Mental Defectives in 1900: People with Learning Disabilities in 2000.
What changed?

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This paper is based on the concluding chapter of my thesis which is on the labelling and treatment of mental defectives (as they were called) in early twentieth century Scotland. When I was writing the conclusion, I was very thankful that both the Scottish Executive and the government at Westminster had recently published two wide ranging reviews of services for people with learning disabilities. The convenience of it all proved irresistible and I ended my thesis with a then and now comparison based on my reading of these two recent reports. As this conference is about historical and contemporary perspectives, it’s on this final chapter that I’ve based today’s paper. Although you’ll see that I concentrate on the Scottish material, the English experience is pretty similar – both then and now.

To start, I’ll give you a quick spin through the history of mental deficiency from the mid nineteenth century. From the mid-nineteenth century a few facilities called “institutions for idiots and imbeciles” opened in England and Scotland. You also get boarding-out – more so in Scotland than in England – and this refers to the practice of sending defective children away to live with foster families in the countryside. Around the turn of the century you get the first special schools opened by large education authorities such as London and Glasgow. These differed from institutions because they were part of the school system, and they were generally day schools – the pupils went home to their families at the end of the day. The rest of the twentieth century sees these local initiatives
being turned into a national system – and for convenience, we can say this trend took off in earnest after the passing of the mental deficiency and Lunacy Acts of 1913.

Another way of looking at the history of mental deficiency is to look at the way the terminology changed. What I want to point out is that the labels were very closely linked to the developments in provision – in that you got the old fashioned terms of idiots and imbeciles linked to the institutions and generally indicative of profound disabilities. Feeble-mindedness became used in association with special school pupils – and meant a more able, educable mental defective. Moral imbecility was associated with the prison service but not many people were actually labelled that way. Mental deficiency became the umbrella term for all these labels and the mental deficiency act kept the definitions fairly rigid throughout the early twentieth century.

There are other perspectives: The rise in the number of mental defectives, which I will talk about soon, the stigma associated with labels and segregation, social exclusion, eugenics, social control, sexual control, the growth of the state and the medical profession, and the role of families. On the whole the image of mental deficiency’s history is pretty grim, the kind of image modern service-providers for people with learning disabilities want to avoid. In the year 2000, the Scottish Executive published its new proposals on services for people with learning disabilities following a wide-ranging review of the issue. The resulting report is called *The Same as You?: A Review of Services for People with Learning Disabilities*. The report recommends that policy in this area should stress the importance of people with learning difficulties being valued and having the same rights as everyone else, being seen as individuals, having their ideas heard, being involved in choosing the services they want, having services that allow users to have ‘as much freedom as possible’, having services which take account of their age, using mainstream services ‘wherever possible’, and special services ‘if they need them as well as, and not instead of, general services’.1

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The report does much to distance current policy from the past. It condemns the practice of institutionalisation saying ‘hospitals are not places where people with learning disabilities can live full lives’. It also recommends a ‘major shift in the balance of care and support services’, with more children with special educational needs being educated in mainstream schools and more people with learning disabilities having access to mainstream health, social care, education and employment services.

To what extent do these words reflect current reality? There are other people in this room who could answer that question better than me, but there have been moves to increase mainstreaming of education and services since the 1980s. Meanwhile in Glasgow, the imminent closure of the notorious institution at Lennox Castle is a landmark in the ongoing shift from institutional to community-based services.

Such policies have the potential to benefit many people who would in earlier years have found themselves removed from their local community, but it needs to be remembered that institutions have never had a monopoly over discriminatory practices, poor quality services and social exclusion: these problems can also occur within a community setting. The government’s good intentions can only be realised if community services are well-resourced and genuinely framed around the needs, choices and goals of individuals who require extra assistance from the state. The government must also find a way of delivering services without stigmatising service-users: on this point one must question the degree to which the practice of labelling increasing numbers of people as having a learning disability is a help or a hindrance.

If you’ll excuse me I’m going to add some personal experience to this discussion – because I think this is the easiest way of getting across what I think about the way things have changed. I know a number of people with learning disabilities, and I would rather these people were part of the current regime for providing special services (despite its numerous imperfections), then caught up in the old mental deficiency system. However, I
also know that many of the people I know who have learning disabilities would not have been considered mentally defective under the old system – they would not have been caught up in the mental deficiency system at all. But now they apparently need special services and a label. I find this change perplexing and a cause for concern.

The results of the major estimates and mental deficiency surveys carried out in Scotland during the period I looked at illustrate my point. Some surveys looked at the entire population, others focused only on Scotland’s school aged population. You’ll notice a general rise and the fact that incidence amongst school children was generally reckoned to be higher than in the population as a whole. You’ll also notice that the figures I got from the *Same As You?*, far exceed any of the others. Twenty-four per 1,000 of the population, which totals 120,000 people.

The number of people regarded as mentally defective in large scale surveys and estimates has always been significantly higher than the number of people actually in receipt of specialised state provision. In 1938, just under 9,800 mental defectives were included in annual statistical returns for mental defectives accommodated in special classes, institutions or under private guardianship. Even if mental defectives in contact with state-subsidised voluntary organisations were added to these figures, the proportion of Scotland’s population involved prior to the Second World War would not come to more than three per 1,000.3

Despite the fact that the mental deficiency administration could never keep up with the inflated estimates of the large scale surveys, the number of mental defectives receiving special provision grew significantly as the administration extended its activities. This extension of services has continued up to the present day. According to *The Same as You?*:

[using information from three local areas which appears to be reasonably thorough we estimate that only 30,000 people [with learning disabilities] are in regular contact

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3 GBCS Annual Report 1937, GBCS Annual Report 1933, xxvi-xxxiv; see appendix.
with local authorities or the health service in Scotland. Others may have occasional or short-term contacts.\textsuperscript{4}

Out of the 120,000 people with learning disabilities estimated to be living in Scotland, a quarter are believed to have regular contact with the state. They constitute approximately six per 1,000 of the entire Scottish population.

This could reflect successful mainstreaming, but the report gives the impression that the majority of people with learning disabilities are not receiving appropriate services. If those services are beneficial (and there are common sense reasons for supposing that the quality of life for people with learning disabilities can be improved by some services, such as day-care home support, supported-employment services, supplementary benefits, etc.), then there is a good case for arguing that the state is failing in its duty to implement a welfare policy for people with learning disabilities that is both comprehensive and equitable. But if you bring in the historical dimension you have different problem – namely that the large numbers of people currently in need of special services that they aren’t getting may just be a social construct – caused by changing definitions and an increase in labelling.

Many historical figures involved in the increase in mental deficiency had no problem admitting that this increase was at least in part manufactured by changing definitions and diagnostics. This was particularly the case in Glasgow, where local authorities created the initiatives that powered Scotland’s expansion of services for mental defectives in the early twentieth century.

I’ve picked out some quotes from key figures to illustrate this. First is Dr John Carswell, the School Board of Glasgow’s medical specialist on mental deficiency. He was in charge of selecting pupils for Scotland’s first special schools. Carswell talked of the need for more flexible definitions of mental defectives to allow greater numbers of children to receive special education. He said in 1910 that,

\textsuperscript{4} Scottish Executive, \textit{Same as You?}, 6.
‘the distinction between mere backwardness on the one hand and imbecility on the other can be made, but the term mental defect should be elastic enough to include many cases of children who will recover from their disability’

In the interwar period, Carswell’s successor, Dr Robert Marshall, practised what Carswell preached. In the inter-war period he diagnosed more children as feeble-minded than any other doctor in Scotland. Nonetheless he claimed that,

‘[f]eeble-mindedness was a legal fiction, and not a disease.’

Finally, Dr. R. D. Clarkson, Medical Superintendent of Scotland’s Royal National Institution for mental defectives at Larbert, said in 1935 that the increase in mental deficiency was,

‘due to different diagnosis. Forty years ago almost half of the cases that are now being certified as mentally defective would not have been so certified.’

Why did doctors label people mentally defective in the 1930s, who wouldn’t have been labelled mental defectives in the 1890s? As you can imagine, the reasons are complex and after four years of research it still isn’t easy untangling the different causes, but I can list a number of factors that were influential.

• From a broad perspective, the phenomenon fits in with the general trends towards the specialisation and expansion of bureaucracy in western society during the nineteenth and twentieth century. The state no longer simply dealt with ‘the poor’ or ‘the infirm’.

Different organs of the state increasingly dealt with specific categories of poverty and infirmity, including mental deficiency.

• Mental deficiency provides an example of how social policy became increasingly shaped by professional ‘experts’: in this case, the medical profession, the teaching profession, psychologists, etc.

• It also illustrates how the state was increasingly prepared to intervene in the lives of private citizens in response to some of the problems associated with advanced industrial

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5 Scottish Educational Journal 14 (1931), 606.
6 Glasgow Herald (19th December 1923), 7; HMSO, Report on Scottish Health Services 1936, 60.
society: notably, urbanisation, population growth, concentrations of poverty and unemployment.

- In particular, social reformers constructed a distinction between the ‘undeserving poor’ (able-bodied adults capable of work) and the ‘deserving poor’ (the young, the old, those with physical disabilities and those with mental disabilities) when deciding how charitable and state relief ought to be distributed. Mental defectives tended to find themselves placed in the deserving category, albeit in a begrudging kind of way – as mental defectives were commonly viewed as both innocents and deviants simultaneously.

- I can also look to the specific networks of philanthropists, local politicians, educationalists, doctors and general local noteworthies in early twentieth century Scotland – and see how local initiatives developed from their interactions.

- And I can look to some ideological themes that are associated with the era – such as eugenics, national efficiency and citizenship

But if you’re dissatisfied with this multi-causal approach - on the whole, it seems to me that the school system was the most important single arena of change – it was here that the majority of mental defectives were initially identified and segregated from their fellow pupils. Teachers, doctors and the education authorities did this because they wanted to get children who were difficult to teach and control out of the over-crowded ordinary classrooms. Once the Special Education system was up and running, it became increasingly easy to send children out of mainstream classes, giving educationalists the opportunity to become less and less tolerant of educational failure.

The authorities claimed and probably hoped that the special classes would provide a more suitable environment for addressing the needs of their pupils – they were of course making virtue out of what they thought was a necessity, but some doubtless believed that special classes really were virtuous. Scotland’s first ever special school teacher, Catherine Aitken made the following somewhat melodramatic appeal to Queen Victoria in 1898
(which unfortunately wound up in the Scottish record office, as for as I know, untouched by Royal hands).

[...] for the sake of the afflicted little ones, so sadly handicapped, will you be so kind as to bring their needs, before the notice of Her Most Gracious Majesty Queen Victoria, who has such Queenly sympathy for the sorrows and needs of all her subjects, so that She may see fit to direct that a Grant may be applied for the betterment of the weaklings of the Great Shepherds flock.\(^7\)

Miss Aitken’s class was situated in a school lavatory, and I think this neatly sums up the tension between rhetoric and practice when it comes to the treatment of mental defectives. The special classes that followed hers over the course of the twentieth century may have been given slightly more salubrious settings but they were still all too frequently stigmatised and under-resourced. Sometimes they were places of stagnation and cruelty, but they were also sometimes the site of innovations in a more flexible style of teaching that was to influence mainstream education – arguably for the better.

To conclude, Scotland’s mental deficiency administration continued to gain momentum throughout the twentieth century. The number of people labelled and segregated from their peers went on rising. Policy-makers seem to have allowed this rise to take place without much concern. Even now, the Scottish Executive seems to accept the view that ‘the number of people with learning disabilities will continue to grow by over 1% a year over the next 10 years.’\(^8\)

The state uses labels as a means of identifying people believed to be in need of specialised support or supervision. Depending on the policies followed and the ways they are implemented this can be beneficial to those labelled, but it also tends to result in social exclusion and stigma. As the issue of learning disabilities has returned to the political agenda, it is now time to consider the implications of increased labelling more carefully. Unless its long term goal is to eventually label the entire population of Scotland as having a learning disability, the Scottish Executive needs to face up to the fact that the increase in labelling can not go on for ever. At some point it is going to have to stop.

\(^7\) NAS ED 7/7/1, letter from C. Aitken to Balfour (15\(^{th}\) Nov. 1898).
HMSO, Department of Health, *Valuing People*, 14-16.