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**Stigmata of Degeneration**

*Suffragette Experience in Scotland’s Perth Prison*

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**Introduction**

Secrecy constructs knowledge by determining what is known. This article argues that female suffragettes held in Perth prison between 1909 and 1914 were silenced materially and symbolically: negative labelling of them as enemies legitimated their punishment in the eyes of the British establishment including dominant political constituencies in the House of Commons. Isolating suffragettes through incarceration protected the state and government ministers, allowing legal discretion to be exercised to ensure the effectiveness of the state’s morally dubious underbelly contained in its contested penal practices.

**Historical context**

The surviving prison files of Scottish suffragette prisoners, archived by the National Records for Scotland (NRS), are the primary sources upon which this paper is developed.¹ Four case studies are subjected to a qualitative analysis - Maude Edwards, Arabella Scott, Frances Gordon and Janet Arthur; their files are the only files of suffragettes imprisoned in Scotland with contents adequate to support a research analysis. Why this historical content remains in its current form, whilst similar material about other militant suffragettes appears to have vanished, is an issue which cannot be resolved. It may illustrate serendipity in prison service practices, policy secrecy, mere bureaucratic indifference, or a combination of these.

The sample of women prisoners examined in this article were all forcibly fed multiple times in Perth Prison. Pederson argues the women’s suffrage movement in Scotland is ignored by historians of this militant wing of the suffragette movement, who have focussed on the fight for the franchise in London where its leadership and supporters were concentrated.² Holloway prison in north London was notorious for forcible feeding; located in the metropolitan centre of the country, the nature of the state’s tactics against the militant suffragettes in Holloway prison could readily become public knowledge and a source of political and moral rebuke, domestically and internationally. Controversial custodial ‘treatments’ could be more easily concealed from the press and public in distant Scotland, although, despite official secrecy, vocal public demonstrations occurred outside Perth prison.³

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¹ National Records of Scotland (NRS) HH16/39-47.


In this article it is argued that imprisoned suffragette women were treated as degenerates. Degeneration is characterised by progressive decline in moral, mental and physical qualities leading to sterility. It is a pathological deviation. Ideas about degeneration were used by Victorian and Edwardian elites to frighten society into believing it was threatened by decline and evolutionary regression unless it took radical remedies. Degeneration themes are found in the work of the English psychiatrist Henry Maudsley (1835-1918) and Italian criminologist Cesare Lombroso (1835-1909), and later adopted by the Nazis in their murderous ‘sterilisation’ programmes. By othering suffragettes as ‘degenerate’ and therefore outside the protection afforded by legal capacity and moral acceptance, the state not only gained moral authority to hold them in captivity and ‘treat’ their revolt as illustrative of individual pathology, but also a degree of legal impunity. Their custodial ‘treatment’ illustrates the state’s broader intersectional concerns with the maintenance of inherited social class privilege and gendered hierarchies favouring men, upon which Edwardian capitalism relied.

Degeneration as a pan-European condition was understood to be a ‘ubiquitous fact’ of Victorian and Edwardian nature, and, Haeberle argues, for nineteenth century psychiatrists, degeneration was the cause of sexual nonconformity. Women who deviated from Edwardian conventions about gender risked losing their legal capacity as well as their reputation. The feeding technologies used to control ‘lunatics’ in asylums were deployed with considerable impunity against the female suffragettes, the majority of whom were without criminal histories and from highly-educated middle-class backgrounds. Fletcher argues that from 1909 the Liberal government’s struggle against suffragette militancy departed from the impartial rule of law in terms of how the law classified and punished their offending. The Under-Secretary of State for Scotland, for example, wired Prison Commissioners and Governors on 21st October 1909 permitting discretion towards resolving the protest made by hunger-striking suffragettes.

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suffragettes. His weight of authorising power was enhanced by Britain’s patriarchal class structure which, he would have assumed, endorsed his policies unquestionably.

Biographies of contemporary politicians compiled by *Hansard*, the British Parliamentary institutional resource, demonstrate that the majority of serving Members of Parliament during the years of Edwardian suffragette militancy belonged to a shared male cultural stock: they had in common elite Clarendon public school backgrounds, membership of prestigious London clubs and, often, careers in the legal profession before entering Parliament. The zeitgeist of which they were part presented the illusion that it was merit, not class privilege that bestowed this socially elevated status. Bourke reports that in the Victorian and Edwardian periods male dominance, even in the home, was unquestioned. The influential sexologist Havelock Ellis argued women were naturally docile and their ‘natural interests’ lay in seeking fulfilment through domestic and caring opportunities. Female sexuality was constituted around care giving and motherhood. Through opposing this resilient status quo in deliberately unconventional forms aimed at deconstructing masculine authority and its putative governing superiority, the suffragettes risked validating the othering they experienced in the national press and courts as mentally aberrant. In a letter dated 22 October 1909 Mr Stalker, a prison medical officer, told the Governor of Dundee Prison, which was holding Adela Pankhurst, that:

‘…Miss Pankhurst…is undersized (5 feet in height) slender of build and altogether fragile in appearance. She is outwardly calm and indifferent, but the pulse is 112 and the heart’s motion violent and laboured. Mentally she is peculiar, morbid, and twisted. ‘Sturrock, the superintendent of Perth Criminal Lunatic Department was impressed with her extraordinary appearance and bearing and did not hesitate to say that she was of a “degenerate type”.

The degenerate human type was characterised as having an uncontrollable lustful sexuality and a criminogenic biological propensity. That negative characterisation was attributed to suffragettes in popular postcards depicting them as disingenuous. Their arrest by the police was projected in this popular medium as resulting from sexual desire to fall into the arms of burly male law enforcers. Suffragette women forced entry into the male world of mass political meetings, disorientating all-male audiences and speakers; cabinet ministers were harassed as they pursued hobbies, for example, Prime Minister Herbert Asquith (1852-1928) was harassed by the suffragette Miss Mitchell whilst on holiday in 1912 playing golf in Lossiemouth, near Elgin, Reginald

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12 NRS HH55/323.

13 Crawford, E. (2005), see n. 2 (p.488).
McKenna, the Home Secretary stepped in to protect him. Other sporting contexts and events that perceived to be male sporting bastions, such as horse racing, were, in Ayr and Kelso, subjected to arson attacks. Suffragettes, together with Fenians, were perceived as political threats to the state. Furthermore, the European zeitgeist hypothesised that the evolutionary regression illustrated by a trend towards degeneracy posed a grave threat to social stability within the British Empire, and the proposed radical solution, to which elites assented, involved forced sterilisation and institutional confinement.

Scotland’s political representation made it a target for strategic insurgency; senior figures in the Liberal government represented Scottish constituencies: Winston Churchill was the MP for Dundee from 1908 to 1922; Campbell-Bannerman, MP for Stirling, was the leader of the Liberal Party from 1899, holding office as Prime Minister from 1905 to 1908, while Herbert Asquith, his successor as Prime Minister from 1908 to 1916, had a constituency in East Fife. Asquith was deemed by the suffragettes to be a torturer of women. A conspiracy to assassinate him was uncovered in 1909; in January 1913 the suffragette Margaret Morrison sought to disrupt Asquith’s speech in Leven, Fife, and after violent struggles with police she was arrested then transferred to Dundee prison. She persistently refused to have her photograph taken and disrespected penal rules. The prison medical officer concluded she was “a weak-minded person defective of self-control...Altogether her conduct was not like the conduct of a person with a sound mind”. The normative vernacular of institutionalised patriarchy struggled to conceptualise the politics which these prisoners embodied in their defiance.

**Gendered intimidation**

Women who did feature in the public sphere typically bolstered rather than undermined the inherited gender hierarchy: militant suffragettes were a shocking exception. For example, their conformity to a stereotype of a women is illustrated in the 1910 general election where ‘normal’ women spoke out only in the role of housewives defending their household budgets and speaking in support of conservative unionist

19 NRS HH16/40/2
candidates. Contrastingly the Secretary for Scotland was attacked with a dog whip in London by two suffragettes who yelled ‘You Scotch pig’, and threatened to beat him unless he desisted from implementing his government’s forcible feeding policy. A petition entitled “Praying that the torture of women by forcible feeding in prison may be stopped” was lobbed into the King’s car as he paraded in Perth in 1914. Activism against male elites was a novelty, demonstrating a rejection of a supplicant and compliant status. The demands of suffragettes challenged a “natural order” – anti-feminists, for example, argued equality would result in “masculine mothers”.

A narrow recognition of female agency was inscribed in the objectifying scientific prose style of reporting by medical staff on the behaviour and wellbeing of these prisoners. The Home Office instigated a policy of tersely-expressed written reports on forcibly-fed female prisoners, suggesting this minimal auditing was a medical safeguard, but it also constructed them as biological objects without individual human status. The forcible feeding in Calton Prison, Edinburgh, of Ethel Moorhead was described by her supporters as a ‘medieval barbarity’. Gendered intimidation entailed that notes composed by prison medical staff recording the ‘treatment’ of suffragettes gave no clue about its lack of humanity and the pain it inflicted.

Suffragettes resisted processes of imprisonment, disobeying orders and refusing to be photographed as acts of political and moral revolt. Male prison staff were intolerant of their opposition to authority. In response they imposed extra-judicial punishments: in 1912 Ethel Moorhead, convicted for malicious mischief in Aberdeen, wrote to the Chairman of HM Prison Commission for Scotland complaining of being held in police ‘drunk cells’, without the oversight of female warders. She described sleeping without a mattress and being under ‘constant observation’ by male warders. Women suffered domestic abuse outside prisons; Scottish crime statistics for 1899 record ‘unexampled proportions’ of assaults by husbands against wives which were attributed to alcohol. It is within the context of this routine brutality by intimate partners against women that suffragette bourgeoisie and working-class women in custody were subjected to less public violation: at the request of the Home Office male prison doctors organised forcible feeding beneath the cover of medical rhetoric about

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24 Crawford (2005), see n. 2.

25 Leneman (1991), see n. 18.

26 NRS HH16/41.

the protection of life. Historians argue the British Government’s policy illustrated a hegemonic masculinity against suffragette prisoners, exemplified by the Cat and Mouse Act of 1913 where they were released on licence to recover their health and then re-arrested. Most suffragettes were denied the status of political prisoners, with its attendant privileges, and were allocated instead, by male magistrates, Third Division criminal prisoner status where conditions were harsher. Once in custody dietary preferences were ignored: many suffragettes were vegetarians, repulsed by fatty meat products or Bovril entering their bodies during feeding. That the First Division was rarely used suggests a denial of political status and that it was sought by suffragettes indicates their attempt to differentiate themselves as political, not criminal prisoners.

The bodily invasion of forcible feeding disrupted communication. Painful cries and physical struggle disrupted prison silence. Staff physically restrained resistant women. Some suffered nightmares as a result of these harrowing experiences in their cells. The stomach tube used in forcible feeding was introduced in 1868, initially for medical diagnosis and research. Its institutional history lies with asylum patients whose refusal of food was not tolerated by their physicians. Forcible feeding was usually conducted by a tube inserted into the nostrils and running down into the stomach. This event provoked fear of suffocation, vomiting, exhaustion and trauma. It damaged the mouth, broke teeth and damaged soft tissue. The absence of friends and supporters could only intensify this victimisation.

Charged by the police for ‘house-breaking with intent to set fire’ Margaret Morrison and Dorothea Smith were described in a letter dated 19 October 1913 sent by the Governor of Duke Street Prison, Glasgow to his superiors in the Prison Commission. By restricting his observations to medical indicators, he conjures a political neutrality:

‘Morrison shows considerable enfeeblement … her pulse is not of good quality, her extremities are cold, her lips show slight sign of lividity, there is a tendency to sickness. Mrs Smith, through weak, is not so feeble…early liberation is urgently called for … both are in an enfeebled physical condition as the direct result of complete abstinence of food and water since their Reception…We are


30 Crawford, (2005), see n. 2 (p. 498).


firmly convinced that further imprisonment under such condition will undoubtedly within a comparatively short period of time induce serious effects.’

Margaret Morrison is presented as a patient on the verge of death. Her health decline was induced by forcible feeding, but the responsibility for her deterioration is attributed to her own decision to refuse food. Throughout the period of hunger-strikes the Home Secretary, Reginald McKenna and other conservative M.P.s argued the suffragette’s own mistaken volition led to their declining health. This elite establishment blamed the suffragette prisoners for the suffering they experienced. The medical prognosis and observations recorded in their prison files de-humanizes, whilst calibrating an abstracted alarm.

Expertise in forcible feeding was exported into Scottish prisons from the Criminal Lunatic Department within Perth prison and from the Edinburgh Royal Lunatic Asylum. Mary Richardson described her experience in custody as follows:

‘One struggles … for forcible feeding is a spiritual assault as well as a painful physical one, and to remain passive under it would give one the feeling of sin; the sin of concurrence. One’s whole nature is revolted: resistance is therefore inevitable.’

Whilst the policy of forcible feeding extended to include several British prisons a conspiracy of silence pertained among most of the medical profession, fuelled by strong anti-suffragette sentiment in the Home Office, the aristocracy and political elite. J.A. Hobson (1858-1940) a progressive thinker, academic author, Liberal Party supporter and Labour Party activist warned that democracy was being corroded by a culture of secrecy in domestic and foreign policy. Ethel Moorhead’s allegations about forcible feeding appeared in an Edinburgh newspaper, forcing a question in the House of Commons. Embarrassing leaks to the press forced the government to defend its tactics. Yet the authorities appeared determined to break the wills of these women and undermine their capacity to persist in their political campaign.

Communicative isolation

Holding conversation with other prisoners without permission, was the most common offence in the historic Scottish prison. Maude Edwards’s correspondence

34 NRS HH16/40.


38 Leneman (1993), see n. 8 (p. 19).

39 HMSO (1899), see n. 21 (p. 22)
was withheld, and she was allowed no association with other prisoners. Despite her suffering, the Prison Visiting Committee concealed her plight, noting on one visit that she was sitting up in her bed “enjoying a very nicely served tea.” A memo written on 5 July 1914 assessed her condition of resistance as indicative of insanity. Two days later, after further ‘treatment’ the prison doctor remarked “She was very sick for the greater part of the afternoon yesterday” and yet concluded she was ready for “further treatment” until she “begins to behave in a different manner”.40

Arabella Scott, aged 29, was sentenced to nine months in Perth in July 1914. By profession she was a school teacher in Edinburgh and held an MA from the University.41 The medical officer, Dr. Watson, refused her permission to petition the Prison Commission about the terms of her custody, arguing that her request could only be considered if he judged that writing would not interfere with her treatment; he also withheld correspondence addressed to her at the prison. Perth’s Governor agreed and informed the Prison Commissioners who responded: ‘Please detain the letter for prisoner til discharge.’ An attempt by a friend to visit her in early July was refused on the grounds that it would have “an exciting effect”. Letters to friends, which she could write only with the assistance of a medical officer due to her poor health, were withheld from posting on the ostensible grounds they would cause anxiety to her friends who ‘would probably think that she is too ill to write herself’. Dr. Watson argued that preventing her having visitors would aid him in carrying out the treatment.42

Arabella’s mother irritated the authorities, seeking reassurance about her daughter’s health in mid-July 1914. The brief acknowledgement reply of the Prison Commission to her was that her daughter was held in Perth, and, should she become ‘seriously ill’, her mother would be informed. The authorities argued Arabella’s illness through hunger striking was her own responsibility. Her mother tried again, appealing to the Prison Commission for her “immediate release”. Hoping to elicit compassion her mother conveyed her mood of frustrated desperation to the Secretary of Scotland:

‘...I can get no knowledge of her health although I know that she must be seriously ill, her heart is in a very weak condition as this is her fifth hunger strike almost within a year. She is the daughter of an officer to the Government of India for twenty years on the burning plains of Bengal and I am a widowed mother. I feel she is being tortured by forcible feeding. I want an explanation of this diabolical treatment of my young and winsome daughter…I request you to order her immediate release.’

Despite her personal connections with the British establishment, the prison authorities ensured she remained ignorant of her daughter’s state. Her brother, a serving officer in the British Army, reminded the Prison Commission of an entitlement to a visit under Prison Rules as she had been held for one month. The Secretary for Scotland opposed any humanitarian leniency, arguing that forcible feeding was a positive intervention:

40 NRS HH16/47.

41 NRS HH/16/44/4.

42 Leneman, (1993), see n. 8 (p. 24).
‘I see no reason why the demand for release should be granted and as for forcible feeding the prisoner has the remedy in her own hands. This prisoner is being regularly fed. The Medical Officer reported on 1st after full details. Her health is in my opinion entirely satisfactory and she is fit for further treatment...She sleeps well, from 7 to 8 hours. Temp. 98.2’.

A rhetoric of patient care also characterised the secrecy evident in the case of Frances Gordon, tried in Glasgow and sentenced to twelve months in Perth.\textsuperscript{43} Prison medical staff withheld her personal letters in June 1914, a decision endorsed by the Governor and Prison Commission. Requests by friends for prison visits were denied; prison medical officers saw no need for “such a purpose” and would allow them only “if she became seriously ill.” Fearing death in custody of a hunger-striking suffragette, the Secretary for Scotland telegraphed permission to the Prison Commission for her forcible feeding, arguing “it would be rather absurd to let this woman out after a few days.” Her legal agent was denied answers to questions about her ordeal. It was claimed that while she was asleep and ‘without her knowledge’ a ‘tincture of opium XXX to an enema’ was administered, enabling prison staff to overcome her resistance, and they also snatched a mugshot while she was under sedation.

Janet Arthur (alias Fanny Parker), Lord Kitchener’s niece, was convicted of attempting to destroy, with explosives, the cottage in Ayr in which the poet Robert Burns had been born.\textsuperscript{44} Whilst on hunger strike in Ayr prison her health deteriorated; covered in blankets, having refused to dress, she had to be carried to a waiting car then driven at speed to Perth prison in July 1914. Her ribs had been injured from violent struggles with prison staff while a steel gag was inserted into her mouth to keep it open as they fed her. Her resistance was remarkably undiminished: in Perth prison she refused to give the prison medical superintendent Dr. Watson a blood sample. Her brother Captain Tarker, a serving army officer, enquired about his sister’s health, but was rebuffed. The authorities advised the Governor to limit communication with her, commenting “she is not any worse than since we received her”, and her ‘condition is as good as can be expected in view of her conduct’. Janet’s request to see her own London doctor, Mabel Jones MD, was denied. He became dangerously ill in prison, and on release spent weeks in Queen Mary’s Home, Edinburgh, convalescing. Undaunted, on liberation she published a newspaper article about being slapped, held down and her head put into painful grip by prison attendants in Perth. Her experience paralleled that of asylum patients: in both cases technical discourses about feeding methods and processes, rather than care of the individual, pre-occupied physicians.\textsuperscript{45} Communicative isolation shielded the government and bought it time to punish and debilitate the prisoners, deterring some from protest following liberation, and hurting their families who lived in the shadow of incarceration.

\textsuperscript{43} NRS HH/16/46.

\textsuperscript{44} NRS HH/16/43.

Conclusion

Challenging the status quo politically and sociologically, militant suffragette women confused the government. That several prisoners were otherwise respectable members of society and belonged to elite family networks would undoubtedly have added to the pressure to ensure they did not die in custody. In their prison files their exceptionality as persons is missing, together with their voices. It is the insistent and unrelenting nature of their medical ‘treatment’ that we learn about, and the readiness of the prison medical service to act in unison with government by supporting it with the necessary expertise to forcibly feed and assess. In 1857 Morel had argued that hereditary links began with defective parents. By 1900 biological degeneration was perceived as a grave threat to national wellbeing. As Hurley concludes, degeneration provided a scapegoat during a problematical period of social and economic instability. By dehumanising suffragette women as degenerate, state authorities were able to justify suppression through Enlightenment discourses of law and medicine.


47 Haeberle (1981), see n. 5. Lawrence (2009), see n. 35.

48 Ibid. (p. 206)