

## **The Borderland of Imbecility: Medicine, Society and the Fabrication of the Feeble Mind in Late Victorian and Edwardian England**

**Review Number:**

289

**Publish date:**

Tuesday, 1 October, 2002

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**ISBN:**

9780719054563

**Date of Publication:**

2000

**Price:**

£47.50

**Pages:**

283pp.

**Publisher:**

Manchester University Press

**Publisher url:**

<http://www.manchesteruniversitypress.co.uk>

**Place of Publication:**

Manchester

**Reviewer:**

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At least until recently, the explosion in study of the history of mental illness has not been mirrored in comparable studies of the history of developmental disability. In the last few years, that has begun to change, with the publications of major works by Mathew Thomson,<sup>(1)</sup> David Wright,<sup>(2)</sup> and this work by Mark Jackson. The work of these scholars is largely complementary. Wright focuses on the Victorian period and Thomson primarily on the period following the introduction of the Mental Deficiency Act in 1913. Jackson's work expressly places itself as bridging these two periods, examining the period from roughly 1890 to 1913 when feeble-mindedness became a discrete category, and a matter of concern in social policy and professional practice alike.

Jackson's work is thus essentially about the birth of an idea and the creation of a perceived social problem. In this it is a very good read. It is not a radical book. The traditional themes of recent medical history, including the tension between benevolence and control, the rise of confinement, the rise of the role of the doctor and the intermingled roles of professionals and laity are at the core of this book. The usual suspects in the history of mental deficiency, such as Mary Dendy, John Langdon Down, and Alfred Tredgold, all figure prominently. The landmark events identified similarly present no surprises: the founding of Earlswood and four regional asylums in the nineteenth century; the establishment of special schools in the 1890s; the report of the Charity Organisation Society in 1893; the Report of the Departmental Committee on Metropolitan

Poor Law Schools in 1896; the Report of the Departmental Committee on Defective and Epileptic Children in 1898; the founding of Sandlebridge Boarding School in 1902; the Royal Commission on the Care and Control of the Feeble-Minded in 1908; and the Mental Deficiency Act itself in 1913.

To this relatively traditional structure, Jackson brings the benefits of modern historiographical analysis. The narrative can be seen as a 'success story', in that the reform movement he chronicles did move the question of mental deficiency to a prominent place on the public agenda by the beginning of the Great War, and Jackson views doctors as having a particularly pivotal role in this development, but this is never the simple story of 'science marches on'. While the benevolence of the reformers is never questioned, the issue of control is never far in the background, and Jackson is at his best when explaining the influence of lay ideas on medical thinking about mental disability. Thus in Jackson's account, the rise of mental deficiency on the social policy agenda is not merely the result of the fear that the condition was becoming increasingly common because of heredity and genetics, a fear for which medicine provided a scientific articulation. It was also the association of feeble-mindedness with the social residuum, that cesspool which in the Victorian and Edwardian imagination constituted the root of social problems and social decay. As Malthusian logic had led the late Georgians and early Victorians to view the chronically poor as the time bomb that would bring about the demise of civilised society, so in the Edwardian period, this role fell to the feeble-minded. A particularly interesting strand of his argument concerns the development of an association between mental deficiency and physical appearance, a theme explored by other historians of mental disorder in other contexts but examined by Jackson with considerable insight.

This is, in the best sense, a survey book. Ideas are by definition somewhat woolly things, and the history of an idea will, by definition, lack the methodological tidiness of, for example, an institutional history. Jackson's book is not a study of the application of social policy. Instead, it weaves a variety of thematic strands into a narrative, to explain the rise of feeble-mindedness as a social problem. This is its strength, and in this it is very successful. I have no doubt that it will be a fundamental reference source for many years to come, and it certainly deserves a place on academic reading lists for courses relating to the history of mental deficiency in the early years of the twentieth century.

That said, the book raises a variety of questions that should provide meat for scholarly discourse for some time to come. I raise these questions not by way of criticism of Jackson. The book already runs to 236 pages of text, and it is as full an account as one could ask of the project that Jackson has set himself. At the same time, the questions that the book raises, and of practical necessity leaves unanswered, are tantalising. Many of these issues raise empirical questions to which the answers remain speculation pending further research: Jackson has provided a good story, but how did it play out in practice? We do not yet have the wealth of ground-level studies to provide a convincing answer, but each of the core themes which Jackson presents requires empirical assessment.

Jackson demonstrates convincingly for example that medical doctors were engaged in the reform movements relating to feeble-mindedness in the late Victorian and Edwardian periods, and were vocal in that involvement. It does not follow from this that they were influential. Jackson himself, at various points in the book, alludes to contemporary controversy as to the degree to which feeble-mindedness ought to be viewed as a medical concern, but the focus of the book does not provide an occasion for those conflicting views and their potential importance to be considered in any depth. That said, his consideration of and respect for the work of Mary Dendy, herself not a doctor, itself suggests considerable influences beyond the medical in the 'pathologisation' of feeble-mindedness. The fact that doctors were called as witnesses before the various official committees suggests some degree of influence in the formation of policy, but examination of those committees suggests a more complex story. Thus, while the 1908 Royal Commission on the Care and Control of the Feeble-Minded clearly gave serious consideration to medical testimony, such medical testimony by no means monopolised Commission hearings. The Commission itself contained only two doctors in its membership, one of whom was a medical statistician rather than a specialist in mental deficiency. It seems more likely that policy was formed in the rough and tumble between medical views, poor law and political doctrine, educational interests, charitable concerns, and a wide variety of vested interests. Certainly Mathew Thomson's discussion of the passage of the 1913 Act does not suggest a

centrality of medical views in the practical politics of parliamentary debate (Thomson, pp. 37-51). Jackson's work focuses on the history of the idea, rather than the story of policy formation, and therefore does not address these issues.

If this complexity applied at the level of policy formation, it would have been even more relevant at the level of policy implementation. The construction of facilities for the feeble-minded, whether as specialist poor law institution or charitable facility, and the eventual admission of persons to those facilities, would have involved a wide variety of actors at the local level: poor law officials (who generally paid for care even in charitable facilities) and family members at the very least would have to be convinced, in addition to the doctor signing the medical certificate. Recent studies on county asylums in England and Wales have demonstrated the complexity of these relations. Jackson periodically alludes to, but does not explore, similar complexities in the case of the institutional care of the feeble-minded.

A similar set of questions could be asked about the importance of feeble-mindedness as a construct overall in this period. Clearly, it developed an independence as a concept which it did not have in the mid-nineteenth century, but how far did the development of the new concept lead to an extension of state control, as Jackson suggests? For children, Jackson is probably on strong ground. Few children were brought into the lunacy system in the mid-nineteenth century, and the explosion in numbers identified as feeble-minded by the early years of the twentieth century suggests a real expansion of provision of state services. Even with this population, the rise in primary education for children after 1870 provided a new system of surveillance through which such children could be identified, suggesting that the story may be more complex than one of mental deficiency alone. For adults, the questions are more difficult to answer, for the lunacy and poor law systems had always accommodated persons of marginal ability. Jackson notes that much of the concern in the period he studies was with the feeble-minded poor; it is at least arguable that these were already within the system of state provision either in county asylums, or in workhouses. Such workhouses increasingly offered dedicated accommodation for 'idiots and imbeciles' from the mid-nineteenth century, an obvious precursor to the dedicated provision Jackson describes. Since 1867, it had been possible to confine persons identified as 'weak-minded' in these workhouses. The obvious question is how far the development of the new category of feeble-mindedness resulted in new confinements, and how much it merely represented the re-labelling of those already in institutional care. The numbers of insane persons contained in institutions grew unremittingly during the nineteenth century. Certainly, that growth continued into the twentieth century, eventually peaking shortly after the second world war, and certainly a considerable number of these were identified as feeble-minded. It is less clear whether these people constituted a new territory of persons confined, or whether they would have been confined in any event under the old categories.

Jackson does not assist with that question, in that he does not engage in the nuts-and-bolts question of how doctors and other social administrators determined whether an individual fell into the class of the feeble-minded. Certainly, there is a very interesting chapter on the use of photographic images in the development of feeble-mindedness as a concept, and Jackson further chronicles cross-fertilisation between medical and lay ideas about the general meaning of the concept, but the actual way in which determinations were made is largely unexplored. Again, this is perhaps inevitable. Such an analysis would require a local study, or quite possibly a series of local studies, since practices may well not have been models of consistency, but nonetheless I admit to an occasional feeling of frustration as I read the book, wondering who it was exactly that was being discussed.

The association of the feeble-minded as the 'new residuum' must also be placed in its context. A perusal of casebooks from nineteenth-century asylums demonstrates that the insane were viewed in judgmental and moral terms for much of the century. The case book of the Leicester and Rutland County Asylum refers to John Healey, admitted in 1851, as possessed of 'a large amount of animal cunning, low trickery, and all the paltry, and petty devices of an abandoned character, his habits had become those of a confirmed drunkard, idle, dissolute, and intemperate'.<sup>(3)</sup> Such descriptions were not atypical of the mid-nineteenth century, and it is thus not obvious that the use of such language for the feeble-minded at the end of the century was particularly novel. While the association of the feeble-minded and other insane with the social residuum is important, it is not obvious that it is a phenomenon restricted to the period of Jackson's study.

Jackson's work raises a variety of questions about how the construction of feeble-mindedness related to other social categories, and how the academic research in those areas will apply or not to questions of feeble-mindedness. There are clear connections with the broader literature in history of madness, as for example on questions of administration and definition. Equally, if the feeble-minded were the new residuum, there must be interesting connections with the now substantial literature in the history of criminology.

It would be unfair to criticise Jackson for not addressing these issues, and not engaging with these broader literatures. They are not directly his subject. A fairer view is that *The Borderland of Imbecility* provides a starting point for wealth of scholarship waiting to be explored. As it stands, it is a highly engaging account of the interplay between medical and lay ideas in the development of the concept of feeble-mindedness. It is a book that will be required reading for those studying or researching in this area, for some time to come.

## Notes

1. Mathew Thompson, *The Problem of Mental Deficiency: Eugenics, Democracy and Social Policy in Britain, c. 1870-1959* (Clarendon Press; Oxford, 1998).[Back to \(1\)](#)
2. David Wright, *Mental Disability in Victorian England: The Earlswood Asylum 1847-1901* (Oxford University Press; Oxford, 2001).[Back to \(2\)](#)
3. Quoted in Peter Bartlett, *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid-Nineteenth-Century England* (Leicester University Press; Leicester, 1999), p 164; regarding moralisation of the insane poor in the nineteenth century, see chapter 5 generally.[Back to \(3\)](#)

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