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Small Voices

Disability and the Victorian Prison:

Experiencing Penal Servitude

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Introduction

This article uncovers the hidden experience of prisoners with physical disabilities in the Victorian prison system. This is a largely under-researched area, hampered by both the limitations of historical records of prisoners and the lack of interest in social histories of disability.[1] Borsay suggests that this lack of interest is due partly to the relatively recent development of social history, but also that social history has tended to focus upon the social experiences of everyday life directed towards the socio-political inequalities of poverty, class, gender and race.[2] Histories of disability have thus continued to be marginalised and that 'social exclusion has been matched by intellectual exclusion'.[3]

Prior to the nineteenth century, and the industrial revolution, people with disabilities were readily accommodated within feudal society.[4] Finkelstein argues that it was the 'creation of new productive technology — large sale industry with production lines geared to able bodied norms'[5] that led to the exclusion of people with disabilities from the work force which then led to an exclusion of people with disabilities in everyday life. A disability history which focuses on economics has been furthered by a small body of research which primarily focuses on labour,[6] and in relation to this issue we will observe, hard labour in the prison context, and a prisoners ability to undertake it, was one of the most important elements in the classification of prisoners.

A fundamental nineteenth century response to people with either physical or cognitive impairments was either to ignore them or to incarcerate them in asylums or workhouses. The Victorian period was one during which those with disabilities were often seen as a burden to their families, due to their perceived inability to contribute labour. The lack of support from government or means to supplement their living meant they were frequently the focus of sympathetic attention for literary scholars like Charles Dickens. Ideas about the 'deserving' and 'undeserving' abound in Victorian society and Dickens' characters aimed to tell a story about those whose lives were otherwise hidden from the majority of the 'reading' public (the middle and upper classes). Some of these literary figures are now deeply embedded into popular culture and Tiny Tim Cratchett, the 'crippled' youngest child of Mr Scrooge's clerk, Bob from *A Christmas Carol* remains a potent symbol of charity during the Christmas period.

Social policies aimed specifically towards people with disabilities were virtually nonexistent during the nineteenth century. Drake argues that 'the first chink in the wall came through the medium of education'.[7] Initially section 42 of the 1868 Poor Law (Amendment) Act allowed the guardians of any union or parish, with the approval of the Poor Law Board, to send any 'deaf or dumb' child to any school able to accommodate them. However, the Royal Commission on the Blind, Deaf and Dumb, set up in 1885, reported in 1889 that many children with such impairments had not been educated due to a lack of requirement in the system — education of such children had been seen as a 'charitable concession rather than a duty'. Following the report, Parliament for England and Wales passed the 1893 Elementary Education (Blind and Deaf Children) Act which enforced school boards to accommodate such children. The 1899 Elementary Education (defective and Epileptic Children) Act further empowered — but did not require — school boards to provide for the education of 'mentally and physically defective and epileptic children'. Thus philanthropy and inclusion was the chief motive, rather than containment. However, legislation concerning disabled adults provided little more than regulation — itinerant disabled people continued to navigate the Poor Laws and admission to the workhouse.

1. Notable exceptions are Borsay, A. (2002) 'History, power and identity' in C. Barnes, M. Oliver, and L. Barton (eds.) *Disability Studies Today.* Cambridge: Polity Press, pp. 98–119; Borsay, A. (2005) *Disability and Social Policy in Britain since 1750: A History of Exclusion.* Basingstoke: Palgrave Macmillan.
2. Borsay, 2002.
3. Borsay, 2002, p. 101.
4. Finkelstein, V. (1980) *Attitudes and Disabled People: Issues for Discussion.* New York: World Rehabilitation Studies.
5. Finkelstein, 1980, p. 7.
6. Oliver, M. (1990). *The Politics of Disablement.* Basingstoke: Macmillan; Gleeson, B. (1999) *Geographies of Disability.* London: Routledge; Borsay, 2005.
7. Drake, R. F. (1999) *Understanding Disability Studies.* Basingstoke: Macmillan, p. 46.

Convict Prison System

So how did those with physical disabilities fair within the prison system? And how did the authorities responded to such groups? This article will use case studies of the lives of convict prisoners to provide a glimpse into the experiences of those with physical disabilities during their incarceration. Some of these people were physically disabled from birth, others developed a disability during their lives or during their incarceration. All of these examples are taken from the convict prison system, this was the long term prison system that developed in England after the end of the transportation of convicts to Australia. From 1853 onwards, the majority of serious offenders would serve sentences called 'penal servitude' inside the convict prison system and these prisons were all located in London or the South of England. Penal servitude was made up of three parts; separate confinement, usually at Millbank or Pentonville, then the longest stage where convicts were put to work on the 'public works' and finally release on license subject to various conditions (early form of parole).

In all prisons across the country, both convict prisons and local prisons, there was an infirmary or hospital, however, for those with more serious health conditions or disabilities (either mental or physical) there was the potential to remove these prisoners to other institutions. For those in local prisons, they might be removed to the county lunatic asylum, workhouse infirmary or local hospital (usually on release from what were quite short prison sentences) or on compassionate grounds. In the convict system, it was also recognised that there were some prisoners to whom, due to health or disability, the full force of penal policy could not be applied. Those convicts sentenced to transportation who were identified as 'invalids' through poor health, infirmity or perhaps age, were often pardoned early or were held on 'invalid' hulks such as the *Defence* (moored at Woolwich and destroyed in a fire in 1857).[8]

In general, prisoners' complaints about their physical health or the deterioration of it received a great deal of suspicion in the prison system and many prisoners were labelled as 'malingerers'.[9] The administrators were at pains to prevent any prisoner 'getting out' of the full daily routine through feigned illness. As McConville notes convicts went to great lengths to avoid labour and this was met by 'medical authorities who responded to this with a profound scepticism and a certain callousness in respect of any claims to sickness'.[10] However, for those with physical disabilities, the authorities had to adjust and adapt their strict rules and regulations.

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Woking Invalid Prison

As the convict prison system developed in the mid to late nineteenth century this system was modified to hold the overwhelming majority of long term prisoners in England. All convict prisons in the estate were built with hospitals and these were used largely for shorter term illness. It was recognised that some convicts were unable, for various reasons, to endure the full rigours of penal servitude, particularly hard labour on the public works which was the longest stage of penal servitude sentence. As with wider social policy the ability to work or labour was a central concern for the prison authorities. As the system developed an entire prison was allocated to take those unsuitable for hard labour, for the bulk of the second half of the nineteenth century, this was Woking Invalid Convict Prison. After the closure of all of the hulks in 1857, invalids were held at Lewes prison for about two years whilst Woking was being constructed.

In 1859 Woking convict prison in Surrey was built and began to receive invalid convicts during 1859 to 1860 from the population held at Lewes. This continued until the whole invalid population had been transferred and staff also moved from Lewes and elsewhere to Woking.[11] Woking held those convicts with mental and physical disabilities (though in 1863 Broadmoor also opened to hold those with mental illnesses), as well as those who were being held due to more temporary afflictions, diseases and illnesses. Whilst these convicts were deemed unable to undertake the usual hard labour of the public works system they were still required to undertake various

8. McConville, S. (1981) *A History of English Prison Administration, Vol 1, 1750–1877*, London: Routledge and Kegan Paul.
9. Priestley, P. (1999) *Victorian Prison Lives,* Pimlico: London; Sim, J. (1990) *Medical Power in Prisons: The Prison Medical Service in England, 1774–1989.* Buckingham: Open University Press.
10. McConville, 1981, p. 415.
11. *Report of the Directors of Convict Prisons,* for the year ending 1859; *Report of the Directors of Convict Prisons,* for the year ending 1860.

forms of light labour either at Woking or Dartmoor. When Woking was nearly completed in 1861 it was described as being in 'every respect eminently suitable for the confinement and treatment of invalid convicts ... cells, rooms and corridors are large and lofty; the lighting, ventilation and heating are admirable in every way; and the exercise grounds ... are all that could be desired and will doubtless contribute, as they were intended, to the more speedy convalescence and ultimate recovery of the patients'.[12] The prison had been designed by Joshua Jebb and Arthur Blomfield and was built by convict labour. The overall goal of the invalid prison was the treatment of the prisoners under their care and to restore their health and return to them to other prisons in the system. However, there was an acknowledgment that there was a group of prisoners through age, disability or chronic disease that would be permanent inmates of the prison.

The prison population at Woking in 1865 was just under 500. In 1869 a new wing was built and opened for female convicts so that by the late 1870s, the population had expanded to around 1400.[13] However, in 1886 it was decided that the invalid prisons should be closed and across the following years the male and then the female prison was closed and the whole estate was then transferred to the War Department, who subsequently developed the site as Inkermann Barracks. Surprisingly there is little written about Woking prison, but the prison experiences documented here give us some insights into the operation of this institution and the treatment of those under its care.

Normally convicts serving sentences of penal servitude were being released early on licence, usually with between one-third and two-fifths of their sentence remaining.

Case study: Jane Field

Jane Field was born in 1828 in Barnet (now a London district but in the early nineteenth century was in Herefordshire). Already familiar with courtrooms and local prisons, aged thirty-two years in 1860, a married but childless woman, Jane was first sentenced to three years penal servitude for 'stealing from the person' (colloquially known as 'pick pocketing'). Jane was 'an impudent prostitute' who was convicted for 'robbing a man of his watch'.[14] She served the whole of this sentence in prison but was, just five months after release in November 1863, re-convicted and sentenced to six years penal servitude. Jane again served the whole of this sentence and was released in February 1870. Normally convicts serving sentences of penal servitude were being released early on licence, usually with between one-third and two-fifths of their sentence remaining. Jane *was* released a year early but her licence was revoked within five months and, although the cause of the revocation has not been recorded, it *is* recorded that she was sent back to prison to serve the remainder of her sentence.

Finally being released from that second sentence of penal servitude in February 1870, by 1871 Jane was forty-three years old and sentenced for the third time to seven years penal servitude again for 'larceny from the person'. In the prison records and licence documents of the two previous penal servitude sentences, Jane was not recorded as having been admitted to the prison infirmary nor was it documented that she suffered from epilepsy. However, Jane during this third sentence, was committed to Woking prison and was admitted to the infirmary there thirteen times between December 1872 and September 1876. It is likely that rather than Jane developing epilepsy at this time, she was already a sufferer but such details were not being recorded in the earlier documents. If Jane was already known to be epileptic, it would explain why for this third sentence she was almost instantly committed to the newly built female wing of Woking prison, rather than Millbank prison as she had previously been.

Seemingly not content with Woking prison, in September 1874, Jane applied to be transferred to Millbank prison as she says she is 'subject to fits'. It may be that Jane preferred Millbank to Woking as her previous sentences had been served there. The medical officer of Woking prison obviously saw no reason for such a transfer and Jane remained in Woking until her release in November 1876. It may have been that rather than her care in Woking not being good, it was the clashes between Jane and the medical officer, which occurred at least once when

12. Report of the Directors of Convict Prisons, for the year ending 1861, p. 314.
13. McConville, 1981.
14. *The Standard*, Dec. 8, 1860, p. 4.

Jane was punished for being insolent to the medical officer. Jane was released from that sentence two years early in November 1876.

This freedom was not to last, less than one year later, in September 1877, aged 49 years, Jane was reconvicted for 'larceny from the person' and committed again to Woking prison after being sentenced to ten years penal servitude. Jane served all but one year and two months of this sentence, all in Woking prison, and again much of it in the infirmary. Whilst there, Jane had the only documented injury associated with her epilepsy, when in September 1882 she fell and cut her head during a seizure, although the medical officer deemed the injury 'trifling'. Jane petitioned the Secretary of State for her release on the grounds of 'bad health and fits' six times during this sentence something she had not done during the previous sentences, but all to no avail. These were not supported by the medical officer as he judged that 'she is subject to epileptic fits of a mild form. Her general health is good and it is uninjured by her imprisonment'. This was Jane's last spell in prison. She died shortly after release in early 1897 aged 69 years.

Until the nineteenth century, in the Christian world at least, epilepsy was regarded as a the work of devils or demons, and later considered to be a 'falling sickness'. Accordingly, treatment for the condition was delivered through fasting, prayer, pilgrimages and so forth. Towards the second half of the nineteenth century, in line with the growing understanding of physiological causes of such conditions, a medical cause and treatment began to be sought. The first drug to be proven to have an anti-epileptic effect was bromine, first used in 1857, and later phenobarbitone, but that was not used until 1912, too late for Jane Field.[15] It is not recorded in the licence document whether Jane was being treated with bromine and it is not recorded what her treatment was during these frequent and regular stays in the infirmary. It is probably that her treatment was little more than observation and light work, and being 'kept in association' rather than isolation as a safety measure. Given that epilepsy can be life threatening, and certainly would have been then without the medication used today, Jane did reach a reasonable age and was not prevented from offending, sometimes violently, both inside and outside the prison. It is likely that she received the care in Woking prison that she would not have had outside prison.

Jane Field had a chronic disability which does not seem to have been related to her offending or prison stays. It is likely that without the care of the infirmary in Woking prison she might not have fared as well as she did, the same cannot be said for John Proudfoot.

Case study: John Proudfoot

John Proudfoot was born 1858 in Burntshields, Dumfries. The eldest son of a 'head sheep farm manager', John was convicted of larceny (of letters) aged twenty-three years whilst employed in the Inverness post office as a 'telegraph-counter clerk, or money-order clerk' in 1881. Although this was his first (and only) offence, he was sentenced to seven years penal servitude. This first offence was by no means petty, hence the considerable sentence. In a position of trust, John had stolen a registered letter containing £900 which was being sent to the Commercial Bank of Scotland.[16]

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Initially imprisoned in the local prison in Inverness, John was sent first to Pentonville in London, then transferred to Chatham prison in Kent in 1882. A young man in 'good' health on committal to Pentonville, and then Chatham, it was not long before he suffered an injury. During the nineteenth century all prisoners would have been put to work in some capacity - indeed it was considered fundamental to the deterrence of the sentence and this took priority over revenue or training of prisoners. Convicts serving sentences of penal servitude needed to work to earn their 'marks' and those in public works prisons such as Chatham, Portland, Portsmouth and Dartmoor were all put to work on various building and excavating projects similar to the work they were put to in Australia as transportees, all projects that involved hard, physical labour.[17] Amongst other projects, convicts imprisoned at Chatham worked on the construction of the dockyard.

15. Magiorkinis, E., Diamantis, A., Sidiropoulou, K., and Panteliadis, C. (2014) 'Highlights in the History of Epilepsy: The Last 200 Years', *Epilepsy Research and Treatment,* vol. 2014.
16. *Aberdeen Weekly Journal*, April 1st, 1882.
17. Du Cane, E. F. (1882) *An account of the manner in which sentences of penal servitude are carried out in England.*

Brown argues that the years from the mid-1860s to the mid-1890s were the most severe in terms of deterrence in the history of the prison and is a period that saw much violence and self-injury by convict prisoners.[18] Owing to the severe conditions in which convicts were held and treated, Brown further argues that some of the most extreme cases of self-injury occurred within Chatham with convicts placing their limbs between the wheels of moving trucks or engines and the tracks they ran along.[19] In 1871 this had resulted in the medical officer performing thirty-three amputations. John was admitted to the infirmary in Chatham in April 1883 and stayed there until October that year. The injury, although not specified, had obviously been to his right arm and he was admitted to the infirmary with 'acute necrosis of the right radius' (the lower part of the arm) for which his arm was amputated — probably above the elbow. It is likely that in dirty working conditions the injury had become infected and without antibiotics, it had necrosed. Once necrosed, gangrene would have ensued, and the only option was to remove the arm. No details are given in the licence document about the accident so it is unclear how it occurred, whether it was accidental or self-inflicted, or where the blame for it lay. Even if it was due to a breach of what would now be considered health and safety rules, the protections afforded by the newly instituted Employers' Liability Act 1880 probably would not have extended to prisoners.

In May 1883, John's mother travelled the considerable distance from Dumfries to Kent to visit her son as he was 'dangerously ill'. Being a young man in otherwise good health meant that John was able to survive this dangerous phase but he was not automatically released from prison. He was, however, excused the heavy physical work of the 'public works' and spent the remainder of his time in Chatham working as a tailor, although he would have found such detailed work difficult with one arm. Even given this reduced work, John's disability may have been taking its toll — during his prison stay, he lost one and a half stone in weight. He was recorded as weighing 155 pounds (roughly eleven stone), which for a man of five feet eight inches was a respectable weight, on reception at Pentonville in 1882, and just 137 pounds (roughly nine and a half stone) when he left Chatham five years later in 1887 (convicts' weight was recorded on the licence document at each reception and discharge, and when being transferred to other prisons).

Shortly after being injured, John also petitioned the Secretary of State for remission of his sentence. Unlike Jane's unacknowledged petitions, John's was (partially) successful. The Home Office allowed him 'six months remission of sentence in lieu of amputation of arm'. John petitioned the Secretary of State for release twice more but no further progress was made and he was released on licence in March 1887 with two years of his sentence still to run. During his sentence John had corresponded regularly with his mother (prisoners were allowed to write every six months) which obviously contributed to his ability to return home. Indeed, aged twenty-nine years, given that under the Poor Law (Scotland) Act 1845 John would not have been eligible for any relief as he did have family to support him, he returned home to Dumfries to live with his parents and siblings. The 1891 census shows that he was still living at home with his family in 1891 but 'farmer's son' had been recorded as his 'employment' — it is unlikely that John was much help around the farm without his right arm. Following that record we lose track of John's whereabouts although his family remain at the same address in Dumfries.

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Conclusion

The stories of both Jane Field and John Proudfoot show that for neither those who entered prison with a disability nor those who acquired one whilst in prison was there much concession to the fact that they were not of good physical health. Both served their respective prison sentences. Jane was released no earlier than she would have been without her disability and John had only an additional six months remitted, on top of that usually given to prisoners, for the loss of his arm. Both had petitions for early release to the Secretary of State ignored. The only concession, which would have been a significant concession given the brutal conditions of convict prison life, was that they both did have a less physically arduous experience in a

18. Brown, A. (2003) *English Society and the Prison: Time, culture and politics in the development of the modern prison, 1850–1920.* Woodbridge: Boydell & Brewer.
19. Brown, 2003.

period characterised by a penal philosophy of 'hard board, hard fare and hard work'. In a period before photography was used on a regular basis, licence documents always held written descriptions of those committed to prison. These descriptions would always have detailed height and weight, deformities, condition of the teeth, complexion, tattoos, scars and so forth. It was in these descriptions that pre-existing disabilities were listed. Other than when listed in the description and when infirmary admissions began to be recorded, any disability and its effect or limitation was only recorded when necessary and not highlighted to indicate special treatment. People with disabilities, either pre-existing or acquired in the prison, did not receive special treatment unless absolutely necessary. Those with disabilities could not count on their limitations or difficulties to guarantee concessions. As with outside prison, Victorian life was hard for people with disabilities.

Very occasionally, prisoners seemed to have fared better in prison than out. For example, Elizabeth Harris, sentenced at the age of thirty-nine years in 1882 to five years penal servitude for 'larceny as a servant: stealing a bag, three aprons, a bottle, and a pint of wine, in Leeds by Borough of Leeds Session, Yorkshire West Riding'. Elizabeth spent much of her time in Millbank prison in the infirmary, and probably received medical care that she would not have otherwise received. On account of her asthma, she was excused work all work, given a daily dose of whisky, fed a 'milk' diet, given coffee instead of tea, and so forth. In 1883 Elizabeth petitioned the Secretary of State for early release on the grounds of ill-health. This time it is clear that the medical officer supported her petition, he wrote that Elizabeth was 'subject to severe attacks of asthma and they are so frequent during the colder months as to necessitate her detention in hospital. Her treatment can only be palliative and she is unfit for labour'. Again to no avail — the reply was that there were 'no grounds' for early release. Elizabeth unsuccessfully petitioned again in 1884 and was finally released on licence in 1886 just one year and one month early. She died six months later. Elizabeth's case not only highlights the differential treatment prisoners received (Elizabeth seems to have fared better regarding treatment than appears the case for Jane or John) but also the influence a supportive medical officer could have. Medical officers in prison during the Victorian period were able to exert a tremendous power over the lives of prisoners.[20] Although it did not actually make any difference, at least the medical officer was supportive of Elizabeth's petition to the Secretary of State.

Out of the licence documents consulted, there were a few people who appeared to have medical problems other than a physical disability. Some had learning difficulties and were deemed 'weak minded' or 'imbeciles'; some people had mental health problems such as depression and were diagnosed as having 'debility'; many with conditions related to (untreated) syphilis; and others who were or became ill with conditions such as heart disease, cataracts, eye infections, and so forth. However out of the 226 licence documents consulted, there were just twenty-three people who appear to have been serving sentences of penal servitude with some form of physical disability. These disabilities ranged from 'defective' eyesight (blindness), hearing and speech problems ('deaf and dumb'), 'crippled' with deformities of legs, arms or hands, and several with epilepsy or asthma (both life threatening and very disabling conditions in their untreated and non-medicated form). In a period before a welfare state and with little medical treatment available to ordinary working people, many people with major disabilities and chronic or life threatening health conditions would not have lived long enough to find themselves in court or in prison.

20. Sim, 1990.