The Legacy of Special Education in Victorian England
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Introduction

Debates about educating children with special needs have been going on since before the nineteenth century. This paper explores how shifts in discourses of intellectual disability in Victorian England have shaped the current state of special education for children with intellectual difference.

Shifting historical concepts of intellectual disability

Before turning to the legacy of special education, it must be acknowledged that the history of intellectual disability reveals constantly changing conceptualizations and classifications. Terms used over the centuries, including 'idiot,' 'imbecile,' 'feeble-minded,' 'simpleton,' 'moron,' 'mentally deficient,' 'mentally retarded,' 'mentally handicapped,' 'developmentally disabled' and 'learning disabled,' are not interchangeable.[2] Neither the definitions nor the concepts are stable over time.[3] The majority of children labelled as being mentally disabled over the past 150 years would *not* have been identified as idiots on previous measures.[4] For this reason, scholars of the history of intellectual disability agree to preserve the terminology used in the historical context.[5] While I recognize that many of these terms have become unacceptable forms of speech, I will use the historical term when discussing how the concept arose at the time because this demonstrates the precariousness of these labels. The current terms 'learning disability' and 'developmental disability' are not immune from contestation and likely will change in the coming decades.

Intellectual disability is an evolving classification that can be linked to social rationales. Historically, there has always been a motive for labelling intellectual impairment. The earliest use of the term 'idiot' originally came from the Greek (*idiota*), meaning a private man, or someone who did not own land and could not hold any public

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[2] Patrick Devlieger, 'From "Idiot" to "Person with Mental Retardation": Defining Difference in an Effort to Dissolve It,' in *Rethinking Disability: The Emergence of New Definitions, Concepts and Communities* (eds Patrick Devlieger, Frank Rusch, and David Pfeiffer), (Antwerp: Garant, 2003).

[3] This is demonstrated by the current debates regarding the upcoming version five of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders.*

[4] Murray Simpson, 'Mental Defectives in 1900: People with Learning Disabilities in 2000. What Changed?: A Reply to Matt Egan,' in *Scottish Health History: International Contexts, Contemporary Perspectives* (Centre for the History of Medicine, University of Glasgow, 2003).

[5] Tim Stainton and Patrick McDonagh, 'Chasing Shadows: The Historical Construction of Developmental Disability,' *Journal on Developmental Disabilities* 8, 2 (2001).

responsibility.[6] In the Middle Ages and Renaissance period, idiocy was a legal term applied only to the landowning gentry, being used to make decisions of property inheritance.[7] In the early to mid-nineteenth century, the label of idiocy was used for Poor Law decisions of who was eligible for parish assistance.[8] The late nineteenth and early twentieth-century term of 'feeble minded' initially denoted a child's failure to achieve adequate scores on school exams, but later became intricately linked with criminality, immorality, intemperance and deviant sexuality, resulting in measures of segregation to prevent the spread of degeneracy.[9] During the war years, the number of 'mentally defective' people dropped, as institutions were turned into war hospitals and labour shortages required more people to enter the workforce, suggesting a flexibility of labeling for those in the borderlands, depending on social and political circumstances at the time.[10] The current terminology, learning disability, reflects a child's delayed progress in the classroom, and the classification of intellectual impairment denotes who is eligible to receive special education funding. Once these people leave the school system many no longer identify as disabled. Therefore, it is a mistake to assume that the terms 'idiocy,' 'mental deficiency,' and 'learning disability' describe the same thing. As the measures have not been the same, it is impossible to make any meaningful comparison with the population characterized as 'idiots,' 'imbeciles,' or 'feeble-minded' in previous eras and the population designated as 'learning or developmentally disabled' in our own time.[11]

The 'appropriate locus of care'[12] for people with intellectual disability has long been a hotly debated topic. Under the old Poor Law, some parishes paid families to care for their idiot children at home or board them with a non-relative if this was not possible.[13] Idiots who could not be cared for at home usually ended up in workhouses, but as David Wright's research[14] shows, the majority of these people continued to be cared for in the community rather than asylums throughout the Victorian era. Although the 1845 Lunatics Act

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[6] Neill Anderson, Arturo Langa, and H. Freeman, 'The Development of Institutional Care for "Idiots and Imbeciles" in Scotland,' *History of Psychiatry* 8, 30 (1997), pp.243-266.

[7] Richard Neugebauer, 'Treatment of the Mentally Ill in Medieval and Early Modern England: A Reappraisal,' *Journal of the History of the Behavioral Sciences* 14, 2 (1978), pp.158-169.

[8] David Wright, 'Learning Disability and the New Poor Law in England, 1834–1867,' *Disability & Society* 15, 5 (2000), pp.731-745.

[9] Mark Jackson, The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England (Manchester: Manchester University Press, 2000).

[10] Jan Walmsley, 'Mental Defectives in 1900: People with Learning Disabilities in 2000. What Changed?: A Response to Matt Egan's Paper,' in *Scottish Health History: International Contexts, Contemporary Perspectives* (Centre for the History of Medicine, University of Glasgow 2003).

[11] Walmsley, 'Mental Defectives in 1900'.

[12] Wright, 'Learning Disability,' p.733.

[13] Wright, 'Learning Disability,' p.733.

[14] David Wright, '"Childlike in His Innocence": Lay Attitudes to "Idiots" and "Imbeciles" in Victorian England,' in *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities* (eds David Wright and Anne Digby), (London: Routledge, 1996).

permitted for the detention of idiots and imbeciles in lunatic asylums, most asylum superintendents were reluctant to accept idiots, believing idiocy was incurable and thus entailing a substantial long-term financial burden.[15]

The era of optimism

Before the 1840s idiocy was considered 'perfectly incurable.'[16] Despite several attempts throughout the Enlightenment era to educate children abandoned in the wild, presumed idiots, these efforts had met with limited success. However, in the 1840s the French pedagogue Edouard Séguin reported some success in educating idiots in Paris, inspiring hope for such improvements in England. Séguin favoured 'moral treatment,' first used by Pinel and Tuke with patients in lunatic asylums in France and England, respectively. This method was not based solely, or even primarily, on humanitarian concerns.[17] Rather, 'moral treatment' was about adapting an inmate's behaviour to the environment by self-discipline and a spirit of utilitarianism. According to Séguin, idiocy was a failure of the will to apply oneself to learn. He believed idiots could be educated, but first they needed to be taught to want to help themselves. His therapy was designed to stimulate the child's senses and make her want to improve. Seguin's curriculum focussed on physical activities to stimulate the senses and engage the child in learning.[18] Music, gymnastics, and marching exercises taught rhythm and coordination, building with blocks taught perseverance and concentration, and manual activities taught dexterity.[19] Such methods continue to be used to this day.

Publicity about Séguin's achievements spread quickly across Europe and encouraged philanthropic support for idiot asylums. The first major British asylum for idiots opened in 1848. In the following decade, social reformers established idiot asylums as residential training schools across England in the belief that these children could be taught skills that would make them economically productive citizens. Two new beliefs underpinned the establishment of these asylums: firstly, that charity towards idiots was a Christian duty; and secondly, that individuals were morally responsible for participating in social and economic

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[15] Wright, 'Learning Disability.'

[16] Andrew Combe, *Observations on Mental Derangement* (1831), p.245, cited in Hilary Dickinson, 'Idiocy in Nineteenth-Century Fiction Compared with Medical Perspectives of the Time,' *History of Psychiatry* 11, 43 (2000), p.303.

[17] Murray Simpson, 'Bodies, Brains, Behaviour: The Return of the Three Stooges in Learning Disability,' in *Disability Discourse* (eds Mairian Corker and Sally French), (Buckingham: Open University Press, 1999).

[18] David Wright, *Mental Disability in Victorian England: The Earlswood Asylum, 1847–1901* (Oxford: Clarendon Press, 2001).

[19] Patricia Potts, 'Medicine, Morals and Mental Deficiency: The Contribution of Doctors to the Development of Special Education in England,' *Oxford Review of Education* 9, 3 (1983), pp.181-196.

activities to the best of their ability.[20] Medical articles on idiocy were published for a general audience to encourage charitable donations for institutions, as well as to promote understanding of idiocy.[21] Wealthy families had traditionally sought private care rather than institutionalization for their idiot offspring, but after the encouraging reports from Europe many wealthy families were prompted to try the new treatments offered in purpose-built institutions.[22] Middle and working-class families admitted their children in the hope that they would learn skills and be able to contribute to the family economy, as James Trent writes:

> The goal of education was productivity, and superintendents assumed that educated idiots, freed from inactivity and no longer a burden to their family, would return home to be productive and upright citizens in their communities. Without education in the institution, however, the likely consequences were not promising for idiots, families or communities.[23]

Mental testing of children suspected of idiocy was common, and included tests of orientation, memory and counting. As the poor then received no mandatory education, simple arithmetic undoubtedly posed a challenge for many. Early idiot asylum records also describe difficulties with self-help skills, such as feeding, dressing, and toileting. However, after the introduction of compulsory elementary schooling in 1870 the records show an increase in the number of children who were certified because of behavioural problems or difficulty with literacy and numeracy skills. For many families, this would have been the first suggestion that anything was wrong with their child. Early asylum records indicate that families regarded their child's problems as social, not medical, but this gradually changed throughout the era.[24]

From the 1840s several small private residential schools were set up by women as commercial enterprises to provide care and education to idiot children.[25] Although initially well received, they became increasingly criticized by the Lunacy Commissioners for focussing on literacy and numeracy, and failing to provide adequate instruction in 'useful arts or trades, such as knitting [and] straw plaiting.'[26] As the century progressed, doctors

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[20] Patrick McDonagh, *Idiocy: A Cultural History* (Liverpool: Liverpool University Press, 2008).
[21] Dickinson, 'Idiocy in Nineteenth-Century Fiction.'
[22] David Wright, 'Family Strategies and the Institutional Confinement of "Idiot" Children in Victorian England,' *Journal of Family History* 23, 2 (1998), pp.190-208.
[23] James Trent, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994), p.26.
[24] Wright, 'Childlike in his Innocence.'
[25] Peter Carpenter, 'The Role of Victorian Women in the Care of "Idiots" and the "Feebleminded",' *Journal on Developmental Disabilities* 8, 2 (2001), pp.1-18.
[26] Carpenter, 'The Role of Victorian Women', p.33.

in charge of asylums and special schools emphasized the utility of vocational training for the mentally deficient. Basic literacy and numeracy continued to be taught, but most other subjects were dropped for these children, to be replaced by laundry, cooking, and gardening activities.[27]

Environment played an enormous role in the Victorian mind-set. Following several mid-century cholera outbreaks and the Great Stink of 1858 sanitation and building reforms assumed paramount importance. In 1859 Charles Darwin's *On the Origin of Species* reiterated the impact that environment had on the shaping of an individual. Social reformers argued that the appalling living conditions of the poor contributed to crime, delinquency, physical ailments, mental illness and idiocy.[28] They insisted that relocating the mentally deficient to a clean country setting with fresh air, good food, warm clothes, well-ventilated rooms, and spacious gardens, away from the corrupting influence of family and the urban environment, would have ameliorative and possibly curative effects.[29] Many Victorians staunchly believed in the power of government bureaucracy to tackle social ills. While debates continued as to the ideal setting for managing aberrancy—large residential institutions, smaller day schools, community-based care, and foster family homes—the responsibility of the government to address social problems was rarely questioned.

Stratification of intellectual disability begins

Samuel Gridley Howe's work with 'idiot training schools' in Massachusetts in the 1840s had an enormous influence on British methods. Howe condemned idiocy as a 'disease of society… an outward sign of an inward malady'[30] and blamed the child's fate on parental vice, including poor physical health, masturbation, intemperance, and intermarriage of relatives. Howe believed people had a moral responsibility to help the 'poor idiot.' He also delineated different degrees of idiocy—'idiots', 'fools' and 'simpletons'—according to mental and physical characteristics: an idea that would have far-reaching consequences. Until this time, little emphasis had been placed on specific language to distinguish characteristics of intellectual disability. The term 'imbecility' was used to classify a milder form of idiocy, but there were no set criteria to distinguish between 'idiots' and 'imbeciles.'[31]

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[27] Potts, 'Medicine, Morals and Mental Deficiency.'

[28]. Sherman Dorn, Douglas Fuchs, and Lynn S. Fuchs, 'A Historical Perspective on Special Education Reform,' *Theory Into Practice* 35, 1 (1996), pp.12-19.

[29]. Dorn et al., 'Historical Perspective.'

30. Samuel Gridley Howe, *On the Causes of Idiocy, Being the Supplement to a Report by Dr S.G. Howe … 1848*, (Maclachlan & Stewart, 1858), introduction.

[31]. Anne Digby, 'Contexts and Perspectives,' in *From Idiocy to Mental Deficiency: Historical Perspectives on People with Learning Disabilities* (eds David Wright and Anne Digby), (London: Routledge, 1996).

From the 1860s, with the increasing asylum population and a growing emphasis on social economy, it became necessary to distinguish who could be educated and who could not. Different classification schemes were derived: some focused on the measurement of physical characteristics; others concentrated on educational and social difficulties. This resulted in the construction of a new category of idiocy, labelled 'feeble-mindedness,' situated between 'imbecility' and 'normality.' Although the term 'feeble-minded' had existed since John Bunyan's *Pilgrim's Progress,* this was a novel and more specific use of the term.[32] Lack of definite meanings meant that terms could be used in a wide variety of circumstances, including being associated with class and race. Scientific attempts to link mental capacity with ethnic type were common.[33]

In 1866 Duncan and Millard published a training manual, specifying degrees of mental deficiency, while acknowledging the blurred boundaries between them and the possibility for a child to move between categories. According to this manual, an idiot child could be transformed into a feeble-minded child with education and training, and the reverse could also occur, given exposure to an unsuitable environment. The authors advocated separating an idiot child from 'perfect children,' to prevent the transfer of bad habits from the idiot to its siblings.[34]

Mark Jackson has argued that the categorization of these children was not based on scientific or medical knowledge, but on the 'administrative, educational, and medical problems' caused by the large asylums themselves.[35] In the mid-Victorian era idiocy and imbecility were viewed with optimism, but the enthusiasm for asylums dampened as overcrowding and a lack of opportunities meant that few were able to learn skills to ensure their self-sufficiency, and institutionalization merely increased their dependency. As idiot children were separated from their families and communities, the negative perceptions of idiots grew concomitantly.[36] By the 1870s it had became clear that many could not improve enough to leave the asylum and achieve independence and employment. Fear of the burgeoning inmate population and its economic impact on the government and society, combined with a popular interest in the modern evolutionary science, fed discussions of

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[32]. Jackson, *Borderland of Imbecility*, p.29.
[33]. For example, in 1866 John Langdon Down described a condition that he classified as a 'Mongolian type' of idiot, based on facial characteristics that he associated with an ethnic group he deemed inferior. This condition is now understood to be a chromosomal anomaly, colloquially known as Down syndrome. See John Langdon Down, *Mental Affections of Childhood and Youth, Being the Lettsomian Lectures Delivered before the Medical Society of London in 1887 Together with Other Papers* (London: J & A Churchill, 1887), p.7.
[34] Peter Martin Duncan and William Millard, *A Manual for the Classification, Training, and Education of the Feeble-Minded, Imbecile, and Idiotic* (London: Longmans, Green and Co, 1866).
[35] Jackson, *Borderland of Imbecility*, p.28.
[36] Digby, 'Contexts and Perspectives.'

Social Darwinism among many of the middle class. No longer seen as treatable, idiocy began to be constructed as a threat to social progress.

Mandatory elementary education introduced

The 1870 Education Act established a national system of mandatory elementary schooling, bringing under surveillance large numbers of poor and working-class children who had never before attended school.[37] From 1870 to 1899 the number of pupils almost quadrupled. Despite a concurrent increase in the number of teachers, class sizes were very large, and many teachers were inexperienced or still in training while being responsible for classes of 50–60 pupils. In an era flushed with the principles of utilitarianism and statistics, educators sought to develop ways of best managing the large class sizes and inadequately prepared teachers. The principle of payment by results had been introduced in 1862 in a bid to increase school efficiency. Pupils were graded on their attendance rates and performance achievements in the three Rs, and the school accordingly received payments from the local school board, resulting in a system that focussed on exam proficiency above all else. Many teachers lacked experience in any other teaching method; therefore, stratifying the student population by examination results appeared to be efficient. Over time, other subjects such as history, geography and science were introduced, but the focus remained on exam proficiency. This divided children into those who could cope with the system and those who could not, effectively labelled idiots and imbeciles.[38]

Neither educators nor doctors effectively differentiated physical and mental disabilities at this time; therefore many children with physical deformities were also classed as idiots.[39] Such children included the malnourished, and those with hearing, vision or speech deficits, epilepsy, or other chronic ill-health conditions, such as tuberculosis or rickets. The object of study was the child itself, with little or no attention paid to the effects of a difficult home life or environmental deprivation on a child's intellectual capacity. Most working-class children had no prior formal education and came from families where no one had attended school. In addition, many were from migrant families who had come to the cities to find work.[40] Many working-class children worked hard before and after school, caring for their siblings while their parents worked, or even working themselves. A lack of occupational safety measures meant that a high proportion of the population was physically

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[37] Nicole Hahn Rafter, *Creating Born Criminals* (Urbana & Chicago: University of Illinois Press, 1997).
[38] Ian Copeland, 'The Making of the Dull, Deficient and Backward Pupil in British Elementary Education 1870–1914,' *British Journal of Educational Studies* 44, 4 (1996), pp.377-394.
39 Copeland, 'Dull, Deficient and Backward Pupil'; Mathew Thomson, *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain C.1870–1959* (Oxford: Clarendon Press, 1998).
[40] Copeland, 'Dull, Deficient and Backward Pupil.'

disabled. When a father could no longer work, the mother and children would share the responsibility of earning income to feed the other hungry mouths.[41] Not surprisingly, many of these children did not flourish at school, lending evidence to the theory that the impoverished were often feeble-minded. The failure of many schools to achieve good test results was attributed to the degeneracy of the working class, rather than a failure of the education system.

Segregation of the disabled begins

In 1875 the Charity Organisation Society advised classification of idiots into educable and non-educable sub-groups, claiming 'training institutions should be provided for improvable idiots, and permanent asylums for those of a very low type.'[42] This proposal was endorsed a decade later when two Royal Commissions were held to investigate the outcomes of mandatory elementary education. The official recommendation was the separation of the 'feeble-minded' from other students so they could receive 'special instruction.'[43] Where the children would receive this instruction was not specified, fuelling debate regarding the best setting. Different school boards interpreted the report in different ways, setting up a range of provisions for students with learning difficulties,[44] including day special schools, boarding schools with weekend passes home, mixed classes of disabled and non-disabled children, separate training schools for the feeble-minded, and asylums for idiots and imbeciles.[45] Although it was regarded as a Christian duty to provide for disabled people, motives for the development of special education were not solely compassion and humanitarian concerns.[46] Early advocates for special education argued that: (1) removal of defective children would reduce disruption and improve the education of non-disabled children; (2) education could be tailored to the students' special needs; and (3) segregation would protect non-disabled children from children who were 'likely to become criminals.'[47]

The education of children with disabilities provoked conflicting opinions. Although most reformers agreed that children with severe mental disability would be better served in a separate learning environment, the need to segregate children with less apparent

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[41] Potts, 'Medicine, Morals and Mental Deficiency.'

[42] Jackson, *Borderland of Imbecility*, p.24.

[43] Ian Copeland, 'The Long Shadow of Segregation,' *Journal of Educational Administration and History* 32, 2 (2000), p.13.

[44] Ian Copeland, 'Contrasting Early Approaches to Educational Provision for Pupils with Learning Difficulties,' *Journal of Educational Administration and History* 34, 2 (2002), pp.115-131.

[45] Ted Cole, *Apart or a Part: Integration and the Growth of British Special Education* (Milton Keynes: Open University Press, 1989).

[46] Ted Cole, 'The History of Special Education: Social Control or Humanitarian Progress?' *British Journal of Special Education* 17, 3 (1990), pp.101-107.

[47] Jackson, *Borderland of Imbecility*.

anomalies was unclear. It was also recognized that children had various degrees of learning difficulty. A child might falter at mathematics, yet learn to read without difficulty, and so on. Parental acceptance of segregated classes and special schools for their offspring also varied. While some were pleased to place their child in a supportive environment, with training to meet their individual needs, others worried about the stigma attached to having a child in a 'silly school,'[48] as they were sometimes called. Concerns about a child's ability to adjust to life outside the institution were common. Many Victorians worried about the segregation of children and petitioned for integration strategies. When first introduced into the education system techniques such as oralism or lip-reading for the deaf, and fingerspelling and raised print texts for the blind, were often criticized as widening the gap between disabled and non-disabled children. By the 1890s these had become accepted modalities of communication. Deaf and blind children were more likely to be included in classrooms with non-disabled children than those regarded as mentally deficient.[49] Segregation was a much more common option for the latter, partly due to the concern that these children were being left behind in the classroom, and partly due to eugenicist fears that mental deficiency was hereditary.

Degeneration theories take root

The concepts of hereditary lunacy and idiocy had existed earlier in the century, but in the 1870s and 1880s evolutionary theorists such as Darwin's cousin, Francis Galton, suggested that mental capacity could also be passed down to offspring. Galton proposed it was a duty to improve the human race, if possible, by evolutionary means, and in 1883, he coined the phrase 'eugenics,' 'to express the science of improving stock.'[50] The eugenics movement raised considerable public attention to the supposed deterioration of the race and sought to regulate marriage and control reproduction to decrease the transmission of undesirable qualities. An understanding that heredity and environment both played a part in an organism's make-up meant that reformers were encouraged to view social issues such as poverty, insanity, intemperance and criminality as interrelated and cross-generational problems. While mid-century theorists had debated which played the greater role—heredity or environment—later in the century, prominent medical and political voices argued forcibly that a predisposition to idiocy, criminality and immorality was hereditary, and by

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[48] Cole, *Apart or a Part.*
[49] Cole, *Apart or a Part.*
50 Francis Galton, *Inquiries into Human Faculty and Its Development* (ed. Gavan Tredoux, 1883, 2004). Accessed 26 May 2012. http://www.galton.org.

1900 this position had become entrenched in the culture.[51] As fear of degeneracy grew, eugenics became a widely popular notion across Britain, Europe and the USA, although this was not without criticism.

With the rise in eugenicist theories the emphasis shifted from concerns about idiocy and imbecility to the feeble-minded. Despite recurrent attempts to clarify the definition of feeble-minded, this could only be couched in negative terms: 'not normal', 'not imbecile', 'not idiotic.'[52] Mild mental deficiency was recast as being more dangerous than insanity or idiocy. Lunatics and idiots could be clearly identified and locked away in purpose-built asylums, but those in the borderland were far more difficult to identify, and therefore posed more of a social threat. It was commonly believed that idiots were unlikely to breed, but the feeble-minded could be mistaken for 'normal' people and should be segregated to protect the rest of society.[53] Proponents for segregation of the feeble-minded fed into middle-class anxieties about criminality, race, class and sexuality. Mary Dendy, Secretary of the Lancashire and Cheshire Society for the Permanent Care of the Feebleminded, which operated the Sandlebridge Colony for children and adults, advocated for their permanent segregation in institutions, believing this would 'lessen their suffering and stop their breeding, saving society expense.'[54]

In 1893 the Charity Organization Society published a report claiming that children who struggled in school were 'all probable social failures'[55] who needed immediate attention lest they become costly menaces later in life. As the century drew to a close, feeble-mindedness had become inextricably linked to a wide array of deviance in the minds of many, legitimating the widespread growth in construction 'of special schools and homes for the feeble-minded.'[56] The majority of special schools claimed to provide instruction and training that would enable a pupil to attain some skills for future employment, but many people with disabilities became isolated and dependent on these institutions, leading to lifelong residency. Mental deficiency was regarded as incurable, so training focused on helping the children 'become clean, calm, chaste, busy, docile and even skilful at repetitive, practical tasks.'[57] Work purportedly had more than economic benefits for the feeble-minded. Indeed, Dendy insisted that productivity could ensure moral integrity, as the following quotation illustrates:

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[51] Rafter, *Creating Born Criminals.*
[52] Jackson, *Borderland of Imbecility*, p.31.
[53] Jackson, *Borderland of Imbecility*, p.31.
[54] Cole, *Apart or a Part*, p.44.
[55] McDonagh, *Idiocy*, p.304.
[56] Jackson, Borderland of Imbecility, p.33.
[57] Potts, 'Medicine, Morals and Mental Deficiency', p.186.

> Idleness means degradation of the lowest kind for the feeble in intellect. There is no other way but regular work, which leaves the children so tired at night that they go to sleep when they go to bed, to keep them from falling into habits which further lower the already low intelligence and physical strength.[58]

The medicalization of education

Deciding the best educational options for dealing with mentally disabled children was politically volatile. With the implementation of the *1886 Idiots Act* a legal distinction between idiots and lunatics was established for the first time, and children needed a medical certificate to be admitted to a special school.[59] Most doctors agreed that severely disabled children were better off in residential institutions, but medical opinion was divided on the best option for the feeble-minded. Asylum and clinic doctors believed that all 'defective' children were best served in separate facilities; doctors in the school medical service 'argued for the retention of many of the children as the responsibility of the Board of Education.'[60] This was less a belief in the benefits of education than a desire to promote useful industry, whatever the level of impairment, in an economy bruised by the Boer War and reluctant to expand the asylum population.

Respected and influential medical men wrote many articles and books at the fin-de-siècle, linking physical and mental impairments with the educability of children, and proposing suggestions for management. In the 1880s Dr G Shuttleworth, the first superintendent of the Royal Albert Asylum in Lancashire, published articles in support of 'special schools which maintained close links with the nearby elementary school.'[61] Inspired by Séguin, he believed that segregated institutions could provide more specialized and appropriate care for feeble-minded children, which would facilitate learning. To achieve results Shuttleworth advocated that 'physician and teacher must go hand-in-hand,'[62] with the physician retaining overall responsibility for the prescription of appropriate learning activities. In 1888 Dr Francis Warner published *A Method of Examining Children in Schools as to their Development and Brain Condition.* Following this, all schoolchildren underwent medical examination, parading slowly in front of a doctor to be assessed for physical and mental abnormalities.[63]

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[58] Dendy 1897, cited in Potts, 'Medicine, Morals and Mental Deficiency', p.184.
[59] Digby, 'Contexts and Perspectives'; Jackson, *Borderland of Imbecility.*
[60] Potts, 'Medicine, Morals and Mental Deficiency', p.183.
[61] Potts, 'Medicine, Morals and Mental Deficiency', p.188.
[62] Potts, 'Medicine, Morals and Mental Deficiency', p.189.
[63] Potts, 'Medicine, Morals and Mental Deficiency', p.189

During the Edwardian era debates about the management of people with disabilities continued to rage. Dr James Kerr advocated the establishment of 'open-air' schools that provided 'fresh air, good food, baths, exercise, physical activity, gardening and rest periods'[64] for children with physical disabilities. At the same time, he deplored the feeble-minded and called for their sterilization. Another influential physician, Dr Tredgold agreed that sterilization would prevent procreation, but would not address the moral failings of existing mentally deficient children. He therefore argued that permanent segregation in residential institutions was the best management of the feeble-minded. Proponents of sterilization refuted this on humanitarian grounds, 'believing permanent institutionalization to be ineffective and unjustifiably harsh.' [65] Sterilization of the feeble-minded was implemented in several countries, including the USA, but not in Britain.

Physical and mental assessments of schoolchildren became routine. In 1911 Dr C. P. Lapage published *Feeble-Mindedness in Children of School Age*, detailing how school medical officers, teachers and social workers could detect feeble-mindedness from a child's facial expression. Photographs of facial features were carefully examined for signs of mental deficiency. Any child with an apathetic, lethargic demeanour, showing lack of attention, rolling eyes, rocking or fidgety movements could be classed as 'defective.'[66]

Intelligence testing was introduced in the early years of the twentieth century as a way of separating the 'subnormal' from the 'normal.'[67] In 1905 Binet and Simon published the results of the measures they had derived to identify 'children whose intellectual abilities meant they would not thrive in standard classroom environments,'[68] and in 1910 the Binet-Simon test was introduced as part of a range of intelligence tests. Binet originally sought to create an objective method of identifying which children could benefit from extra classroom assistance, but within a decade the test was being used to segregate those whose academic performance lagged behind the main.

Disability therefore gradually came to be seen as a medical rather than a social problem. By 1913, with the passing of the Mental Deficiency Act, schoolchildren routinely underwent medical screening to detect mental deficiency. The Act proposed segregation for all 'idiots, imbeciles and feeble-minded' from an early age.[69] However, Ted Cole stresses that it is inaccurate to picture all mentally disabled children being institutionalized at this time. Training school and asylum attendants were in fact often reluctant to institutionalize

[64] Potts, 'Medicine, Morals and Mental Deficiency', p.187.
[65] Potts, 'Medicine, Morals and Mental Deficiency', p.188.
[66] Potts, 'Medicine, Morals and Mental Deficiency', p.182.
[67] Digby, 'Contexts and Perspectives,' p.13.
[68] McDonagh, *Idiocy*, p.303.
[69]. Digby, 'Contexts and Perspectives,' p.12.

children, but they believed it was the best way of managing disability for the orphans and urchins that filled the streets of the London slums, and had insufficient food, clothing and opportunity. For those children especially, institutions were regarded as the most humane option.[70]

The legacy continues

Debates about the advantages and disadvantages of special education for students with intellectual and learning disabilities continue to this day.[71] While children who do not conform to behavioural and educational expectations are no longer locked away *en masse* in special institutions, they are marshalled into special education units and behaviour modification classes. In the current era, a child that does not conform to the rules still risks being labelled in some way, and the child struggling in school receives no formal assistance without a label. In order to be eligible for support, the individual has to accept the diagnosis, as Mark Rapley has said, to become a 'psychologically constituted object of knowledge.'[72]

While inclusion and full participation in the mainstream classroom is now demanded as a 'social, civil and educational right of students with disability,'[73] staunch support for the provision of inclusive programs continues to be met with equally adamant calls for segregated facilities. Those who support inclusion do so firstly in the belief that segregation promotes discrimination and devaluing of the person with disability, and secondly, that inclusion in the mainstream educational system with so-called 'normal' children will promote acceptance of disabilities and lead to increased opportunities for learning and building friendships, thus better preparing them for adult life.

Those who argue for segregated schooling refute the notion that a mainstream school can adapt to meet the diverse learning needs, which may be better addressed in a smaller setting with teachers specifically trained in the needs of children with learning disabilities. It is perhaps unreasonable to expect every teacher to be able to provide a high quality learning experience for all children, especially when dealing with large class sizes and other educational disadvantages, such as poverty and a variety of cultural and linguistic

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[70]. Cole, *Apart or a Part*.

[71]. Ruth Cigman (ed.), *Included or Excluded? The Challenge of the Mainstream for Some SEN Children* (London and New York: Routledge, 2007); Josephine C. Jenkinson, *Mainstream or Special? Educating Students with Disabilities* (London and New York: Routledge, 1997).

[72]. Mark Rapley, *The Social Construction of Intellectual Disability* (New York: Cambridge University Press, 2004), p.57.

[73]. Karola Dillenburger, 'Why Reinvent the Wheel? A Behaviour Analyst's Reflections on Pedagogy for Inclusion for Students with Intellectual and Developmental Disability,' *Journal of Intellectual and Developmental Disability* 37, 2 (2012), pp.169-180.

backgrounds. Any kind of integration requires dedication and enthusiasm, which may not be possible in a large class of many children with various needs.[74]

Although inclusion programs may espouse ideals of respect for children with disabilities, the more common result for many is being bullied. Putting a child in mainstream classes cannot guarantee they will not suffer discrimination from peers. Children quickly learn if they fit in or not, if they are 'normal' or not, and this gradually contributes to their understanding of themselves. Being pitied or taunted or regarded as inadequate in some way can lead to poor self-esteem and depression. Negative attitudes towards people with physical or intellectual impairments can be more disabling than the impairment itself.

The history of special education is a classic example of social construction, reminding us that children were not always categorized according to their ability to cooperate and perform in a busy classroom. The variety in education modalities available for children with intellectual disability continue to focus on normalization techniques, which view the child as deficient and needing to change. The demarcation of people with physical and intellectual difference as 'other' has had profound consequences for the whole society, not only those with disability. The nineteenth century witnessed the rise of many professions that nowadays have a stronghold over people with disabilities. These professions include physicians, surgeons, psychiatrists, psychologists, pharmacists, social workers, special education teachers, physiotherapists, speech therapists, occupational therapists, and paid carers and nurses, as well as administrative support roles. While these roles have undoubtedly made significant contributions to the lives of people with disabilities, the unfortunate fact is that these professions and the broader populace frequently view disability as a tragedy or inferior way of being, even as they aspire to help people.

The history of intellectual disability reveals that categories are forever changing, and any analysis must consider the 'historical, political and institutional forces' at play.[75] While not disputing that many students experience difficulties in school, it is unwise to make assumptions about a child's disability from this one aspect of development. The ways in which disability is identified continue to be questionable, and sometimes unacceptable, and any Whiggish assumptions of progress in the current special education arena must be approached with caution. As in the Victorian era, the success of special education today often correlates with the adequacy of funding, the size of the classes, and the quality of

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74. Jenkinson, *Mainstream or Special?*

75. Len Barton, 'The Politics of Special Education Needs,' In *Disability Studies: Past, Present and Future* (eds Len Barton and Michael Oliver), (Leeds: The Disability Press, 1997), p.138.

teaching provided. Who should be in the class continues as a matter of individual consideration.