

¹²¹ T. Krishnamoorthy, ‘Theeba and the Lost Her-Stories of South Asia’s First Women Doctors under Empire’, *Murray Edwards College*, 7 August 2025, <https://www.murrayedwards.cam.ac.uk/blog-post/theeba-and-lost-her-stories-south-asias-first-women-doctors-under-empire>.

¹²² M. Karlekar, ‘Anatomy of a Change: Early Women Doctors’, *India International Centre Quarterly* 39:3 (2013), p. 99.

¹²³ M.A. Crowther, & M. Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge: Cambridge University Press, 2010).

qualified Indian practitioners.¹²⁴ This hierarchy meant that many Indians were effectively excluded from advancement within their own country. Since the mid-1850s, Indian men travelled to Scotland to advance their medical careers, so when the opportunity arose, Indian women followed the same path.¹²⁵

Beyond its standing in medicine, Edinburgh developed a reputation for advancing women’s education, though this progress was controversial. The city’s university was the first in Britain to allow women to matriculate. In 1869, seven female students, later known as the ‘Edinburgh Seven’, began their medical studies. However, in 1873, following prolonged public controversy, these women were denied their degrees. This decision undoubtedly cast a shadow over the prospects of medical women in Edinburgh. Yet by the mid-1880s, it emerged as the second largest training base for medical women in the world tailing London.¹²⁶ This was due less to the university and more to Scotland’s three extra-mural medical colleges, which introduced a collaborative credential called the ‘Triple Qualification’ in 1884. This offered a faster and more accessible pathway to medical licensure than a traditional university degree. For example, the qualification’s recognition of prior education significantly eased the process of medical licensure. Rukhmabai, for instance, who obtained her Triple Qualification in 1894, appears not to have attended classes in Scotland at all, completing much of her training in London before traveling north to sit the examination.¹²⁷ Most crucially, it was open to women from the outset and quickly attracted substantial female enrolment: nearly 10 percent of its recipients were women, many of them from colonial backgrounds.¹²⁸ Of the nine Indian women known to have qualified in Scotland in the nineteenth century, eight obtained the Triple Qualification. Through the ‘Register of the Triple Qualification’ held at the RCPSG it has been surmised that these women were: Kadambini Ganguly (1861-1923), Annie Wardlaw Jagannadham (1864-1894), Freany Khurshed Rustomjee Cama (1866-1950), Manek Dadabhai Naoroji (1868-uncertain), Rukhmabai Raut (1864-1955), Lydia Datt (c.1860-c.1920), Rose Govindurajulu (1866-1921) and Manak Turkhud (1872-1952).¹²⁹

The cooperation between Scotland’s extra-mural colleges stood in sharp contrast to the scandal surrounding the Edinburgh Seven, and their admittance of Indian women was particularly revolutionary. Throughout the remainder of the century, universities remained largely unwelcoming to women, even after the passage of the Universities (Scotland) Act of 1889, which formally allowed women to obtain degrees. Before the turn of the century, only one Indian woman had achieved this distinction: Merbai Ardesir Vakil (1868-1941), the first Indian woman to graduate from the University of Glasgow in 1897. The University of

¹²⁴ Ibid.

¹²⁵ Wazir Beg is the first person of South Asian heritage recorded to study medicine in Scotland in 1857. B. Mahn, *The New Scots: The Story of Asians in Scotland* (Edinburgh: John Donald, 1992).

¹²⁶ S. Jex-Blake, ‘A Classified List of Lady Doctors’, *Women’s Penny Paper*, 10 August 1893, p. 18.

¹²⁷ The Royal College of Surgeons Edinburgh, ‘Rukhmabai: Final Examination: Schedule of the Course of Study for the Joint Qualifications in Medicine and Surgery’, October 1894.

¹²⁸ H.M. Dingwall, ‘The Triple Qualification Examination of the Scottish Medical and Surgical Colleges, 1884-1993’, *J R Coll Physicians Edinb*, 40:3 (2010), pp. 269-276.

¹²⁹ Royal College of Physicians and Surgeons Glasgow, *Register of Triple Qualification* (Glasgow: Royal College of Physicians and Surgeons Glasgow, various years).

Edinburgh, with its fraught history of excluding women, did not see its first Indian female graduate until 1906, when Meher Ardeshir Dadabhai Naoroji (1881-1974), granddaughter of Britain's first Asian MP, Dadabhai Naoroji (1825-1917), and niece of Manek Dadabhai Naoroji, earned her M.B., ChB.

Although institutions such as the Edinburgh School of Medicine for Women (ESMW), its later rival the Edinburgh College of Medicine for Women (ECMW) and Queen Margaret College in Glasgow had affiliations with the universities, their primary role in the nineteenth-century boom of female doctors was in preparing women for the Triple Qualification. This credential not only provided professional accreditation to women excluded from mainstream university pathways but also facilitated the entry of colonial women into a profession where their presence was urgently needed.

The Need for Women Doctors in India

The availability of the Triple Qualification to women underscored the increasing demand for female physicians in colonial India, where cultural practices such as *purdah*, the observance of gender segregation, rendered the presence of women doctors essential to the treatment of female patients. The inadequacy of medical provision for Indian women had long been a subject of concern within the colonial missionary community.¹³⁰ This neglect was attributable both to the severe shortage of trained female practitioners and to the broader indifference of colonial health policy toward women's medical needs. As historians, most notably David Arnold, have demonstrated, prior to 1885 the colonial state's health policy focused primarily on the military and the European civilian population. Indian women, as a result, were among the most neglected and underserved groups in British India.¹³¹ This began to change later in the decade, though the colonial government did not acknowledge its own failings; instead, it framed the plight of Indian women as a justification for increased intervention and a means of reinforcing the purported cultural and moral superiority of British rule. Though acceptance of women in medicine was still a relatively contentious issue in Britain during the 1880s, it seemed that the perceived moral imperative of the colonial 'civilising mission' often outweighed domestic sexist resistance. Queen Victoria herself championed the cause commissioning the creation of The National Association for Supplying Medical Aid to the Women of India in 1885, commonly known as the Dufferin Fund, to provide support for the medical training of women, establish women's hospitals and dispensaries as well as recruitment of female medical personnel from Britain.

Much of the historical scholarship on the Dufferin Fund has highlighted its problematic dimensions. Beyond its role as a clear expression of imperial maternalism the Fund proved limited in its practical effectiveness. Its emphasis on *zenana* women, largely upper-caste and secluded by *purdah*, meant that the medical needs of non-*purdah*-observing and women from lower-castes were largely ignored. The Fund also failed to establish the structural conditions necessary to retain women within the medical profession, offering inadequate remuneration and little career infrastructure.¹³² As Samiksha Sehrawat has argued, its official reports frequently exaggerated or manipulated figures in order to

¹³⁰ N. Hassan, *Diagnosing Empire: Women, Medical Knowledge, and Colonial Mobility* (Surrey: Ashgate, 2011).

¹³¹ D. Arnold, 'Medical Priorities and Practice in Nineteenth-Century British India', *South Asian Res.*, 5 (1985), pp. 167-183.

present a more favourable image.¹³³ Nevertheless, the role the Fund played in facilitating the careers of India’s first women doctors cannot be understated. At the very least, it symbolised shifting attitudes towards women in medicine and contributed to the expansion of opportunities, including scholarships that enabled women to pursue medical training in Europe. Research into the lives of lesser-known figures such as Lydia Datt and Rose Govindurajulu demonstrate how growing support for the Fund encouraged private benefactors to finance women’s medical education. James Cropper, for example, funded the training of both women in Edinburgh, while Jamsetji Tata similarly supported Freany Cama’s medical studies. While the fund was clearly entangled with problematic colonial structures and directly supported only a small number of women, its significance extends beyond its immediate beneficiaries. It symbolised a formal recognition of women’s right to professional education, creating a space in which Indian women could challenge entrenched social norms, assert authority in the medical profession and lay the groundwork for future generations.

Resistance Based on Intelligence

Despite gaining support from influential quarters, women doctors continued to face entrenched opposition throughout the nineteenth and much of the twentieth century. Medicine, having recently undergone extensive regulatory reform and professionalisation, had become one of the most exclusive and prestigious careers in British society. For many, the idea of women entering this domain was unthinkable. During the height of the Edinburgh Seven debate, critics frequently questioned women’s intellectual capacity, insisting that medicine was too rigorous for them. Scientific claims of female inferiority circulated widely: French anatomist Paul Broca argued that women’s smaller brains limited rational thought, while American physician Edward Clarke and English psychiatrist Henry Maudsley contended that women’s biology rendered them unfit for higher education.¹³⁴ Even Florence Nightingale disparaged female doctors as ‘third-rate men’.¹³⁵ For Indian women, the barriers to entering medicine were compounded not only by assumptions of biological inferiority but also by the weight of colonial ideology. Much of the rhetoric surrounding the Dufferin Fund was steeped in British cultural superiority. These attitudes extended well beyond the Fund itself, finding expression in missionary publications and journals, which frequently attributed the supposed intellectual limitations of Indian women to generations of subservience.¹³⁶

Indian women’s access to medical education was further constrained not only by colonial structures but also by opposition from Indian men. Although Madras Medical College

¹³² G. Forbes, ‘Medical Careers and Health Care for Indian Women: patterns of control’, *Women’s History Review*, 3:4 (1994).

¹³³ S. Sehrawat, *Colonial Medical Care in North India: Gender, State and Society, c. 1830-1920* (Oxford: Oxford University Press, 2013).

¹³⁴ C.E. Russet, *Sexual Science: The Victorian Construction of Womanhood* (Cambridge: Harvard University Press, 1989).

¹³⁵ J. Boyd, ‘Florence Nightingale’s Remarkable Life and Work’, *The Lancet*, 372:9647 (2008), pp. 1375-1376.

¹³⁶ Seen in articles from the time such as: E. Nicholson, ‘The Education of Indian Women’, *The Calcutta Review*, 70 (1880), pp. 518-532.

opened its doors to women in 1875, well before many European institutions, this was far from representative of attitudes across the country. The clearest example of resistance emerged at Calcutta Medical College, where the governing committee vehemently opposed the admission of women. Their objections went beyond doubts about women’s intellectual capacity; many male members feared female graduates might displace them in an already precarious job market, a fear intensified by the fact that European practitioners were consistently privileged within the profession. Ultimately, the British government overruled the committee’s objections and permitted women to enrol. Yet official sanction did little to mitigate the hostility and structural barriers they encountered. The experience of Ganguly, the first woman admitted to the college in 1883, illustrates this tension. Contemporary accounts suggest that she repeatedly clashed with her professor of materia medica and anatomy, Dr. R.C. Chandra, who is alleged to have deliberately failed her by a single mark. As a result, she was denied the M.B. degree and awarded instead the lesser Graduate of Bengal Medical College (G.B.M.C.) qualification in 1886.¹³⁷

Despite such obstacles, Indian women persisted in challenging expectations. Annie Wardlaw Jagannadham, for example, became the first Indian woman to pass the Triple Qualification and practice medicine in Scotland. In 1890, *The Women’s Penny Paper* reported that she had achieved the highest score in her class: 92 per cent. In addition, her exceptional work as a demonstrator in anatomy at the ESMW earned her a silver medal and she was presented with a case of medical instruments by her peers, an honour rarely granted to any student, and unprecedented for a woman of colour.¹³⁸ Such achievements directly contested prevailing scientific and cultural narratives of deficiency, demonstrating that intellectual excellence transcended both gender and race. For Indian women, excelling in medicine was not simply a matter of professional advancement; it was the only means of proving to a sceptical medical establishment that their capabilities equalled, and at times exceeded, those of their male counterparts.

Resistance Based on Morality

The opposition Indian women faced in pursuing medical education reflected more than entrenched stereotypes about female intellect; it underscored the difficulty both British and Indian societies had in accommodating women’s changing roles. The academic success of figures such as Jagannadham exposed contradictions within a profession that prided itself on objectivity, making it increasingly untenable to sustain claims of innate female or racial inferiority. Yet beyond arguments regarding intellect, resistance often drew on socially potent notions of women’s ‘proper’ role. Influential figures such as Maudsley argued that the rigours of medical training would destabilise women emotionally and threaten their reproductive health.¹³⁹ In the morally conservative climate of Victorian Britain, professional ambition in women was often construed not only as unnatural but as socially dangerous, even immoral. Female aspiration was pathologised: English physician Thomas Laycock, for example,

¹³⁷ T. Krishnamoorthy, ‘Dr Kadambini Ganguly: Pioneer of medical studies in India’, *Royal College of Physicians*, 17 August 2023, <https://history.rcp.ac.uk/blog/dr-kadambini-ganguly-pioneer-medical-studies-india>.

¹³⁸ C.E. De M, ‘Edinburgh School of Medicine for Women’, *Women’s Penny Paper*, 27 September 1890, pp. 8.

¹³⁹ C.E. Russet, ‘Sexual Science: The Victorian Construction of Womanhood’.

described women pursuing medical careers as ‘basely inclined’, likening them to ‘Magdalenes.’¹⁴⁰

Ganguly’s career shows how these fears around women’s role in society were similarly mirrored in India. Her late nights working in hospitals provoked rumours surrounding her respectability throughout Bengal. The most scathing attack appeared in an 1891 edition of *Bangabasi*, Bengal’s most widely read newspaper, whose editor Mahesh Chandra Pal denounced her as ‘wanton’ and ‘wayward’.¹⁴¹ The article reflected conservative Hindu anxieties over shifting gender roles, of which Ganguly became a potent symbol. The slander provoked a strong rebuttal from progressive Brahmos, including *The Indian Messenger*, supported by Ganguly’s husband, Dwarkanath Ganguly, a prominent Brahmo Samaj reformer.¹⁴² The dispute culminated in a defamation case in which Pal was sentenced to six months imprisonment and fined Rs. 100 for libel.¹⁴³ The timing of this case was important. That same year, other *Bangabasi* editors faced sedition charges for their criticism of colonial authority in a landmark trial.¹⁴⁴ The juxtaposition of these two cases, one centred on gendered respectability and reformist politics, the other on nationalist resistance, was emblematic of the fraught climate of late nineteenth-century Bengal. It illustrates how campaigns for women’s advancement were deeply entangled with wider struggles over colonial authority and cultural reform. Ganguly’s case stands not only as a testament to the hostility women faced but also as a reminder of how feminist interventions were inevitably situated within, and complicated by, the politics of empire.

The work of reformers, like the Gangulys, was instrumental in advancing legislation like the Age of Consent Act of 1891, a landmark intervention in colonial governance that raised the legal age of consent for girls from ten to twelve years, even within marriage. Rukhmabai played a key role in publicising the Act, while also exemplifying the ideological and cultural tensions that arose when Indian women aligned themselves with the British reformist agenda. By the late 1880s, she was already a household name in both Britain and India. As *The Mother’s Companion* observed in 1891, ‘Our readers will be familiar with the name of Rukhmabai,’ underscoring her notoriety.¹⁴⁵ Married at age eleven to her cousin Dadaji Bhikaji, she refused, upon reaching maturity, to live with him as his wife. When Dadaji petitioned the Bombay High Court for restitution of conjugal rights, the court ordered that she either join her husband or face imprisonment. Rukhmabai chose prison over submission. Although she never served time, her decision ignited international debate, highlighting the clash between colonial reformist ideals and traditional Hindu practice. British periodicals amplified her cause. The article in *The Mother’s Companion*, titled ‘Indian Infant Marriages and Child Widowhood,’ condemned child marriage as ‘cruel’ and ‘monstrous,’ urging the

¹⁴⁰ W. Knox, *The Lives of Scottish Women: Women and Scottish Society* (Edinburgh: Edinburgh University Press, 2006), p. 80.

¹⁴¹ M. Karlekar, ‘Anatomy of a Change: Early Women Doctors’, p. 96.

¹⁴² J. Bhattacharya, ‘Vicissitudes of Female Medical Education in Bengal/India – Kadambini Revisited’, *The Doctor’s Dialogue*, 28 May 2023, https://thedoctorsdialogue.com/female-medical-education-in-bengal-india/#_edn54.

¹⁴³ Ibid.

¹⁴⁴ K.K. Gupta, ‘Banerjee, Krishna Chandra (1851-1911)’, *Vandemataram*, <https://www.vandemataram.com/biographies/patriots/banerjeek.htm> (accessed: 20/06/2025).

¹⁴⁵ Cavalier, ‘Indian Infant Marriages and Child Widowhood’, *The Mother’s Companion*, 1891.

Queen’s government to intervene.¹⁴⁶ It praised the efforts of Indian reformers such as Rukhmabai, lauding her as ‘the young and accomplished Hindu lady.’¹⁴⁷ For the British press, she became both a heroine and a symbol of a ‘reforming’ India. Yet within her own community, many traditionalists denounced her alignment with colonial authority, underscoring the uneasy entanglement of reform, gender politics and imperial power.¹⁴⁸

The Role of Christianity

The widespread support that Ganguly and Rukhmabai received from colonial sources demonstrates how alignment with Western norms could facilitate career progression or institutional backing. Conversion to Christianity was often perceived as one of the ways to achieve such progression or backing, especially for medical women.¹⁴⁹ Yet it was by no means a prerequisite. Of the nine women featured in this article, only three, Datt, Jagannadham, and Govindurajulu, are known to have been Christian. Conversion could garner favour with colonial authorities, but it frequently entailed severe social costs, especially for high-caste individuals. Datt’s father, the first Brahmin convert in his region, was ostracised to the extent that he was not even informed of his mother’s death.¹⁵⁰

Despite the social risks, conversion was often considered advantageous. Ruth Young, a medical woman from Dundee, captured this perspective in *Atalanta*:

A very wide field is open for women doctors in India, both as missionaries and as unproselytizing women [...] doors must be open to them which would be closed to those whose religion professedly comes before their profession as doctors; though it is probably that the woman who carries with her healing for the soul as well as the body, does the more permanent and individual good. But in this world it is often necessary to be content to do any good, even if it not be the highest.¹⁵¹

Young’s observation suggests that women who combined medical work with missionary activity were regarded as agents of the ‘highest’ good. The esteem accorded to female converts is further evident in *The Life and Legacy of Madras Christian College* (2010), which praises Govindurajulu and her sister: ‘There is perhaps no better example of how the converts of the mission achieved distinction in life than the story of the two daughters of Govindurajoolu.’¹⁵² Similarly, following Jagannadham’s untimely death from tuberculosis at age 30, *The Chronicle of the London Missionary Society* noted that ‘the fresh young life had

¹⁴⁶ Ibid.

¹⁴⁷ Ibid.

¹⁴⁸ A. Burton, ‘From Child Bride to “Hindoo Lady”’: Rukhmabai and the Debate on Sexual Respectability in Imperial Britain’, *The American Historical Review*, 103:4 (1998).

¹⁴⁹ H. Pati & M. Harrison, *Health, Medicine and Empire: perspectives on colonial India* (New Delhi: Orient Longman, 2006).

¹⁵⁰ S. Joshi, ‘Juliet Got it Wrong: Conversion and the Politics of Naming in Kumaon, ca. 1850-1930’, *The Journal of Asian Studies*, 74:4 (2015), pp. 843-862.

¹⁵¹ R. Young, ‘The Medical Profession as a Calling for Women’, *Atalanta*, 1 September 1898, p. 46.

¹⁵² J. Kalapati & A. Jeyasekaran, *The Life and Legacy of Madras Christian College, 1837-1978* (Chennai: Zha Communications, 2010).

been well spent in true, though unostentatious service for Christ.’¹⁵³ Yet while Christian converts were highly visible and celebrated, a comparison of the careers of the nine pioneering women graduates indicates that conversion did not necessarily confer a significant professional advantage over their non-convert peers. A will and ability to practice, rather than religious affiliation alone, remained decisive in determining professional recognition.

On paper, the success of these women might suggest that adopting Western medicine was sufficient to secure professional advancement. Yet, as has been established, early women doctors faced entrenched resistance which often required solidarity among them. Advancing the collective cause necessitated that religion or personal identity be subordinated to shared progress. This strategy enabled non-Christian women to enter the field and gain support, but it also allowed invisible hierarchies, particularly around race, class and caste, to persist, as the focus remained on confronting more overt forms of opposition.

In *Medical Women in India* (1929), co-authored by Triple Qualification recipient Margaret Ida Balfour, the prologue emphasised the unity of women doctors across national and racial lines:

It was suggested we should devote a special chapter to Indian medical women. We feel, however, that this is unnecessary, for what is said in these pages [...] applies equally to British, Indian and American medical women. All took part in the same movement as pioneers; all met and overcame the same difficulties. The problems we have discussed affect all, and our interests are identical.¹⁵⁴

More recent scholarship, however, has problematised this view. Researchers such as Narin Hassan show that Indian women faced disparities in pay, opportunities and treatment, which were compounded by class and caste.¹⁵⁵ While Young and Balfour’s account lacks the intersectional perspective expected today, it nonetheless captures the ideological unity many women doctors felt as they sought recognition in a profession that remained largely unwelcoming.

Orientalism

Although there was a degree of solidarity between European and Indian women doctors, British feminist support for Indian women was simultaneously patronising and orientalist, often failing to acknowledge the specific challenges Indian women faced. Works such as Young and Balfour’s were largely self-serving, presenting Indian women as evidence of the benevolent impact of British women in India. In positioning themselves as mentors, and thus atop the ‘lady doctor’ hierarchy, British women frequently described Indian colleagues in diminutive terms. For example, the feminist paper *The Women’s Herald* referred to Ganguly, during her 1893 address at Princes’ Hall, Piccadilly, as a ‘persistent little woman.’¹⁵⁶ Within the context of her distinguished career, such phrasing downplays her competence. A key strategy for maintaining this invisible hierarchy was to emphasise

¹⁵³ T. Krishnamoorthy, ‘Annie Wardlaw Jagannadham’, <https://history.rcp.ac.uk/blog/annie-wardlaw-jagannadham> (last accessed: 18/12/24).

¹⁵⁴ R. Young & M.I. Balfour, *The Work of Medical Women in India* (London: Oxford University Press, 1929), p. 13.

¹⁵⁵ Hassan., ‘Diagnosing Empire’.

¹⁵⁶ *Woman’s Herald*, ‘Temperance Notes’, *Woman’s Herald*, 8 June 1893.

perceived innate differences between British and Indian women doctors. In reports of Jagannadham's academic achievements, feminist publications often referred to her as a 'Hindoo lady.'¹⁵⁷ While likely intended as an ethnic descriptor rather than a religious one, the distinction was rarely clarified and served to highlight her difference from her classmates. This framing positioned Indian women as the visible beneficiaries of the civilising mission: they were converting to Christianity, studying Western medicine in British institutions and returning to India to implement reforms. Their accomplishments, while real, were portrayed as a reflection of British mentorship, through initiatives such as the Dufferin Fund and Edinburgh training, reinforcing the hierarchical, maternalistic structures underlying the ostensibly supportive feminist networks.

Contemporary newspapers strongly reflected the pride in the cosmopolitanism embodied by Indian women in Britain. While Britain celebrated its growing multiculturalism, it struggled to reconcile these shifts with traditional notions of gender, often interpreting them through the lens of Victorian ideals of femininity. Coverage of Ganguly was particularly illustrative of this tension. For example, the *Women's Herald* article on her Princes' Hall address described her:

Mrs. Ganguly of Calcutta [...] wears the costume of her country, which is picturesque, and the beautiful embroidered belt is of her own devising. The costume has no corsets or other ligatures or hindrances, and yet is altogether tasteful and womanly. The skirt does not drag on the floor, and there are no high heels.¹⁵⁸

By the time Ganguly came to Britain, she was already a well-established speaker with a sizeable amount of political and medical experience. The passage above takes up nearly a quarter of the article which somewhat undermines Ganguly's professional life. The purpose of this seems to be to decipher for a Western audience the strange presentation of a woman who is competent in a male-dominated field but is also miraculously able to retain her foreign femininity. Describing Ganguly as dressed in 'costume' not only evokes the unfamiliarity of her dress within the Victorian setting but also suggests it is somewhat entertaining and temporary. Moreover, the rest of the description finds it necessary to distinguish how different her style is from what would be expected of a European woman, corsets, high heels and a shorter skirt, while giving few details of what she was actually wearing. Her ability to maintain taste and femininity is as much of a dilution for the European reader as it is a testament to Ganguly's ability to transcend cultural expectations. She was thus to be depicted as a modern, exotic and beautiful export of the British Empire.

The New Indian Woman

The pride that women like Ganguly inspired in British observers also underscored how few alternative models of womanhood the British had previously recognised for Indian women. Ganguly herself could be seen as embodying the 'New Indian Woman,' a variation of the 'New Woman' figure that emerged in 1890s British literature to portray career-oriented women.¹⁵⁹ The label's 'New' signalled how novel intellectual ambition and professional

¹⁵⁷ The Englishwoman's Review, 'Record of Events', *The Englishwoman's Review: A Journal of Woman's Work*, 15 April 1890.

¹⁵⁸ *Woman's Herald*, 'Temperance Notes'.

¹⁵⁹ The term 'New Woman' is often attributed to feminist writer Sarah Grand.

aspirations seemed at the time, while the ‘Indian’ marked a distinction from Britain’s own ‘New Women.’ Ganguly’s ties to colonialism gave her a dual identity, imagined and interpreted through British eyes. She inhabited the space between Western feminism and the traditional femininity expected of Indian women. Before the idea of the ‘New Indian Woman’ emerged, British observers had limited ways of imagining Indian femininity. As the health of Indian women became a growing concern in colonial discourse, a dichotomy took shape between the high-caste *zenana* and the lower-caste *dhai*, or midwives who often cared for them. The *zenana* came to symbolise the supposed oppression of elite Indian women, while the *dhai* embodied a different notion of civilisational backwardness. Unlike the *zenana*, who were cast as pitiable victims, the *dhais* were vilified in British accounts.¹⁶⁰

British medical missionaries and colonial administrators blamed the *dhai* for high rates of maternal and infant mortality, venereal disease and even deliberate sabotage of ‘respectable’ Indian women’s health.¹⁶¹ These accusations were not only medically reductive, but also politically strategic positioning colonial medicine as a civilising and salvific force. For instance, *The Scotsman* reported triumphantly on Elizabeth Bielby’s successful treatment of the Maharani of Puna, declaring: ‘After suffering for years from native quacks, the Maharanee of Punna, the diamond-deposit State of Central India, was cured by an English lady, a medical missionary.’ Though it is uncertain what illness the Maharani was suffering from, her husband, the Maharaja, had specifically asked for Bielby to treat her.¹⁶² This was another testament to the power of British medicine and the dichotomisation with the ‘native quacks’, *dhais* in this instance, was particularly important in the British context because nineteenth-century Britain had devoted significant legislative energy to eliminating quackery and formalising medical authority. By likening the *dhai* to a quack, colonial discourse extended domestic anxieties around medical legitimacy into an imperial framework, with British women doctors cast as heroic saviours rescuing both Indian patients and the image of medicine itself.

The entry of women like Ganguly into medicine was not enough to dispel the stigma surrounding Indian midwives. As Canadian writer Geraldine Forbes notes, midwives were often coerced into adopting Western medical practices, given little training and denied the proper resources to implement them, conditions that ultimately destroyed their livelihoods and left them in an even more precarious position.¹⁶³ The case of the *dhai* highlights the stark privileges enjoyed by women like Ganguly. She not only married a prominent reformer but also benefited from her father’s support. Ganguly’s father, Braja Kishore Basu, is often credited for his role in starting the women’s movement in the city of Bhagalpur, where Ganguly was brought up, and his position of power as headmaster at Bhagalpur School significantly worked in her favour at the beginning of her career.¹⁶⁴ Freany Cama’s trajectory was shaped by her family’s power in Bombay (present day Mumbai).¹⁶⁵ Even Rukhmabai,

¹⁶⁰ G. Forbes, ‘Medical Careers and Health Care for Indian Women’.

¹⁶¹ Ibid.

¹⁶² The Scotsman, ‘Article 5’, *The Scotsman*, 17 April 1896.

¹⁶³ G. Forbes, ‘Medical Careers and Health Care for Indian Women’.

¹⁶⁴ Karlekar, ‘Anatomy of Change’.

¹⁶⁵ D. Ward, ‘Freany K.R. Cama’, *Mumbai Legacy Project*, https://portal.mcgm.gov.in/irj/go/km/docs/documents/D%20Ward/Heritage-Sites/58_Legacy%20of%20D%20Ward_Article_Dr.%20Freany%20K.%20R.%20Cama.pdf (last accessed: 05/09/2025).

though from a comparatively lower-caste background, gained crucial backing from British society during her marital case, support that helped secure her medical career.

These women formed part of a transnational reform movement largely defined by British middle-class values, which made their presence more acceptable to reformist circles and their achievements more palatable to British audiences. Lower-caste women, by contrast, often faced entrenched exclusion. Haimabati Sen's life illustrates the enduring constraints of gender, caste and class. Born in Bengal, she lacked the resources to pursue elite training in Edinburgh and instead studied at Campbell Medical School, earning a Vernacular Licentiate in Medicine and Surgery, a qualification regarded as inferior to European degrees. In her memoir, Sen recalls being dismissed as little more than a dhai by wealthier women doctors.¹⁶⁶ Despite her skill, she was consistently underpaid and socially marginalised. The fact that her memoir remained unpublished, until long after her death, poignantly testifies to how her contributions were overlooked.

Sen's story complicates triumphant narratives of India's early women doctors. It reveals how access to medicine was structured by internal hierarchies of caste, class and respectability. While figures like Ganguly and Rukhmabai challenged colonial notions of Indian femininity and medical backwardness, the marginalisation of women like Sen shows how uneven, and stratified, that resistance truly was.

Conclusion

In summation, the journeys of India's first women doctors reveal the layered struggles they faced at the intersection of empire, patriarchy and professional ambition. They were not only pioneering professionals but also symbols of a new Indian womanhood, one that threatened the ideological certainties of both British colonial rule and indigenous orthodoxy. Their decisions to travel abroad, pursue advanced qualifications and practice medicine were interpreted by some as acts of betrayal rather than courage. Yet, these women did not merely replicate British models of professionalism; they redefined them. In choosing to become doctors, they refused the limiting narratives of domesticity, religious duty and racial hierarchy. They faced exclusion from British institutions, were sidelined within colonial hierarchies and often alienated within their own communities. Still, their work contributed meaningfully to both the advancement of medical care and the imagining of women's social roles in colonial India. In the end, their impact lies not only in their clinical achievements but in their refusal to accept the limitations imposed on them. They forged careers under extraordinary pressure, carving out a space for Indian women in a field that barely tolerated them. Their legacy is one of defiance, resilience and transformation, laying essential groundwork for future generations of Indian women in medicine.

¹⁶⁶ H. Sen, *The Memoirs of Dr. Haimabati Sen: From Child Widow to Lady Doctor* (New Delhi: Roli Books, 2000).

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Resistance and Resilience in Edinburgh’s Council Housing Schemes, c.1919—1999

Aaron Colin Sheridan

Abstract

Housing and the communities in which houses are placed are the site of both the banal aspects of everyday life and that of significant personal and community struggle. The two ends of this dichotomy are, however, strongly related to one another. Indeed, council housing was born in a period of intense class struggle in Scotland fuelled by the everyday drudgery and repression of the Edwardian housing settlement. Yet far from pacifying the working class, council housing created a new field of struggle. This article draws upon both archival evidence and original oral history interviews with Edinburgh council housing residents from three housing schemes: Greater Pilton, Craigmillar-Niddrie and Wester Hailes. It presents a broad history of council tenants’ resilience in the face of community deprivation, discrimination and poor housing conditions and of tenants’ resistance in the Scottish capital. In doing so, it draws upon Gramscian theories of hegemony and praxis to analyse the material and ideological aspects of both class oppression of tenants and their resistance and resilience in the face of these things. In doing so, it also seeks to contribute a ‘useable history’ for the tenants’ movement in Scotland today by highlighting particular methods and organisations which shaped campaigns of resistance and networks of resilience for tenants in the past.

Introduction

Abrams and Fleming write that housing in twentieth-century Scotland is ‘synonymous with the everyday ... [it] encompasses those activities that are deemed banal, monotonous, repetitive, even trivial, so much so that its intrinsic value as a measure of social life is regularly overlooked’. This is in spite its possession of a rich variety of social information about the human beings that inhabit them, the communities in which homes are placed, the ways their residents live and the society that has designed and built them.¹⁶⁷ Further, Scottish housing has long been the site of social and material struggle for working-class people. While the famous Rent Strike solidified a link between Clydeside and housing struggles, this was just as true for working classes of Edinburgh and the Lothians. In Victorian and Edwardian mining communities of the rural Lothians, where the system of company houses made employer and landlord one and the same, bosses used the threat of eviction to victimise workers involved in agitation for better conditions at home and at work.¹⁶⁸ In urban Edinburgh, housing issues and the conflict between tenants and landlords led to the Tenants’ Association fielding candidates at the 1936 Edinburgh Corporation elections.¹⁶⁹ The home was also the site of more radical actions: during the strife of the 1926

¹⁶⁷ Lynn Abrams and Linda Fleming, ‘From Conservatory to Scullery: Everyday Life in the Scottish Home’, in Lynn Abrams and Callum G. Brown (eds.) *A History of Everyday Life in Scotland in the Twentieth Century* (Edinburgh: Edinburgh University Press, 2010), p.48.

¹⁶⁸ Ian MacDougall (ed.), *Mid and East Lothian Miner’s Association Minutes 1894—1918* (Edinburgh: Edinburgh History Society, 2003), p.39.

General Strike, women in Edinburgh used the windows of tenements to throw missile at police and to instigate crowds of workers to attack police lines.¹⁷⁰

Neil MacGillivray has recognised that the historiography of working-class lives in both the nineteenth and twentieth centuries has largely ignored Edinburgh in favour of other cities in Britain.¹⁷¹ Much of the work done on working-class housing and communities has focused on Glasgow or the West of Scotland.¹⁷² While these works are important and offer a rich history utilising oral history methods in order to re-orient histories of working-class homes away from architectural studies or ‘top-down’ approaches, their geographical bias leaves Edinburgh underrepresented in the literature. Conversely, recent work that has incorporated or focused on Edinburgh communities lacks the perspective that oral history brings to the topic. For example, Steven Robb’s excellent survey of the work of Ebenezer MacRae, Edinburgh’s interwar council housing architect, focuses largely on the design and construction of these communities as well as the officials that shaped them.¹⁷³ While informative and exhaustive in detail, the voices of the community, their experiences both minute or exceptional, along with the experiences and narratives they employ in describing life there, are missing. This article seeks to redress this through use of oral testimony collected through face-to-face interviews with former Edinburgh council tenants conducted between 2022 and 2024. Interviewees were aged between 30 and 80 years of age and were recruited via solicitation in online community remembrance groups.

This article also seeks to contribute a ‘useable history’ of housing in which the experiences and actions of tenants in the past can inform practice in tenants’ organising today. Given the aim of shifting the focus away from institutional perspectives toward the Edinburgh working class and council housing tenantry, this article aims to link current-day housing struggles with a past rife with valuable information on the everyday methods of resistance and resilience in housing. In doing so, this article builds on Tubridy’s work on the 1972 Rent Strike in Ireland, published in *Antipode*, which sought to illuminate such histories to the betterment of the ‘collective memory’ of tenants’ struggles, giving historical examples of resistance to present-day tenants’ organisations and their fights for justice.¹⁷⁴ This method has also been utilised by tenants’ organisers Tracy Rosenthal and Leonardo Vilchis of the Los Angeles Tenant’s Union in their book *Abolish Rent*. Rosenthal and Vilchis produce both a wider history of tenants’ struggles in the US along with retelling their own victories as an ‘example and model’ for housing organisers and a ‘polemic and guide’ to critiquing the

¹⁶⁹ Annemarie Hughes, *Gender and Political Identities in Scotland, 1918—1939* (Edinburgh: Edinburgh University Press, 2010), p.183.

¹⁷⁰ *Ibid.*, p.189.

¹⁷¹ Neil MacGillivray, ‘Epidemic Disease in Edinburgh, 1840—1850’, *Book of the Old Edinburgh Club, New Series* Vol. 11 (2015), p.19.

¹⁷² Some Glasgow and West Scotland-centric histories of housing and communities published recently include: McFadden and McIvor’s *Memory, Mining and Heritage* (2024), Gibb’s *Coal Country* (2021), Abrams *et al*’s *Glasgow: High Rise Homes, Estates and Communities in the Post-War Period* (2020) and Sean Damer’s *Scheming* (2018).

¹⁷³ Steven Robb, ‘Ebenezer MacRae and Interwar Housing in Edinburgh’, *Book of the Old Edinburgh Club, New Series* Vol 13 (2017), pp.43 - 54.

¹⁷⁴ Fiadh Tubridy, ‘Militant Research in the Housing Movement: The Community Action Tenants Union Rent Strike History Project’, *Antipode* Vol 56, No. 3 (2023), p.1028.

imbalance of power in US housing.¹⁷⁵ In doing so, this article will leverage Antonio Gramsci's concepts of 'hegemony', the 'organic intellectual' and the 'theory of praxis' to interpret the tenant-landlord relationship, its subversion and resilience in the face of adversity it by the tenants of twentieth-century Edinburgh.

Resistance

While the introduction of mandatory council housebuilding in 1919 was a victory for working class Scots and their tenants' movement, the Edinburgh propertied classes and the Corporation seized it as an opportunity to extend its power and ideology over housing in the city. Damer has noted how the early council housing regime in interwar Glasgow preserved and extended the disciplinarian 'medical' and sanitary interventions of the Victorian Glasgow Corporation's Public Health Department aimed at the 'disreputable poor' in the city's slumlands. The figures of the resident factor and the 'green ladies'—female sanitary inspectors - that patrolled slum clearance schemes, ostensibly concerned with social as well as medical hygiene, extended both the ideology as well as the social practice of Victorian authorities.¹⁷⁶ This was also true of Edinburgh: the 1935 report of the Medical Officer of Health for Edinburgh notes that women inspectors were making visits to 22,406 properties, both in council-built slum clearance housing schemes and in 'ticketed' slum housing.¹⁷⁷ Opinions on slum clearance tenants within the Corporation departments tasked with overseeing the council housing programme varied. Ebenezer MacRae believed that tenants were 'potentially good' with the help of improved housing.¹⁷⁸ GA Theurer, housing chair in the late sixties and early seventies, described the residents of one slum clearance scheme as comprising 'widows, thieves, carters and vagabonds'.¹⁷⁹

Another avenue of the extension of this power and thought was in film, which by the interwar period was being more widely embraced as a medium of communication. If slum clearance tenants were either criminals or in desperate need of help to become 'good', then an example of what goodness was, in the eyes of the authorities, needed to be constructed. An idealised image of the model slum clearance tenant was presented in the 1939 Campbell-Harper film *New Lives* created for the Church of Scotland. Elizabeth Lebas, writing on Campbell-Harper's films for the Glasgow Corporation, which also dealt with slum clearance and housebuilding, notes that they were used to project an 'undisputed authority to define and undertake its reconstruction projects'.¹⁸⁰ This work of definition was extended in *New Lives* to the construction of an image of model tenants by a religious authority. The fictional family are moved from a one-roomed slum home into a bottom-floor West Pilton

¹⁷⁵ Tracy Rosenthal & Leonardo Vilchis, *Abolish Rent: How Tenants Can End the Housing Crisis* (Chicago: Haymarket Books, 2024), pp.5 - 7.

¹⁷⁶ Sean Damer, 'Engineers of the Human Machine: The Social Practice of Council Housing Management in Glasgow, 1895—1939', *Urban Studies* Vol 37, No. 11 (2000), pp.2009 – 2016.

¹⁷⁷ *Annual Report of the Medical Officer of Health* (1935, Edinburgh Corporation), p.148.

¹⁷⁸ Steven Robb, 'Ebenezer MacRae and Interwar Housing in Edinburgh', *Book of the Old Edinburgh Club*, New Series Vol 13 (2017), p.43.

¹⁷⁹ Miles Glendinning Interview with GA Theurer, 07 August 1987.

¹⁸⁰ Elizabeth Lebas, *Forgotten Futures: British Municipal Cinema 1920—1980*, (London: Black Dog, 2011), pp.144 - 145.

tenement and embrace church life, avoid alcohol and gambling, find employment and take up gardening in the new environment of the scheme. This moral as well as material renewal are all undertaken under the instruction of the local minister.¹⁸¹



Figure 1: West Pilton Slum Clearance Scheme as it appears in *New Lives* (1939)

In Niddrie Mains, this religious oversight was clearly planned and hoped for by the city authorities. Constructed as a slum clearance scheme of two thousand homes in three-storey tenement blocks between 1928 and 1935, it housed former slum dwellers from the St. Leonard's district. Besides schools, churches remained the only community provisions there for several years.¹⁸² Yet this lack of facilities only added a further dimension to the community's material deprivation. While shops and a cinema later appeared, by 1934 the community had only a single hut that served as a community centre.¹⁸³ Built and tenanted during the sharpest years of the Great Depression, unemployment was high in Niddrie Mains. Pioneering tenant and community organiser Helen Crummy gave the figure of six in ten heads of households being out of work.¹⁸⁴ A February 1933 edition of the *Edinburgh Evening News* put it at seven out of ten heads of households unemployed.¹⁸⁵ Consequently reliance on government welfare was high: an enduring image attested to by tenants of the scheme in this period were the Police Welfare boots given to children, marked with a warning not to pawn them.¹⁸⁶ Despite their common appearance in the scheme, those who

¹⁸¹ *New Lives* (1939, Campbell-Harper Films Ltd, Alan Harper), Scottish Moving Images Archive, Kelvinhall, Glasgow, ref:1684.

¹⁸² Steven Robb, 'Ebenezer MacRae and Interwar Housing in Edinburgh', *Book of the Old Edinburgh Club*, New Series Vol 13 (2017), p.58.

¹⁸³ *Edinburgh Evening News*, 07 February 1934, p.8.

¹⁸⁴ Helen Crummy, *Let the People Sing!—A Story of Craigmillar* (Edinburgh: Craigmillar Communiversity Press, 1992), p.26.

¹⁸⁵ *Edinburgh Evening News*, 20 February 1933, p.9.

¹⁸⁶ Helen Crummy, *Let the People Sing!—A Story of Craigmillar* (Edinburgh: Craigmillar Communiversity Press, 1992), p.27.

wore them later recalled a sense of deep shame associated with the boots, as they marked the wearer as amongst the poorest in the scheme.¹⁸⁷



Figure 2: Surviving slum clearance tenements in Craigmillar built between 1936 and 1938

Despite the plans of the city and religious authorities, this poverty did not produce deferential or receptive citizens. Rather, the tenants at Niddrie Mains sought improvements on their own terms. By the middle of the 1930s, a tenant-organised culture of resistance had become established, embodied by the Niddrie Tenants’ Defence League. They actively sought improvements to their scheme through direct audience with local politicians. In 1934, for example, a deputation from the League petitioned the Transport subcommittee of the Edinburgh Corporation for reduced bus fares in the area due to the need to travel long distances to Edinburgh for work or for access to shops and services.¹⁸⁸ Housing, however, was the focus of the League. In slum clearance schemes, Corporation officials often patrolled the streets and visited houses to prevent instances of overcrowding and subletting. In Scotland, these were the Resident Factor and the female Sanitary Inspectors.¹⁸⁹ The equivalent figure in England were the ‘night men’, so called due to their usual time of visitation and inspection.¹⁹⁰ Their operation in Niddrie Mains had caught a tenant subletting to another family in 1936. By July of that year, the tenant had been evicted and though the subtenants were initially allowed to stay, they were given notice to vacate by the end of the month. In response, the NTDL sent a request to the Housing Department requesting that the family be left in place. It was denied.¹⁹¹ While the outcome of this particular case is unknown,

¹⁸⁷ *We Got a Pillowcase Filled for Sixpence!* (1996, Bingham and District Older People’s Project, Edinburgh), pp. 8-12.

¹⁸⁸ *The Scotsman*, 27 October 1934, p.11.

¹⁸⁹ Sean Damer, *Scheming: A Social History of Glasgow Council Housing, 1919—1956* (Edinburgh: Edinburgh University Press, 2018), pp.34 - 37.

¹⁹⁰ Charlotte Wildman, ‘Working-Class Women and the Buying and Selling of Stolen Goods in Urban Communities in the North West of England and in Belfast’, 1918—1960’, *English Historical Review* Vol 137, No. 589 (2022), p.1738.

¹⁹¹ *Edinburgh Evening News*, 27 July 1936, p.3.

consulting Helen Crummy’s accounts of life in Niddrie Mains during the interwar period, we know what the next steps for the League may have been. Crummy recalled that lookouts would keep watch for court bailiffs and officers, alert fellow tenants and an eviction resistance would be carried out. One tactic involved the carrying of furniture thrown out into the front lawn through the close of the tenement into the back green, where it would be pushed through a window and back into the home.¹⁹²

This episode highlights two aspects of resistance and what was being resisted by tenants’ groups like those in Niddrie. First, the use of physical, direct action by a mobilised tenantry in resistance of eviction is the mode of community resistance exemplified by rent strikers on Clydeside earlier in the interwar period: the tactic of reinstating an evicted tenant to the home they had just been forced out of was observed in the 1922—1926 rent strike in defence of rent controls. In this way, the Niddrie tenants were drawing upon example, utilising expertise produced by other episodes of resistance.¹⁹³ Beyond the physical resistance to the power of landlords, the Niddrie tenants were resisting middle-class hegemonic control of housing and the subordinate status imposed upon them as tenants. In Gramsci’s theory of hegemony, the power of ruling classes to structure thought and ideas about society and about groups within society depends not just on its control of that society, but also on the subordinate classes’ reification of those ideas.¹⁹⁴ Becky Beale has referred to this as ‘active consent’, noting that it functions not simply repeating and believing these ideas, but structuring one’s life and actions according to them.¹⁹⁵ Physically challenging evictions in this way, then, upends the hegemonic category of tenant as subordinate to landlord by utilising tenant power to obstruct the Corporation’s proceedings and enforcing their will. Through these actions the League were also resisting the hegemonic pre-figured image of slum clearance tenants, as constructed in *New Lives* and designed for through community planning, as placid, willing receivers of state assistance and moral instruction.

The actions of the Niddrie tenants also highlight a view of housing that resisted notions that access depended on ability to pay rather than on the need of the residents. Ewan Gibbs has referred to this as a ‘moral economy’ of housing, noting the importance of this view in building connections between similar mobilisations in twentieth century Scotland. It united, for example, disparate groups of residents to resist paying the poll tax in the late 1980s and 1990s¹⁹⁶ Indeed, Edinburgh was no different, with similar connections and solidarity between housing and tenants’ movements elsewhere building throughout the twentieth century. This can be seen in the example of Wester Hailes, a large post-war housing scheme to Edinburgh’s far south-west, made up in large part of high-rise blocks.¹⁹⁷ In 1976, when the residents of Glasgow’s Hutchesontown high-rises campaigned against the ‘dampness monster’, the residents of Wester Hailes staged solidarity protests and

¹⁹² Helen Crummy, *Let the People Sing!—A Story of Craigmillar* (Edinburgh: Craigmillar Communiversity Press, 1992).

¹⁹³ Moorehouse, Wilson and Chamberlain, ‘Rent Strikes—Direct Action and the Working Class’, *Socialist Register* Vol. 9 (1972), p.135.

¹⁹⁴ Antonio Gramsci, ‘The Philosophy of Praxis’, in Hoare & Smith (eds.) *Selections from the Prison Notebooks* (London: Lawrence and Wishart, 1971), p.333.

¹⁹⁵ Becky Beale, ‘Disqualifying the Official: An Exploration of Social Resistance Through the Subculture of Skateboarding’, *Sociology of Sport* Vol.12 (1995), pp.252 - 253.

¹⁹⁶ Ewan Gibbs, ‘Historical Tradition and Community Mobilisation: Narratives of Red Clydeside in memories of the anti-Poll Tax movement in Scotland, 1988—1990’, *Labor History* Vol 57, No. 4 (2016), p.440.

campaigned alongside them.¹⁹⁸ The issue of damp and mould and recognition of similarities in housing situation between the two communities made making links between them natural. Dampness was a widespread issue in the flats there, recognised officially in reports published in 1982 and 1983, the latter endorsed by the scheme’s Representative Council of tenant organisations.¹⁹⁹

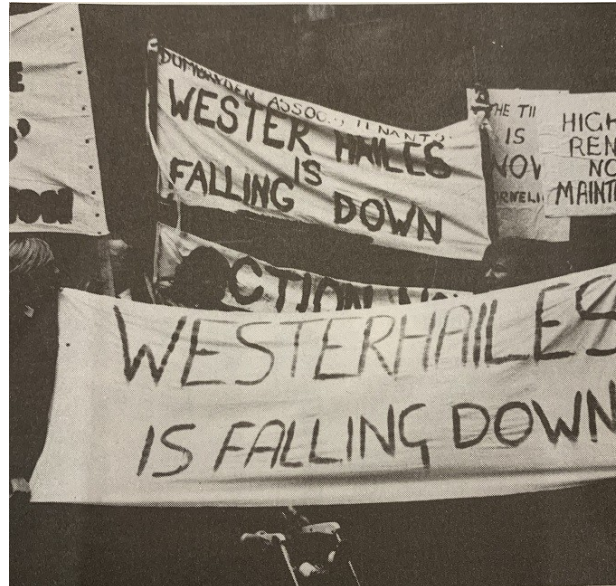


Figure 3: Wester Hailes tenants demanding action on housing conditions, c.1983

The more than five thousand homes in Wester Hailes were constructed rapidly between 1967 and 1975 due to the wide use of high flats and systems building methods; by the scheme’s completion, flats in high rise blocks represented 36.7 per cent of all homes there.²⁰⁰ This was despite assurances by the chair of the housing department that these homes would be kept to a minimum, an argument which was key to winning approval for the project during a public inquiry.²⁰¹ Multi-million pound contracts were awarded to housebuilders to construct hundreds of homes at a time in several phases of development: Crudens, a Musselburgh firm, were given nearly two million pounds to construct the Wester Hailes Park development of six ten-storey blocks in 1969.²⁰² Here, like elsewhere in Edinburgh, the close relationship between private companies and Corporation officials shaped the poor living conditions of the residents. George Bowie, the Chief Architect for Crudens between 1960 and 1982, said that his company’s plans were often approved by local authorities with incomplete designs and joked that more planning went into public toilets than into high-rise developments.²⁰³ This lack of oversight led to corners being cut during construction: only one in three roof tiles in Wester Hailes were nailed down,

¹⁹⁷ Alan Gilloran, *Wester Hailes Ten Years On: A report commissioned by the Wester Hailes Representative Council on behalf of the people of Wester Hailes*, (Edinburgh: WHRC, 1983), p.7.

¹⁹⁸ Valerie Wright, ‘Housing Problems ... are Political Dynamite: Housing disputes in Glasgow, 1971—the present day’, *Sociological Research Online* Vol. 26, No.4 (2018), p.7.

¹⁹⁹ Alan Gilloran, *Wester Hailes Ten Years On: A report commissioned by the Wester Hailes Representative Council on behalf of the people of Wester Hailes*, (Edinburgh: WHRC, 1983), p.11.

²⁰⁰ *Ibid.*, p.17.

²⁰¹ *The Scotsman* 28 July 1964, p.5.

²⁰² *The Scotsman* 16 July 1969, p.3.

combustible PVC piping was endemic as was a lack of proper harling and roughcasting. Balconies were poorly constructed and slanted downward on many blocks.²⁰⁴ Under the guise of public provision housing developers enriched themselves while passing on inherent housing problems to the community and the tenants at Wester Hailes.

In addition to the poor housing construction, community provisions were also lacking in Wester Hailes. The original plan for the area called for a ‘twentieth-century Royal Mile’, a central avenue from which the neighbourhoods would branch off and which would end in a town square complete with amenities.²⁰⁵ This was scrapped in favour of a central shopping centre; however, construction would not proceed for several years due to allegations of corruption surrounding its tendering.²⁰⁶ Thanks to an agreement between the Corporation and the contractors, Rank City Wall, to restrict commercial premises built in the scheme outside the centre, this left Wester Hailes without sufficient shopping facilities.²⁰⁷ Further, promised social facilities and amenities, such as neighbourhood centres, GP surgeries, secondary schools and playgrounds, were slow to emerge. Community anger was shown in 1972 when the residents created an art installation to rival a Corporation-created art piece showcasing official plans for the future of the scheme. The children of Wester Hailes created maps of their ideal playparks, and they plastered the walls of their schools with drawings of residents voicing their grievances. This act of subversion was broadcast on STV news to the embarrassment of the council.²⁰⁸ It led to Lord Provost Jack Kane publicly admitting to failures to build a community with ‘heart and soul’ and promising to engage with local residents to build a better community.²⁰⁹ Andrew Crummy’s history of community arts in Edinburgh notes that use of art in this way allows not only the communication of a moral economy view of their neighbourhood, elaborating a tenant-led view of Wester Hailes’ development, but also had the advantage of taking the local authorities by surprise in its upending of their expectations from a subordinate class.²¹⁰

Crummy further argued that these forms of artistic protest were the catalyst to the flourishing of community self-provision and self-education.²¹¹ The community solidarity over the issue of service provision in Wester Hailes quickly built into a network of community groups aimed at attending to needs unmet by the local authorities. By the early eighties, Wester Hailes was served by a series of ‘community bases’, small huts used as community

²⁰³ Miles Glendinning and Stefan Muthesius, *Tower Block: Modern Public Housing in England, Scotland, Wales and Northern Ireland* (New Haven: Yale University Press, 1994), p.199.

²⁰⁴ Alan Gilloran, *Wester Hailes Ten Years On: A report commissioned by the Wester Hailes Representative Council on behalf of the people of Wester Hailes* (Edinburgh: WHRC, 1983), p.6.

²⁰⁵ *Wester Hailes—Initial Report*, Sir Frank Mears and Partners, SL106, Box 21 ‘1953—1972’, City of Edinburgh Archives.

²⁰⁶ *The Scotsman*, 10 November 1969, p.10.

²⁰⁷ Alan Gilloran, *Wester Hailes Ten Years On: A report commissioned by the Wester Hailes Representative Council on behalf of the people of Wester Hailes* (Edinburgh: WHRC, 1983), p.7.

²⁰⁸ Interview About Wester Hailes (1972, STV), Scottish Moving Images Archive, Glasgow, ref: 1915.

²⁰⁹ *The Scotsman*, 30 May, 1972, p.7.

²¹⁰ Andrew Crummy, ‘Craigmillar Festival, the Scottish Community Arts Movement of the 1970s and 1980s and Its Impact’, in Jeffers & Moriarty (eds.), *Culture, Democracy and the Right to Make Art: The British Community Arts Movement* (London: Bloomsbury, 2017), p.84.

²¹¹ *Ibid.*

centres, and a federation of community groups known as the Wester Hailes Representative Council.²¹² Shirley Cameron, who moved to the area in 1981, recalled that her introduction to tenants’ rights work came through this system of self-provision:

‘It wis in a dingy wee hut, really, cause it wis aw huts, all like TU huts cobbled thegither. I used to go in there just a couple ae mornings a week until the kids were auld enough and they went tae playgroup or nursery or whatever. In the parent and toddlers’ groups we got tae consult on different things, wee documents would come through like a stress management booklet. ‘Take this and see what you think’, right and then there would be a wee session on what we all thought about it. And then I started getting involved in other things, like tenants’ groups and things. For a while I was a ... was it ’85? I got a job in the TU hut in Hailesland as a tenants’ rights worker ...’²¹³

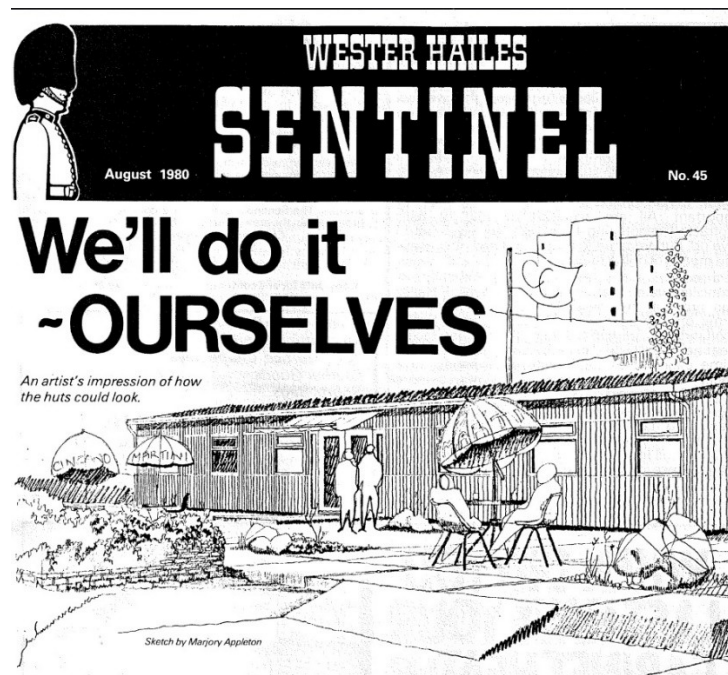


Figure 4: Illustration of the ‘community bases’ taken from the *Wester Hailes Sentinel*—the tenant-organised community newspaper, August 1980. The name ‘sentinel’ embodied the vigilance of the tenants.

Across Edinburgh, in the city’s north-west, the issue of mould and damp would again emerge as a particular point of contention. West Pilton, a slum clearance scheme of 1,800 homes in two and three storey flatted blocks built in the 1930s and 1940s, was degrading severely by the late 1970s.²¹⁴ Concern over the state of the scheme was widespread: in 1979 a ‘Pilton Study Day’ was organised by the community at Craigroyston High School. A flyer advertising the event, complete with cartoons of dilapidated houses, ran the questions ‘who says West Pilton is a slum?’ and ‘when’s this dampness gonna end?’.²¹⁵ This had

²¹² Alan Gilloran, *Wester Hailes Ten Years On: A report commissioned by the Wester Hailes Representative Council on behalf of the people of Wester Hailes* (Edinburgh: WHRC, 1983), pp.8 - 10.

²¹³ Interview with Shirley Cameron.

²¹⁴ Steven Robb, ‘Ebenezer MacRae and Interwar Housing in Edinburgh’, *Book of the Old Edinburgh Club*, New Series Vol 13 (2017), p.68.

²¹⁵ ‘Pilton Study Day’ leaflet, MYBN, UI62C, Box 52F, Edinburgh City Archives.

followed the formation of the Pilton Dampness Action Group, who had demanded an expansion of the city's regeneration programme but whose pleas were dismissed by Cornelius Waugh, then Conservative chair of the housing committee.²¹⁶ Waugh favoured a policy of demolition, which drew widespread condemnation and resistance from locals and religious figures.²¹⁷ Regardless, the council got its way and following small payments of five hundred and fifty pounds to residents, they were decanted and their homes demolished by 1986.²¹⁸

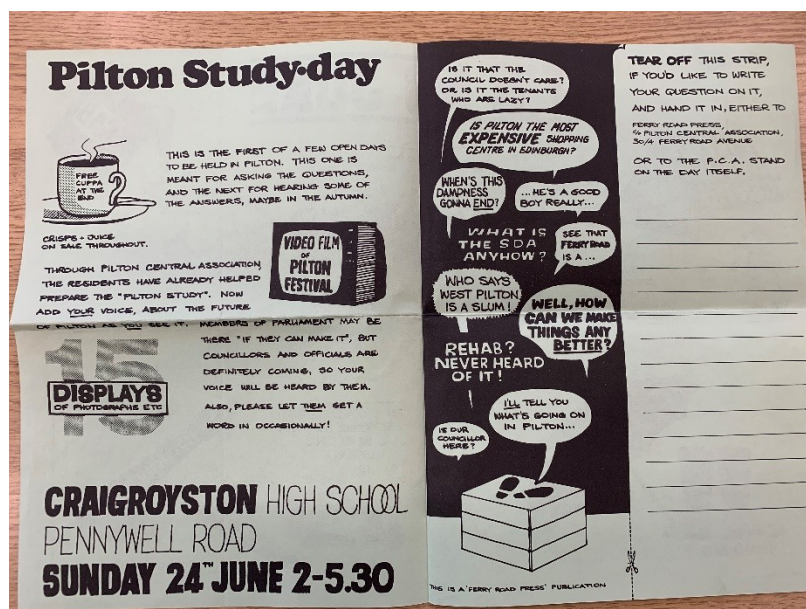


Figure 5: The inside of a leaflet promoting the Pilton Study Day, showing a variety the topics to be discussed.

The actions of the organised Pilton and Wester Hailes tenants again recall the idea of resisting not just the material deprivation they were experiencing, but also their position as passive receivers of state assistance. By calling attention to their living environments' flaws, demanding action from housing authorities and presenting alternative visions of their communities, tenants in Edinburgh were active resisters of their own subordination and of the power of the council as landlord. The use of home-grown art and artists or of 'study days', bringing together communities and developing their intellectual power for the use of this resistance recalls Gramsci's notion of the 'organic intellectual'. For Gramsci, each class in society develops its own intellectuals, who give it 'an awareness of its own function' and the ability to lay 'the foundation of a new and integral conception of the world' which draws upon that group's visions, ideologies and class power.²¹⁹ Andrew Crummy notes that artistic connections were developing among the tenants of Wester Hailes, Craigmillar and Niddrie

²¹⁶ *The Scotsman*, 15 February 1978, p.13.

²¹⁷ 'Cornelius Waugh, Edinburgh councillor and community activist', *The Scotsman*, 05 October 2009, retrieved from: https://www.heraldscotland.com/default_content/12611172.cornelius-waugh-edinburgh-councillor-community-activist/, accessed 26/02/2025.

²¹⁸ *Edinburgh Evening News*, 11 April 1986, p.3.

²¹⁹ Antonio Gramsci, 'The Intellectuals', in Roger S. Gottlieb (eds.), *An Anthology of Western Marxism* (Oxford: Oxford University Press, 1989), pp.113 - 116.

and Greater Pilton.²²⁰ The actions of these groups—of taking artistic and intellectual power, developing it and using it to elaborate the position of Edinburgh tenants and use this consciousness as a tool to assert their power—made the late seventies and early eighties a period of a deep resistance based on a high degree of awareness of housing issues among the tenants of Edinburgh and perhaps its most developed stage of ‘elaboration’ of their intellectual powers as a social group.

This period was also one of increasing conflict between two concepts of housing. One, embodied by the tenants that saw housing in ‘moral economy’ terms and another perpetuated by local and national government which increasingly saw housing as an asset to be financialised. This was intensified by changes to housing legislation at the national level, which in 1980 introduced the ‘right to buy’ for sitting council tenants, with homes discounted up to sixty per cent, increased to seventy per cent for flats in 1986.²²¹ On top of offering homes cheaply to their residents and the above-noted demolition of council housing stock, Cornelius Waugh and Edinburgh District Council sought to place additional burdens on tenants who could not or would not buy for the costs of managing their housing. Pursuing a policy of charging tenants for repairs, this again provoked public anger over the treatment of tenants and the quality of homes in Edinburgh. This was particularly acute in Muirhouse, a post-war scheme neighbouring West Pilton. Three hundred tenants, led by local resident Helen McGowan, began organising block representatives to represent individual closes and streets with the aim of airing their grievances over the state of their homes and protesting the introduction of repair charges.²²² The campaign by the Muirhouse Tenants’ Association, however, came to naught. By the mid-1990s, disrepair coupled with high resident turnover and design flaws which led to problems with heat retention and wind penetration resulted in a poor image and reputation in the scheme. Much of the stock was transferred to housing associations and subsequently demolished and redeveloped.²²³ While the goal of reducing the city’s stock of council housing was ultimately achieved, the force at which this was resisted by the local at Muirhouse made it known that these changes were not made with the consent of tenants.

²²⁰ Andrew Crummy, ‘Craigmillar Festival, the Scottish Community Arts Movement of the 1970s and 1980s and Its Impact’, in Jeffers & Moriarty (eds.), *Culture, Democracy and the Right to Make Art: The British Community Arts Movement* (London: Bloomsbury, 2017), p.93.

²²¹ ‘Appendix B: Principal Scottish Housing Legislation Since 1890’ in Richard Roger (ed) *Scottish Housing in the Twentieth Century* (Leicester: Leicester University Press, 1989), p.244.

²²² *Muirhouse Tenants Fight Back!* (1982, Red Star Cinema), Scottish Moving Images Archive, ref: 8620.

²²³ Michael Carley, *A Community Participation Strategy in Urban Regeneration: Case Studies in Muirhouse and Greater Pilton, Edinburgh, and Hulme—Moss Side, Manchester* (Edinburgh: Scottish Homes, 1995), pp.11 - 13.



Figure 6: Cartoon of Cornelius Waugh holding a box of money, created by the Muirhouse Tenants Association c.1983

Resilience

Episodes of community resistance and remonstrance, though demonstrative of an active and aware tenantry, were taken when faced with the intransigence of the local authority and when all other avenues had been exhausted. Further, they required both the strength of will and the organisation of tenants, which, in spite of the above showings of strength, were not a constant in scheme life. Ways of coping in day-to-day life were important for council tenants facing hardship. Further, it should be noted before proceeding that for many people resident in council or other public houses did not have to engage in these strategies. Many found their move to new homes and neighbourhoods comfortable, well provided for and generative of new forms of social life. The pioneer residents of Glasgow’s Mossbank, an elite ‘Ordinary’ scheme built in the early 1920s, were drawn largely from the city’s professional clerical middle classes, for example. Their social life revolved around home-centred tea parties and the local bowling club; several residents were wealthy enough to employ home helpers.²²⁴ Many of the residents in East Kilbride New Town, who had come from the polluted and crowded inner-city districts of Glasgow from the late 1940s onward, readily embraced a ‘family-centredness’ with an emphasis on privacy, home life and voluntary recreational associations with their neighbours.²²⁵

One near universal hardship faced by residents of new housing in the twentieth century, however, were cold homes. Ambrose *et al* found in their oral history of home energy transitions in the twentieth century that there was ‘no expectation of being warm’ at home for many of their UK interview subjects.²²⁶ In Edinburgh, this problem recurred across the

²²⁴ Sean Damer, *Scheming: A Social History of Glasgow Council Housing, 1919—1956* (Edinburgh: Edinburgh University Press, 2018), pp.10 - 29.

²²⁵ Lynn Abrams *et al*, ‘Aspiration, Agency and the Production of New Selves in a Scottish New Town c.1947—c.2016’, *Twentieth Century British History* Vol.29, No.4 (2018), pp.297 - 298.

²²⁶ Aimee Ambrose *et al*, ‘Oral histories of domestic heating transitions in England and Sweden: lessons on how heating transitions play out across place and time’, *International Journal of Housing Policy* (2024), p.9.

century and across the various building styles employed in housing schemes across the city. This is despite attempts to address the problem in the postwar period. Government-sponsored scientific research into new home heating technologies had resulted in a greater variety of heating methods besides the traditional coal fire by the 1960s.²²⁷ However, many homes in schemes incorporating these new heating methods remained insufficiently warm: in 1995, for example, a report found that eighty-eight percent of Muirhouse residents found their heating was inadequate or too expensive to use.²²⁸ Regardless of heating system and build style, across Edinburgh coldness, damp and mould were a problem in council housing communities. Slum clearance homes built in the interwar period were often heated only by a fire in the living room and, by the 1970s, were rife with damp and mould. Niddrie resident Elaine told me that until her family was decanted and their home refurbished in the eighties, her tenement was ‘absolutely bloody freezing’.²²⁹ Mr Black, who grew up in this period in West Pilton in an interwar slum clearance tenement in the 1960s and 1970s, described his home to me as ‘hypothermic’, recalling how the single glazed windows and chimney would allow wind and cold to penetrate the home. To cope, his mother often filled glass bottles with boiling water to keep the beds warm in winter.²³⁰ Memories of cold interiors and improvised heating methods were not limited to these kinds of homes. Another of my interviewees, John McKenzie, grew up in a semi-detached house in Drylaw after moving from Lady Lawson Street in the 1950s. The homes there had the benefit of a hot water tank besides the coal fire in the living room. This remained insufficient: John recalled his family sewing together sheets, rags and old clothes to form extra bedsheets for the cold winter nights.²³¹

Relatedly, damp and mould were endemic in council-built homes throughout the Post-War period. Wester Hailes resident Shirley, who worked as a tenants’ rights worker for the Hailesland Community Base in the 1980s, recalled her and her neighbours’ coping mechanisms with the flaws in their high-rise homes in the 1980s:

‘I used tae go out to the tenants in the area, ‘cause they did have a lot ae complaints—we all did. Once again, ye didnae huv double-glazing in these flats it wis all that aluminium framed windows. They weren’t wind and watertight. They high-rises were made for hot countries, not for Scotland ... In some ae the flats the dampness was horrendous. You’d decorate one day and the paper would be off the wall a half an hour later, ken, cause it was that damp. We combatted that, I put that foil damp up, which is like silver paper, plastic-coated silver paper. So ye treat it for dampness, put up a coat ae that silver paper and put up a coat ae [...] polystyrene—put that up and then paper over that and paint over that!’²³²

Resilience was also displayed by Edinburgh tenants in dealing with the lack of social provisions in their communities. Indeed, singing and musical ability were well-prized in Scottish tenement communities in the first half of the twentieth century, with signature songs

²²⁷ Miles Glendinning and Stefan Muthesius, *Tower Block: Modern Public Housing in England, Scotland, Wales and Northern Ireland* (New Haven: Yale University Press, 1994), pp.14 - 21.

²²⁸ Michael Carley, *A Community Participation Strategy in Urban Regeneration: Case Studies in Muirhouse and Greater Pilton, Edinburgh, and Hulme—Moss Side, Manchester* (Edinburgh: Scottish Homes, 1995), p.13.

²²⁹ Interview with Elaine Lawther.

²³⁰ Interview with Mr Black.

²³¹ Interview with John McKenzie.

²³² Interview with Shirley Cameron.

being sung and musical performances entertaining family and friends in the closes.²³³ When tenement communities were rehoused in the 1920s and 1930s, this self-entertainment was carried over to the housing schemes in the form of backcourt musical gatherings known as ‘clabbers’.²³⁴ In areas of Edinburgh, like Craigmillar and Niddrie, this form of self-entertainment was a crucial piece of cultural cohesiveness and resilience in a scheme far from the centre of Edinburgh and without social provisions of their own.²³⁵ By the Post-war period, more organised efforts at community entertainment and socialisation appeared. In 1950s West Pilton, residents of the scheme hosted Gala Days where sweets and drinks were served, games were played between the residents, musical and dance performances were given and, of course, a gala queen crowned.²³⁶ Increasingly home entertainment became a feature of life in many council housing schemes as homes of the 1960s and 1970s were designed for the use of consumer electronics and incorporated innovations in heating.²³⁷ Yet, in schemes incorporating these modern home features, community self-entertainment persisted, often addressing the lack of proper social facilities and providing outlets for socialisation. The pages of the *Wester Hailes Sentinel* are filled with various examples of community self-reliance, self-organisation and self-entertainment. The August 1978 edition mentions community barbeques, playschemes, charity races and a ‘friends and neighbours club’ among the range of community-organised events and groups.²³⁸ Indeed, this working-class culture of solidarity and socialisation in the face of difficulty was remembered well by Mr Black, a resident of West Pilton’s interwar slum clearance tenements, who characterised the sixties and seventies in his scheme thus:

‘There wis loads ae activity in the streets and there wis a great socialisation went on and there wis that working-class virtue of looking after yer own [...] every family in the street knew every other family and the mothers would sometimes be propping up their elbows, looking oot the windae watching the kids. If yer ma was gonnae be oot, some other mother would get ye in for yer dinner. The woman next door, [my brother] used tae go next stair tae Mrs Lothian’s. She would make him his tea every night and he’d sit wae slippers she’d got him, [...] he’d sit and watch telly with them [...] and when they had the big power cuts in the seventies, it wis the Lothians who cooked our tea. They had a gas cooker, we were electric. Ma Gran used to work in the dinners, the school dinners and we used to get sent tae ma Gran’s to pick up what she had managed tae salvage fae the school dinners’²³⁹

In Mr Black’s recollections ‘yer own’ was much more than your immediate family, it extended out into his stairwell and often into the neighbourhood. Many cases of this can be

²³³ Jean Faley, *Up Oor Close: Memories of Domestic Life in Glasgow Tenements, 1910—1945* (Oxford: White Cockade, 1990), pp.79 - 80.

²³⁴ Sean Damer, *Scheming: A Social History of Glasgow Council Housing, 1919—1956* (Edinburgh: Edinburgh University Press, 2018), pp.94 - 95.

²³⁵ Helen Crummy, *Let the People Sing!—A Story of Craigmillar*, (Edinburgh: Craigmillar Communiversity Press, 1992), pp.30 - 31.

²³⁶ Children’s Gala Day 6th June 1954 (1954, West Pilton Community Association) Scottish Moving Images Archive, ref: 1923.

²³⁷ Abrams *et al*’, *Glasgow: High Rise Homes, Estates and Communities in the Post-War Period* (Oxford: Routledge, 2020), pp.37—38.

²³⁸ *Wester Hailes Sentinel*, No.21 August 1978, p.6.

²³⁹ Interview with Mr Black.

seen in the older tenement communities of Scotland in the pre-council housing period. Extended networks of neighbours and family members were often relied on, especially with regard to women’s work in the home or in their daily lives where sharing childcare duties, developing home remedies for sickness and other various forms of support.²⁴⁰ When credit from businesses or co-operatives for were unavailable for necessities, tenement families often plied their skills in repairing furniture or clothes or used ‘menages’—informal, community-organised lottery systems—as forms of community support.²⁴¹ These practices were carried over into council housing from its earliest days: in Hamiltonhill in Glasgow, pioneer tenants often plied their trades at repair or in creating items to sell on the streets to boost the household income in lean years. Games of football in the parks or streets kept the young boys occupied in a community without dedicated social areas.²⁴² Similarly, menages formed a crucial mutual support system in Blackhill, also in Glasgow.²⁴³

Perhaps the most well-developed community example of self-entertainment and self-education came again from Niddrie and Craigmillar. Three decades following the construction of the first homes in the area, the schemes there still had no dedicated community centre or library, nor any arts education at the local schools.²⁴⁴ In response, local mothers, chief among them Helen Crummy, created the Craigmillar Festival Society in 1962.²⁴⁵ In October 1964, the Society held its first annual festival, featuring artistic displays and theatrical and musical performances by members of the community, under the tutelage of Society volunteers.²⁴⁶ The lyrics and themes of these performances display the community’s discontent with their situation and their philosophy of arts as a catalysts for change. One excerpt from a song performed in the 1978 festival went:

‘Give us centres, homes from home...
That we don’t need the streets to roam...
Help us find some work to do
Have festival the whole year through....’²⁴⁷

Cultural deprivation and material deprivation went hand in hand in the eyes of the Craigmillar Festival Society and the locals who were involved. The CFS was, in Gramscian

²⁴⁰ Helen Clark and Elizabeth Carnegie, *She Was Aye Workin’: Memories of Tenement Women in Edinburgh and Glasgow*, (Oxford: White Cockade Publishing, 2003) pp.160 - 161.

²⁴¹ Jean Faley, *Up Oor Close: Memories of Domestic Life in Glasgow Tenements, 1910—1945* (Oxford: White Cockade, 1990), pp.122 - 123.

²⁴² Sean Damer, *Scheming: A Social History of Glasgow Council Housing, 1919—1956* (Edinburgh: Edinburgh University Press, 2018), pp.39 - 44.

²⁴³ *Ibid.* pp.88 - 91.

²⁴⁴ Helen Crummy, *Let the People Sing!—A Story of Craigmillar*, (Edinburgh: Craigmillar Communiversity Press, 1992), p.38.

²⁴⁵ Craigmillar Festival Society, *Craigmillar’s Comprehensive Plan for Action* (Edinburgh: Craigmillar Festival Press, 1978), p.i.

²⁴⁶ Helen Crummy, *Let the People Sing!—A Story of Craigmillar*, (Edinburgh: Craigmillar Communiversity Press, 1992), p.46.

²⁴⁷ Craigmillar Festival Society, *Craigmillar’s Comprehensive Plan for Action* (Edinburgh: Craigmillar Festival Press, 1978), p.1.05.

terms, able to ‘elaborate’ and develop the position of the tenants into a worldview, one which it quickly put into practice shaping their community along their own lines.²⁴⁸ By the time of the 1978 festival, the Society had implemented its own job creation and training programme for the unemployed young people in the scheme. This included furniture making, woodworking and candle making apprenticeships.²⁴⁹ These skills were often developed in ways which benefitted the community at large: trainee bricklayers were utilised to make repairs to the scheme and build new social facilities in the community. In addition to this, the Society offered training for job applicants with upcoming interviews and educated employed workers on effective union representation, preparing young community members for life at work.²⁵⁰ This worldview was not just one of criticism, though highly critical it was, but an example of Gramsci’s ‘philosophy of praxis’, creating a ‘unity of theory and practice’ in order to lead the tenants to a ‘higher conception of life’ and build the world to their liking.²⁵¹

Conclusions

Since the shift in housing policy both nationally and at the local level in Edinburgh away from state provision toward a focus on private building and private ownership, the movements built up around the tenants have atrophied as the number of council tenants and council homes has been reduced. In Greater Pilton, the demolitions that began in West Pilton spread to Muirhouse. In the early nineties, a voluntary stock transfer saw the Muirhouse Housing Association acquire many of the homes there with intent to demolish and build on the vacant land.²⁵² The slum clearance tenements in Niddrie and Craigmillar were demolished by the mid-2000s.²⁵³ The same fate came to many of the high-rises in Wester Hailes. It should be noted that these demolitions were not always opposed and many even welcomed by community members. When the Westburn Garden’s tower blocks were set for demolition in 1992 (only twenty-two years following their construction), one former resident told the *Edinburgh Evening News*: ‘They were nice enough to live in at first, but after four or five years they went downhill. I brought up two boys in the flats and there were never enough facilities.’²⁵⁴ Where before, tenants organised for repairs and maintenance, many began to see demolition and rebuilding as preferable. In 1994, a street party was planned by community members to mark the demolition of the flats on Clovenstone Drive.²⁵⁵ In combination with the Right to Buy and the cancellation of public subsidies for council housebuilding, the proportion of council homes in Edinburgh has been significantly reduced.

²⁴⁸ Antonio Gramsci, ‘The Philosophy of Praxis’, in Hoare & Smith (eds.) *Selections from the Prison Notebooks* (London: Lawrence and Wishart, 1971), pp.15 - 16.

²⁴⁹ Job Creation (1978, Scottish Screen Archive, Craigmillar Archive Trust Collection DVD, A2255).

²⁵⁰ Newcraighall Workshop (1978, Scottish Screen Archive, Craigmillar Archive Trust Collection DVD, A2255).

²⁵¹ Antonio Gramsci, ‘The Philosophy of Praxis’, in Hoare & Smith (eds.) *Selections from the Prison Notebooks* (London: Lawrence and Wishart, 1971).

²⁵² *The Scotsman*, 23 October 1992, p.35.

²⁵³ Steven Robb, ‘Ebenezer MacRae and Interwar Housing in Edinburgh’, *Book of the Old Edinburgh Club*, NS Vol 13 (2017), p.71.

²⁵⁴ *Edinburgh Evening News*, 24 December 1992, p.9.

²⁵⁵ *Edinburgh Evening News*, 13 May 1994, p.13.

In 1984, council housing accounted for twenty-nine per cent of Edinburgh Homes.²⁵⁶ By 2023, they accounted for just eight per cent.²⁵⁷

In its place the private rented sector has largely filled the gap, accounting for nearly one fifth of all homes in Edinburgh in 2023.²⁵⁸ This has led to runaway rent increases: since 2007, the average monthly rent in the city has doubled from £747 to £1,506 in 2025.²⁵⁹ After decades of decline, Scotland’s tenants’ movement has, in recent decades, found itself in resurgence as a result of the sharpening of contradictions in the housing sector. Founded in Edinburgh in 2014, tenants’ union Living Rent has been organising renters in local branches across the city and country. Besides defending rank and file members from abuses by landlords, Living Rent has been credited with ‘create[ing] the political space’ in Scotland for housing reform, rent controls and tenants’ rights to once again become mainstream politics after years of deregulation.²⁶⁰ Returning to Tubridy, who places his work in the context of resurgent housing struggles in Ireland, and their argument in favour of a ‘connected’ research which produces knowledge not just in conjunction with social movements but ‘immediately relevant’ to them, my hope is that this article will meet this aim for Scottish tenants.²⁶¹

The high level of ‘elaboration’, the degree of consciousness possessed by and consciousness-raising engaged in by Edinburgh tenants’ organisations in the twentieth century serve as useable histories for those in the present seeking housing justice. Methods of outright resistance, though their immediate aims and victories are clear—to prevent evictions and to call attention to their situation—they cover deeper elements of resistance. The hegemonic view of the tenant as a receiver of guidance and assistance from authorities or diminished in power are subverted and undone in their stark opposition to the actions of the housing authorities. Equally as powerful were the creation and attempts to bring about alternative visions of their communities. These visions were built upon a consciousness gained through their experiences as council tenants and developed by community bodies built upon connections and relationships created as mechanisms of resilience. Everyday resilience and episodes of resistance, then, often went hand in hand. Drawing upon these examples in an era of increasing injustice for both social and private tenants, the Scottish tenants’ movement can build on its recent successes by elaborating its own vision of the future which subverts and surpasses the tenant-landlord relationship and where communities are shaped by the people that reside in them first and foremost. McFadden and McIvor use the metaphor of ‘residue’, drawing comparisons between the ever-present coal dust of old mining communities and the persistence of history in the present through memory and memorials.²⁶² Given the fate of many council homes in Edinburgh and the restructuring

²⁵⁶ ‘Housing Plan 1985—1990’, Edinburgh District Council (1984), MYNB U162C, Box 52F, Edinburgh City Archives.

²⁵⁷ Table ‘Estimated stock of dwellings by tenure and local authority, 2023’, in ‘2023 Scottish Housing Tenure Estimates’, Scottish Government Workbook, May 2025.

²⁵⁸ *Ibid.*

²⁵⁹ <https://www.citylets.co.uk/research/datahub/>.

²⁶⁰ <https://inews.co.uk/opinion/snp-green-deal-scotland-rent-controls-fairer-renting-buying-1166729>.

²⁶¹ Fiadh Tubridy, ‘Militant Research in the Housing Movement: The Community Action Tenants Union Rent Strike History Project’, *Antipode* Vol 56, No. 3 (2023), pp.1028 - 1031.

of the housing regime in recent decades, the testimonies of residents serve as a ‘residue’ of those homes, their meanings for those communities and for us in the present.

²⁶² Yvonne McFadden and Arthur McIvor, *Memory, Mining and Heritage: Voices from the Ayrshire Communities* (Auchinleck: Carn Publishing, 2024), p.245.

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Voicing resistance: speech therapists in the mid twentieth century

Jois Stansfield

Abstract

Speech therapy emerged as a profession in the decades following the Great War and was characterised by conflict and assertions of within-profession hegemony in the inter-war years, followed by increasing attempts at control by government-sponsored bodies in the second half of the twentieth century.

This paper explores how acrimonious relationships within the profession were gradually and reluctantly abandoned in the cause of resistance to external entreaties and manipulations designed to mould the profession into a homogenous whole with other non-medical health professionals. Using archive material, it traces the strategies used by the profession in resisting the unwelcome recommendations in two major initiatives: the Cope report (1950) and the Professions Supplementary to Medicine Bill (1960).

It is argued that as a female dominated profession, speech therapy was frequently seen as a relatively easy body to influence but that, with strong-minded and well connected female leadership, together with the support of male patronage, speech therapists were able to resist at least some of the gendered work place assumptions and maintain an independent and autonomous professional existence.

Introduction

‘... we have gained our status in relation to the medical profession, we have set up our standard... [The] College of Speech Therapists has been recognised as the only portal of entry of the Board of Registration of Medical Auxiliaries, and our College is accepted by the Ministry of Health and the Ministry of Education. The struggle for recognition is over...’

Eileen MacLeod, *Speech* (1945).²⁶³

Eileen MacLeod was writing as the first Chairman of the newly formed College of Speech Therapists (CST). She was optimistic, but wrong: the struggle for speech therapy recognition, hard won in 1945, was challenged many times over the next eighty years. This paper considers some of the early events which led to the establishment of the CST and some challenges which gave rise to professional resistance in the years immediately following its formation as a single professional body.

The speech therapy profession emerged in the years which followed the Great War. From the 1920s onwards it was largely a female enterprise (and today the British profession is still ninety five percent women).²⁶⁴ In the early days the majority of its members were drawn from the middle and upper middle classes which to some extent mitigated against the prevailing patriarchy of the times because, with their social status and connections, they were self confident and self assertive, although they all drew on male patronage to support

²⁶³ Eileen MacLeod, “A short history of speech therapy III”, *Speech* 9:1 (1945), 10-12.

²⁶⁴ HCPC, *Diversity data: speech and language therapists - November 2023*, <https://www.hcpc-uk.org/resources/data/2023/diversity-data-speech-and-language-therapists-2023/> accessed 3.10.25.

their endeavours.²⁶⁵ Studies of a number of male-dominated occupational groups, notably medicine and the law, suggest that in attaining professional status, a profession sets examinations and licencing requirements, has autonomy and self-management, a national professional association, a university education, formal ethical codes and a national level journal.²⁶⁶ Perhaps unsurprisingly, female endeavours towards professionalisation have often been demeaned, with women-dominated groups, such as speech therapy, frequently being dismissed as ‘semi-professions’, apparently assuming that, by definition, women’s work could not meet the criteria for being professional.²⁶⁷

Čavar suggests that social conflict is inevitable as professionalisation progresses.²⁶⁸ In her thesis, conflict is both horizontal, with groups of equivalent levels of power and interest competing with each other for preference; and vertical, with lower status groups challenging to enter the upper echelons while those above resist.²⁶⁹ Both horizontal and vertical conflict can be traced within the speech therapy profession. In the inter-war years this was characterised by vocal assertions of within-profession hegemony, followed by increasing top-down attempts at domination by the medical profession.

This paper explores the horizontal relationships and resistances within the early speech therapy profession. It then considers the strategies used by the profession in resisting unwelcome vertical pressures exerted by two major government initiatives: the Cope Reports (1951) and the Professions Supplementary to Medicine Bill (1960). Acrimonious relationships within the profession were gradually and reluctantly abandoned in the cause of resistance to assertions of power and attempts at manipulation by government and the British Medical Association (BMA), designed to control speech therapy, along with other similar professions. Histories of those female-dominated groups whose professionalisation was taking place at the same time as that of speech therapy, for example physiotherapy, occupational therapy (OT) and hospital almoners, exemplify the complex nature of gendered relationships within the British health care system. Each of those groups was influenced by the social contexts of the day, each had internal conflicts and each took their own path, although they were all more willing to accept medical control than was speech therapy.²⁷⁰

²⁶⁵ Eve Worth and colleagues explore the ways in which such women experienced education and careers, e.g. Eve Worth, Naomi Muggleton and Aaron Reeves, ‘Gendered processes of recruitment to elite higher educational institutions in mid-twentieth century Britain’ *Gender & History* (2024): 1–20; Eve Worth, Aaron Reeves, and Sam Friedman, ‘Is there an old girls’ network? Girls’ schools and recruitment to the British elite’, *British Journal of Sociology of Education*, 44:1 (2023): 1–25; Society of Speech Therapists, “Present Council membership” *Speech* 1:1 (1935), 2; E.J. Boome, “Speech defects in young children” *Public Health*, January (1937), 126-130.

²⁶⁶ E.g. G. Larkin, *Occupational monopoly and modern medicine* (London: Tavistock Publications, 1983); Kyle Albert and Kim Weeden, *Occupations and professions* (Oxford Bibliographies Online Datasets, 2017) <https://doi.org/10.1093/obo/9780199756384-0038>.

²⁶⁷ E.g. R.L. Simpson and I.H. Simpson, “Women and bureaucracy in the semi-professions”, in A. Etzioni (ed) *The semi-professionals* (New York: Free Press, 1969), 196-265.

²⁶⁸ Ivana Čavar, “The good, the bad and the ugly of professions”, *Interdisciplinary Description of Complex Systems*, 19:1 (2021), 80-92. Interestingly Čavar assigns the female dominated work of nursing, teaching, librarianship and social work to ‘semi-professional’ status, 91.

²⁶⁹ Čavar, “The good, the bad and the ugly”; A. Ottoson, “One history, many herstories: Gender politics and the history of physiotherapy’s origins”, *Women’s History Review* 25:2 (2016), 296-319.

This paper adopts a feminist theoretical framework, taking a social constructivist approach to speech therapists’ acts of resistance. Abrams suggests that feminism provides a framework of meaning for individual life stories, but equally it can form the basis of the story of women’s professions.²⁷¹ Records from a number of archives have been analysed. Of these, the major source has been the Royal College of Speech Therapists’ (RCSLT) archive, where membership files of founders and other early members of the profession, plus a large number of minutes of meetings from 1939 onwards have offered an in-depth picture of the challenges met (and sometimes created) by speech therapists.²⁷²

The historiography of speech therapy is very limited. Some publications summarise the development of the profession, however most were written to celebrate anniversaries or points of professional success.²⁷³ The current work forms a part of the first in-depth analysis of the RCSLT archive. As such, while the paper adds to the existing literature base, it presents a novel approach, using primary sources to argue that resistance was central to the ways in which the speech therapy profession was formed and became established in the middle decades of the twentieth century.

Speech therapy as a developing profession

In the first half of the twentieth century two groups of speech therapists emerged, each loosely characterised by an altruistic wish to help others and an interest in communication disorder. Students who trained in the Central School of Speech and Dramatic Art (‘Central’, first established in London in 1906) were employed as actors, elocutionists, speech and drama teachers and ‘remedial speech teachers’.²⁷⁴ By 1919, Central’s two-year-trained teachers, who were almost all women, were recognised by the (English) Board of Education (BoE) and some, supported by the London County Council (LCC) Assistant Medical Officer, Dr E. J. Boome, were employed by the LCC as remedial speech teachers, teaching classes of children with speech disorders, especially

²⁷⁰ Jean Barclay, *In Good Hands: The History of the Chartered Society of Physiotherapy 1894-1994* (Oxford: Butterworth-Heinemann Ltd, 1994); RCOT, *Our History* <https://www.rcot.co.uk/learn-about-occupational-therapy/about-rcot/our-history#:~:text=1932%20The%20Scottish%20Association%20of,UNISON%20for%20trade%20union%20services> accessed 15.10.25. A Wilcock, *Occupation for health: volume .2 A journey from prescription to self-help* (London: COT, 2002); George C Gosling, ‘Gender, money and professional identity: medical social work and the coming of the British National Health Service’, *Women’s History Review*, 27:2 (2018) 310-328.

²⁷¹ Lynn Abrams, ‘Talking about feminism’, in Katrina Srigley, Stacey Zembrzycki, Franca Iacovetta (eds.) *Beyond women’s words* (London: Routledge, 2018), 81-94. See also Penny Summerfield, ‘Women and the professional labour market 1900-1950: the case of the secondary school mistress’ in Penny Summerfield (ed.), *Women, Education and the Professions* (Leicester: History of Education Society, 1987), 37-52.

²⁷² This material is curated by the University of Strathclyde Archives and Special Collections (USASC).

²⁷³ Eldridge exemplifies the former: Margaret Eldridge, *A history of the treatment of speech disorders* (Edinburgh: E and S Livingstone Ltd., 1968). Of the latter, e.g. Joan van Thal ‘A short history of speech therapy II’ *Speech* 9:1 (1945), 7-9; Eileen MacLeod, ‘A short history of speech therapy III’, *Speech* 9:1 (1945), 10-12; Joan van Thal, ‘The growth of the College’, *Bulletin* June 108 (1960), 1-3; Sandra Robertson, Myra Kersner and Shirley Davis, *A history of the College 1945-1995* (London: RCSLT, 1995).

²⁷⁴ The term ‘speech therapist’ only appears from the late 1920s.

stammering.²⁷⁵ Other speech therapists came to the profession from a wide range of backgrounds, including nursing, music, languages and phonetics. Many of these individuals' interest in speech disorder, had emerged, as did Eileen MacLeod's, from voluntary nursing-related work in the Great War, when they first encountered communication difficulties resulting from head injury and shell shock. In the interwar years, these women also applied their skills with people with speech disorders.²⁷⁶ Judging from the early CST membership files and names on the fly sheets of many textbooks from the 1920s onwards, they sought information where they could, read as widely as possible and travelled considerable distances to attend lectures.²⁷⁷ Some pioneers offered apprentice-style training for younger colleagues and by the early 1930s formal schools of speech therapy had been established, three (in addition to Central) in London and one in Glasgow. All of these schools were privately owned and run by single women, with support from male medical and academic patrons and colleagues.²⁷⁸ They were loosely associated with hospitals and subsequently, on qualification their graduates held honorary (usually unpaid) posts in those hospitals in return for private practice referrals from medical staff.²⁷⁹ MacLeod was one of these latter practitioners. She was appointed Officer in Charge of the Department of Speech Therapy, Kings College Hospital, in addition to holding similar roles at the Maudsley Hospital and the Tavistock Clinic (all honorary positions) from 1925 or 1926 (records vary), while a card index of her patients indicates that from 1926 until 1942 she also had a private speech therapy practice.²⁸⁰

Intra-professional resistance

It was the teachers who, in 1934, formed the first professional body, the Association of Teachers of Speech and Drama/Remedial Section (ATSD/RS, later AST).²⁸¹ This was

²⁷⁵ Lolly Susi, *The Central Book* (London: Oberon Books, 2006).

²⁷⁶ These therapists were supported by medics such as Edward Wheeler Scripture and academic phoneticians including Daniel Jones.

²⁷⁷ Beryl Oldrey for example studied in Vienna, while closer to home, the Knight sisters regularly travelled from Teesside to attend lectures in London. Beryl Oldrey, Ida Knight, Muriel Knight, CST membership files (as yet uncatalogued), Acc 1933, USASC; Caroline Sykes, Oral History conversation with Jois Stansfield, 25.9.23, regarding Muriel and Ida Knight. The author holds the full run of UK speech therapy journals from 1935-2015 and a large collection of pre-owned speech therapy text books from the nineteenth and twentieth centuries.

²⁷⁸ It is possible that the women involved in establishing these schools had commenced the enterprises as an indirect result of the Great War. Male casualties had been so great that women who might have expected to marry had reduced prospects of doing so, thus needing to direct their energies towards other activities. E.g. Virginia Nicholson, *Singled out* (London: Penguin, 2008).

²⁷⁹ CST membership files, Acc 1933, USASC, provide examples of the backgrounds and working experiences of early therapists.

²⁸⁰ Eileen MacLeod patient card index, courtesy Andrea Rauter; Eileen MacLeod, 'CST Membership file', Acc 1933, USASC.

²⁸¹ The acronym AST is adopted throughout for simplicity, to differentiate from the British Medical Association (BMA). Pre-World-War-Two primary sources for the AST have not been located, probably having been destroyed during the London Blitz. Information on this period has therefore relied on College of Speech Therapists membership files, plus a range of secondary sources. In particular, these include a document collated by two

rapidly followed in 1935 by a second professional body, the Society of Speech Therapists (SST), chaired by MacLeod and including Winifred Kingdon-Ward, whose father was a Professor of Botany in Cambridge University; Margeurite Nielka, niece of a Lady Cowdrey, who moved in court circles; and Lionel Logue, speech therapist to royalty.²⁸² Social class was clearly a factor here. Each organisation kept its own register and represented a small but growing membership although even by the end of the 1930s there were fewer than 200 members between them.²⁸³ While neither offered university level education, each considered themselves to have professional status, setting their own examinations, codes of practice and licencing requirements, claiming autonomy and self-management and, in the case of SST, a national level journal.²⁸⁴ Nevertheless the two groups were in competition, with condescension from the medically-associated SST, whose members definitely appeared to consider themselves superior, this being especially evident in their publications of the time. Winifred Kingdon-Ward, for example, was disparaging about those without a private income, writing ‘no elementary school clinic will ever give you the standing with the medical and speech therapy professions that tenure of office in a hospital clinic [but]... Hospital appointments and research work...always necessitates some private means’.²⁸⁵

The competition and manoeuvring for position and precedence became more overt towards the end of the 1930s, to the extent that one member of the AST later claimed that the two groups were ‘at daggers drawn’.²⁸⁶ The actions of both groups of women indicated a strong belief in the need to establish themselves as autonomous individuals within autonomous organisations, but the sisterhood asserted by some feminist theorists was distinctly lacking.

Over the same period, the BMA had begun to be concerned that a number of medically-related groups, including physiotherapists, chiropractors, orthoptists and dispensing opticians amongst others, were not controlled by medics. From 1932, with support from government, the BMA began to plan a ‘Board of Registration of Medical Auxiliaries’ (BRMA) and from 1936 it had persuaded a number of professions to join and be regulated by this Board.²⁸⁷ Speech therapy soon came to the attention of the BRMA and by 1939 speech therapists from the two professional organisations were persuaded (reluctantly) by the

senior Central School staff and two books. Gwynneth Thurnburn and Vera Sargent *Unpublished notes 1906-67* [undated, 1968?]; Marion Cole, *Fogie, the life of Elsie Fogerty* (London: Peter Davies, 1967); Lolly Susi, *The Central Book* (London: Oberon Books, 2006).

²⁸² Society of Speech Therapists “Executive Committee”, *Speech* 1:1 (1935), 3. Robert Fawcus, “Ward, Winifred Mary Kingdon- (1884–1979)” *Oxford Dictionary of National Biography* (Oxford: Oxford University Press, 2004), <https://doi.org/10.1093/ref.odnb/56038>; Linda Armstrong, “Blog, Gertrude Arab Marguerite Kinnell otherwise Marguerite Nielka (1891-1939)”, (2021), Acc 1891, USASC; M. Logue, and P. Conradi, *The King’s speech: how one man saved the British monarchy*. (London,: Quercus, 2010).

²⁸³ “List of members and associates”, *Speech* 5:2 (1940), 6-8; AST “Report of the second annual general meeting, for the period August 6th 1943 to January 6th 1945” (January 6, 1945), GB 249 RCLST/4, USASC.

²⁸⁴ SST established the journal *Speech* in 1935.

²⁸⁵ Winifred Kingdon-Ward, “On starting off: advice to newly qualified speech therapists: Part II”, *Speech* 5:2 (1940), 16-20.

²⁸⁶ Grace Lloyd, interviewed for the Golden Jubilee celebrations of the RCLST quoted in Robertson et. al., *A history of the College 1945-1995* (London: RCLST, 1995), 10.

²⁸⁷ V. Zachary Cope et. al., “Letter: Register of Medical Auxiliaries” *British Medical Journal* (October 9th, 1943), 465-6.

BRMA to commence talks on amalgamation, in order to join the Register. These negotiations rapidly hit a wall. SST claimed this was the result of war-time conditions, although the AST blamed SST intransigence.²⁸⁸

In September 1942 a joint meeting between the AST and SST was held at the BMA, refereed by Zachary Cope, Chairman of the BRMA.²⁸⁹ The meeting indicated the continued depth of division. The SST did not wish to lose its name and identity and claimed superior scientific and medical basis for its work, asserting that the AST (implying ‘only’) laid emphasis on the artistic side of speech work. It was unwilling to allow the AST to adopt a new name containing the words ‘speech therapy’ and disagreements about syllabi, membership status and voting rights in the two organisations continued. The animosity throughout that meeting and Cope’s exasperation were palpable in the minutes.²⁹⁰ A further statement from SST sent to the AST, and appearing in the AST minutes in November 1942, rejected amalgamation and did not address the issue of mutual recognition in any way. It suggested that it was possible for any ‘suitable’ applicant to join SST as junior members, however this patronizing offer was hedged around with a large number of conditions and was something which SST was clearly aware would not be acceptable to AST members.²⁹¹ The tone of sad resignation in the SST statement is belied by the flavour of superiority in many of the ‘*Speech*’ editorials and articles and especially private SST correspondence. Kingdon-Ward of SST, for example, wrote to an SST colleague who was meeting a senior government official that ‘this will be a big opportunity to push our point of view re speech therapy... [as opposed to that of AST] now do ram things well home...’ while Catherine Hollingworth (also SST), wrote sarcastically of one AST member ‘was [Silvia] Pick elocuting in her best manner?’ and of another ‘Colls is a nasty piece of work anyway’.²⁹²

In 1942 the SST had also managed, by sleight of hand, to become the sole group that was registered by the BRMA’s newly formed Register of Medical Auxiliaries (speech therapy) and the following year was attempting to displace the AST as the professional organization recognized by the BoE. Cope erupted when he realized he had been mis-led about who would be included in the BRMA register and both the BRMA and the BoE insisted that they required the convenience of a single professional body with which to work, seeming baffled as to why speech therapists could not agree.²⁹³ Eventually, significant vertical pressure from the BRMA was supported by some quiet diplomacy by an eminent speech therapist, Joan van Thal, who had somehow managed to be accepted as a member of both

²⁸⁸ “Report of the fourth annual general meeting of the British Society of Speech Therapists”, *Speech* 6:1 (1942), 6-9; “Minutes of the Remedial sub-committee held on 23.11.42”, GB 249 RCLST/1/1, USASC.

²⁸⁹ Cope was a physician and surgeon. He was well regarded by government and was instrumental in establishing the BRMA, which he chaired from 1932 until 1948. David Hamilton, “Cope, Sir (Vincent) Zachary (1881–1974)” *Oxford Dictionary of National Biography* (Oxford University Press, 2004).

²⁹⁰ “Minute 2. Report of the meeting held at British Medical Association House, 10.10.42”, Minutes of the Remedial Sub-committee (October 12, 1942), GB 249 RCLST/1/1, USASC.

²⁹¹ “Minute 6, BSST statement”. Minutes of the Remedial Subcommittee (November 23, 1942), GB 249 RCLST/1/1, USASC.

²⁹² E.g. “Editorial”, *Speech* 7:1 (1943), 2; Winifred Kingdon-Ward, “Letter to Winifred Cooke (May 10, 1943)”; Catherine Hollingworth “Letter to Amy Swallow (September 30, 1941)”; both CST membership files, Acc 1933, USASC.

²⁹³ “Report of Mr. Cope’s visit to the committee”. Minutes of the Remedial Sub-committee (March 15, 1943), “Report of the Special Meeting of the BRMA Council (April 7, 1943)”, both GB 249 RCLST/1/1, USASC.

organisations. As a result, SST, albeit unwillingly, accepted they could not retain their advantage and the two groups did agree to amalgamate in September 1943, with each being registered by the BRMA and recognized by the BoE. After even more hostility, with SST still attempting to retain its name as the title of the new combined organisation, the issue of a name was eventually agreed to be the College of Speech Therapists (neither Society nor Association). Membership status, voting rights, codes of ethics and training syllabi were eventually agreed between 1943 and 1944, although even once amalgamation had been agreed, the 1944 *Speech* (SST journal) editorial still implied the superiority of that organization in saying ‘*Speech*, started by the British Society of Speech Therapists in July 1935 was the first and is still the only journal entirely devoted to the science of speech therapy to be published... throughout these nine years the high purpose of the pioneers ... has been maintained’.²⁹⁴

At this point, in a rear-guard action, the BoE tried to insist on its own form of qualification, undermining the agreement that the new CST should have responsibility for all aspects of training, practice and professional behaviour. The minutes of the Provisional Council suggest that this finally united the members of the newly formed College of Speech Therapists in resistance to yet another outside force.²⁹⁵ The CST was formally inaugurated in January 1945.

Archival records of this time period give contradictory pictures of the events, however, it is clear that members of the two rival speech therapy groups wished to maintain their independence and position and the documentary evidence suggests that each side struggled to accept any diminution in status. Editorials and articles in *Speech*, taken together with correspondence in archived RCSLT membership files (presumably intended to be private), give a strong flavour of the acrimony between the two groups. Eventually, it took vertical pressure to remove the intra-professional resistance to amalgamation and eventually to the creation of the College of Speech Therapists, as celebrated by MacLeod.²⁹⁶ While CST imitated many aspects of the medical profession, nevertheless it adopted a female model, allowing for professional self-expression well beyond the limits intended by the male-led BRMA and BoE.

Resisting Cope

Three years after the inauguration of CST, the establishment of the National Health Service meant that government had an increased interest in the cost, deployment and management of a number of health related professions, including speech therapy. Cope had been asked to resign from Chairing the BRMA in 1948, in order, the following year to be appointed as Chair of the Committees of Enquiry on Medical Auxiliaries (which became known as the Cope Committees). The remit was ‘to consider the supply and demand, training and qualifications of certain medical auxiliaries employed in the National Health Service and to make recommendations’, with an underlying aim of control through statutory registration and regulation.²⁹⁷

²⁹⁴ Various minutes of the Speech Therapists Interim Committee, 1943-44, GB 249 RCSLT/1/2, USASC; “Editorial” *Speech* 8:1 (1944), 3.

²⁹⁵ “Minute 1, Board of Education”. Minutes of the Provisional Council of CST, (January 20 1944) GB 249 RCSLT/1/2. USASC.

²⁹⁶ Eileen MacLeod, “A short history of speech III”.

There were eight sub-committees, for: almoners, chiropodists, dieticians, laboratory technicians, occupational therapists, physiotherapists and remedial gymnasts (a joint committee), radiographers and speech therapists. While the medical members met together, the ‘medical auxiliaries’ from each of these eight groups were kept separate from one another and were always well outnumbered by doctors and Ministry officials. In addition, the ‘medical auxiliary’ participants themselves were Ministry appointees, not representatives from professional organisations (such as CST) and those organisations were limited to giving evidence only. The speech therapy sub-committee comprised of two surgeons and two physicians, all men, who had an interest in the profession, but whose views were very much in the medical model. The single woman on that sub-committee was Eileen MacLeod. Although she had been Chair of SST (1935-44) and CST (1944-9), by this stage she was working for the BBC and no longer practicing as a speech therapist.²⁹⁸ It appears that the Ministry thought she would acquiesce to the power play of the male medical representatives. In this they were mistaken.

The Cope reports in 1951 were published in two parts. Part I was common to all the medical auxiliaries under consideration; Part II presented separate reports of recommendations for each profession.²⁹⁹ The crux of the recommendations was that doctors should take the lead and control of everything. A single Central Controlling Council, was envisaged, where doctors would always be in a large majority. That body would assume responsibility for curricula, examination, approval of courses and registration, undertake a review of educational standards, ensure that the demand for auxiliaries was matched by supply and would prescribe what treatment medical auxiliaries could provide. The medical auxiliaries (including speech therapists) would thus be totally subordinate to medical practitioners.

Although approved by the medical members of the various sub-committees, there was strong resistance to the proposals by the majority of the members of the professions under discussion. As a result, a number of dissenting minority reports were included as addenda to the main Committee reports. Cope’s recommendation in Part I, of the Central Controlling Council for all the professions, was roundly rejected by all eight professional groups on several grounds. Firstly, that doctors did not, simply because of their training, understand the needs of professions, who drew much of their knowledge base from outside medicine. Secondly that such a Council would be too distant from the professions it controlled. Thirdly, that it would be un-representative and undemocratic, with its large majority of medical members.³⁰⁰

The minority reports included detailed line by line criticisms of Part 1 of the Report, where it recommended taking control of most aspects currently being managed by the various professional bodies and also opposed many of the profession-specific recommendations in Part II. A joint minority report from the professional representatives of almoners, occupational therapy and speech therapy, for example, detailed objections to the many recommendations for those professions that would restrict their professional status. In addition MacLeod also added her own trenchant objections to some of the speech therapy

²⁹⁷ Ministry of Health and Department of Health for Scotland, *Reports of the committees on medical auxiliaries (the Cope committees)*, Cmnd 8/88 (London: HMSO, 1951), 1.

²⁹⁸ Eileen MacLeod, Staff file, L1/1937, BBC Written Archives.

²⁹⁹ *Reports of the committees on medical auxiliaries (the Cope committees)*.

³⁰⁰ Reports in the BMJ, indicated that doctors thought this was an excellent idea, e.g. “Medical auxiliaries and national registration” *British Medical Journal* (April 21, 1951), 867-8.

profession-specific recommendations, which would have removed the professional autonomy only recently achieved through the creation of CST.³⁰¹

The Cope reports' recommendations were contentious and reflected the tensions which were being experienced by each of the professions concerned: patronising medical assertions were being strongly rejected by the largely female medical auxiliary professions. This was especially the case with CST. Its Executive and Council endorsed the views of MacLeod's minority report and worked with other professions to formulate arguments resisting the other recommendations of the Report.³⁰² The full Cope reports, complete with addenda, were received by Parliament on February 1951 but in the face of unyielding objections from the various professions, while occasional parliamentary questions were raised over the next three years, the recommendations were never enacted and the report was quietly filed away: an example of successful female collaboration. Larkin suggests that '[t]he recommendations of the Cope Report (1951) [were] the BMA's inter-war policy in its last, but transparent disguise'.³⁰³ On this occasion, resistance was successful, although behind the scenes, activity continued to bring these professions into line with revised plans being proposed publicly in 1953 and 1956. This activity was subsequently detailed in a long editorial in the speech therapists' journal, in October 1960.³⁰⁴

Regaining and retaining autonomy

Speech therapists had considered BRMA registration to be desirable in 1943. As the 1950s progressed, however, it appeared to the CST Council to be restricting professional development. The heavy medical dominance was considered to be inappropriate in view of the extent of speech therapists' educational work in schools and child guidance clinics. The future possibility of statutory registration was acknowledged, but there was concern that this too would be directed and controlled by the BMA, still a largely male-dominated profession with paternalistic views of women's work.³⁰⁵ These concerns eventually led CST to withdraw from the BRMA register at the end of 1955.³⁰⁶ Each speech therapist received a personal, somewhat officious, notification from BRMA stating that that '[a]s you are no doubt aware the College of Speech Therapists has resigned its membership of the Board of Registration of Medical Auxiliaries with effect from 31st December 1955, and is therefore no longer a recognised qualifying body'.³⁰⁷ It is worth noting that while CST was 'no longer a recognised qualifying body', this referred only to BRMA recognition, as both Ministries of Health and of Education continued to recognise CST and its qualifications.

³⁰¹ *Cope committee*. Minority report, 125-130; *Cope committee*, Speech therapists, 112-123.

³⁰² Various CST Council and Executive minutes, 1951.

³⁰³ G.V. Larkin, "Medical Dominance in Britain: Image and Historical Reality" *The Milbank Quarterly*, 66:Supp 2 (1988), 117-132 (quote 125-6).

³⁰⁴ Editorial, 'Statutory registration'. *Speech pathology and therapy*, 3:2 (October 1960) 50-4.

³⁰⁵ e.g. "Medical auxiliaries and national registration" *BMJ* (April 21, 1951).

³⁰⁶ "Minute 5a Statutory registration", "Minute 5b Withdrawal from NRMAS-ST", CST Council minutes November 20, 1954, GB 249 RCLT/3/1, USASC.

³⁰⁷ E.g letter from BRMA to Joyce Cook, January 23, 1956, CST membership file, Acc 1933, USASC.

Occasional debates on statutory registration in Parliament continued over the 1950s, with frequent references back to the Cope Report, despite its failure. The Ministry of Health eventually re-opened discussions with ‘medical auxiliaries’ and this time each profession was invited to nominate two delegates to join discussions which would explore the possible methods to achieve State Registration. These professions included two escapees from BRMA (physiotherapy, which had resigned in 1944 and speech therapy in 1955), as well as other professions, now naming the groups Professions Supplementary to Medicine. CST continued in its resistance despite government pressure, strongly stating in a meeting in 1958, that it was supplementary to no other organisation or profession, but autonomous.³⁰⁸ Interestingly, it was not just speech therapists who were concerned. For very different reasons, the BMA expressed deep disquiet about the Bill, citing a loss of power, as the individual professional boards envisaged by the Professions Supplementary to Medicine (PSM) Bill would have an overall majority of Supplementary Professions and in the PSM Council, members of these professions would have parity with the medical profession.³⁰⁹ Nevertheless, the Bill presented to Parliament in November 1959 included speech therapists, probably in the expectation that the profession would feel obliged to accept this.³¹⁰ It did not. CST held meetings where the decision to lobby the Minister to remove speech therapy was ratified.³¹¹

In the Parliamentary debate following the second reading of the Bill, many MPs appeared surprised at College’s request. Strong attempts were made to push the Bill through, with the Minister of Health, Derek Walker-Smith, suggesting speech therapy compliance. This was firmly challenged by MP Irene Ward who, having been briefed by senior CST members, was very clear about the resistance of the profession, saying ‘we have repeatedly told the Minister of Health, or his representatives, that we wished to be excluded from statutory registration ...’.³¹² Following this, a meeting was arranged with CST representatives on December 21, but the Minister of Health was unable to attend ‘because he had lost his voice’ (one senses some wry amusement from the CST representatives).³¹³ The meeting did take place in January 1960 and the Minister finally agreed to amend the Bill at the report stage to remove speech therapy.³¹⁴ The amendment was agreed at the third reading of the Bill, which passed into law in May 1960. This left CST, a body led by and largely comprising of women, as the controlling and registering body for speech therapists, a situation which continued for the rest of the twentieth century. Speech therapy resistance had successfully ensured that the profession was independent and autonomous.

³⁰⁸ Detailed explanation of the entire process appears in the “Editorial” *Speech pathology and therapy*, 3:2 (1960), 51-54.

³⁰⁹ “Professions supplementary to medicine bill second reading” *Parliamentary Debates*, 614, HC November 30, 1959, (column 888 onward) Dr Edith Summerskill, <https://hansard.parliament.uk/Commons/1959-11-30/debates/f3c955a0-22bd-41ee-8f3e-228b67bb0097/ProfessionsSupplementaryToMedicineBill>, accessed 12.3.25.

³¹⁰ “Professions supplementary to medicine bill second reading”, HC, November 30, 1959.

³¹¹ “Editorial”, *Speech Pathology and Therapy*, 3:2 (1960), 52.

³¹² “Professions supplementary to medicine bill second reading”, HC November 30, 1959 (column 882), Irene Ward.

³¹³ “Editorial”, *Speech Pathology and Therapy*, 3:2 (1960), 52.

³¹⁴ “Editorial”, *Speech Pathology and Therapy*, 3:2 (1960), 54.

Conclusion

Speech therapy began to professionalise in the decades following the Great War. Resistance was a characteristic of the early years as inter-professional rivalries played out and the medical establishment attempted to exercise its power to take control of speech therapists' work.

When the two professional bodies were first formed, the women members took advantage of the male patronage of senior medics and academics, however enmity between the female leaders of the two organisations appears to have been both professional and personal in character. It is argued that these rivalries were eventually put aside as a result of external pressure, only once it was accepted by both groups that a single professional body was the only way to achieve recognition by the two influential bodies, the BRMA and Board of Education, which dominated employment opportunities.

Almost as soon as the College of Speech Therapists, was formed, the government and the medical profession were exerting further pressure, in order to control a number of what were termed medical auxiliaries. At this point resistance changed from intra-professional conflict to a united resistance to the top-down attempt to manage all aspects of speech therapy and other similar professions. The Cope Reports advised government that it should be the medical profession that decided upon the numbers of therapists required, their knowledge and skills and the ways in which they should be trained and employed. It was a concerted level of resistance from all the eight professions that eventually caused the Cope Committees' recommendations to fall, despite initially being accepted by Parliament.

The third example of resistance is closely related to the Cope reports. Statutory regulation and registration was a government aspiration throughout the years following the establishment of the National Health Service and this was eventually achieved through the Professions Supplementary to Medicine Act, for the majority of health-related professions which had been registered by the BRMA. Speech therapy was the exception. Here, resistance was uni-professional, and it was only at the last minute, as a result of significant intransigence, that speech therapists were exempt from the Act. It appears here that resistance, based in well-framed arguments about the nature of speech therapy as having educational as well as medical roots and practices, was unwillingly accepted by government.

Throughout the twentieth century speech therapists had to fight their corner in order to create and maintain a profession. Horizontal conflict and resistance to agreeing mutual interests eventually gave way to a recognition, albeit reluctant, that a single unified professional body would best serve the interests of the profession and its service users. The initial within-profession conflict of the earlier years of two professional organisations and their jockeying for position, in retrospect seems an unnecessary use of energy for such small bodies. Ultimately the continuing resistance to power plays from the medical profession and government suggests that the profession built up a certain level of confidence and resilience, possibly underpinned by a necessary development of self-belief and self-direction of the founding women, forged in the experiences of two world wars. As a result, despite eventual employment as servants of the state, speech therapy maintained its stance of collaborating with, but remaining free from the control of the medical profession. Despite many subsequent challenges and acts of resistance, this is something that has continued to the present day. Historical study, such the work presented in this paper, enables insights which can inform current approaches to health care and this includes how the profession of speech (and language) therapy conducts itself as it meets new challenges in the future.

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The Enemy of my Enemy: Black Panthers, White Panthers, and the War on Drugs

Abigail Louise McCormick

Introduction

The late 1960s and early 1970s marked unprecedented visibility for the American counterculture.³¹⁵ As young American men were sent overseas to fight the Communists in Vietnam, internal dissent popularised anti-war, anti-imperialist, and anti-capitalist views among intellectuals, students, and activists within the country.³¹⁶ At the same time, artistic, musical and youth cultures promoted the benefits of LSD, marijuana, and psilocybin as mind-expanding alternatives to alcohol and tobacco.³¹⁷ Many of those who had a foot in both scenes tried to link the use of these ‘new’ drugs to radical politics, a link further reinforced by police and state treatment of marijuana and LSD users as potentially subversive radicals.³¹⁸

The relationship between drug use and revolution was contested by several revolutionary groups themselves. For example, the Black Panther Party (BPP), an infamous black Marxist ‘revolutionary Vanguard’ of the late 1960s had no bones about criticizing poor revolutionary theory and found no place for drug use in its praxis. The BPP emphasized sobriety and self-discipline, leading them to largely reject notions of a ‘revolutionary drug culture.’³¹⁹ By contrast, many white radicals included spontaneity and pleasure seeking in their definitions of revolutionary struggle; white radical groups such as the Weathermen³²⁰ and the Yippies³²¹ espoused the revolutionary potential of marijuana and LSD. Even a self-proclaimed ‘white auxiliary wing’ of the Black Panther Party, Detroit’s infamous White Panther Party, consciously modelled the former in organisation and praxis but departed from them with regard to drug use.³²²

These contradictions did not entirely alienate black and white American radicals from one another. According to one former BPP leader, Elaine Brown, white musicians and celebrities in Hollywood donated funds to the Black Panthers, which led some of them to be targeted by the FBI with defamation campaigns.³²³ BPP leader Huey P. Newton analysed ‘radical’ interracial alliances in a 1968 article appearing in the BPP’s quarterly newspaper: for many white radicals, he wrote, freedom meant ‘freedom of expression’ as individuals. By contrast, black radicals sought freedom for their class; only after this was achieved could black Americans turn around and seek individual freedom. ‘We stress organisation and

³¹⁵ Miller, *The Hippies and American Values*, pp. 6-7.

³¹⁶ Miller, *The Hippies and American Values*, pp. 130-131.

³¹⁷ *Ibid.*, pp. 25-26.

³¹⁸ *Ibid.*, p. 27.

³¹⁹ Santos-Powell, *Drugs and the Black Panther Party: A Study in Contradiction*, pp. 9-10.

³²⁰ Daniels, ‘The Weathermen’, p. 450 and ‘New Morning - Changing Weather’ - Weather Underground Communiqué · Roz Payne Sixties Archive.

³²¹ Miller, *The Hippies and American Values*, p. 114.

³²² Miller, *The Hippies and American Values*, pp. 27-30.

³²³ Brown, *A Taste of Power: A Black Woman’s Story*, pp. 208-209.

discipline [...] we do not stress psychedelics [...] for expanding the mind,’ Newton concluded. Nonetheless, the white radicals would never find the individual freedom which they sought under an imperialist system. ‘This makes our fight the same... we must see the similarities and differences in it.’³²⁴ My paper is a retroactive response to this call. Using the Black Panthers and White Panthers as case studies, I ask how these groups differed in their attitudes to drug use; if such differences underscored differing visions of liberation; and if these differences pointed to broader differences between black and white American leftist political movements. Although the White Panthers were heavily focused on the performative aspects of activism, this did not mean that they were safe from persecution. In the era of J. Edgar Hoover’s FBI, even performative affiliation with ‘domestic radicals’ led to real clashes with law enforcement, and these clashes could further be used to mobilise mass protest. The ‘Free John Sinclair Movement’ after the eponymous founder of the White Panthers was arrested illustrates such a mobilisation.

Sources and Methodology

To capture the ideas of the Black Panthers’ more prominent figures in the late 1960s—including Bobby Seale, Dr. Huey P. Newton, Eldridge Cleaver—I’ve consulted articles from the Party’s official newspaper, *The Black Panther* (1967-1980)³²⁵ and read communications (letters and transcribed speeches) of their leading members—particularly Eldridge Cleaver and Dr. Huey P. Newton. *Capitalism Plus Dope Equals Genocide*, by Michael Tabor, was an influential text for the BPP and provides me with further insight into how the party viewed drugs and Nixon’s war on them. My secondary sources on the Black Panthers’ history are *Black Against Empire* by Joshua Bloom and Waldo E. Martin Jr. and *Drugs and the Black Panther Party: A Study in Contradiction* by Sefa Santos-Powell, the latter specifically addressing the Party’s personal and collective struggles against substance use. Compared to information on the Chicago or New York branch of the Black Panthers, there is little written about the Detroit branch, which was significantly smaller. I draw primarily from one of the few academic sources that cover this local party: Ahmad A. Rahman’s *Marching Blind: The Rise and Fall of the Black Panther Party in Detroit*.³²⁶

The evolution of the White Panthers has been documented in John Sinclair’s own writing, and Sinclair’s closest friends and family have sat for numerous interviews over the years to explain their intentions with the White Panther Party.³²⁷ That much of the White Panthers’ written history is autobiographical predisposes such history toward being self-congratulatory and potentially framed through the lens of later political and social developments. Critical appraisal of the White Panthers from their contemporaries and in secondary academic sources are thus vital for providing a more balanced portrayal of the organisation. Jeff Hale³²⁸ and Karen Jania³²⁹ tell a sympathetic story of the White Panthers,

³²⁴ Newton, ‘In Defense of Self Defense’.

³²⁵ ‘The Black Panther archives’. University of Pennsylvania. Accessed 1 September 2025. <https://onlinebooks.library.upenn.edu/webbin/serial?id=blackpanther>.

³²⁶ Rahman, *Marching Blind*.

³²⁷ See, for example: Sinclair, *Marijuana Revolution*; Larabee, Ann, and Lawrence Robert ‘Pun’ Plamondon. ‘Interview with Lawrence Robert ‘Pun’ Plamondon.’ *Journal for the Study of Radicalism*. 2007; ‘An Interview with John Sinclair and Leni Sinclair.’ Ann Arbor District Library. <https://aadl.org/node/254101>.

³²⁸ Hale, *The White Panthers’ ‘Total Assault on the Culture.’*

³²⁹ Jania, *John Sinclair and the Culture of the Sixties*.

while Grace Elizabeth Hale³³⁰ provides sharp criticism of the group’s appropriation of black identity tropes. A Detroit-based journalist and Black Panther, William Spencer Leach, was vocally unimpressed with the White Panthers’ provocative posturing.³³¹ Again, we encounter a historiographic lacuna in that very little contemporary commentary on the White Panthers by Black Panthers themselves survives—something that in and of itself may indicate a certain indifference on the part of the former. I also turn to Timothy Miller’s explanation of hippie culture as a critique of mainstream American values, and Chris Rasmussen’s³³² analysis of the conflation—in the minds of both black and white Americans—of ‘hippie’ culture with white racial identity. I suggest that the ‘whiteness’ of hippie culture explains the sometimes contradictory attitudes of the Black Panthers and radical white allies, especially on the topic of dope.

While there has been a renewed interest in the Black Panthers in recent years and some interest in their white allies, there has been limited exposition on the ways in which attitudes toward drug use divided radical activists along racial lines.³³³ This is in part explained by the tendency of scholarly accounts on these groups to follow a certain ‘Great Man Narrative,’ which condenses the story of social progress from an interconnected series of interactions between different groups into the ‘lone struggle’ of one or two heroic figures—making comparison and contrast with these figures’ contemporaries a secondary concern.³³⁴ The ‘Great Man’ method of historiography is practical for introductory texts to groups like the Black Panthers, but the ‘ultimate story’ of the group extends far beyond figures such as Bobby Seale or Dr. Huey P. Newton—and the point that perspectives outside of these ‘elite’ circles are needed will be reiterated at the close of this paper. While there has been a renewed interest in the Black Panthers in recent years and some interest in their white allies, there has been limited exposition on the ways in which attitudes toward drug use divided radical activists along racial lines.³³⁵ This is in part explained by the tendency of scholarly accounts on these groups to follow a certain ‘Great Man Narrative,’ which condenses the story of social progress from an interconnected series of interactions between different groups into the ‘lone struggle’ of one or two heroic figures—making comparison and contrast with these figures’ contemporaries a secondary concern.³³⁶ The ‘Great Man’ method of historiography is practical for introductory texts to groups like the Black Panthers, but the ‘ultimate story’ of the group extends far beyond figures such as Bobby Seale or Dr. Huey P. Newton—and the point that perspectives outside of these ‘elite’ circles are needed will be reiterated at the close of this paper.

Historical Background

By the 1960s, the American federal government had already struggled for decades with the question of drug regulation. Cocaine and heroin, both classified as narcotics, had been used medicinally since the founding of the United States. Strict control over their use

³³⁰ Hale, *A Nation of Outsiders*

³³¹ William S. Leach. ‘The White Left- Serious or Not?’ *Fifth Estate Magazine*. January, 1968.

³³² Rasmussen, ‘How Many Black Hippies Do You See?’

³³³ Harvard Center for the Study of World Religions. “Sisters of the Psychedelic Revolution: A Conversation with Leni Sinclair and Genie Parker.” (2020)

³³⁴ Spector, ‘Carlyle, Freud, and the Great Man Theory More Fully Considered.’

³³⁵ Courtwright, *A Century of American Narcotic Policy*.

³³⁶ Galliher and Walker, *The Social Puzzle of the Marijuana Tax Act*.

arrived with a tripartite deal between Britain, the United States, and Germany in 1914.³³⁷ Cannabis had always been a legitimate medical plant too, but the American people preferred liquor and opioids, allowing cannabis to escape legislative scrutiny until 1937. Coinciding with an influx of immigrants from Mexico to the American Southwest, public anxiety about the recreational use of ‘marihuana’ led to the 1937 passage of the ‘Marihuana Tax Act’ that allowed registered trade of the drug for medicinal purposes but stipulated fines or imprisonment for those using the drug for recreational purposes.³³⁸

The discovery of LSD in 1938³³⁹ brought hallucinogens to the fore as another potential concern, but the United States did not formally penalise LSD possession before 1968.³⁴⁰ While the dawn of the 1960s saw low public rates of approval for drug use, it also demonstrated low public concern about the prevalence of drug use in society.³⁴¹ The Federal Bureau of Narcotics (FBN) balked at the American Medical Association’s lukewarm response to middle-class drug use in its 1959 Interim Report on the matter.³⁴² The federal government had an interest in preserving the order and functionality of society, rearing productive citizens, and, some would say, maintaining a culture of ‘decency.’ Yet it also had an interest in taxing the sale of recreational substances and in keeping its citizens satisfied. Striking the correct balance was no simple task; medical and legal authorities often clashed. The Federal Bureau of Narcotics contended throughout the 1930s and 1940s that marijuana use ‘deadened the conscience’ and thus abetted violent and sexual crimes.³⁴³ The American Medical Association opposed federal bans on marijuana possession on the grounds that there was little evidence of permanent damage associated with marijuana use and that the drug had previously been viewed as a legitimate medical tool whose therapeutic advantages had yet to be fully understood.³⁴⁴ As for the public, the majority of Americans were indifferent to the use of marijuana until its popularity among Ivy League university students in the 1960s reignited conversations about its role in American society.³⁴⁵ LSD was less popular due to its powerful hallucinogenic effects,³⁴⁶ although the celebrity psychiatrist Timothy Leary promoted its spiritual benefits, as well as its efficacy in increasing self-control and responsibility among habitual alcoholics and drug users.³⁴⁷ American drug habits were already changing before

³³⁷ Craig S Smith. ‘Albert Hoffman, the Father of LSD, Dies at 102.’ *The New York Times*. April 30, 2008.

³³⁸ Lyndon B. Johnson, ‘Statement by the President Upon Signing Bill Relating to Traffic in or Possession of Drugs Such as LSD.’ 1968.

³³⁹ Musto and Kosmeyer, *The Quest for Drug Control*.

³⁴⁰ *Ibid.*

³⁴¹ Armstrong and Parascandola, ‘American Concern Over MARIHUANA in the 1930’s’.

³⁴² Mack and Joy, ‘LEGAL ISSUES’.

³⁴³ Goldstein, ‘Drugs on Campus: A Coast to Coast Survey.’

³⁴⁴ *Ibid.*

³⁴⁵ Leary, *The Politics of Ecstasy*, pp. 79-80.

³⁴⁶ Richard Nixon, Remarks About an Intensified Program for Drug Abuse Prevention and Control. Online by Gerhard Peters and John T. Woolley, The American Presidency Project. <https://www.presidency.ucsb.edu/node/240238>.

³⁴⁷ ‘The President’s Address to the Nation Announcing Steps To Limit the War in Vietnam and Reporting His Decision Not To Seek Reelection | The American Presidency Project.’ Accessed 6 of September 2025. <https://www.presidency.ucsb.edu/documents/the-presidents-address-the-nation-announcing-steps-limit-the-war-vietnam-and-reporting-his>.

the rise of the counterculture in the 1960s, but perhaps the most influential event in the trajectory of this new drug culture was President Lyndon B. Johnson’s decision to send American forces against the communists in Vietnam.

The Long War on Drugs

‘The [war in Vietnam] has brought to our attention the fact that a number of young Americans have become addicts as they serve abroad,’ said President Richard Nixon in a public address on 17 June, 1971.³⁴⁸ He was in the third year of his term. Lyndon B. Johnson had left presidential office without seeking reelection,³⁴⁹ his approval ratings below 40% in a nation that had sent its young men to Vietnam for several years without knowing if they’d return alive.³⁵⁰ Now, under Nixon’s administration, surviving veterans were battling new drug habits that they’d picked up from their time in service, to the distress of their families and of the federal government.³⁵¹ Addiction, Nixon explained, had to be combatted abroad and at home. The address would be remembered in the coming years as an early declaration of the ‘War on Drugs’ for which Nixon would become famous.³⁵²

The Vietnamese War brought the issue of drug use to government attention not only through its ignition of concern about American soldiers’ drug habits, but through the increasingly visible drug habits of political dissidents within the country. Jerry Rubin and Abbie Hoffman, leading figures in the communist-sympathetic Youth International Party/‘Yippie’ movement, led one notable march to the Pentagon building³⁵³ on October 17, 1967, with the intention of getting high on marijuana and then praying to Zeus and Anubis to ‘levitate [the Pentagon] and cleanse it of evil spirits.’³⁵⁴ Thousands of protestors stayed for hours or overnight on the streets surrounding the Pentagon, smoking marijuana, singing ‘America, the Beautiful’ and putting flowers in the rifles of the soldiers who were assigned to protect the Pentagon during the exorcism.³⁵⁵ While the Pentagon did not levitate, the theatrical protest helped fuse marijuana use and anti-war activism together in the minds of the American public.

Timothy Miller notes that there was a rift in this era between countercultural pot users who considered themselves apolitical ‘dropouts’ from society and those that saw their lifestyle as inherently politically insurgent.³⁵⁶ Abbie Hoffman and Jerry Rubin were the latter.

³⁴⁸ Gallup Inc. ‘Presidential Approval Ratings -- Gallup Historical Statistics and Trends.’ Gallup.Com, 12 March 2008. <https://news.gallup.com/poll/116677/Presidential-Approval-Ratings-Gallup-Historical-Statistics-Trends.aspx>.

³⁴⁹ Stanton, ‘Drugs, Vietnam, and the Vietnam veteran: an overview.’

³⁵⁰ Benjamin T. Smith. ‘New Documents Reveal the Bloody Origins of America’s Long War on Drugs.’ *New York Times*. August 24, 2021.

³⁵¹ Dufton, *Grass Roots: The Rise and Fall and Rise of Marijuana in America*.

³⁵² Ibid.

³⁵³ Ibid.

³⁵⁴ Miller, *The Hippies and American Values*, pp. 14-15.

³⁵⁵ Miller, *The Hippies and American Values*, p. 114.

³⁵⁶ Rubin, Jerry. *An Emergency Letter to All of My Brothers and Sisters in the Movement*. *Western Activist*, 30 January 1969.

Hoffman believed pleasure, including the pleasure induced by marijuana, to be a central value for the Yippies and their hippie relatives. Pleasure was the opposite of slavish productivity, and to follow one’s pleasures was to reject the capitalist machine and the repressive ‘Judaean-Christian guilt complex.’³⁵⁷ Rubin, in 1969, wrote after being arrested for marijuana possession that, ‘Smoking pot is a political act... the drug culture is a revolutionary threat to plasticwasp9to5america.’³⁵⁸ Tom Coffin, a prominent ‘hip’ writer, believed that ‘drugs’ such as alcohol and nicotine dulled the senses and allowed complicity with America’s Death Culture, while ‘dope’ such as pot and acid heightened the senses and allowed exploration of alternative ‘life cultures’ and liberation from oppressive social norms.³⁵⁹ Cultural and political rebellion were one.

For the Oval Office, such a distinction was folly. ‘The habit of the narcotics addict is not only a danger to himself, but a threat to the community where he lives. Narcotics have been cited as a primary cause of the enormous increase in street crimes over the last decade,’ wrote a newly-sworn-in Nixon in 1969.³⁶⁰ Schoolchildren and college students were now at risk of becoming unscrupulous addicts willing to do anything to get the next high, and communities were being put at risk. Nixon intended to launch a full assault on drug culture of all sorts, on a domestic and international level.³⁶¹ Here, the Nixon administration brought its predecessors’ aspirations to light with the creation of the Special Office of Drug Addiction Prevention (SAODAP) and Office of Drug Abuse Law Enforcement (ODALE), as well as the passage of the controversial Comprehensive Drug Abuse Prevention and Control Act (CDAPCA).³⁶² The alarm was not limited to heroin or cocaine, either. ‘Use of [marijuana] is linked with idleness, lack of motivation, hedonism and sexual promiscuity,’ reads Nixon’s commissioned report on marijuana use from 1972. ‘Many see the drug as fostering a counter-culture which conflicts with basic moral precepts as well as with the operating functions of our society...’³⁶³ Nonetheless, the commission recommended against the criminalisation of not-for-profit marijuana use, a recommendation that went generally unheeded.³⁶⁴

Capitalism + Dope = Genocide—the Black Panthers’ Perspective

‘The racist pig-police, the demagogic politicians and the avaricious businessmen who control the politicians are delighted that Black youths have fallen victim to the Plague,’ wrote Michael Ceteweyo Tabor in 1969.³⁶⁵ The ‘plague’ of drug addiction in black communities, Tabor claimed, had given the police an easy excuse to install themselves there, whilst

³⁵⁷ Miller, p. 26.

³⁵⁸ Nixon, Richard. *Special Message to the Congress on Control of Narcotics and Dangerous Drugs*. 1969.

³⁵⁹ Ibid.

³⁶⁰ Musto and Korsmeyer: *The Quest for Drug Control*.

³⁶¹ Ibid.

³⁶² ‘National Commission on Marihuana and Drug Abuse.’ *Australian Journal of Forensic Sciences* 4, n.º 4 (June 1972): 149-58. <https://doi.org/10.1080/00450617209410333>.

³⁶³ Tabor, *Capitalism Plus Dope Equals Genocide*, p. 14.

³⁶⁴ Santos-Powell, p. 80.

³⁶⁵ Ibid.

ignoring crimes against residents and taking bribes from drug dealers. Tabor, who struggled with drug use throughout his life, wrote ‘Capitalism Plus Dope Equals Genocide’ in 1969.³⁶⁶ The text would serve as a cornerstone for the dual war on drug abuse and on police brutality that the Black Panther Party was waging in cities across the country.³⁶⁷

Who were these nascent revolutionaries, and where had they come from? The symbol of the black panther preceded the formal foundation of any ‘Black Panther Party’; it was adopted after black voting rights activists in Lowndes County, Alabama, used the symbol as an answer to the all-white Democratic Party’s rooster symbol during polls, and quickly spread across the country as independent black power movements adopted the symbol.³⁶⁸ However, the most well-known iteration of the Black Panthers to date are Bobby Seale and Huey P. Newton’s ‘Black Panther Party for Self-Defense,’ (BPP) founded in 1966 and active until the 1980s.³⁶⁹ These Black Panthers challenged previous black liberation movements such as Martin Luther King Jr.’s civil rights movement, which promoted nonviolence and racial integration, as well as the black capitalist and black cultural nationalist movements.³⁷⁰ Success in capitalist society was not the goal, nor was freeing the individual from ‘plasticwasp9to5america’ either through marijuana use or through a return to African identity. Newton in particular drew parallels between ‘revolutionary drug culture’ and black separatist movements, criticizing both as wishful thinking that encouraged political disengagement.³⁷¹ The only revolutionary act was one which freed the colonies from the oppressor’s control.

‘The demagogic politicians on Capitol Hill have now passed a law which gives narcotics agents the right to crash into a person’s home without knocking,’ Tabor continued in *Capitalism Plus Dope Equals Genocide*.³⁷² Already in 1963, the Supreme Court had established the right of police officers to invade the residences of those they expected to be harboring dangerous contraband.³⁷³ Nixon advanced his War on Drugs by formalising this right in his 1970 Crime Bill—a year after Tabor’s publication. True to Tabor’s claims, the clause devastated communities that came under racist suspicion.³⁷⁴ Did the police protect African American communities from dangerous addictions? Tabor had the answer: ‘...when the home of a Black person is burglarized by a drug addict, or a sister has her purse snatched, the police take all night to respond to the call... but when an exploiting capitalist business establishment... gets ripped off, there are suddenly 15 sirens wailing in the ghetto.’³⁷⁵ One New York-based BPP member, Cleo Silvers, described an episode where she attempted to warn two drug addicts that their addiction was exactly what the police wanted, and later witnessed police officers selling drugs from the addicts’ car. This cemented Silvers’

³⁶⁶ Bloom and Martin, *Black Against Empire*, pp. 42-43.

³⁶⁷ Bloom and Martin, pp. 44-45.

³⁶⁸ Bloom and Martin, pp. 22-23.

³⁶⁹ Westside News. *An Interview With Huey P. Newton*, 1970.

³⁷⁰ Tabor, pp. 10-11.

³⁷¹ Dolan, *To Knock or Not to Knock?*, p. 206.

³⁷² *Ibid.*, p. 226.

³⁷³ Tabor, pp. 13-14.

³⁷⁴ Santos-Powell, p. 89.

³⁷⁵ Meng, ‘Use of Acupuncture by 1970s Revolutionaries of Color: The South Bronx “Toolkit Care” Concept.’

view that drug addiction was a problem located not “in the body” but in an exploited community under attack by racist forces.³⁷⁶

If the white establishment was going to enact punitive and hypocritical surveillance and criminalisation of black communities, then the revolutionaries had to take matters into their own hands. Black activists in New York City and Detroit rejected the methadone treatment that liberal medical professionals offered (denounced as ‘white doctors, in white coats, in white hospitals’) in favour of acupuncture treatment for weaning off heroin, and defied police units that criminalised heroin addicts.³⁷⁷ In keeping with the theory of Frantz Fanon but in divergence from classical Marxism, the Black Panthers saw drug dealers (along with pimps and prostitutes) as part of the ‘lumpenproletariat’ and believed their rehabilitation within the context of socialist revolution to be vital to that revolution’s success.³⁷⁸ Sefa Santos-Powell describes how New York’s Black Panthers would chase down drug dealers, destroy their supplies, and then give them the option of either leaving the community or joining with the Party.³⁷⁹ The BPP’s stance against drugs—from heroin and cocaine to LSD—were, Santos-Powell suggests, a means of protecting black Americans from the quiet violence that drug dependence engendered. The proper response, then, to black Americans struggling with addiction or involved in drug dealing was not to criminalise them nor ‘rehabilitate’ them into mainstream society but to get them clean while ‘politically educating’ them.³⁸⁰

While the ‘dope’ that Tabor seethingly refers to in his essay is heroin, and the occasional marijuana joint or glass of beer were allowed by the BPP, no mind-altering substance was seen as revolutionary. A succinct explanation of this position was produced by the writer and BPP leader Eldridge Cleaver after a falling out with Timothy Leary, the celebrity psychiatrist who had popularised the term ‘tune in, turn on, drop out’ in reference to psychedelic use.³⁸¹ Cleaver, who had himself been imprisoned for marijuana possession, had previously been drawn to hippie cultures and believed in their revolutionary potential, a view that other black activists (including his own wife) found perplexing.³⁸² After being charged with attempted murder in 1968, Cleaver fled to Algeria and set up a ‘consulate office’ there while in exile.³⁸³ He was joined in 1970 by Leary,³⁸⁴ who was seeking refuge after having been convicted of marijuana possession and escaping prison with the help of white radical activists.³⁸⁵ The temporary coexistence revealed significant tensions between Leary’s psychedelic activism and the liberatory vision of the BPP as Cleaver saw it. In a 1971 communication, Cleaver stated that Leary’s promotion of psychedelics, while at one point in

³⁷⁶ Santos-Powell, p. 27.

³⁷⁷ Ibid., pp. 57-58.

³⁷⁸ Ibid., p. 56.

³⁷⁹ Leary, ‘Tune In, Turn On, Drop Out’.

³⁸⁰ Rasmussen, *How Many Black Hippies Do You See?*, pp. 13-14.

³⁸¹ The National Archives. ‘Eldridge Cleaver (August 31, 1935-May 1, 1998)’ <https://www.archives.gov/research/african-americans/individuals/eldridge-cleaver>.

³⁸² Daniels, ‘The Weathermen’, p. 450.

³⁸³ Ibid.

³⁸⁴ New York Times, ‘Panthers in Algiers Hold Leary in Home.’ 1971.

³⁸⁵ Cleaver, ‘Eldridge Cleaver on the drug culture’.

the revolutionary struggle a progressive notion, was now obsolete. Cleaver’s analysis seemed to imply that the power of any drug—be it LSD or heroin—was in destruction. This was revolutionary when what was being destroyed was prejudicial middle class American culture, but counterrevolutionary when the time came to organise and build rather than destroy. Cleaver affirmed that a serious revolution, engineered to take on ‘Babylon’ (or the American government), required sober minded revolutionaries. Without a doubt, crack and heroin were to be condemned; the occasional pleasures of marijuana and alcohol were not to be engaged during revolutionary planning or action. The Black Panthers of Algeria, apparently exhausted by Dr. and Mrs. Leary’s excessive use of psychedelics and hedonistic lifestyle, had placed the couple on house arrest³⁸⁶ and Dr. Leary had condescendingly retorted with a racist slur. Cleaver thus rejected Leary as a potential collaborator with the BPP going forward. He ended his communication by calling out the likes of ‘Jerry Rubin, Abbie Hoffman’ and challenging these white activists who championed the use of psychedelics and other drugs to justify their use in better terms or be cast aside as faux revolutionaries.³⁸⁷

This anecdote illustrates a wider trend in 20th-century American counterculture: the commonality that white leftists and hippies presumed to have with black culture was often denied by black Americans themselves. In his essay ‘How Many Black Hippies Do You See?’ Chris Rasmussen pointed out that although some prominent black activists saw potential in the hippie movement and some black musicians (such as Sly Stone and Jimi Hendrix)³⁸⁸ were popular in the ‘hip’ scene, most black Americans could not fathom the typical hippie denigration of material wealth and stability. After all, their communities had been denied either since the foundation of the United States.³⁸⁹ Tim Miller also admitted to the divide between privileged ‘hippies’ and the oppressed of America, noting simply that black youths saw little value in hippie ‘flower power’ and, more generally, that ‘the poor did not often see their children turn into hippies.’³⁹⁰ Apparently, tensions between the hippies and black youth had led to the Black Panthers publicly chastising certain ‘brothers’ for antagonising the hippies.³⁹¹ BP member Ericka Huggins recalled that some members of Oakland’s BPP had complained to Newton about her meditation practice, something which made her “a hippie” in their eyes.³⁹² She herself mentioned that she struggled as a youth to find left-leaning news outlets that weren’t “full of hippie stuff” in place of “real news” about the experiences of oppressed people globally.³⁹³

While white youths enjoyed the “Summer of Love” in 1967, black youths and their families experienced a wave of civil unrest that would come to be remembered as the “long,

³⁸⁶ Rasmussen, p. 22.

³⁸⁷ Rasmussen, pp. 2-3.

³⁸⁸ Miller, pp. 15 & 112.

³⁸⁹ Miller, p. 16.

³⁹⁰ “An oral history with Ericka Huggins, Ericka Huggins ; interviews conducted by Fiona Thompson in 2007.” Fiona Thompson. University of California Berkeley Regional History Office. 2010. p. 89.

³⁹¹ *Ibid.*, p. 17.

³⁹² Miller, p. 14.

³⁹³ McLaughlin, *The Long, Hot Summer of 1967*.

hot summer.”³⁹⁴³⁹⁵ In Detroit, Michigan, known for its motor industry and its corrupt police force, the summer of 1967 heralded a series of bloody police riots, leading to the killings of dozens of people—mostly black men.³⁹⁶³⁹⁷ The following year in Detroit, two students who had witnessed the riots, Ron Scott and Eric Bell, attended a rally at a local church in support of the Black Panthers. One speaker was the BPP’s Kathleen Cleaver, who was of a similar age to Bell and Scott. The two were impressed with the way in which she presented Black Panther ideology, a ‘more sophisticated’ elaboration on their own beliefs, and this inspired them to start a Detroit chapter of the Party.³⁹⁸

The Detroit BPP was small but proactive, running a free community health centre, a vermin extermination programme, and free breakfast programmes for children. All the while, they made no secret of their antipathy for the police.³⁹⁹ After the mysterious death (and likely murder) of one of its prominent members in 1969, the BPP of Detroit rebranded themselves as the ‘National Committees to Combat Fascism’—while secretly continuing to organise as Black Panthers.⁴⁰⁰

It was also in Detroit that a coalition of ‘hip’, cannabis-loving artists and writers would become radicalised and create a white ‘auxiliary wing’ to the Black Panther Party, complete with a drug culture that they shared with other white radicals. While the importance that these ‘White Panthers’ placed on substance use was vague and sometimes hyperbolic, the threat they posed to the ‘stability’ of established society was taken dead seriously by state and federal law enforcers, leading to a legal battle with the Nixon administration that would end with two much-publicised legal victories for marijuana users and radical activists.

Free John Sinclair!

The history of the White Panthers has generally followed one man: John Sinclair, the group’s Minister of Information.⁴⁰¹ Sinclair was born into a middle-class family near Flint, Michigan, and grew up without much exposure to political dissidence. He became involved in beatnik culture in the 1950s, which connected him in turn to black community centres where jazz and marijuana were common. He helped found the Detroit Artists’ Workshop in the early 1960s, made up of both white and black creatives. Like many artists’ circles at the time, the Artists’ Workshop had originally preached social separatism, only inviting those who ‘looked hip’ and brandishing marijuana as a symbol of countercultural sensibilities. This isolation was shaken when Sinclair was arrested three times within the span of four years for marijuana possession, each time by undercover police.⁴⁰² Following his first arrest, Sinclair became inspired by communitarian movements on the West Coast and so founded the ‘Trans-Love

³⁹⁴ Rahman, pp. 183-184.

³⁹⁵ Rahman, p. 181.

³⁹⁶ Rahman, pp. 184-187.

³⁹⁷ Rahman, pp. 188 & 191.

³⁹⁸ Rahman, p. 192.

³⁹⁹ Jania, *John Sinclair and the Culture of the Sixties*.

⁴⁰⁰ Hale, ‘The White Panthers: Total Assault on the Culture.’, p. 126.

⁴⁰¹ Jania, p. 18.

⁴⁰² Hale, p. 134.

Energies Unlimited’ (TLEU), a coalition of ‘hippie’-adjacent groups whose ethos of outreach to those in need demonstrated an evolution from the Artists’ Workshop.⁴⁰³ In 1967, Trans Love Energies hosted a ‘Belle-Isle Love-In’ event for ‘straights and freaks’ alike, which ended with an episode of police brutality that shocked Sinclair: ‘[We had] said that all you had to do was tune in, turn on, and drop out...’ he reflected ‘what we didn’t understand... was that the machine was determined to keep things as they were.’⁴⁰⁴ By treating Sinclair as a dangerous ‘radical’, the police had radicalised him.

It was also in 1967 that the FBI became aware of another ‘youth initiative’ that Sinclair had a thumb in: a pioneering young rock group, the MC5, for whom he was manager.⁴⁰⁵ Sinclair and the MC5 hoped that their youth appeal would draw mass interest from teenagers and young adults across the country, and give them a platform to carry their social message far and wide—all the while financially supporting Trans-Love Energies’ events and programmes.⁴⁰⁶ Sinclair also began to organise talks at local high schools and colleges and assisted in radical publications organised by interested students.⁴⁰⁷ Oakland’s Black Panthers were also gaining notoriety in 1967, and their writings were read by radicals across the country, including a close associate of Sinclair’s, Lawrence ‘Pun’ Plamondon. Inspired by the example set by the Black Panthers, Plamondon brought the idea to form a White Panther Party to Sinclair,⁴⁰⁸ who was looking for a way to visibly and provocatively connect the MC5 to radical politics. The White Panther Party was officially formed in 1968, in a manner which Plamondon would later (proudly) describe as ‘performative.’⁴⁰⁹ This performative positioning as a radical group in league with the Black Panthers was intended to familiarise the public with the anti-capitalist, anti-imperialist and anti-racist rhetoric that the Black Panthers and their allies used, ‘turning them on’ to the revolution.⁴¹⁰

Kristoff Kerl writes that the White Panthers spearheaded a form of ‘psychedelic Marxism’ that combined aspirations of political emancipation with personal liberation from the confining ideals of the white middle-class.⁴¹¹ The use of psychedelics and marijuana ‘reprogrammed’ the rigid mentalities that White Panthers had been raised in and opened them up to new ways of thinking.⁴¹² This philosophy engendered significant romanticism towards black and Native American cultures: in fact, Grace Elizabeth Hale assimilates the White Panthers into a broader story about white activists striving for an ‘authenticity’ that led them to approximate black identity as much as possible.⁴¹³ Sinclair, for example, considered

⁴⁰³ Hale, p. 132.

⁴⁰⁴ Bartkowiak, *Rock and revolution: the MC5 and music's political life*.

⁴⁰⁵ Hale, pp. 134-135.

⁴⁰⁶ Hale, p. 142.

⁴⁰⁷ Larabee, Ann, and Lawrence Robert ‘Pun’ Plamondon. ‘Interview with Lawrence Robert “Pun” Plamondon.’ *Journal for the Study of Radicalism*. 2007.

⁴⁰⁸ Bartkowiak, 2007.

⁴⁰⁹ Kerl, ‘Psychedelic Marxism: Ecstatic States of the Body and the White Panther Party in 1970.’

⁴¹⁰ Ibid.

⁴¹¹ Hale, Grace, pp. 221 – 222.

⁴¹² Hale, Jeff. p. 145.

⁴¹³ Sinclair, John. *Marijuana Revolution*. 1971.

the hip youth of America to be their own oppressed ‘colony’, sharing a struggle against an American empire that similarly oppressed (to an admittedly greater degree) black communities.⁴¹⁴⁴¹⁵ The ‘youth colony’ was distinct, however, because its purpose was to grow into the new ruling class. Writing for the *Fifth Estate*⁴¹⁶ in 1968, Sinclair claimed that, ‘You don’t need to get rid of all the honkies, you just rob them of their replacements and let the breed atrophy and die out...’ and that through music, dope, and similarly cathartic behaviors, the ‘heirs’ of the white middle class would come to despise their upbringing and ‘cheer’ at the death of their parents’ culture.⁴¹⁷

A Detroit-based Black Panther and journalist named William Spencer Leach lambasted this vision the following January. For Leach, the White Panthers embodied the ‘worst of white revolutionaries’—all bark and no bite. ‘Music ain’t the revolution,’ he wrote, possibly referencing the MC5. ‘Black folks have been singing and dancing, and blowing instruments, and we still ain’t free...’ Real revolution had nothing to do with the ecstatic transcendence of the person from their prescribed role in society. In fact, it required the opposite—turning one’s attention to their own position in society, and leveraging that position within communities and institutions in need of political education. ‘White folks living right next door to you are racists,’ Leach continued. ‘You should talk to them. Part of your job is to eliminate racism where it exists, in the white community. This summer get a job in the factory, alright? (I’ll even say please.) Go to church. Yeah, I know this hurts you. But that’s where your honky trick-ass cousin is—go to him.’⁴¹⁸ Waiting for racist ‘honkies’ to die out as Sinclair had suggested was not feasible for Leach. The separatism preached by Sinclair was similar to the black cultural nationalism that the Black Panthers sometimes criticised, in that both looked for liberation through art, music, and the rejection of mainstream social norms. This bypassed the more direct (and difficult) work of integrating with the lives of the working class and having conversations with prejudiced peers. According to Leni Sinclair, John’s wife and collaborator, the White Panthers were dismissed as ‘psychedelic clowns’ by the BPP but later ‘earned’ the party’s respect by regularly sending them funds and by distributing their party literature throughout Michigan.⁴¹⁹ Collaborative workshops and educational sessions were held by the Detroit branches of the two groups.⁴²⁰

The manner in which the White Panthers consciously modelled themselves on the Black Panthers makes comparison between the two possible. Leni Sinclair recalled that the White Panthers drew a distinction, similar that of Tom Coffin’s, between ‘death drugs’ such as heroin and ‘life drugs’ such as marijuana and LSD; like the Black Panthers, they were opposed to the former.⁴²¹ The White Panthers ‘fully endorsed’ the 10-Point Plan of the Black Panthers, but their own supplementary plan diverged that of the BPP: for example, the

⁴¹⁴ The *Fifth Estate* is a left-wing newspaper running from the 1960s to present day. See: *Fifth Estate - Radical Publishing since 1965*. s. f. Accessed 1 September, 2025. <https://www.fifthestate.org/>.

⁴¹⁵ John Sinclair, ‘White Panther Statement,’ *Fifth Estate Magazine*, November 14th, 1968. [White Panther Statement - Issue 66, November 14-27, 1968 - Fifth Estate Magazine](#).

⁴¹⁶ William s. Leach, ‘The White Left- Serious or Not?’ *Fifth Estate Magazine*, January 1969. [The White Left—Serious or Not? - Issue 70, January 9-22, 1969 - Fifth Estate Magazine](#).

⁴¹⁷ Anania, Billy. “When Detroit Was Revolutionary: An Interview with Leni Sinclair.” *Jacobin Magazine*. 2021.

⁴¹⁸ Anania, 2021.

⁴¹⁹ Harvard Center for the Study of World Religions. ‘Sisters of the Psychedelic Revolution.’ 2020.

⁴²⁰ The Black Panther Party for Self Defense. *Black Panthers 10 Point Program ’66*. 1966.

⁴²¹ Ann Arbor District Library. *White Panther Party 10-point Program*. 1968.

BPP's 10-Point Plan stipulates that, 'we want all black people when brought to trial, to be tried by a jury of their peers... as defined by the American Constitution,' and 'land, bread, housing, clothing, justice and peace... and a United Nations supervised plebiscite in which only black colonial subjects will be allowed to participate, for the purpose of determining the will of black people as to their national identity.'⁴²² If demands for material betterment and black self-determination were not granted, then communities should 'take control of the means of production' themselves—this was the impending revolution. The White Panther 10-Point Plan has a decidedly different vision of the revolution when it calls for 'a total assault on the culture by any means necessary, including dope, rock and roll, and fucking in the streets,' and an 'end to money... free access to "food, clothes, housing, music, dope, bodies, and medical care."' As for complex questions regarding civic freedom and national sovereignty, the White Panthers had a simple answer: 'Free all prisoners everywhere,' reads their 10-point plan, 'Free the people from their "leaders"—leaders suck.'⁴²³

Jeff Hale describes the above rhetoric as 'fantasy politics,' vague and provocative to the point of satire. This, he explains, is because Sinclair's goal, rather than masterminding a revolution of his own, was to get young people to 'tune in' to the revolutionary fervour—and to scare the police, who were still surveilling the White Panthers.⁴²⁴ Sinclair himself would later reflect: 'We saw our job as being cheerleaders... We kept shouting 'off the pigs' and 'all power to the people' and 'free all political prisoners' as if it was enough to shout some political slogans and feel real mean and pretty soon the political power structure would collapse in fear for us.'⁴²⁵

Grace Hale writes that the theatrics of the White Panthers may seem difficult for the modern reader to take seriously, but they were equally difficult for FBI director J. Edgar Hoover to take unseriously.⁴²⁶ Following his third arrest for marijuana possession, John Sinclair's legal team kept him free from prison for over two years—but this luck ran out in 1969, and he began what was supposed to be a 10-year imprisonment. Only a few months later, Sinclair was again convicted, this time together with Pun Plamondon and Jack Forrest, with conspiracy to bomb a CIA building in 1969.⁴²⁷

Plamondon fled the country, seeking refuge with Eldridge Cleaver in Algeria. J. Edgar Hoover put Plamondon on the Top 10 list of America's Most Wanted Criminals and declared the White Panthers 'the most dangerous organisation in America.'⁴²⁸ With John Sinclair in prison, his wife and brother continued expanding the White Panthers and even supported a burgeoning UK chapter of the organisation, all while rallying for his freedom.⁴²⁹ The most impressive feat to this end was the 1970 'John Sinclair Freedom Rally' in which John Lennon and the Black Panthers' own Bobby Seale participated.⁴³⁰⁴³¹

⁴²² Hale, p. 142.

⁴²³ Sinclair, John. *Dragon Teeth: A Column By John Sinclair*. Ann Arbor Sun. 1971.

⁴²⁴ Hale, Grace, p. 222

⁴²⁵ Hale, pp. 142-143.

⁴²⁶ Hale, p. 148.

⁴²⁷ Ibid.

⁴²⁸ 'Freeing John Sinclair: The Day Legends Came To Town | Ann Arbor District Library' <https://aadl.org/freeingjohnsinclair>.

⁴²⁹ Jania, p. 21.

Later that year, the Nixon administration attempted to formalise a controversial doctrine that upheld the federal wiretapping of ‘domestic radicals’, without Congressional approval, if the President believed such radicals to be threats. The doctrine had been used to defend the arrests of Sinclair, Plamondon, and Forrest, as well as the arrests of prominent Yippies and Black Panthers.⁴³² In what would be known as the Keith case, the Supreme Court unanimously rejected the Mitchell Doctrine, and the three White Panthers were acquitted.⁴³³ 1972, ‘People v. Sinclair’ overturned Sinclair’s previous sentence, concluding that ten years for possession of marijuana constituted ‘gross and unusual punishment.’⁴³⁴ John Sinclair was free—and with the Mitchell doctrine rejected, it would be harder to build a case against radical activists in the future. Sinclair returned to Detroit and continued his work with the rebranded White Panthers—who were now called the Rainbow People’s Party and who engaged electoral politics whilst maintaining a commitment to ‘revolutionary’ alternatives to current institutions.⁴³⁵

Conclusions

Were marijuana and LSD a form of ‘dropping out’ of society, or a tool for social liberation? Partakers of ‘revolutionary drug culture’—such as John Sinclair’s White Panthers—argued the latter, pointing to the ability of euphoric highs to alienate privileged youth from their culturally oppressive upbringing and turn them against the political system which they had been raised to uphold. Such alienation was useless for the Black Panthers, who already existed on the fringes of American society and who had no interest in personal liberation through chemical ecstasy. The Black Panthers treated the White Panthers with scepticism and sometimes derision, but their relationship also involved collaboration—they did, after all, see common enemies with the FBI and the police. Rapprochement was possible on a practical, if not ideological level.

There are now several avenues for further research. Neither the Black Panthers nor their white allies were monolithic groups, and a closer study of the contradictions within these groups vis a vis drug use would add needed nuance to this topic. In particular, a greater historiographic focus on how female radicals’ experience differed from their male counterparts would correct a tendency to tell the history of American radicalism through the stories of their “great men.” Another point of interest would be to explore how White Panther rhetoric was appropriated outside of Detroit, especially overseas in Germany and the United Kingdom⁴³⁶ and if its ‘revolutionary drug culture’ followed its expansion. Certainly, further

⁴³⁰ Bluhm, Jeremy S. ‘The Mitchell Doctrine: Another Form of Justice | News | The Harvard Crimson.’ 1971.

⁴³¹ Hale, p. 150.

⁴³² 387 Mich. 91, 194 N.W.2d 878 (1972).

⁴³³ Ann Arbor Sun. ‘Statement of the Rainbow People’s Party.’ 1972.

⁴³⁴ Hale, p. 148.

⁴³⁵ Alexander Duncan, *Memorials of the Faculty of Physicians and Surgeons of Glasgow, 1599-1850*. (Glasgow: Maclehose, 1896), 209-210.

⁴³⁶ See Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Dublin: Gill and Macmillan, 1984); Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Oxford: Oxford University Press, 1986), 187-188.

research in the field of oral history is needed to uncover the perspectives of rank-and-file members of the Black Panther and White Panther parties while this generation is still alive, especially in smaller cities such as Detroit. The complicated landscape of political activism in the mid-twentieth century suggests that many stories are still waiting to be told.

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